



**VASCULAR SURGERY 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.

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**QUALIFICATIONS FOR VASCULAR SURGERY**

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) approved pathway for training in vascular surgery (fellowship, integrated residency, or early specialization) or an American Osteopathic Association (AOA) accredited fellowship in vascular surgery

AND

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

AND

Required Current Experience: Demonstrated current competence and evidence of at least 50 vascular surgery procedures, reflective of the scope of core privileges requested, within the past 12 months, the majority being of a reconstructive nature excluding cardiac surgery, **or** successful completion of an ACGME- or AOA-accredited residency or clinical fellowship or within the past 12 months.

For those who are applying for privileges in vascular surgery coming out of their training, also:

Registered Physician in Vascular Interpretation® (RPVI or RVT) certification by the Alliance for Certification & Advancement (APCA)



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**CORE PRIVILEGES – VASCULAR SURGERY**

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**Applicant: Requested Initial**  **Requested Renewal**

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

Admit, evaluate, diagnose, provide consultation and treat patients of all ages with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or 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.

**Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE) guidelines:** New physicians will be monitored for their initial five (5) major operative procedures to include a representative mix of core vascular surgery 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 Privilege) Requirements** - To be eligible to renew privileges in vascular surgery, the re-applicant must meet the following criteria:

Board eligible or board certified

AND

Current demonstrated competence and an adequate volume of experience (100 vascular surgery procedures), reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Volume may include procedures performed at another facility where you hold privileges.

For those with **Registered Physician in Vascular Interpretation® (RPVI or RVT) certification by the Alliance for Certification & Advancement (APCA)** :

Fifteen (15) hours of Category 1 CME specific vascular laboratory testing is required every three years.

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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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.



**VASCULAR SURGERY CLINICAL PRIVILEGES**

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

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**EXTRACRANIAL CAROTID STENTING**

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**Applicant:** Requested Initial  Requested Renewal

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

**Criteria:** Successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery<sup>1</sup> that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. **Required Current Experience:** Applicants must be able to demonstrate that they have performed at least 100 diagnostic and/or therapeutic vascular procedures as primary operator and 25 diagnostic and therapeutic carotid artery stenting procedures including cerebral angiography as primary operator. **FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be directly observed for the first five (5) carotid stenting procedures by a physician with carotid stenting privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 50 interventional procedures per year of which 25 must be therapeutic interventions.

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**UMHS INSTITUTIONAL PRIVILEGES (SEE SPECIFIC CRITERIA)**

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Institutional Privileges are requested individually in addition to requesting the core. Each individual requesting Institutional Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant. FPPE for new hires (NEW HIRE) and new privilege (NEW PRIVILEGE) requests is included with each respective privilege description.

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**ADMINISTRATION OF MODERATE SEDATION AND ANALGESIA**

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**Applicant:** Requested Initial  Requested Renewal

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

**Criteria:** Successful completion of the UMHS online course and test for Moderate Sedation. Documentation of course completion must be submitted with this request. Current certification in one of the following: BLS, ACLS, ATLS, PALS, or NRP, or privileged to practice in one of the following specialties: Emergency Medicine (Adult or Pediatrics), Oral and Maxillofacial Surgery, or Critical Care (Adult, Pediatric, or Neonatal). **FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be proctored for their first three (3) cases. **Renewal of Privilege:** Successful completion of the UMHS online course and test for Moderate Sedation. Documentation of course completion must be submitted with this request.

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<sup>1</sup> Other specialties involved include interventional cardiology, vascular and interventional radiology, neurology and neuro-interventional



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**FLUOROSCOPY**

**Applicant: Requested Initial**  **Requested Renewal**

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

**Criteria:** 1) View Lecture on the use of fluoroscopic x-ray equipment, with the accompanying demonstration of the operation of fixed, mobile and mini-fluoroscopic systems. 2) Read and understand the Work Book containing "Guidelines for the use of Fluoroscopic X-ray Equipment". 3) Successful completion of the UMHS online course and test for Fluoroscopy. Documentation of course completion must be submitted with this request. **FPPE NEW HIRE/NEW PRIVILEGE:** The applicant will be monitored performing two (2) procedures. **Renewal of Privilege:** Review and understand the Work Book containing "Guidelines for the proper use of Fluoroscopic X-ray Equipment. Successful completion of the UMHS online course and test for Fluoroscopy. Documentation of course completion must be submitted with this request.

**USE OF LASER**

**Applicant: Requested Initial**  **Requested Renewal**

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

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and documented hands-on experience with the laser type for which privileges are requested or completion of an appropriate CME course which includes training in laser principles and hands-on experience with the laser type for which privileges are requested during the course. The applicant must supply documented proof from their program director if the training was during residency/fellowship or a certificate from the CME course documenting that they attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. Practitioner agrees to limit practice to only the specific laser types (e.g. CO2, pulsed dye, diode, holmium, etc.) for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months **or** completion of training in the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be proctored for their first two (2) cases by a provider with experience with the specific laser being used, unless none are available on staff, in which instance the proctor will be a provider with privileges for use of the most reasonably similar laser. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



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**CORE PROCEDURE LIST**

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*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.

1. Perform history and physical exam
2. Amputations, upper extremity, lower extremity
3. Anterior spine exposure; thoracic and abdominal
4. Carotid endarterectomy including Trans Carotid Artery Revascularization (TCAR)
5. Central venous access catheters and ports
6. Diagnostic angiography / arteriography (excluding intracardiac and intracranial)
7. Diagnostic biopsy or other diagnostic procedures on blood vessels
8. Diagnostic venography (excluding intracardiac and intracranial)
9. Endovenous ablative therapy, thermal and non-thermal techniques (excluding laser)
10. Endovascular procedures:
  - a. Reconstruction and repair of aneurysm, disease, or traumatic injuries (e.g. angioplasty, stent, stent graft, and embolization) of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, carotid and vertebral arteries
  - b. Peripheral vascular interventions (including arms and legs): balloon angioplasty, stent placement, atherectomy, intra-arterial and intra-venous thrombolytic therapy, and embolization/ablation (excludes carotid, intracardiac, and intracranial intervention)
11. Hemodialysis access procedures
12. Intravascular ultrasonography
13. Management of complications of vascular operations (e.g., lysis of intraabdominal adhesions for bowel obstruction, colostomy of ischemic colon, incision and drainage, and management of infection)
14. Open vascular procedures:
  - a. Reconstruction and repair of aneurysm, disease, or traumatic injuries of the thoracic aorta, thoracoabdominal aorta, abdominal aorta<sup>2</sup>, iliac artery, visceral/renal arteries, aortic arch branch vessels, carotid and vertebral arteries, peripheral arteries (including arms and legs), central veins, and peripheral veins (e.g. endarterectomy, thrombectomy, embolectomy, bypass grafting (prosthetic graft, autologous vein, In-Situ vein, and extra-anatomic bypass)
15. Placement and removal of inferior vena cava (IVC) filter
16. Sclerotherapy
17. Temporal artery biopsy
18. Thoracic outlet decompression procedures including rib resection
19. Treatment of lymphedema
20. Vein ligation, stripping, ablation, and phlebectomies
21. Venous reconstruction, surgical treatment of cutaneous ulcers
22. Vascular laboratory
  - a. Interpretation of non-invasive cerebrovascular studies

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<sup>2</sup> Leapfrog volume standard for individual surgeon = 10 annually



**VASCULAR SURGERY CLINICAL PRIVILEGES**

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

- b. Interpretation of non-invasive arterial studies of the extremities
- c. Interpretation of non-invasive venous studies
- d. Interpretation of non-invasive studies of visceral and intra-abdominal vessels
- e. Transcranial Doppler



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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.

**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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
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\_\_\_\_\_

**Service Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Committee on Clinical Affairs Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Board Action** \_\_\_\_\_ **Date** \_\_\_\_\_