

**Delineation Of Privileges**  
**Thoracic Surgery Privileges**

Provider Name:

Privilege	Requested	Deferred	Approved
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**CATEGORY 1 - THORACIC SURGERY PRIVILEGES:**

**Criteria:** New Applicants or Current Staff Members: Board Certified, or qualified for certification by the American Board of Thoracic Surgery; AND, Two (2) year thoracic case list.

**Criteria:** Current Staff Members ONLY: Successful completion of an ACGME or AOA approved training program; OR, demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years; AND, documented experience and demonstrated competency in the privileges requested.

**Proctoring Requirements:** A minimum of eight (8) cases, in accordance with the Medical Staff Proctoring Protocol.

**GENERAL PRIVILEGES:**

Admit patients \_\_\_

Consultation Only Privileges \_\_\_

Surgical Assist Only \_\_\_

Sedation analgesia \_\_\_

**Criteria: Requires successful completion of the Sedation Assessment test**

**Additional criteria effective April 1, 2015:** a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation \_\_\_

b) Pediatric Sedation (17 years and under) \_\_\_

Restraint and Seclusion \_\_\_

**Criteria:** Requires successful completion of the Restraint and Seclusion Assessment test

**CATEGORY 1 - THORACIC SURGERY PRIVILEGES;**

Includes the management and coordination of care, treatment and services, including: Medical History and Physical examinations; consultations, and prescribing medication in accordance with DEA Certificate.

Abdominal procedures in conjunction with gastroesophageal procedure \_\_\_

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Bronchoscopy, rigid - with biopsy	—	—	—
Bronchoscopy, fiberoptic - with biopsy	—	—	—
<b>Catheters:</b>	—	—	—
a) Swan Ganz	—	—	—
b) Intra-aortic balloon pump	—	—	—
Chest tube placement	—	—	—
Coarctation of the aorta	—	—	—
Correction of diaphragmatic hernias, both congenital or acquired, and anti-reflux procedures	—	—	—
Decortication of pleurectomy procedures	—	—	—
Diagnostic procedures to include cervical mediastinal exploration, parasternal exploration, and mediastinoscopy	—	—	—
<b>Esophagoscopy, rigid:</b>	—	—	—
a) With biopsy	—	—	—
b) With polypectomy	—	—	—
c) With dilatation	—	—	—
d) With bronchial stent placement	—	—	—
<b>Esophagoscopy, fiberoptic:</b>	—	—	—
a) With biopsy	—	—	—
b) With polypectomy	—	—	—

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c) With dilatation	—	—	—
Insertion or replacement of transvenous or transthoracic cardiac pacemaker	—	—	—
Laryngoscopy	—	—	—
<b>Heart:</b>	—	—	—
a) Open heart - extracorporeal circulation	—	—	—
1. Congenital	—	—	—
2. Acquired	—	—	—
b) Closed heart surgery	—	—	—
1. Great vessel surgery	—	—	—
2. Pericardium	—	—	—
3. Valvular surgery	—	—	—
Operations for achalasia and for promotion of esophageal drainage	—	—	—
Operations upon the esophagus to include surgery for diverticulum, as well as perforation	—	—	—
Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease	—	—	—
Pericardiocentesis (**) (pericardial drainage procedures)	—	—	—
Pericardiectomy	—	—	—
Plastic procedures on the trachea, requiring tracheal prosthesis	—	—	—
Pleural drainage, open/closed	—	—	—

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Procedures on the trachea not requiring tracheal prosthesis	—	—	—
Procedures upon the chest wall	—	—	—
Lobectomy	—	—	—
Reconstructive procedures upon the aorta or great vessels, including replacement of the arch for aneurysm disease	—	—	—
Resection of the esophagus for benign or malignant tumors	—	—	—
Scalene node biopsy	—	—	—
Scalenotomy	—	—	—
Surgery of patent ductus arteriosus	—	—	—
Suture of heart wound or injury	—	—	—
Thoracotomy for trauma, hemorrhage, rub biopsy, rib resection	—	—	—
Tracheostomy	—	—	—
Thoracentesis	—	—	—
Tube thoracostomy	—	—	—
Vascular access procedures for use of life support systems, such as extracorporeal oxygenation and cardiac support	—	—	—
<b>Laser Endoscopy Procedures:</b>	—	—	—
a) ARGON	—	—	—
b) CO2	—	—	—
c) YAG	—	—	—

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Transmyocardial revascularization

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**Basic Thoracoscopy Privileges:**(Includes diagnostic thoracoscopy, drainage of loculated effusion/empyema, pleural and lymph node biopsy, pericardiectomy, pulmonary wedge resection/blebectomy, sympathectomy)

— — —

**Advanced Thoracoscopy Privileges:**

**Criteria:** Applicant must currently hold Basic Thorascopic Privileges.

— — —

a) Pulmonary resection

— — —

b) Esophageal

— — —

1) Operative - to include repair and drainage of perforation, myotomy, vagotomy, gastric fundoplication

— — —

c) Mediastinal resective procedures

— — —

d) VATS Pulmonary resection

— — —

e) Lung biopsy

— — —

f) Thymectomy

— — —

g) Tracheal / bronchial stent placement

— — —

**SUPPLEMENTAL PRIVILEGES**

**Transcatheter Aortic Valve Replacement (TAVR)**

**Criteria:** Applicant must meet the criteria defined in Category I Thoracic Surgery privileges, and provide the manufacturer's certificate of training,

**Proctoring Requirements:** Five (5) proctored cases required.

**Competency Requirements:** Evidence of having performed a minimum of four (4) cases within the two-year reappointment period.

Transcatheter Aortic Valve Replacement

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**CATEGORY 2 – ROBOTICS PRIVILEGES:**

**Criteria:** Must have completed an approved residency program in surgery or surgical specialty in an ACGME or AOA approved program. Certification or demonstrated equivalent competence by the certifying agency of the surgical specialty. Eligibility and active privileges to perform the laparoscopic or thoracoscopic surgery for the procedure being performed on the da Vinci Surgical Platform. Active participation in the ongoing performance improvement program, **AND** one of the following:

**ROUTE 1:**

Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of twenty (20) computer assisted procedures in that program with at least ten (10) as primary surgeon.

**Route 1 Proctoring Requirements:** At least the first three cases as the primary surgeon proctored by two different surgeons who have performed a minimum of ten (10) robotic procedures.

**Competency Requirement:** Performance of at least five (5) robotic procedures per year to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least three (3) cases.

**ROUTE 2:**

Completion of an approved residency or fellowship program in the surgical specialty. Must show evidence of training by attendance at hands-on training in the use of the da Vinci Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animal or cadaver models.

**Route 2 Proctoring Requirements:** Successful completion of a minimum of five (5) procedures proctored by two different surgeons who have performed a minimum of ten (10) robotic procedures.

**Competency Requirement:** Performance of at least five (5) robotic procedures per year to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least five (5) cases.

**CATEGORY 2 - ROBOTIC PRIVILEGES:**

daVinci Surgical Platform for Thoracic Surgery (Robotics)

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**ACKNOWLEDGEMENT OF THE PRACTITIONER:**

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVALS:**

**Robotic Medical Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credential Committee Date:** \_\_\_\_\_

**Medical Executive Committee Date:** \_\_\_\_\_

**Board of Directors Approved on:** \_\_\_\_\_

*Revised 06/24/10; 10/25/12; 06/27/13; 09/25/2014; 10/30/2014*