

Louisiana Medical Center and Heart Hospital
 Surgery Department
Cardiothoracic Surgery

Core Privilege Request Form

Place a check mark in the appropriate box for each set of privileges. Please cross out any procedures that you will not be performing at this facility. All privileges will have a focused period of monitoring and if any privileges requested are not performed in this facility within the first 12 months, those privileges will not be renewed. If you perform privileges which are not listed, please write them in, send in documentation that you have been trained on the procedure as well as how many you of the procedures have been done and where they were performed at.

Privilege	Procedures	Requested	Not Requested
	<p><i>Practitioners applying for these privileges are qualified to perform procedures (including related admission, consultation, work-up, pre- and post-operative care, histories and physicals) to correct or treat various conditions, illnesses and injuries appropriate to the privileges.</i></p>		
<p>CORE I PRIVILEGES</p>	<p><u>All requests for the below privileges must provide number of each procedure performed within the last 6 months</u></p>		
	<p>Congenital Heart Disease – in adult patients only (> 16 y/o) -Closure of patent ductus -Correction of coarctation of aorta -Open intracardiac procedure -Coronary artery fistula Great Vessels, Including Repair Of Aneurysm -Injury to aorta or great vessels -Pulmonary embolectomy -Repair of aneurysm (intrathoracic) Acquired Valvular Heart Disease -Valvular replacement -Valvular repair -Open Intracardiac Procedure Heart Or Pericardium -AICD and temporary/permanent epicardial pacemaker -Cardiac tumor -Insertion of cardiac assist device -Pericardiectomy with bypass -Repair of laceration of perforation -Removal of foreign body -Excision/repair ventricular aneurysm -Organ procurement -Surgical intervention of arrhythmia -Repair of post infarction VSD -Coronary artery bypass -Open Intracardiac Procedure -Drainage of Pericardial Effusion Cardiac & Pericardial Biopsy</p>		

Privilege	Procedures	Requested	Not Requested
	Assisted Procedures -Resuscitation with Cardiopulmonary Bypass/Biopump or Aviomed -PTCA with Cardiopulmonary Bypass/Biopump or Aviomed If Moderate Sedation is requested, please indicate the number of times performed within last two years _____		

I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.

 Applicant Signature Date

The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.

___ Yes ___ No _____
Department Chair Signature Date

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Core Privileges Criteria

ELIGIBILITY CRITERIA: To be able to request these clinical privileges, the applicant must meet the criteria below:

1. **MD, DO**
2. **Completed additional education/training as follows:**
 - Board Certification
 - Completion of an accredited Residency program in Cardiothoracic Surgery

The American Board of Thoracic Surgery has laid out guidelines addressing the minimal number of surgeries a cardiovascular surgeon should perform annually.

An applicant must provide documentation that he performed a minimum of 75 major cardiac cases during the previous 12 months period of time. Major Cardiac cases include:

Congenital Heart Disease – in adult patients only over 16 years of age

- Closure of patent ductus
- Correction of coarctation of aorta
- Open intracardiac procedure
- Coronary artery fistula

Great Vessels, Including Repair of Aneurysm

- Injury to aorta or great vessels
- Pulmonary embolectomy
- Repair of aneurysm (intrathoracic)

Acquired Valvular Heart Disease

- Valvular replacement
- Valvular repair
- Open Intracardiac Procedure

Heart or Pericardium





- AICD and temporary/permanent epicardial pacemaker
- Cardiac tumor
- Insertion of cardiac assist device
- Pericardiectomy with bypass
- Repair of laceration or perforation
- Removal of foreign body
- Excision/repair ventricular aneurysm
- Organ procurement
- Surgical intervention of arrhythmia
- Repair of post infarction VSD
- Coronary artery bypass
- Open Intracardiac Procedure
- Drainage of Pericardial Effusion
- Cardiac & Pericardial Biopsy

Assisted Procedures

- Resuscitation with Cardiopulmonary Bypass/Biopump or AvioMed
- PTCA with Cardiopulmonary Bypass/Biopump or AvioMed

Dear Physician:

Every physician seeking appointment/reappointment/advancement to Louisiana Heart Hospital & Medical Center is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement.

-  Initially licensed less than 1 year on the basis of examination;
-  Engaged in military service longer than one year's duration outside of Louisiana;
-  Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
-  Currently in a residency training or fellowship.

Please submit copies of your CMEs that you have completed for the past two years.

Thank you,

Medical Staff Coordinator,
Louisiana Medical Center and Heart Hospital