



**Cardiac Surgery Privileges  
Department of Surgery**

**Name:** \_\_\_\_\_  
(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- ' Modification of privileges (*request for any additional privileges beyond those previously granted*)

**Basic Education: MD or DO**

**Minimal formal training:** Successful completion of an ACGME or AOA accredited residency in general thoracic and cardiothoracic surgery. Current certification or board eligible (with achievement of certification within 5 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.

**Required current experience:** At least 50 cardiac surgical procedures, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Maintenance of BLS and ACLS at a minimum.

<b>Facility (Check ALL that are applicable to your request)</b>				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

\*\*Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

**Core Cardiac Surgery Privileges:**

Core privileges for cardiac surgery include the ability to admit, evaluate, diagnose, consult, perform history and physical exam, and provide preoperative, intraoperative, and postoperative surgical care to patients of **16 years and older** with structural abnormalities involving the heart and major blood vessels. This 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), and congenital anomalies of the heart. Candidates may provide care to patients in the intensive care setting in conformance with unit policies. Candidates must assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills:

Ablative surgery (radiofrequency energy, microwave, cryoablation, laser and high-intensity focused ultrasound, and maze)

All procedures on the heart for the management of acquired/congenital cardiac disease, including surgery on the pericardium, coronary arteries, valves, and other internal structures of the heart, and for acquired septal defects and ventricular aneurysms

Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava

Endarterectomy of pulmonary artery

Endomyocardial biopsy

Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree

Management of congenital septal and valvular defects

Minimally invasive direct coronary artery bypass

Off-pump coronary artery bypass

Operations for myocardial revascularization

Pacemaker and/or automatic implantable cardiac device implantation and management, transvenous and transthoracic

Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital or acquired cardiac disease

Pericardiocentesis, pericardial drainage procedures, pericardiectomy

Pulmonary embolectomy

Surgery for implantation of artificial heart and mechanical devices to support or replace the heart partially or totally

Surgery of patent ductus arteriosus and coarctation of the aorta

Surgery of the aortic arch and branches and the descending thoracic aorta for aneurysm/trauma

Surgery of the thoracoabdominal aorta for aneurysm

Surgery of tumors of the heart and pericardium

Vascular access procedures for use of life support systems, such as extracorporeal oxygenation and cardiac support

Vascular operations exclusive of the thorax (e.g., caval interruption, embolectomy, endarterectomy, repair of excision of aneurysm, vascular graft, or prosthesis)

**Special Non-Core Privileges in Cardiac Surgery:**

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual

requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

<b>Procedure</b>	<b>Baroness</b>	<b>Children's</b>	<b>North</b>	<b>East</b>	<b>Bledsoe/Sequatchie</b>
Use of robotic-assisted system for cardiothoracic procedures (sternotomy, thoracotomy, coronary by-pass, mitral valve repair, atrial septal defect repair, pericardiectomy, lobectomy, and tumor enucleation)					
Carotid endarterectomy					
Maze procedure					
Endovascular repair of thoracic aortic aneurysms and abdominal aortic aneurysms					
Transcatheter aortic, mitral, pulmonic, or tricuspid valve replacement or repair					
Administration of Moderate sedation and analgesia (see below for criteria).					

**Request for Privilege Not Listed in Core or Special Non-Core** *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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**Special Procedures Privileges Criteria**

**Moderate Sedation**

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

*NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.*

**Department Chief Recommendation:**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)

Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_

\_\_\_\_\_  
Chief Signature

\_\_\_\_\_  
Date

*Rev. 03/24*