

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

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

**DELINEATION OF PRIVILEGES in the Department of SURGERY**  
**DIVISION OF VASCULAR SURGERY**  
**Adults and Pediatrics Unless Specified**

*All members of the Department of Surgery; Division of Vascular Surgery at Kaleida Health must have the following Credentials:*

1. *Successful completion an ACGME, American Osteopathic Association (AOA), Royal College of Physicians and Surgeons of Canada, or an ACGME equivalent Vascular Surgery Residency/Fellowship training program.*
2. *Members of the clinical service of Vascular Surgery must within seven (7) years of appointment achieve (ABS Approved Training Pathways) board certification in Vascular Surgery. \*Maintenance of board certification is mandatory for all providers who have achieved this status\**

**GENERAL STATEMENTS**

Privileges in the Department of Surgery are separated into the following divisions: General Surgery, Vascular Surgery and Plastic Surgery. Applicants desiring procedure privileges in more than one division must complete separate forms for each division requested.

**PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.**

**LEVEL I (CORE) PRIVILEGES**

The removal or restriction of these privileges would require further investigation as to the individual’s overall ability to practice. There is no need to delineate these privileges individually.

|  |   |   |
|--|---|---|
| Admit, evaluate, diagnose, provide consultation and treat patients <b>of all ages</b> with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or the heart.<br><br>History and Physical for diagnosis and treatment plan<br>Diagnostic Arteriography/Venography<br>Procedures for varicose veins<br>Thoracic outlet surgery<br>Amputation of extremity or digit- upper or lower extremity<br><br>Interpret noninvasive vascular lab studies<br>Interpret angiographic studies | <p><b><u>Open Vascular Procedures:</u></b></p> Abdominal Aortic procedures- aneurysm, or occlusive disease<br>Peripheral revascularization- upper extremity, lower extremity, renal, visceral<br>AV(Arterial Venous) access procedures<br>Embolectomy, thrombectomy<br>Vein bypass or valvular reconstruction<br>Carotid endarterectomy<br><br><p><b><u>Percutaneous or by Direct Exposure:</u></b></p> Removal of intra-aortic counter pulsation balloon | <p><b><u>Endovascular Procedures:</u></b></p> EVAR endovascular aortic repair, TEVAR (thoracic endovascular aortic repair) non-complicated<br>Includes snorkel or embolization of associated vessels<br>Angioplasty (all types), stent placement, atherectomy, thrombolysis, and stent-grafting of:<br>peripheral vessels<br>mesenteric or renal vessels<br>subclavian, innominate or proximal carotid vessels<br>veins- including lower and upper extremity, and central veins<br>Embolization, therapeutic<br>IVC filter placement and retrieval<br>PA Thrombolysis |
|--|---|---|

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

| <b>LEVEL II PRIVILEGES</b><br><i>Initial request - Procedures listed below require documentation of additional experience or verification from a Training Director regarding experience and demonstrated competence in the procedure requested.</i> | <b>Physician Request</b> |                      | <b>Granted</b> | <b>Not Granted</b> | <b>With Following Requirements (Provide Details)</b> |
|---|--------------------------|----------------------|----------------|--------------------|--|
|   | <b>Initial</b>           | <b>Reappointment</b> |                |                    |  |
| <b>Direct Repair of Artery</b>  |                          |                      |                |                    |  |
| Thoracic  |                          | 5                    |                |                    |  |
| <b>Open Aortic Aneurysm Reconstruction</b>  |                          |                      |                |                    |  |
| Thoracic  |                          | 5                    |                |                    |  |
| Thoraco-abdominal   |                          | 5                    |                |                    |  |

| <b>LEVEL III - Complex ENDOVASCULAR PRIVILEGES</b><br><i>Initial request - For physicians applying for carotid, angioplasty, stents and endovascular repairs the following is required:</i>   |                  |                |                    |   |
|---|------------------|----------------|--------------------|---|
| <ul style="list-style-type: none"> <li>a. Board certification in Vascular Surgery; <b>OR</b></li> <li>b. Completion of a <b>fellowship in percutaneous peripheral vascular intervention</b> (a letter will be required listing the number of cases performed and attesting to the competency in performing the procedures in which privileges are requested).</li> </ul>  |                  |                |                    |   |
| <i>Level III privileges require submission of case list for review by COS. The continuation of privileges is at the discretion of the Surgery Chief of Service in collaboration with the Medical Director of Vascular Surgery.</i>  | <b>Requested</b> | <b>Granted</b> | <b>Not Granted</b> | <b>Granted with following requirements:</b> |
| <b>Carotid Angioplasty and Stenting</b> <i>Initial request - must be board certified in Vascular Surgery or submit evidence of at least fifty (50) endovascular therapeutic procedures; thirty (30) cerebral angiograms (half as primary surgeon); twenty-five (25) proctored carotid angioplasties with stent placements (half as primary surgeon). [Applicant must request approval before being proctored at Kaleida Health through the Medical Staff Office. Case list required at reappointment for review by COS.</i> |                  |                |                    |   |
| <b>Carotid Bifurcation Stenting for TCAR.</b> <i>Initial request – must be board certified or board eligible in Vascular Surgery, <b>and</b> submit evidence of either experience with CEA <b>or</b> carotid angiography, <b>and</b> either carotid stenting <b>or</b> course confirming ability to do procedure. Proctoring may be required as determined by the Chief of Surgery. Case list required at reappointment for review by COS.</i>  |                  |                |                    |   |
| <b>Complex Endovascular Repair of Thoracic OR Abdominal Aorta- complicated</b> Branched or fenestrated endografts: <i>Initial request – must be board certified in Vascular Surgery and submit evidence of at least six (6) fenestrated or branched endografts during training or with proctoring. Case list required at reappointment for review by COS.</i>   |                  |                |                    |   |

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

| <b>Level II MODERATE/CONSCIOUS SEDATION</b>   |         |              |  |
|---|---------|--------------|--|
| <p>1. Providers seeking privileges in moderate/conscious sedation must complete either the ASA Sedation course, Medsimulation course or Safe Sedation course, receiving a score of 85% or above and repeat the course every four (4) years, or two (2) years for those courses with a two (2) year expiration date).</p> <p>2. Providers must also maintain airway management skills through current completed training and certification in ACLS, ATLS, PALS or NRP.</p> <p><i>(For details on course availability and maintenance, please review the Moderate/Conscious Sedation document located on our credentialing web page.)</i></p> |         |              |  |
| Requested   | Granted | Not Granted* | With following requirements**<br>(provide Details) |
|   |         |              |  |

| <b>KEY</b>  | <b>*NOT GRANTED DUE TO:<br/>Provide Details Below</b> | <b>**WITH FOLLOWING REQUIREMENTS<br/>Provide Details Below</b> |
|---|---|--|
| 1) Lack of Documentation                            | 1) With Consultation                                  | 1) With Consultation   |
| 2) Lack of Required Training/Experience             | 2) With Assistance                                    | 2) With Assistance   |
| 3) Lack of Current Competence (Databank Reportable) | 3) With Proctoring                                    | 3) With Proctoring   |
| 4) Other (Please Define) (i.e., Exclusive Contract) | 4) Other (Please Define)                              | 4) Other (Please Define)                                       |

Details: \_\_\_\_\_

**National Practitioner Databank Disclaimer Statement:** - Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_ I recommend approval of the procedures requested by the applicant: \_\_\_\_\_ a) as requested \_\_\_\_\_ b) as amended

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Chief of Service** **Date**

**APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED FORM FOR YOUR RECORDS.**