

**McLAREN GREATER LANSING
DEPARTMENT OF SURGERY/CARDIOVASCULAR-THORACIC SURGERY SECTION
CREDENTIALING POLICY**

<u>Privileges</u>	<u>Education</u>	<u>Training/Experience</u>	<u>Observation</u>	<u>Biennial Renewal Benchmarks</u>
<p>CATEGORY I: General Admission & Clinical Care Privileges A - Conditions of mild degree B - Conditions of moderate severity C - Conditions of severe degree</p> <ul style="list-style-type: none"> - Myocardial infarction and complications - Valvular heart disease - Unstable angina pectoris - Cardiovascular trauma - Congenital heart disease - Infectious endocarditis - Heart block/arrhythmia - Lung cancer - Lung abscess - Pulmonary emboli - Pneumothorax - Blunt/penetrating chest trauma - Esophageal carcinoma - Esophageal stricture - Esophageal perforation 	MD/DO	<p>Completion of a residency program accredited by the ACGME or AOA with Board certification within 5 years of completion of the formal training program being strongly encouraged.</p> <p>Documentation of training and experience must accompany request consisting of written endorsement by persons of known competence who can testify to skills in performing the requested procedures and number of cases performed. Reference letters must include at least one letter from the Residency Program Director or Section/Department Chair.</p>	Observation for initial appointees shall consist of a minimum of 10 cases—concurrent observation of 3 cardiac, 2 vascular, and 2 thoracic procedures; and retrospective review of 3 cases—by 2 observers assigned by the Discipline representative.	Demonstrated current competence.
<p>CATEGORY II. Moderate Complexity Pericardiocentesis Insertion of chest tube Placement of Swan-Ganz catheter Suture laceration Thoracentesis Wound aspiration Needle biopsy, lung or thoracic mass Mediastinotomy Mediastinoscopy Arteriography Peripheral balloon angioplasty Peripheral stent placement Bronchoscopy Esophagoscopy Embolectomy Pericardiocentesis Rib resection for drainage Open lung biopsy Transbronchial biopsy Transvenous pacemaker placement Pericardial biopsy/window</p>	MD/DO	Same as above.	Same as above.	Demonstrated current competence.
<p>CATEGORY III. Major Complexity A. CARDIAC SURGERY</p>	MD/DO	Completion of a residency program accredited by the ACGME or AOA with Board	Same as above.	Demonstrated current competence, and:

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<p>Transthoracic placement of pacemaker Pericardiectomy Repair of Congenital anomalies - with cardiopulmonary bypass - without cardiopulmonary bypass Valve repair or replacement Ascending aortic aneurysm Dissecting aneurysm Repair of ventricular aneurysm Coronary artery bypass graft Repair of cardiovascular injury Insertion of balloon counter pulsation device Placement of ventricular assist device with device-specific qualification Transmyocardial revascularization</p> <p>B. THORACIC SURGERY Repair of chest wall deformity Exploratory thoracotomy Thoracotomy for hemorrhage Pulmonary resection Decortication Thoracotomy for mediastinal tumor Thoracoplasty Tracheal reconstruction Esophageal resection Esophageal bypass Pulmonary embolectomy Resection of chest wall mass Video-assisted thoracoscopy</p> <p>C. VASCULAR SURGERY Aneurysm surgery (open repair/resection) Arterial anastomosis, extra thoracic Arterial bypass grafts, extremities Carotid artery surgery Ligation/division/excision of varicose veins Peripheral angioplasty Percutaneous peripheral vascular interventions Sympathectomy Vena caval interruption procedures Venous anastomosis</p> <p>CATEGORY IV. Advanced Procedures/New Technology Aortic stent graft</p>	<p>MD/DO</p>	<p>certification within 5 years of completion of the formal training program being strongly encouraged.</p> <p>Documentation of training and experience must accompany request consisting of written endorsement by persons of known competence who can testify to skills in performing the requested procedures and number of cases performed. Reference letters must include at least one letter from the Residency Program Director or Section/Department Chair.</p> <p><u>Peripheral angioplasty & other percutaneous peripheral vascular interventions:</u> Refer to <i>Credentialing Criteria for Peripheral Angioplasty and Other Percutaneous Peripheral Vascular Interventions</i></p> <p>Completion of a residency program accredited by the ACGME or AOA with Board</p>	<p><u>Peripheral angioplasty & other percutaneous peripheral vascular interventions:</u> Observation of a minimum of 10 peripheral percutaneous transluminal angioplasties.</p> <p>If requesting only diagnostic peripheral angiogram, observation of 5 procedures.</p> <p>In the absence of procedure-specific criteria, observation requirements shall</p>	<p><u>Cardiac Surgery Privileges</u> - average of 50 cases per year during the preceding two-year period (does not apply to the first 2 years of practice).</p> <p><u>Peripheral angioplasty & other percutaneous peripheral vascular interventions:</u> Ongoing experience in performing procedure with acceptable success and complication rates. Must participate in the institution's quality improvement program; data may be used in considering renewal of clinical privileges.</p> <p>Demonstrated current competence.</p>

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Endovascular Aneurysm Repair	MD/DO	<p>certification within 5 years of completion of the formal training program being strongly encouraged.</p> <p>Documentation of training and experience must accompany request consisting of written endorsement by persons of known competence who can testify to skills in performing the requested procedures and number of cases performed. Reference letters must include at least one letter from the Residency Program Director or Section/Department Chair.</p> <p><i>Refer to Guidelines/Criteria for Privileging New Techniques/Procedures for additional requirements</i></p> <p>Same as above; and</p> <p>General endovascular privileges; and</p> <p>Documentation of 10 cases with assistance</p>	<p>be at the discretion of the Department Chairman.</p> <p>Observation of a minimum of 5 procedures.</p>	Same as above