

DETROIT MEDICAL CENTER

DEPARTMENT OF SURGERY

**DELINEATION OF PRIVILEGES IN THORACIC AND CARDIOVASCULAR SURGERY**

Applicant Name: \_\_\_\_\_

PLEASE PRINT

**QUALIFICATIONS FOR PRIVILEGES IN THORACIC AND CARDIOVASCULAR SURGERY**

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached addendum.*

Current certification or in the active participation in the process leading to certification in Thoracic Surgery by the American Board of Thoracic Surgery or the American College of Osteopathic Surgeons within five years of training completion.

**Required Previous Experience:**

Documentation of the performance of a minimum of 25 Cardiothoracic Surgery procedures during the past 24 months must be confirmed by the applicant's most recent program director or department chief and/or surgical case logs for the previous 24 months. Any exception to aforementioned criteria would need to be reviewed and approved by the Department of Surgery Advisory Committee and/or Chairman of the Department of Surgery.

**Special Procedures:**

Certificate or letter of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program, and documentation of competence (surgical case logs) to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges.

**Robotic Core and Special Procedures**

- Current clinical privileges at The Detroit Medical Center to perform the same general procedure now being requested to be performed on the da Vinci Surgical platform.

**All applicants for robotic privileges must have completed one of two options for robotic training:**

- Successful completion of an Accredited Residency or Fellowship in General Surgery, Minimally Invasive, Thoracic/Cardiovascular Surgery, Vascular Surgery, Transplant Surgery, Plastic Surgery within the preceding two (2) years, which included, as part of its curriculum, appropriate training in robotic surgery. This requires a letter from the program director stating the applicant successfully completed at least 10 (10 cases).  
OR
- Completion of an approved robotics basic course that includes hands on practice training. The applicant must submit a copy of the certification of completion. It is required that the surgeon perform at least two (2) cases as soon as possible following the offsite robotic training.

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### **Proctoring for Robotic**

- The Medical Staff requires proctoring for at least the three (3) initial cases. This is the minimum for exceptionally good candidate such as surgeons who are residency trained or who have extensive prior laparoscopic or simulator experience. Surgeons who have successfully completed a post-residency minimally invasive fellowship may be exempted from proctoring. The applicable Department Chair should recommend the amount of proctoring needed with the approval of the Credentials Committee. Advanced privileges may require additional proctoring. For a sample list of Basic versus Advanced Privileges, see attachment 1.
- The Medical Staff, with the recommendation of the applicable Department Chair, must approve all proctors. Proctors must have demonstrated success in using the robot for the privilege for which they are proctoring.
- Proctors should be of the same specialty as the applicant.
- Proctors must complete an evaluation form for each case they proctor.
- Proctors may be either Medical Staff members or external experts, approved by the robotic manufacturer. The Medical Staff must approve all proctors.

### **Maintenance of Privileges for Robotic**

- For each applicant granted robotic privileges, the Specialist-in-Chief completes a focused professional practice evaluation after six months following initial privileging to evaluate competence and evaluates metrics such as the percentage of robotic case conversion (from robotic to open) and complication rate of robotic cases (compared with open).
- The Medical Staff requires successful performance of at least 20 robotic surgery cases in a two year period (coinciding with the credentialing cycle) for re-credentialing.
- If less than 20 cases are performed in any two year period, the Medical Staff may require that a certain number of subsequent cases be proctored by and approved proctor.
- The Medical Staff encourages surgeons to access simulators for ongoing experience and case preparation.

### **Observation/Proctoring Requirements:**

Monitoring through focused professional performance evaluation, departmental quality assessment and improvement processes.

**Use of Laser:** Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser therapy; or documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency.

### **Reappointment Requirements:**

Current demonstrated competence and sufficient volume to evaluate ongoing professional performance and quality of care without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department of Surgery. Maintain Board Certification as defined by the appropriate specialty board

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Affiliate Status, Membership Only with No Clinical Privileges.

DELINEATION OF PRIVILEGES IN THORACIC CARDIOVASCULAR MEDICINE

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The Specialist-in-Chief of Surgery reserves the right to modify, make conditional or not approve any requested privileges based on the applicant's training and/or experience.

**PRIVILEGES REQUESTED:**

**(R) Requested (A) Recommend as Requested (C) Recommend with Conditions (N) Not Recommended**

*Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.*

**Applicant: Please place a check in the (R) column for each privilege requested.**

**(R) (A) (C) (N)**

**REQUESTING MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

For those not applying for clinical privileges or is not eligible for privileges and wants to maintain a DMC affiliation. ***(Do not complete the remainder of the form, Check 'R' box and go directly to the signature page).***

<b>R</b>	<b>A</b>	<b>C</b>	<b>N</b>	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				<b>CORE PRIVILEGES – THORACIC AND CARDIOVASCULAR</b>
				Performance of surgical procedures, including: admission, work up, and the performance of surgical privileges to correct or treat various conditions of the heart and related blood vessels and complications thereof. These core privileges do <b>not</b> include any of the special procedures listed below.
				Performance of surgical procedures on patients above the age of one year, including: admission, work up and diagnosis of illnesses, injuries and disorders of the thoracic cavity and related structures including the chest wall. Privileges include the provision of consultation, ordering of diagnostic studies and procedures related to thoracic problems. Core privileges do <b>not</b> include any of the special procedures listed below.

<b>R</b>	<b>A</b>	<b>C</b>	<b>N</b>	<b>SPECIAL PROCEDURES (See Qualifications and Specific Criteria</b>
				Automatic implantable cardioverter defibrillator (AICD) insertion  <b>REQUIREMENTS:</b> <ul style="list-style-type: none"> <li>▪ Documentation of successful completion of at least two (2) cases under the direct supervision of a qualified DMC surgeon who hold these privileges. Following successful completion and positive recommendation of the supervising surgeon, these privileges may be granted.</li> <li>▪ Applicants who can provide proof of appropriate experience during residency may be excepted from the above. This can be verified by the program chief and surgical logs.</li> </ul>

DELINEATION OF PRIVILEGES IN THORACIC CARDIOVASCULAR MEDICINE

Applicant Name: \_\_\_\_\_

**PLEASE PRINT**

<b>R</b>	<b>A</b>	<b>C</b>	<b>N</b>	<b>SPECIAL PROCEDURES - Continued</b>
				Auxillary mechanical device insertion
				Endo grafting of AAA and diseased arteries
				Thoracoscopy
				Cardiovascular surgery
				<b>Use of Laser:</b>
				CO <sub>2</sub>
				Argon – Standard
				Argon – Tuned dye
				Nd: YAG – Open
				Nd: YAG – Endoscopic
				<p><b><u>Video assisted thoracoscopy/endoscopic-thoracic procedures</u></b></p> <p><b><u>REQUIREMENTS:</u></b></p> <ul style="list-style-type: none"> <li>▪ Hold thoracotomy privileges</li> <li>▪ Successful completion of a nationally recognized course with submission of certificate of completion with request.</li> <li>▪ Thoracoscopy privileges may be granted if the course is approved.</li> <li>▪ Physicians with previous experience in this privilege at another institution should provide details of the cases and include copies of operative notes. Advisory Committee will then make a recommendation.</li> <li>▪ Proctoring: If physician has not taken a course, he/she may request in writing the opportunity to perform thoracoscopy under the direct supervision of a qualified DMC surgeon who holds this privilege. Following successful completion and positive recommendation of the supervising surgeon, these privileges may be granted.</li> </ul>
				<p><b><u>Vena cava umbrella/filters</u></b></p> <p><b><u>REQUIREMENTS:</u></b></p> <ul style="list-style-type: none"> <li>• Documented experience (at least <b>four</b> cases) using a Mobin-Udin, Greenfield filter, or any comparable filter. Copies of operative reports will suffice.</li> <li>• Document your degree of familiarity with the use of image intensifiers and interpretation of angiography films. (This aspect relates to the seating of the filter at the appropriate level in the IVC.)</li> <li>▪ If you have no documented experience inserting filters but wish to apply for these privileges, you will be required to perform a minimum of four cases under the direct supervision of a qualified DMC surgeon (proctor) who holds these privileges. Following successful completion and positive recommendation of the supervising surgeon these privileges may be granted</li> </ul>

DELINEATION OF PRIVILEGES IN THORACIC CARDIOVASCULAR MEDICINE

**Applicant Name:** \_\_\_\_\_

**PLEASE PRINT**

<b>R</b>	<b>A</b>	<b>C</b>	<b>N</b>	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				<b>BASIC CARDIOTHORACIC ROBOTIC SURGICAL CORE PRIVILEGES:</b>
				Simple lung biopsies Evaluation of mediastinal mass Thymectomy IMA harvest Thoracic sympathectomy Thoracic and mediastinal lymph node dissection Epicardial lead placement Lobectomy Esophageal surgery
<b>R</b>	<b>A</b>	<b>C</b>	<b>N</b>	
				<b>ADVANCED CARDIOTHORACIC ROBOTIC SURGICAL CORE PRIVILEGES:</b>
				Mitral valve repair
				Mitral valve replacement
				Atrial Myxoma and thrombi
				Atrial septal defect repair
				Coronary bypass (LIMA to LAD)
				Atrial fibrillation PVI and AAE

<b>R</b>	<b>A</b>	<b>C</b>	<b>N</b>	
				<b>MODERATE SEDATION</b> This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.  _____ <b>Initial</b>

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**Acknowledgment of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Signature, Applicant

\_\_\_\_\_  
Date

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**Chief of Service/Specialist-in-Chief Recommendations**

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested.  Do not recommend.
- Recommend with conditions/modifications as listed.

\_\_\_\_\_  
Signature, Chief of Service Date

\_\_\_\_\_  
Signature, Specialist-in-Chief Date

**Joint Conference Committee Approval:** \_\_\_\_\_  
Date

**JCC Approved 12.22.09; 04.24.15; 05.27.16**

DETROIT MEDICAL CENTER  
DELINEATION OF PRIVILEGES IN THORACIC CARDIOVASCULAR MEDICINE  
**ADDENDUM\***

APPLICANT NAME: \_\_\_\_\_

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**Clinical Privileges in Carotid Artery Angioplasty and Stent Placement**

**Criteria:** These procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in cerebrovascular angiography, pathophysiology, hemodynamics, and vascular interventions, and anticipated risks and complications.

**Qualifications:** Current Certification or active participation in the examination process for certification in Vascular Surgery, Neurosurgery, Interventional Cardiology, or Interventional Radiology. Physicians with other specialty board certification may be eligible if they can demonstrate the number of procedures performed which would make them eligible by criteria for any of the above four Boards.

**Required Previous Experience/Training:**

- A. Demonstration of previous performance of requisite procedures to obtain certification in primary Board. Beyond these, the performance of diagnostic cerebral/carotid angiograms in a minimum of 30 patients, and 25 interventional carotid cases, with 15 of these as the supervised primary operator, are required. No more than two interventional procedures per case may be counted to meet these criteria.
  
- B. Demonstration of Radiation Safety training

**Observation and Monitoring Requirements:** Ongoing monitoring of inclusion criteria met (e.g. SAPPHERE or similar trial), satisfactory outcomes, stroke rates, restenosis rates, and mortality will be performed through Multidisciplinary Endovascular Quality Assessment and Improvement activities

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**Acknowledgment of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Service and/or Department Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Specialist-in-Chief, or designee

\_\_\_\_\_  
Date

**\*Addendum to the following Department Delineation of Privileges:**

Medicine (Cardiology only), Neurology, Neurosurgery, Interv Radiology, **Surgery** (Vascular and **Cardiothoracic**)

## DETROIT MEDICAL CENTER

### **BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 4.24.2015