

# Cardiac Surgery Clinical Privileges

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial privileges (initial appointment)       Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: December 11, 2014

**Applicant:** Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

**[Department/Program Head or Leaders/ Chief]:** Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one’s professional practice and to deliberately plan an approach to skills maintenance.

## Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- 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.

**Note:** The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

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**Grandparenting:** Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

## Definition

Cardiac Surgery is that branch of surgery concerned with diseases of the pericardium, heart and great vessels.

## Qualifications for cardiac surgery

**Initial privileges:** To be eligible to apply for privileges in Cardiac Surgery, the applicant should meet the following criteria:

Confirmation or recognition of equivalent training as a Cardiac Surgeon by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND

Recognition as a Cardiac Surgeon by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the Health Authority and its Affiliate(s).

**Recommended current experience:** Performance of an average of at least 75 cardiac surgery cases a year as the responsible operator in any accredited facility, reflective of the scope of privileges requested, averaged over no more than the past 24 months or successful completion of an RCPSC accredited residency or clinical fellowship within the past 24 months.

Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

**Renewal of privileges:** To be eligible to renew privileges in Cardiac Surgery, the applicant should meet the following criteria:

- Current demonstrated skill and an adequate volume of experience (minimum of 75 cardiac surgery cases per year) with acceptable results, reflective of the



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scope of privileges requested, averaged over the past 36 months based on results of ongoing professional practice evaluation and outcomes.

- Fulfillment of the requirements of the Royal College CME/CPD, for Cardiac Surgery.
- Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

### Return to practice:

- Individual assessment whereby training objectives and duration should be agreed upon by the physician and department head where privileges are being requested.
- Confirmation of skill by the cardiac surgery head or designate(s).

### **Core privileges: Adult Cardiac Surgery**

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

**Requested** Consult, evaluate, diagnose, and provide preoperative, intraoperative, and postoperative surgical care to patients of all ages with abnormalities involving the chest wall, pericardium, heart and cardiovascular system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills.

### **Core privileges: Admitting Privileges**

**Requested: Full Admitting**

### **Core procedures list**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

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## **Cardiac Surgery**

- Sternotomy and thoracotomy incisions including techniques for redo sternotomy
- Wound debridement
- Reconstruction of sternum
- Central venous and arterial cannula insertion for parenteral nutrition, dialysis and hemodynamic monitoring
- Chest tube insertion
- Trauma patient resuscitation
- Peripheral arterial reconstruction
- Repair of traumatic injuries to the chest including thoracic aortic tears, cardiac lacerations, great vessel injury, and lung lacerations
- Institution of cardiopulmonary bypass (CPB) using a variety of cannulation techniques and devices; appropriate conduct of CPB; insertion of intra-aortic balloon pump
- Insertion and management of extra corporal membrane oxygenation (ECMO), veno-arterial (VA)/ veno-venous (VV)
- Management of airway problems including performance of tracheostomy and bronchoscopy
- Institution of effective myocardial protection using a variety of delivery methods
- Coronary artery bypass grafting using a range of arterial and venous conduits
- Complications of coronary artery disease (CAD): ventricular septal defect (VSD), mitral insufficiency, LV aneurysm repair
- Aortic valve replacement using a variety of approaches and prosthetic devices
- Aortic root replacement using a variety of prosthetic devices
- Complex aortic valve surgery
- Mitral valve replacement and repair using a variety of approaches and prosthetic devices
- Tricuspid valve surgery
- Thoracic aortic surgery
- Surgery of the great vessels
- Repair of emergent aortic dissections
- Implantation of various types of cardiac rhythm devices
- Management of electrophysiological device complications including but not limited to lead removal
- Resection of cardiac tumours
- Pericardial aspiration, biopsy, window and pericardiectomy
- Mini-thoracotomy
- Institution of cardiopulmonary bypass for pediatric patients
- Management and repair of congenital cardiac defects, such as coarctation of aorta, patent ductus arteriosus (PDA), atrial septal defect (ASD), VSD
- Percutaneous valve implant

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For Reference Only



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## **Non-core Privileges (See Specific Criteria)**

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

## ***Non-core privileges: Donor heart procurement for transplant and performance of cardiac transplantation***

- Requested - Donor heart procurement for transplant
- Requested - Donor heart-lung block procurement for transplant
- Requested - Performance of cardiac transplantation

**Initial privileges:** To be eligible to apply for privileges in donor heart procurement, donor heart-lung block procurement and/or performance of cardiac transplantation, the applicant should meet the following criteria:

- Level of experience and training acceptable to the heart failure/cardiac transplant program
- On-going CME as required by the program

**Renewal of privileges:** To be eligible to renew privileges in donor heart procurement, donor heart-lung block procurement and/or performance of cardiac transplantation, the applicant must should the following criteria:

- Level of experience acceptable to the heart failure/cardiac transplant program
- On-going CME as required by the program

**Return to practice:**

- Individual assessment whereby training objectives and duration should be agreed upon by the heart failure/cardiac transplant program where privileges are being requested.
- Confirmation of skill by the surgical director of the program or designate(s).

## ***Non-core privileges: Insertion and management of permanent VAD***

- Requested

**Initial privileges:** To be eligible to apply for privileges in VAD, the applicant should meet the following criteria:



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- Level of experience and training acceptable to the heart failure/cardiac transplant program
- On-going CME as required by the program

**Renewal of privileges:** To be eligible to renew privileges in VAD, the applicant should meet the following criteria:

- Level of experience acceptable to the heart failure/cardiac transplant program
- On-going CME as required by the program

**Return to practice:**

- Individual assessment whereby training objectives and duration should be agreed upon by the heart failure/cardiac transplant program where privileges are being requested.
- Confirmation of skill by the surgical director of the program or designate(s).

### ***Non-core privileges: Use of laser for lead extraction***

#### **□ Requested**

**Initial privileges:** To be eligible to apply for privileges in use of laser for lead extraction the applicant should meet the following criteria:

- Level of experience and training acceptable to the cardiac program
- On-going CME as required by the program

**Renewal of privileges:** To be eligible to renew privileges in the use of laser for lead extraction, the applicant should meet the following criteria:

- Level of experience acceptable to the cardiac program
- On-going CME as required by the program

**Return to practice:**

- Individual assessment whereby training objectives and duration should be agreed upon by the cardiac program where privileges are being requested.
- Confirmation of skill by the surgical director of the program or designate(s).

### ***Non-core privileges: Use of robotic-assisted system for cardiothoracic procedures***

#### **□ Requested**

**Initial privileges:** To be eligible to apply for privileges in cardiac robotics, the applicant should meet the following criteria:

- Level of experience and training acceptable to the cardiac program

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- On-going CME as required by the program

**Renewal of privileges:** To be eligible to renew privileges in cardiac robotics, the applicant should meet the following criteria:

- Level of experience acceptable to the cardiac program
- On-going CME as required by the program

**Return to practice:**

- Individual assessment whereby training objectives and duration should be agreed upon by the cardiac program where privileges are being requested.
- Confirmation of skill by the surgical director of the program or designate(s).

### ***Non-core privileges: Endovascular repair of thoracoabdominal aortic disease (thoracic and abdominal components)***

#### Requested

**Initial privileges:** To be eligible to apply for privileges in endovascular repair of thoracoabdominal aortic disease, the applicant should meet the following criteria:

- Level of experience and training acceptable to the cardiac program
- On-going CME as required by the program

**Renewal of privileges:** To be eligible to renew privileges in endovascular repair of thoracoabdominal aortic disease, the applicant should meet the following criteria:

- Level of experience acceptable to the cardiac program
- On-going CME as required by the program

**Return to practice:**

- Individual assessment whereby training objectives and duration should be agreed upon by the cardiac program where privileges are being requested.
- Confirmation of skill by the surgical director of the program or designate(s).

### ***Non-core privileges: Carotid endarterectomy (CE)***

#### Requested

**Initial privileges:** To be eligible to apply for privileges in carotid endarterectomy, the applicant should meet the following criteria:

- Level of experience and training acceptable to the cardiac program



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**Renewal of privileges:** To be eligible to renew privileges in carotid endarterectomy, the applicant should meet the following criteria:

- Level of experience acceptable to the cardiac program
- On-going CME

**Return to practice:**

- Individual assessment whereby training objectives and duration should be agreed upon by the cardiac surgery division where privileges are being requested.
- Confirmation of skill by the cardiac surgery head and training supervisor (or his or her delegate).

### Context Specific Privileges

Context refers to the capacity of a facility to support an activity.

### Context specific privileges: Administration of procedural sedation

#### Requested

See “Hospital Policy for Sedation and Analgesia by Non-anesthesiologists.”

For Reference Only



# Cardiac Surgery Clinical Privileges

## *Process for requesting privileges not included in the dictionary*

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site ([bcmqi.ca](http://bcmqi.ca)) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

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## Acknowledgment of Practitioner

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

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Name of Department / Division / Program: \_\_\_\_\_

Name of Medical Leader: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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