

Heart Hospital of New Mexico
Surgery Department
Cardiothoracic Surgery

Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.

Privilege	Procedures	Requested	Not Requested
CORE I PRIVILEGES			
	<p>Congenital Heart Disease – in adult patients only (> 16 y/o)</p> <ul style="list-style-type: none"> -Closure of patent ductus -Correction of coarctation of aorta -Open intracardiac procedure -Coronary artery fistula <p>Great Vessels, Including Repair Of Aneurysm</p> <ul style="list-style-type: none"> -Injury to aorta or great vessels -Pulmonary embolectomy -Repair of aneurysm (intrathoracic) <p>Acquired Valvular Heart Disease</p> <ul style="list-style-type: none"> -Valvular replacement -Valvular repair -Open Intracardiac Procedure <p>Heart Or Pericardium</p> <ul style="list-style-type: none"> -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 		

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Privilege	Procedures	Requested	Not Requested
	Assisted Procedures -Resuscitation with Cardiopulmonary Bypass/Biopump or Aviomed -PTCA with Cardiopulmonary Bypass/Biopump or Aviomed		
NON-CORE PRIVILEGES (<i>Request each separately</i>)			
	Transmyocardial Revascularization (Laser)		
MODERATE SEDATION (<i>Complete separate form</i>)			
RESTRAINT PRIVILEGES			

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

Print Name

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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Delineation of Core Privileges

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:**
 - Certified by the American Board of Thoracic Surgery

NEW APPLICANTS MUST BE Board Eligible and complete Board Certification within 5 years of application/approved Medical Staff membership.

3. **Have the following past experience:**
 - One hundred (100) procedures within the CORE I privileges as the operating surgeon in the past two years. (CORE I privileges next page). **Note: This requirement is waived if directly from approved training program.**
4. **Be able to secure clinical references as outlined in the Policy On Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.**

Cardiothoracic Surgery

CORE I Privileges

Performance of surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various conditions, illnesses, and injuries of the Cardiothoracic System.

A representative, but of necessity not complete, list of CORE I procedures is stated on the next page. It is assumed that other procedures and problems of similar complexity will fall within the identified CORE I privileges.

Note: Minimum criteria of 100 CORE I procedures within two years can be fulfilled from other hospital affiliations.

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

Heart Hospital of New Mexico
Cardiothoracic Surgery
Non-Core Privileges

Transmyocardial Revascularization (Laser)

1. ELIGIBILITY CRITERIA:

- A. Basic education: M.D. or D.O. degree
- B. Completion of an accredited Surgery residency
- C. Completion of an accredited Cardiovascular fellowship

2. REQUIRED PREVIOUS EXPERIENCE:

- A. Formal training course* in TMR to include:
 - 1. Laser operations, safety and physics
 - 2. Patient selection
 - 3. Didactic review of the literature
- B. Laboratory session (hands-on) at off-site training or completion of proctoring of procedure by surgeon holding privileges for TMR (documentation verifying satisfactory completion of procedure)

*** Certificate of course completion and copy of course syllabus *required*.**

Reference:

Eclipse Surgical Technologies