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.
DELINEATION OF PRIVILEGES IN VASCULAR SURGERY

Applicant Name: _____________________________________________________________
Please Print ____________________________________________________________________________________________

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).*

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<th>R</th>
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<tr>
<td>(R)=Requested  (A)=Recommended as Requested  (C)= Recommend with Conditions  (N)= Not Recommended</td>
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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.
DELINEATION OF PRIVILEGES IN VASCULAR SURGERY

Applicant Name: _____________________________________________________________
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<th>SPECIAL PROCEDURES (See Qualifications and Specific Criteria)</th>
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<td>Carotid paraganglioma</td>
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<td>Thoracic outlet procedures</td>
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<td>Thoracic and thoracoabdominal aneurysm – use of mechanical bypass requires approval by cardiothoracic surgery.</td>
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<td>Venous reconstruction</td>
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<td>Iliofemoral angioplasty/stent</td>
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<td>Renal/mesenteric angioplasty/stent</td>
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<td>Supra-aortic trunks/carotid angioplasty/stent</td>
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<td>Endo grafting of AAA and diseased arteries</td>
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<td>Insertion of IVC filter</td>
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<th>PEDIATRIC SPECIAL PROCEDURES (See Qualifications and Specific Criteria)</th>
<th>Children 3 yrs and older</th>
<th>All Children</th>
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<td>Patent ductus arteriosus</td>
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<td>Coarctation</td>
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<td>Vascular ring</td>
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<td>Any closed heart procedure</td>
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<td>Aortopexy</td>
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<td>Renal artery reconstruction</td>
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<td>Peripheral artery reconstruction</td>
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<td>Construction or take down AV fistula/shunt</td>
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<td>Surgical placement/removal central access line (any external or port)</td>
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<td>Dialysis access insertion/removal</td>
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<td>Cannulate/Decannulate ECMO</td>
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<td>Major vessel reconstruction</td>
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(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: _____________________________________________________________

Please Print

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
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. SAPPHIRE 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