

Pediatric Cardiothoracic 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: February 12, 2015.

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

Pediatric Cardiothoracic Surgery is that branch of surgery concerned with congenital and acquired diseases of the heart, lungs, chest wall, mediastinum, trachea, pleura, esophagus, and diaphragm.

Qualifications for pediatric cardiothoracic surgery

Initial privileges: To be eligible to apply for privileges in pediatric cardiothoracic surgery, the applicant should meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physician and Surgeons of Canada (RCPS) accredited residency in Cardiac or Cardiothoracic Surgery followed by additional postgraduate training in pediatric cardiothoracic surgery,

AND

Current certification in Thoracic Surgery by the American Board of Thoracic Surgery or RCPS,

AND

Additional postgraduate training in pediatric cardiothoracic surgery.

AND

Recommended current experience: At least 100 major pediatric cardiothoracic procedures, reflective of the scope of privileges requested, during the past 24 months or successful completion of an accredited residency and clinical fellowship within the past 24 months.



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Renewal of privileges: To be eligible to renew privileges in pediatric cardiothoracic surgery, the applicant should meet the following criteria:

Current demonstrated skill and an adequate volume of experience (150 pediatric cardiothoracic procedures) with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Individualized evaluation by a pediatric cardiothoracic surgeon in a centre that routinely trains pediatric cardiothoracic surgeons, for a period of time sufficient for the mentor to attest to proficiency.

Core privileges: Pediatric cardiothoracic surgery

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

Requested Evaluate, diagnose, consult, and provide preoperative, intraoperative, and postoperative surgical care to patients with structural abnormalities involving the heart and major blood vessels, lungs and mediastinum, trachea, chest wall, pleura, esophagus, and diaphragm . Includes correction or treatment of various conditions of the heart, lungs, 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 and lungs. 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

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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.

Pediatric Cardiovascular surgery

- Performance of history and physical exam
- Ablative surgery (radiofrequency energy, microwave, cryoablation, laser and high-intensity focused ultrasound, and maze)
- All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, valves, and other internal structures of the heart
- Correction or repair of all anomalies or injuries of great vessels and branches thereof, including the aorta, pulmonary arteries, pulmonary veins, and vena cavae
- Endomyocardial biopsy
- Insertion, removal, and management of all temporary and permanent cardiac assist devices
- Operations for myocardial revascularization
- Pacemaker and/or automatic implantable cardioverter defibrillator (AICD) implantation and management (transvenous and transthoracic)
- Vascular procedures (not requiring cardiopulmonary bypass) for congenital or acquired cardiovascular disease
- Surgery of tumors of the heart, pericardium, and thorax
- Surgery of the thoracoabdominal aorta
- Vascular access procedures
- Heart and lung transplant in children
- Heart or lung procurement for transplantation

Pediatric thoracic surgery

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- Performance of history and physical exam
- Cervical, thoracic, or dorsal sympathectomy
- Correction of diaphragmatic hernias, both congenital or acquired
- Decortication or pleurectomy procedures
- Diagnostic procedures, including cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
- Endoscopic procedures, including bronchoscopy, esophagoscopy, and mediastinoscopy
- Lymph node and superficial biopsy procedures
- Management of chest and neck trauma
- Pericardiocentesis, pericardial drainage procedures, and pericardiectomy
- Procedures upon the chest wall, pleura, and lungs, including wedge resections, segmentectomy, lobectomy, and pneumonectomy
- Resection, reconstruction, or repair of the trachea and bronchi
- Resection, reconstruction, repair, or biopsy of the lung and its parts
- Surgery on the esophagus, mediastinum, and diaphragm, including surgery for diverticulum, as well as perforation, resections, surgery for benign esophageal disease, and surgery on mediastinum for removal of benign or malignant tumors
- Thoracentesis
- Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema, or removal of foreign body
- Tracheostomy
- Tube thoracostomy
- Video-assisted thoracoscopic surgery

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.

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Non-core privileges: Use of robotic-assisted system for cardiothoracic procedures (sternotomy and thoracotomy, coronary bypass, mitral valve repair, atrial septal defect repair, pericardiectomy, lobectomies, and tumor enucleations)

❑ Requested

Initial privileges: Successful completion of a postgraduate training program that included training in minimal-access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty-specific approach to the organ systems. Training should include observation of live cases.

Physician must have privileges to perform the procedures being requested for use with the robotic system and hold privileges in or demonstrate training and experience in minimal access procedures. Practitioners agree to limit practice to only the specific robotic system for which they have provided documentation of training and experience.

AND

Recommended current experience: Demonstrated current competence and evidence of at least 5 robotic-assisted procedures in the past 24 months, OR successful completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of at least 10 robotic-assisted procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to proficiency.

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Context Specific Privileges

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

None identified at this time.

For Reference Only



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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) 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:

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____

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