



Privileges in Cardiothoracic Surgery

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

**Initial Core Criteria
Education/Training**

Successful completion of an ACGME or AOA accredited Residency training program in Thoracic Surgery or foreign equivalent training

AND

Current certification or active participation in the examination process leading to certification in thoracic surgery by the American Board of or the American Osteopathic Board of Surgery or foreign equivalent training/board.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	CORE Privileges	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, provide pre-, intra-, and postoperative surgical care, and perform surgical procedures to correct or treat various conditions of the heart and related blood vessels, lung or esophagus	
	General procedures such as central venous line, arterial line, pulmonary artery flotation catheter, thoracentesis, pericardiocentesis, chest tube insertion, placement of renal dialysis catheter	
	Pediatric cardiac surgery with or without cardiopulmonary bypass with exception of all privileges identified as 'Special Privileges'	
	Aortic procedures with or without cardiopulmonary bypass	
	Coronary artery bypass graft	
	Heart valve replacement	
	Open lung biopsy	
	Esophagectomy	
	Abscess i & d	
	Removal of indwelling vascular access catheters	
	Wound debridement	
	Patent ductus arteriosus	
	Coarctation of aorta	
	Atrial septal defect	
	Anomalies of the aortic arch	
	Any pulmonary - systemic shunt	
	Bronchoscopy	
	Tracheal surgery	
	Tetralogy of Fallot (palliation or correction)	
	Ventricular septal defect	

Qualifications

Renewal Criteria Minimum of 100 Core cases required during the past two years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

FPPE

- Core - (Chart Review) - Pump Cases
- Core - (Direct Observation) - Pump Cases

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Patients less than one month: Neonate: Neonatal cardiac surgery with cardiopulmonary bypass - open heart; Without CPB - closed heart [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Patients one month - 12 month Infant: Infant cardiac surgery with cardiopulmonary bypass - open heart; Without CPB - closed heart. [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Transplantation of heart, lung, or heart and lung [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Premature and low birth weight baby surgery [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Anomalous coronary vessels [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 2 cases in past two years. Renewal Criteria - Minimum 2 cases required in the past two years.]	
	Anomalous pulmonary venous return [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 2 cases in past two years. Renewal Criteria - Minimum 2 cases required in the past two years.]	
	Transposition of great arteries (palliation or correction) [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Truncus arteriosus (palliation or correction) [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 2 cases in past two years. Renewal Criteria - Minimum 2 cases required in the past two years.]	
	Ebstein's anomaly [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 2 cases in past two years. Renewal Criteria - Minimum 2 cases required in the past two years.]	
	Double outlet right or left ventricle [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Conduit construction [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Tricuspid atresia (palliation or correction) [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Pulmonic stenosis or atresia (palliation or correction) [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Norwood procedure or modification thereof [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 3 cases in past two years. Renewal Criteria - Minimum 3 cases required in the past two years.]	

	Fontan procedure or modification thereof [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Unifocalization [Initial Criteria - Documentation of fellowship in pediatric cardiac surgery. 5 cases in past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	

FPPE

- Patients less than one month: Neonate: Neonatal cardiac surgery with cardiopulmonary bypass - open heart; Without CPB - closed heart - (Chart Review) - Pump Cases
- Patients less than one month: Neonate: Neonatal cardiac surgery with cardiopulmonary bypass - open heart; Without CPB - closed heart - (Direct Observation) - Pump Cases
- Patients one month - 12 month Infant: Infant cardiac surgery with cardiopulmonary bypass - open heart; Without CPB - closed heart. - (Chart Review) - Pump Cases
- Patients one month - 12 month Infant: Infant cardiac surgery with cardiopulmonary bypass - open heart; Without CPB - closed heart. - (Direct Observation) - Pump Cases
- Transplantation of heart, lung, or heart and lung (Chart Review) - Pump Cases
- Transplantation of heart, lung, or heart and lung - (Direct Observation) - Pump Cases
- Premature and low birth weight baby surgery - (Chart Review) - Pump Cases
- Transposition of great arteries (palliation or correction) - (Chart Review) - Pump Cases
- Ebstein's anomaly - (Chart Review) - Pump Cases
- Tricuspid atresia (palliation or correction) - (Chart Review) - Pump Cases
- Pulmonic stenosis or atresia (palliation or correction) - Pump Cases
- Fontan procedure or modification thereof - (Chart Review) - Pump Cases
- Unifocalization - (Chart Review) - Pump Cases
- Anomalous coronary vessels - (Chart Review)
- Anomalous pulmonary venous return - (Chart Review)
- Truncus arteriosus (palliation or correction) - (Chart Review)
- Conduit construction - (Chart Review)
- Norwood procedure or modification thereof - (Chart Review)

Acknowledgment of Applicant

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 Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date