



**Clinical Privileges Profile
Vascular Surgery**

Kettering Medical Center System

Kettering Medical Center **Sycamore Medical Center**

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.

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

Other Requirements

1. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. 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 VASCULAR SURGERY

To be eligible to apply for core privileges in vascular 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 and/or followed by successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery or completed an integrated program accredited by the ACGME of five years of training in vascular surgery combined with core surgical training in the same institution, leading to certification only in vascular surgery.

AND/OR

Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification or special/added qualifications in vascular surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of a minimum of 50 vascular surgery procedures, reflective of the scope of privileges requested, within the past 12 months, the majority being of a reconstructive nature excluding cardiac surgery, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in vascular surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

VASCULAR SURGERY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, provide consultation, and treat patients 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.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

ENDOVENOUS ABLATIVE THERAPY (ELVT) VIA ALL ENERGY SOURCES

Criteria: Successful completion of an accredited training program that included supervised training in the diagnosis and treatment of varicose veins and training in interpreting ultrasound examinations of the legs. Applicants must demonstrate completion of training in EVLT, which included the performance/interpretation of 10 EVLT procedures. Applicant must demonstrate training and experience with the specific energy source to be used.

Required previous experience: Demonstrated current competence and evidence of the performance and/or interpretation of at least 6 ELVT procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance and/or interpretation of at least 10 EVLT procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

FOR ADDITIONAL PROCEDURES – SEE ENDOVASCULAR SUPPLEMENT

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

3. Amputations, upper extremity, lower extremity
4. Aneurysm repair, excluding intracranial and coronary
5. Angioplasty, excluding intracranial and coronary
6. Bypass grafting all vessels excluding coronary and intracranial vessels
7. Carotid endarterectomy
8. Central venous access catheters and ports
9. Cervical, thoracic or lumbar sympathectomy
10. Diagnostic biopsy or other diagnostic procedures on blood vessels
11. Embolectomy or thrombectomy for all vessels excluding coronary and intra cranial vessels
12. Endarterectomy for all vessels excluding coronary
13. Extra cranial carotid and vertebral artery surgery
14. Hemodialysis access procedures
15. Intraoperative angiography
16. Intraoperative angioplasty, balloon dilatation
17. Other major open peripheral vascular arterial and venous reconstructions
18. Percutaneous thrombolysis/thrombectomy
19. Perform history and physical exam
20. Placement of inferior vena cava (IVC) filter
21. Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)
22. Sclerotherapy
23. Stent placement (arterial & venous, excluding cranial and coronary)
24. Thoracic outlet decompression procedures including rib resection
25. Transcranial doppler ultrasonography
26. Vein ligation and stripping
27. Venous reconstruction

ADMINISTRATION OF SEDATION AND ANALGESIA

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

Signature: _____

Date: _____

CLINICAL SERVICE CHIEF'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. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action _____ **Date:** _____

Medical Executive Committee action _____ **Date:** _____

Board of Directors action _____ **Date:** _____

Adopted: November 11, 2010