

DETROIT MEDICAL CENTER

DEPARTMENT OF SURGERY

DELINEATION OF PRIVILEGES IN VASCULAR SURGERY

Applicant Name: _____

Please Print

QUALIFICATIONS FOR PRIVILEGES IN VASCULAR 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 active participation in the examination process leading to certification in General Surgery **and** Certificate of Added Qualifications in Vascular Surgery by the American Board of Surgery or the American Osteopathic Board of Surgery, to be achieved within **five (5)** years of completion of residency training, ; **AND:**

Successful completion of an ACGME/AOA accredited residency training program to include five years of General Surgery plus one year of Vascular training.

Required Previous Experience:

Documentation of the performance of a minimum of 25 Vascular 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:

Current experience in requested procedures **or** successful completion of an approved recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program. Documentation of competence required to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges.

Observation/Proctoring Requirements:

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

Reappointment Requirements:

Current demonstrated competence and sufficient volume to perform ongoing professional performance evaluation and evaluate ongoing 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 Membership Only with No Clinical Privileges.

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PRIVILEGES REQUESTED:

(R) Requested (A) Recommend, Approved 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 want to maintain a DMC affiliation. **(Do not complete the remainder of the form, Check 'R' box and go directly to the signature page).**

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				VASCULAR SURGERY CORE PRIVILEGES
				Admission, work-up, diagnosis, and surgical treatment of patients with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding those of the heart, thoracic aorta, and intracranial vessels.
				Arterial Reconstruction: bypass, endarterectomy, resection of aneurysm, repair of: carotid, vertebral, supra-aortic trunks, extremities, aorto-iliac, and renal/mesenteric arteries.
				Others: varicose vein treatment, ligation of perforators, sympathectomy thoracic/lumbar, amputation, and arteriovenous shunts.
				Adjunct procedures: debridement ulcer or wound, tracheostomy, thoracostomy, therapeutic bronchoscopy, arterial and venous lines, and sigmoidoscopy.
				Diagnostics: vascular endoscopy, ultrasound imaging, percutaneous arteriography, and cavography/venography.
				Hospital admissions: daily care and ICU care.

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R	A	C	N	SPECIAL PROCEDURES (See Qualifications and Specific Criteria)
				Carotid paraganglioma
				Thoracic outlet procedures
				Thoracic and thoracoabdominal aneurysm – use of mechanical bypass requires approval by cardiothoracic surgery.
				Venous reconstruction

R	A	C	N	VASCULAR SURGERY PRIVILEGES
				Iliofemoral angioplasty/stent
				Renal/mesenteric angioplasty/stent
				Supra-aortic trunks/carotid angioplasty/stent
				Endo grafting of AAA and diseased arteries
				Insertion of IVC filter

R	A	C	N	PEDIATRIC SPECIAL PROCEDURES (See Qualifications and Specific Criteria)	Children 3 yrs and older	All Children
				Patent ductus arteriosus		
				Coarctation		
				Vascular ring		
				Any closed heart procedure		
				Aortopexy		
				Renal artery reconstruction		
				Peripheral artery reconstruction		
				Construction or take down AV fistula/shunt		
				Surgical placement/removal central access line (any external or port)		
				Dialysis access insertion/removal		
				Cannulate/Decannulate ECMO		
				Major vessel reconstruction		

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
				MODERATE SEDATION 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. _____ Initial

DELINEATION OF PRIVILEGES IN VASCULAR SURGERY

Applicant Name: _____
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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 _____

RECOMMENDATIONS

Pediatric Chief Recommendation (if applicable)

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

Pediatric Chief Signature _____ Date _____

Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

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

Chair, CHM MSOC Signature _____ Date _____

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, Specialist-in-Chief _____ Date _____

Joint Conference Committee Approval: _____

Date

JCC Approved 12.22.09

DELINEATION OF PRIVILEGES IN VASCULAR MEDICINE
ADDENDUM*

APPLICANT NAME: _____
PLEASE PRINT

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 (e.g. Neurology) 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. SAPHIRE or similar trial), satisfactory outcomes, stroke rates, restenosis rates, and mortality will be performed through Multidisciplinary Endovascular Quality Assessment and Improvement activities

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.
- 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 2.26.2013