

Privileges for: Thoracic Surgery

Request

Document Review: MEC 8/27/09; Rev. 8/22/2013, 2/27/2014; 1.23.2015, Rev. 5.25.2017

Board of Trustees: 9/14/09, Rev.9/9/2013, 5.5.2014, Rev. 3.2.2015, Rev 9.11.2017

ST. ELIZABETH - EDGEWOOD

ST. ELIZABETH - FLORENCE

ST. ELIZABETH - FT. THOMAS

ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in thoracic surgery

**Note:** For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

**I. Core Privileges:** Core privileges in thoracic surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

\_\_\_\_\_ Admit patients and perform histories and physicals

\_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

\_\_\_\_\_  
Anesthesia Section Chair Date

\_\_\_\_\_ General Surgery Abdominal Surgery Privileges include: enterectomy, gastric procedures; gastrostomy, highly Selective vagotomy (super selective, parietal cell vagotomy), partial gastrectomy with either gastroduodenostomy or gastrojejunostomy, revision gastric anastomosis, suture perforated ulcer, vagotomy and/or gastrojejunostomy or pyloroplasty, total gastrectomy, hernia repair (diaphragmatic, femoral, incisional, umbilical). Operations on the spleen: splenectomy, splenorrhaphy, paracentesis, uncomplicated operations related to (in conjunction with) intra-abdominal procedures: insertion of drainage catheters, vagotomy - transabdominal and transthoracic; varicocele excision/ligation

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General Surgery Ancillary and Adjunctive Technique Privileges including: Cannulation of subclavian, internal jugular, femoral and peripheral veins for access, dialysis or measurement pulmonary artery pressure and other surgical venous access procedures, fine needle aspiration, physiologic testing and evaluation of the gastrointestinal tract

Chest tube placement - 34.04 / 32551

Cervical Esophagostomy - 42.11, 42.19 / 43352

Minor Thoracic and Cardiovascular Procedures: endoscopy, bronchoscopy and esophagoscopy, scalene node biopsy tracheostomy, catheter drainage of pericardium, esophagogastroduodenoscopy (EGD) with dilation, EGD with stent placement, esophageal balloon dilations; esophagoscopy with bravo ph testing, esophagoscopy with ablation (cryotherapy)

Vascular Access: Insertion of arterial monitoring lines, insertion of central monitoring line, insertion of Swan-Ganz (pulmonary artery catheter)

Chest Wall - Resection of tumor, debridement/rewiring sternum, repair of pectus excavatum/carinatum, repair of chest wall hernia, repair of sternal fractures, thoracoplasty

Lung and Pleura: Pneumonectomy, lobectomy, segmental resection, pulmonary resection with en bloc chest wall, Wedge resection or resection of bleb, thoracotomy for exploration and biopsy, decortication, pleurectomy / pleurodesis, closure of broncho-pleural fistula, drainage of lung abscess / empyema, repair of lung laceration or injury, resection of pulmonary cyst or sequestration, resection of pleural tumor

Tracheobronchial: Resection of stricture, resection of tumor, repair of rupture or laceration, sleeve lobectomy or pneumonectomy, mediastinal tracheostomy, rigid bronchoscopy, tracheal stent/dilation

Mediastinum: Excision of tumor or cyst, thymectomy, mediastinoscopy / mediastinotomy, ligation of thoracic duct

Diaphragm: Repair of congenital hernia, repair of paraesophageal hernia, repair of traumatic hernia, plication, resection

Foregut: (These procedures may be performed through either a transthoracic or transabdominal approach); esophagectomy (resection or bypass for tumor or stricture), correction of reflux or stricture, excision of diverticulum, correction of esophageal atresia (TEF), myotomy, closure of fistula, ligation of varices, revision of bypass, repair / drainage of perforation of rupture

Laparoscopic Foregut Procedures: myotomy, esophagectomy, correction of reflux / stricture

Thoracotomy for: anterior spinal fusion, transthoracic vagotomy, sympathectomy, re-exploration for bleeding

Video-Assisted Thorascopic Procedures (VATS) - Can be performed open also

- " Diagnostic thoracoscopy / biopsy / pleurodesis
- " Wedge resection for nodule
- " Lung biopsy
- " Lobectomy or pneumonectomy
- " Resection of cyst
- " Pericardial window
- " Drainage of empyema/hemothorax
- " Mediastinal procedure
- " Esophageal procedure
- " Sympathectomy

Drainage Procedures of chest wall and chest cavity - 34.04 / 32550, 32551

Dilation of Esophagus - 42.92 / 43499, 43453, 43456

Insertion of Prosthesis of Esophagus

Placement of central venous catheters with and without ultrasound guidance

Placement of pulmonary artery monitoring catheters

Placement of radial and femoral arterial catheters with and without ultrasound guidance

Plastic Procedures on Lower Esophagus - 42.85 / 43499

Repair of Hiatus Hernia Thoracic Approach/Laparoscopic Approach - 53.83, 53.84 / 43281, 43282, 43334, 43335, 43338

Resection of Esophagus including Replacement with colon or Jejunum - 42.4, 42.42

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Resection of Diverticula of Esophagus - 42.31 / 43130, 43135

Thoracic Aneurysm Repair - 39.52

Surgical Treatment of Bullous Diseases of the Lung

Repair of Hiatal Hernia - 53.71, 53.72, 53.75, 53.80, 53.81, 53.82, 53.83, 53.84 / 43332, 43333, 43334, 43335, 43336, 43337, 43338

OFFICE BASED PRIVILEGES (Applies to SEH Cardiac & Thoracic Surgery practice only):

Examine, evaluate, and treat ambulatory patients. Perform new patient consults (cardiac and thoracic), follow up appointments, post operative appointments, wound packing, suture and/or staple removal, debridement, EKG, and cauterization.

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Pericardial window (drainage procedure) NOTE: This is a core privilege for cardiothoracic surgeons. (ADDITIONAL REQUIREMENT: Proof of Competency) 37.12 / 32659, 33025

Endoscopic placement of airway stents

Electromagnetic Navigational Bronchoscopy (requires course completion certificate)

Repair of femoral artery/vein

Repair or replacement of the great vessels

Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation safety test or documented training)

CO2 laser (ADDITIONAL REQUIREMENT: Proof of Competency)

KTP/YAG laser (ADDITIONAL REQUIREMENT: Proof of Competency)

LINX procedure (laparoscopic LINX magnetic sphincter augmentation) requires proof of training

Barrx photodynamic therapy (EMR Endoscopic mucosal resection) - requires documented evidence of training and Competency. A reference letter from program director or clinical chief / department chair is acceptable evidence

EBUS (endobronchial ultrasound) - requires documented evidence of training and competency. A reference letter from program director or clinical chief / department chair is acceptable evidence

Esophageal manometry interpretation - requires documented evidence of training and competency. A reference letter from program director or clinical chief / department chair is acceptable evidence

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ADVANCED VIDEOSCOPY SURGICAL PROCEDURES: (see criteria below)

Option A: Formal training in laparoscopy and / or thoracoscopy: verification from program director that training included exposure to the performance and interpretation, with observed competence (include case log or reference letter from program director).

Option B: No formal residency training in laparoscopy or thoracoscopy: structured training is required. Certificate of completion from CME Program, plus documentation of past case experience OR reference letter from department chair AND one component of practical experience (A, B, or C):

- a. Applicant's experience - Case Log - Documented experience that includes an appropriate volume of cases equivalent to the procedure in question in terms of complexity
- b. Complimentary Experience - Case log with information regarding participants. Documented experience with two surgeons (applicant and first assistant or co-surgeon) with combined expertise in the complete procedural conduct (i.e. one surgeon skilled in laparoscopy and/or thoracoscopy and the other surgeon skilled in the traditional open technique). The Section Chairman should determine the appropriateness of this experience (case log with information regarding participants).
- c. Proctor form or letter from proctor - Documented experience. The criteria should be established in advance by the Section Chairman in conjunction with the specific specialty chairman where appropriate. The Section Chairman should determine the appropriateness of this experience.

Videoscopic Esophagocardiomyotomy (transabdominal or transthoracic)

Videoscopic Fundoplication / antireflux procedure

Videoscopic gastric resection

Videoscopic gastrostomy / jujunostomy tube insertion

Robotic surgery for BASIC Thoracic Surgery - (EDGEWOOD, FLORENCE, FT. THOMAS) wedge resection, talc pleurodesis and bleb stapling, lymph node dissection (5 proctored cases-see training details below)

Robotic Surgery for ADVANCED Thoracic Surgery - (EDGEWOOD, FLORENCE, FT. THOMAS) mediastinal cyst/mass resections, lobectomy (8 proctored cases-see training details below)

Advanced Robotic Thoracic Surgery: This includes lobectomy and esophagectomy (via the chest, heller myotomy, thymectomy). At least 10 prior thoracic robotics cases, individual or jointly with another surgeon (at least 5 cases performed at the hospital where privileges are requested). Completion of thoracic lobectomy training inclusive of cadaver training unless prior robotic cardiac formal training or privileges exist. At least 2 observed cases and at least two proctored cases.

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**Applicants without Documented Robotic Experience:**

1. Applicant must be board eligible or board certified within the specialty requested.
2. Applicant, regardless of specialty, must have full videoscopic or open privileges for each procedure to be performed with robotic assistance.
3. Documentation of completion of a formal training program in robotic surgery specific to the subspecialty. The program length should be a minimum of two days, providing both didactic and hands-on animal or cadaver laboratory training with the curriculum specifically tailored for each specialty and application. The clinical chief will determine the adequacy of the formal training.
4. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases. Proctoring Form completed with observed competency. Selected proctor must be approved by the Robotics Committee Chairman. A minimum of 20 cases within the scope of practice are required to qualify as a proctor.
5. Completion of basic robotics surgical customer training online course.
6. Completion of robotic surgical simulation training program or documentation of at least 10 lab session practicing knot tying and suturing for at least 30 minutes.

**Applicants with Current Unrestricted Robotic Clinical Privileges from another Hospital:**

1. Applicant must be board eligible or board certified within the specialty requested.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested with a minimum within the past year. ( 15 for Gyn; 7 for all other specialties)
4. Letter of support from the previous department director
5. Previous completion of basic surgical customer training online course.

**Applicants that received Residency Training in Robotics:**

1. Applicant must be board eligible within the requested specialty.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested must show distinction between primary/assisting surgeon. A minimum of 20 cases is preferred.
4. Letter of support from residency/fellowship training program director.
5. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases.

**NOTE:** The appropriateness of using the robot for particular cases is subject to review by the Robotic Surgery Committee Director and the respective Department Clinical Chief. Select procedures may require approval by the Robotic Surgery Committee prior to scheduling of the procedure.

**New applicants -** The above requirements will be effective for all new applicants after January 1, 2014. Applicants currently in training will credential under the previous privileging guidelines. Surgeons currently credentialed are grandfathered under the previous privileging criteria. Reappointment credentials will apply to all beginning January 2015.

**Reappointment for all Applicants:** Applicants must have a documented case log with a minimum of 7 cases within the last year and 15 cases within the last 2 years. Surgeons failing to meet this requirement in the 1 year period preceding reappointment may have such privileges renewed for no more than a 1 year period. Failure to meet the minimum case volume for two consecutive years shall result in a loss of eligibility, which can then be restored only through completion of additional training and/or proctored cases sufficient to demonstrate current proficiency. The reappointment criteria will be effective for all reappointments beginning January 1, 2015.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_