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| **CATEGORY 1 - VASCULAR SURGERY PRIVILEGES**  ***Criteria***: New Applicants must meet one of the following: a) Board Certification or qualified for certification by the American Board of Vascular Surgery; b) Completion of an ACGME or AOA approved Vascular Surgery training program; c) Completion of a non-approved Vascular residency, if the candidate provides a letter from the program director stating that he/she is qualified to perform the requested privileges, as well as a substantial case list of at least fifty (50) diverse cases performed with good outcomes; d) A surgeon in the practice of vascular surgery who trained prior to 1984, with or without a certificate of specialized training, who provides an appropriate case list (50 diverse cases performed with good outcomes), with references from institutions of current practice ***Criteria***: Current Staff Members only: Successful completion of an approved training program; OR demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years. ***Proctoring Requirements:*** A minimum of six representative 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) | \_\_\_ | \_\_\_ | \_\_\_ |
| Local and regional block anesthesia | \_\_\_ | \_\_\_ | \_\_\_ |
| **CATEGORY I - VASCULAR 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. | \_\_\_ | \_\_\_ | \_\_\_ |
| Interpretation of Vascular Imaging | \_\_\_ | \_\_\_ | \_\_\_ |
| **Arterial Reconstruction:** | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Embolectomy: | \_\_\_ | \_\_\_ | \_\_\_ |
| a) Neck incision | \_\_\_ | \_\_\_ | \_\_\_ |
| b) Thoracic incision | \_\_\_ | \_\_\_ | \_\_\_ |
| c) Abdominal incision | \_\_\_ | \_\_\_ | \_\_\_ |
| d) Extremity incision | \_\_\_ | \_\_\_ | \_\_\_ |
| **Endarterectomy/Bypass Graft of Aneurysm Reconstruction:** | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Neck Extremity | \_\_\_ | \_\_\_ | \_\_\_ |
| **Direct Repair of Artery:** | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Neck | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Abdominal | \_\_\_ | \_\_\_ | \_\_\_ |
| 3) Extremity | \_\_\_ | \_\_\_ | \_\_\_ |
| **Exploration without repair**: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Neck | \_\_\_ | \_\_\_ | \_\_\_ |
| a) Vagus Nerve Stimulator | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Abdominal | \_\_\_ | \_\_\_ | \_\_\_ |
| 3) Extremity | \_\_\_ | \_\_\_ | \_\_\_ |
| 4) Exposure for Spinal Surgery | \_\_\_ | \_\_\_ | \_\_\_ |
| **Vascular Access**: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Central line for monitoring, hyperalimentation, chemotherapy, fluid and drug administration | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Central line for dialysis | \_\_\_ | \_\_\_ | \_\_\_ |
| 3) ECMO cannulation | \_\_\_ | \_\_\_ | \_\_\_ |
| 4) Arteriovenous shunt external | \_\_\_ | \_\_\_ | \_\_\_ |
| 5) Arteriovenous fistula-internal (graft or direct) | \_\_\_ | \_\_\_ | \_\_\_ |
| 6) Thrombectomy and/or revision or removal of closed or infected graft | \_\_\_ | \_\_\_ | \_\_\_ |
| 7) Peritoneal venous shunt | \_\_\_ | \_\_\_ | \_\_\_ |
| **Venous Surgery**: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Venous thrombectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Vein stripping | \_\_\_ | \_\_\_ | \_\_\_ |
| 3) Varicose vein excision | \_\_\_ | \_\_\_ | \_\_\_ |
| 4) Excision venous aneurysm | \_\_\_ | \_\_\_ | \_\_\_ |
| 5) Vein ligation or repair | \_\_\_ | \_\_\_ | \_\_\_ |
| 6) Vena cava repair, ligation, reconstruction, or replacement | \_\_\_ | \_\_\_ | \_\_\_ |
| 7) Ligation of communicating veins | \_\_\_ | \_\_\_ | \_\_\_ |
| **Percutaneous or By Direct Exposure**: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Arterial catheter insertion | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Arteriography | \_\_\_ | \_\_\_ | \_\_\_ |
| 3) Venography | \_\_\_ | \_\_\_ | \_\_\_ |
| 4) IVC filter placement | \_\_\_ | \_\_\_ | \_\_\_ |
| **Arterial Biopsy**: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Amputation: | \_\_\_ | \_\_\_ | \_\_\_ |
| a) Toe simple, multiple | \_\_\_ | \_\_\_ | \_\_\_ |
| b) Transmetatarsal | \_\_\_ | \_\_\_ | \_\_\_ |
| c) Below knee | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Wound repair, skin graft and debridement of soft tissue and bone | \_\_\_ | \_\_\_ | \_\_\_ |
| **CATEGORY 2 - VASCULAR SURGERY PRIVILEGES** ***Criteria:*** Applicants must meet the criteria outlined for Category 1 Vascular Surgery privileges; **AND**, provide certification by a Training Director regarding experience and demonstrated competence in the procedures requested.  ***Proctoring Requirements***: In accordance with the Department of Surgery Proctoring Protocol. |  |  |  |
| **CATEGORY 2 - VASCULAR SURGERY PRIVILEGES:** | \_\_\_ | \_\_\_ | \_\_\_ |
| **Endarterectomy or Bypass Graft or Aneurysm Reconstruction**: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Thoracic | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Thoraco-abdominal | \_\_\_ | \_\_\_ | \_\_\_ |
| 3)   Abdominal | \_\_\_ | \_\_\_ | \_\_\_ |
| **Direct Repair of Artery**:  - Thoracic | \_\_\_ | \_\_\_ | \_\_\_ |
| **Exploration Without Repair**:  - Thoracic | \_\_\_ | \_\_\_ | \_\_\_ |
| **Venous Surgery**:  - Vein bypass or valvular reconstruction | \_\_\_ | \_\_\_ | \_\_\_ |
| **Percutaneous Or By Direct Exposure**: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1) Angioplasty, atherectomy, stent placement | \_\_\_ | \_\_\_ | \_\_\_ |
| 2) Insertion or removal of intra-aortic counter pulsation balloon | \_\_\_ | \_\_\_ | \_\_\_ |
| 3) Embolization, therapeutic | \_\_\_ | \_\_\_ | \_\_\_ |
| 4) PA Thrombolysis | \_\_\_ | \_\_\_ | \_\_\_ |
| **CATEGORY 3 - PERIPHERAL ENDOVASCULAR PROCEDURES** |  |  |  |
| ***Peripheral Endovascular Privilege Criteria:*** For physicians applying for carotid/cerebral peripheral, visceral, Percutaneous tansluminal angioplasty, stents and other endovascular interventions a)   Board eligible or board certified in Intervential Cardiology, Endovascular Medicine, Radiology or Vascular surgery; **AND**: b)   Attendance at postgraduate courses for a total of 50 Category 1 Continuing Medical Education Credits in diagnoistic peripheral angiography and percutaneous peripheral vascular interventional techniques; **OR** c)   Completion of a fellowship in percutaneous peripheral vascular Intervention (A letter will be required listing the number of cases performed and attesting to the competency in performing the procedures in which privileges are requested.)   A qualified physician may gain case experience/volume by assisting another physician with full unrestricted HH privileges for that procedure. |  |  |  |
| **PERIPHERAL ANGIOGRAPHY** ***Privilege Criteria***: Documentation of performance of one hundred (100) diagnostic peripheral angiograms (a minimum of half of the cases must be as the primary operator); at least five (5) must be from each of the following areas: -   supra-aortic (carotid, subclavian, or vertebral), **AND** -   visceral (celiac, mesenteric, or renal); **AND** -   infra-inginal ***Proctoring Requirements*** Proctoring **must** be done on the **first** case for **each** of the three (3) areas noted aobve. Proctoring can be lifted in all three areas when a total of five (5) cases as primary operator by direct observation have been successfully proctored and approved.   At least one case from each of the above noted areas must be included as part of the five (5) required for proctoring. **OR** Proctoring can be lifted individually on each of those areas IF at least three (3) of the same area have been successfully proctored and approved. ***Competency Requirements:***   Must perform ten (10) cases within the two-year reappointment period. |  |  |  |
| **PERIPHERAL ANGIOGRAPHY PRIVILEGES** | \_\_\_ | \_\_\_ | \_\_\_ |
| **PERIPHERAL INTERVENTION** Includes angioplasty, stenting, or atherectomy. ***Peripheral Intervention Criteria*** a)   Documentation of performance of fifty (50) percutaneous transluminal interventions (a minimum of half of the cases must be as the primary operator); b)   at least three (3) must be from each of the following areas: -   supra-aortic (carotid, subclavian, or vertebral) -   visceral (celiac, mesenteric, or renal) and -   infra-inguinal ***Proctoring Requirements*** Proctoring must be done on the first case for each of the three (3) areas noted above. Proctoring can be lifted in all three areas when a total of five (5) cases as primary operator by direct observation have been successfully proctored and approved.   At least one case from each of the above noted areas must be included as part of the five (5) required for proctoring. **OR** Proctoring can be lifted individually on each of those areas IF at least three (3) of the same area have been successfully proctored and approved. ***Competency Requirements:***   Must perform ten (10) cases within the two-year reappointment period. |  |  |  |
| **PERIPHERAL INTERVENTION PRIVILEGES** (Angioplasty, Stenting, or Atherectomy) | \_\_\_ | \_\_\_ | \_\_\_ |
| **CAROTID ARTERY STENT PLACEMENT PRIVILEGES** ***Criteria:*** a)   Full unrestricted HH privileges for peripheral endovascular privileges **AND** b)   Documentation of performance of a minimum of twenty-five (25) carotid stent procedures (a minimum of half of the cases must be as primary operator). ***Proctoring Requirements:***   Five (5) cases as primary operator, by direct observation. ***Competency Requirements***: Documentation of performance of five (5) cases in the last two (2) years. |  |  |  |
| **Carotid Artery Stent Placement** | \_\_\_ | \_\_\_ | \_\_\_ |
| **Endovascular Aortic Repair (EVAR)** | \_\_\_ | \_\_\_ | \_\_\_ |
| **TRANSCERVICAL CAROTID ARTERY REVASCULARIZATION (TCAR) PRIVILEGES  *Criteria*: (1)** Completion of didactic and cadaver lab training course: 2 hours didactic, 2 hours cadaver lab; **(2)**Category I Open Vascular Privileges: 24 cases in preceding 24 months;**(3)**Category 3 Peripheral Endovascular: Peripheral Intervention or Carotid Artery Stent Privileges with 24 cases in preceding 24 months. ***Proctoring Requirements:*** Five (5) cases as primary operator, by direct observation. ***Competency Requirements***: Must perform 5 cases within the two-year reappointment period. |  |  |  |
| **Transcervical Carotid Artery Revascularization (TCAR)** | \_\_\_ | \_\_\_ | \_\_\_ |
| Revised: 05/25/2006, 01/28/10; 3/28/19 |  |  |  |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **DEPARTMENT CHAIR RECOMMENDATIONS**  I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.  Applicant may perform privileges and procedures as indicated: \_\_\_\_\_\_ YES   \_\_\_\_\_\_ NO  Exceptions/Limitations (Please Specify):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **APPROVALS:** |  |  |  |
| **Endovascular Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:  \_\_\_\_\_\_\_\_\_\_\_\_   Section Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Department Chair:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Credential Committee Date: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Medical Executive Committee Date: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Board of Directors Approved on: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| Transcervical carotid artery revascularization (TCAR) |  |  |  |