



CARDIAC SURGERY - ADULT CLINICAL PRIVILEGES

Name: _____

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Service Chief / Department Chair: Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CARDIAC SURGERY - ADULT

Initial Applicants - To be eligible to apply for privileges in Cardiac Surgery, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in General Surgery followed by an ACGME approved residency program in Thoracic Surgery or UMHS approved international equivalent.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery for Thoracic and Cardiovascular Surgery or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) cardiac surgical procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



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CORE PRIVILEGES – CARDIAC SURGERY – ADULT

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Admit, evaluate, diagnose, consult, and provide preoperative, intraoperative, and post-operative surgical care to adolescent and adult patients, with structural abnormalities involving the heart and major blood vessels. Includes correction or treatment of various conditions of the heart and related blood vessels within the chest including surgical care of coronary artery disease; abnormalities of the great vessels and heart valves, (including infections, trauma, tumors, and metabolic disorders); congenital anomalies of the heart. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

THORACIC SURGERY PRIVILEGES

NOTE: To request Thoracic Surgery privileges, please complete the Thoracic Surgery privileging document.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for their initial five (5) major operative procedures that are a representative mix of privileges granted. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in cardiac surgery, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least one-hundred (100) cardiac surgical procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant.



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CAROTID ENDARTERECTOMY (CE)

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Criteria: Successful completion of an ACGME- or AOA-accredited training program in vascular surgery, general surgery, cardiac surgery or neurological surgery that included training in CE procedures. If the program did not include CE procedures, applicant must have completed an approved hands-on training program under the supervision of a qualified surgeon instructor.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least ten (10) CE procedures in the past 12 months or completion of training in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP): New physicians will be proctored in person for the first five (5) cases by a physician with carotid endarterectomy privileges. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least twenty (20) carotid endarterectomy procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

Source: *Leapfrog minimum volume standard for individual surgeon = 10 annually*

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) – ECMO PERIPHERAL CANNULATION WITH DUAL LUMEN CANNULAS

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Scope of privileges: ECMO is an extracorporeal technique of providing both cardiac and respiratory support to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. ECMO should only be performed by clinicians with training and experience in its initiation, maintenance, and discontinuation.

Criteria*: Successful completion of an accredited ACGME or AOA post graduate training program in Cardiothoracic Surgery, Congenital Cardiac Surgery, Anesthesiology – Critical Care Medicine, Interventional Cardiology, Pediatric Cardiology, Pediatric Surgery, IM – Critical Care Medicine, or Surgical Critical Care that included training in DUAL lumen cannulation for ECMO, or UMHS approved international equivalent that included training in DUAL lumen cannulation for ECMO. If completion of accredited post graduate training in one of the above specialties had no training in DUAL lumen cannulation for ECMO, applicants must demonstrate evidence of completion of ECMO Management course work (didactic learning, and simulation and/or hands-on training) in DUAL lumen cannulation for ECMO.

**Specialty names mentioned under above Criteria are based on ACGME naming convention*



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Required Current Experience: Demonstrated current competence and experience with placing DUAL lumen cannulae in at least three (3) ECMO patients in the past 12 months as the primary proceduralist or assisting proceduralist or completion of training in the past 12 months. (This training could include completion of accredited post graduate training that included training in DUAL lumen cannulation for ECMO OR completion of ECMO course work (didactic learning, and simulation and/or hands-on training) in DUAL lumen cannulation.)

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored in person for the first three (3) ECMO DUAL lumen cannulations. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with placing DUAL lumen cannulae in at least three (3) ECMO patients in the past 24 months as the primary proceduralist or assisting proceduralist based on results of ongoing professional practice evaluation and outcomes. This volume can be supplemented with simulation in order to achieve three (3) ECMO patients within the past 24 months.

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) – MANAGING PHYSICIAN

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Scope of privileges: ECMO is an extracorporeal technique of providing both cardiac and respiratory support to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. ECMO should only be performed by clinicians with training and experience in its initiation, maintenance, and discontinuation.

Criteria*: Successful completion of an accredited ACGME or AOA post graduate training program in Anesthesiology – Critical Care Medicine, Cardiothoracic Surgery, Congenital Cardiac Surgery, Neonatal – Perinatal Medicine, Pediatric Cardiology, Pediatric - Critical Care Medicine, Pediatric Surgery, IM – Critical Care Medicine, or Surgical Critical Care, that included training in ECMO or UMHS approved international equivalent that included training in ECMO. If completion of accredited post graduate training in one of the above specialties had no training in ECMO, applicants must demonstrate evidence of completion of ECMO Management course work inclusive of didactic and simulation and/or hands-on training.

**Specialty names mentioned under above Criteria are based on ACGME naming convention*

Required Current Experience: Demonstrated current competence and experience with at least three (3) ECMO patients in the past 12 months or completion of training in the past 12 months. (This training could include completion of accredited post graduate training that included ECMO Management OR completion of ECMO Management course work inclusive of didactic and simulation and/or hands-on training).



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Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored in person for the first five (5) days of ECMO care. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with at least three (3) ECMO patients in the past 24 months based on results of ongoing professional practice evaluation and outcomes. This volume can be supplemented with ECMO simulation that is comprised of both individual and team simulation in order to achieve three (3) ECMO patients within the past 24 months.

ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSMS (EVAR)

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Please check all that apply:

EVAR (including Branched and Fenestrated Endografts)

Criteria: Successful completion of an ACGME- or AOA-accredited post graduate training program in thoracic surgery or vascular surgery. Applicant agrees to limit procedure to use of endovascular graft device for which they have demonstrated training and experience. Qualifications should include experience (as applicable) with at least ten (10) aortic endovascular stent grafting procedures and ten (10) branched and fenestrated endograft procedures, if requested.

Required Current Experience: Demonstrated current competence and evidence of the performance (as applicable) of at least ten (10) EVAR procedures and ten (10) branched and fenestrated endograft procedures (if requested) in the past 12 months or completion of training in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP): New physicians will be proctored in person for the first five (5) procedures.. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least (as applicable) twenty (20) EVAR procedures and twenty (20) branched and fenestrated endograft procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

IMPLANTATION OF DURABLE VENTRICULAR ASSIST DEVICES

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Criteria: Successful completion of an ACGME- or AOA-accredited post-graduate training program in thoracic surgery and board certified in thoracic surgery (with achievement of certification of five years of



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completion of training) or UMHS approved international equivalent that included training in implantation of durable ventricular assist devices.

Required Current Experience and Renewal of Privilege: Must have successfully placed ten (10) ventricular assist devices in the last 36 months with current activity in the past 12 months. If a surgeon on the team has not placed ten (10) ventricular assist devices during the required time period, the volume requirements can be met by including artificial heart placements for no more than 50% of the total volume. Source: Adapted from the VAD program certification of the Joint Commission.

Focused Professional Practice Evaluation (FPPE NH/NP): New physicians will be proctored in person for the first five (5) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ FLUOROSCOPY
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ CHEMOTHERAPY (FOR NON-ONCOLOGIST)
- ▶ SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)
- ▶ BATTLEFIELD AURICULAR ACUPUNCTURE

PLEASE go to URL: www.med.umich.edu/i/oca/mss/pdocs for instructions, or contact your Clinical Department Representative.



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CORE PROCEDURE LIST

This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

Cardiac Surgery

1. Perform history and physical exam
2. Ablative surgery (RF energy, microwave, cryoablation, laser, and high-intensity focused ultrasound, maze)
3. All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves¹, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms
4. Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta², pulmonary artery, pulmonary veins, and vena cava
5. Decortication or pleurectomy procedures
6. Diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
7. Endarterectomy of pulmonary artery
8. Endomyocardial biopsy
9. Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
10. Heart transplantation
11. Lymph node and superficial biopsy procedures
12. Implantation of temporary cardiopulmonary support devices
13. Management of chest and neck trauma
14. Management of congenital septal and valvular defects
15. Maze procedure
16. Minimally invasive direct coronary artery bypass (MIDCAB)
17. Off pump coronary artery bypass
18. Operations for myocardial revascularization
19. Pacemaker and/or AICD implantation and management, transvenous, and transthoracic
20. Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease
21. Pericardiocentesis, pericardial drainage procedures, pericardiectomy
22. Procedures upon the chest wall, pleura, and lungs³ including wedge resections, segmentectomy, lobectomy, and pneumonectomy
23. Pulmonary embolectomy
24. Pulmonary resection³

¹ Leapfrog volume standard for mitral valve repair and replacement for individual surgeon = 20 annually

² Leapfrog minimum annual volume standard, specifically for open aortic procedures, for individual surgeon = 7 annually

³ Leapfrog volume standard for lung resection for cancer for individual surgeon = 15 annually



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25. Resection, reconstruction, or repair of the trachea and bronchi
26. Resection³, reconstruction, repair, or biopsy of the lung and its parts
27. Surgery for implantation of artificial heart and mechanical devices to support or replace the heart partially or totally
28. Surgery of patent ductus arteriosus and coarctation of the aorta
29. Surgery of the abdominal aorta for aneurysm² (Open)
30. Surgery of the aortic arch and branches; descending thoracic aorta for aneurysm/trauma (Open)
31. Surgery of the thoracoabdominal aorta for aneurysm, (Open)
32. Surgery of tumors of the heart and pericardium
33. Surgery on the esophagus⁴, mediastinum, and diaphragm including benign or malignant or congenital diagnosis; surgery for esophageal or airway diverticulum, as well as perforation; surgery for benign esophageal disease; surgery on mediastinum for removal of benign or malignant tumors
34. Thoracoscopy / Video-Assisted Thoracoscopic Surgery (VATS)
35. Thoracotomy or thoracostomy - includes but is not limited to trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body
36. Tracheostomy
37. Thoracic Endovascular Aortic/Aneurysm Repair (TEVAR)
38. Transcatheter Aortic Valve Replacement (TAVR)
39. Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support
40. Vascular operations exclusive of thorax, e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft or prosthesis
41. Thoracic organ procurement
42. ECMO Cannulation with SINGLE lumen cannulas with percutaneous or open techniques (excludes DUAL lumen cannulas)

² Leapfrog minimum volume standard for open aortic procedures for individual surgeon = 7 annually

³ Leapfrog volume standard for lung resection for cancer for individual surgeon = 15 annually

⁴ Leapfrog minimum volume standard esophageal resection for cancer for individual surgeon = 7 annually



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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

- a. In exercising any 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner Printed Name _____

Signed _____ **Date** _____

SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes

Service Chief Printed Name _____

Service Chief Signature _____ **Date** _____

Department Chair Printed Name _____

Department Chair Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action _____ **Date** _____

Executive Committee on Clinical Affairs Action _____ **Date** _____

Governing Board Action _____ **Date** _____