

**REAPPOINTMENT
DELINEATION OF PRIVILEGES
SPECIALTY OF GENERAL SURGERY
SURGICAL CRITICAL CARE**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

My DOP is accurate and reflects privileges relevant to my current practice

I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

CSUR-5 – SURGICAL CRITICAL CARE CORE PRIVILEGES

Maintenance Criteria for Continued Surgical Critical Care Core Privileges (CSUR-5):

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CSUR-5(a) EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-5(a)):

The Physician must provide documentation of ECMO management of four (4) cases over a two (2) year period to be eligible to reapply for ECMO privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold ECMO privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.

**ATRIUM HEALTH
SURGICAL CRITICAL CARE
DELINEATION OF PRIVILEGES
SPECIALTY OF GENERAL SURGERY**

Print Name _____

	YES		NO	I have participated in direct patient care in the hospital setting within the past two (2) years.
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If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.

If you would like to request Moderate Sedation (Conscious Sedation), please see the Moderate Sedation Delineation of Privileges form.

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Surgical Critical Care, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Surgical Critical Care by the American Board of Surgery (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of certification in General Surgery; **OR**
 1. Provide documentation of certification in Vascular Surgery; **AND**
 2. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Surgical Critical Care Fellowship training program, within the past five (5) years; **AND**
 3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts;

- If the applicant is currently subspecialty certified in Surgical Critical Care by the American Board of Surgery (ABS), or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of subspecialty certification in Surgical Critical Care from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Surgical Critical Care at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		SURGICAL CRITICAL CARE CORE PRIVILEGES
			N/A								CSUR-5	<i>If General Surgery Core privileges are needed in addition to Surgical Critical Care Core privileges, please request the General Surgery Delineation of Privileges Delineation of Privilege Form from the Medical Staff Services Office.</i> Privileges to evaluate, diagnose, and provide treatment to critically ill patients of all ages (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders.

NOTE: Privileges include but not limited to airway maintenance, elective intubation with ***moderate sedation (including direct laryngoscopy and fiberoptic laryngoscopy); arterial puncture and arterial line placement; arterial balloon catheter insertion; bladder catheterization; calibration and operation of hemodynamic recording systems; cardiac output determinations by thermodilution and other techniques (including arterial and pulmonary artery balloon flotation catheters); cardiac temporary pacemaker insertion and application; cardiopulmonary resuscitation; calculation of oxygen content; cardioversion; electrocardiogram interpretation; insertion and management of chest tubes including pig tail catheters and draining systems, needle insertion and drainage systems; insertion of central venous catheters; insertion of hemodialysis catheters; interpretation of intracranial pressure monitoring; lumbar puncture; paracentesis; percutaneous needle aspiration of joints and superficial fluid collections; thoracentesis; transtracheal catheterization; ultrasound guided venous catheter placement; ventilator management (both invasive and non-invasive), including experience with various modes; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); and Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal).

Maintenance Criteria for Continued Surgical Critical Care Core Privileges (CSUR-5):

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

*** Note: Surgical Critical Care Physicians function in accordance with the Moderate Sedation Policy and Delineation of Privileges form.

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM	SPECIAL PRIVILEGES Must apply for and maintain Surgical Critical Care Core Privileges (CSUR-5)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CSUR-5(a)* Extracorporeal Membrane Oxygenation (ECMO) Management	4		

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

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CSUR-5(a) EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT

SHORT DEFINITION: ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

SKILLS AND TRAINING NEEDED:

1. Provide verification from the fellowship program director that the Applicant has been trained in ECMO and has participated in the management of four (4) cases within the past two (2) years;

OR

1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**
2. Upon documentation of above, the Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for four (4) cases of active ECMO management;

OR

1. Provide verification from the Chief/Chairman of the Applicant's Department that the Applicant has performed active ECMO management within the two (2) years; **AND**
2. Provide case log documentation of successful active ECMO management of four (4) cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-5(a)):

The Physician must provide documentation of ECMO management of four (4) cases over a two (2) year period to be eligible to reapply for ECMO privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold ECMO privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CSUR-5(a))
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			TOTAL	