

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**

**PRIVILEGE FORM**

CLINICAL AREA: **CARDIOVASCULAR AND THORACIC SURGERY**

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

Page 1 of 6

REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must <b>MUST</b> meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who <b>CANNOT</b> :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who <b>MUST</b> :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, <b>other than the volume of clinical activity.</b>			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**

**PRIVILEGE FORM**

CLINICAL AREA: **CARDIOVASCULAR AND THORACIC SURGERY**

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

Page 2 of 6

CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience in the privileges requested with acceptable results for patients of all age groups, except as specifically excluded from practice.
Thoracic Category 1 and Cardiothoracic Category 1	Current certification or active participation in the examination process leading to certification by the American Board of thoracic Surgery or its equivalent to be achieved within five (5) years of completion of residency training.
Procedures followed by an Asterisk (*)	Successful completion of an approved, recognized course where such exists, or acceptable supervised training in residency, fellowship or other acceptable program and demonstration of indications for the procedure/test/therapy; <b>and</b>  Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.
Use of Laser	Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser; <b>or</b>  Documentation from the Chief of an accredited residency training program attesting to the training in specific laser therapy during residency.
Sedation	<b>Moderate Sedation:</b> Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).  <b>Deep Sedation:</b> Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.
Observation Requirements	As specified in the Section of Cardiothoracic Surgery rules and regulations.

Loma Linda University Medical Center  
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **CARDIOVASCULAR AND THORACIC SURGERY**

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

Page 3 of 6

<p style="text-align: center;">SPECIAL PROCEDURE Robotic Surgical Platform</p>	<p><u>Primary Surgeon:</u> Education and Training: The physician must have completed an approved residency program in Cardiothoracic surgery in an ACGME approved program. Certification by the American Board of Cardiothoracic Surgery or demonstrated equivalent competence. Eligibility and current active privileges to perform the laparoscopic or thoracoscopic surgery being performed using the Robotic Surgical Platform are required. Active participation in the ongoing performance improvement program. AND Must show evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models. OR Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of 10 computer-assisted procedures in that program. With that experience, the Chief of the Service may, at his/her discretion recommend waiving further requirements after proctoring one surgical case of the applicant using the Robotic Surgical Platform.</p> <p><u>Proctoring:</u> Successful completion of a minimum of <u>five (5)</u> proctored cases. The first two (2) procedures must be proctored by an approved and qualified proctor who meets the above qualifications, the other three (3) cases may be proctored by an LLUMC physician that has completed proctoring on the use of the Robotic Surgical Platform (same specialty not required). Need for additional proctoring, if any, to be determined by the Service Chief.</p>
--	--

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**

**PRIVILEGE FORM**

CLINICAL AREA: **CARDIOVASCULAR AND THORACIC SURGERY**

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

Page 4 of 6

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
<b>GENERAL</b>					
	CTS00300	Admit, treat, consult on diseases/disorders/conditions affecting the thoracic and cardiothoracic structures of the body.			
	CTS00301	Consult on diseases/disorders/conditions affecting the thoracic and cardiothoracic structures of the body.			
	CTS00310	Admit and/or treat with appropriate consultation, patients in the Special Care Units (SICU/MICU/CCU)			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
<b>THORACIC – CATEGORY 1</b>					
	CTS01730	Bronchoscopy, fiberoptic with biopsy			
	CTS01740	Bronchoscopy, rigid with biopsy			
	CTS02750	Correction of diaphragmatic hernias, both congenital or acquired, and antireflux procedures			
	CTS03140	Decortication or pleurectomy procedures			
	CTS03320	Diagnostic procedures to include cervical mediastinal exploration, parasternal exploration, and mediastinoscopy			
	CTS04130	Esophagoscopy and dilatation for benign or malignant disease			
	CTS05970	Insertion or replacement of transvenous or transthoracic cardiac pacemaker			
	CTS05265	Implantation of cardioverter defibrillator			
	CTS01741	Laser bronchoscopy (See Use of Laser)*			
	CTS07210	Management of chest and neck trauma			
	CTS08840	Operations for achalasia and for promotion of esophageal drainage			
	CTS08870	Operations upon the esophagus to include surgery for diverticulum, as well as for perforation			
	CTS09830	Pericardiocentesis, pericardial drainage procedures, pericardiectomy			
	CTS10130	Procedures upon the chest wall			
	CTS10410	Procedures upon the lungs including wedge resections, segmental resections, lobectomy, and pneumonectomy for benign or malignant disease.			
	CTS12060	Resection of the esophagus for benign or malignant disease.			

**Loma Linda University Medical Center  
Loma Linda, CA 92354**

**PRIVILEGE FORM**

CLINICAL AREA: **CARDIOVASCULAR AND THORACIC SURGERY**

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

Page 5 of 6

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
	CTS12180	Suture of heart wound or injury			
<b>THORACIC – CATEGORY 1 Continued</b>					
	CTS12490	Thoracentesis			
	CTS12540	Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body			
	CTS12690	Tracheostomy			
	CTS12740	Transhiatal esophagectomy			
	CTS12530	Tube thoracostomy			
	CTS12525	Laser thoracoscopy*			
	CTS12526	Thoracoscopy			
<b>CARDIOVASCULAR – CATEGORY 1</b>					
	CTS00550	All procedures upon the heart for the management of acquired cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurysms			
	CTS09110	Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease			
	CTS11950	Surgery of patent ductus arteriosus and coarctation of the aorta			
	CTS07280	Management of congenital heart disease requiring CP bypass			
	CTS13330	Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support			
	CTS06144	Management of patient on intra-aortic balloon pump			
	CTS06142	Insertion and removal of intra aortic balloon pump			
	CTS05260	Implantation of ventricular assist devices			
	CTS00080	Ablative surgery for Wolff-Parkinson-White syndrome			
	CTS00070	Ablative surgery for ventricular arrhythmia			
	CTS11970	Surgery of the aortic arch and branches			
	CTS11980	Surgery of the descending thoracic aorta for aneurysm/trauma			
	CTS12050	Surgery of the thoracoabdominal aorta for aneurysm			
	CTS12743	Transmyocardial laser revascularization			
	CTS05262	Implantation of artificial heart			
<b>SPECIAL PROCEDURE</b>					
		Perform Robot Assisted Surgery using the Robotic Surgical Platform Attach Required Certificate of Training See Privileging and Proctoring Requirements on Page 3 of this form			

**Loma Linda University Medical Center**  
Loma Linda, CA 92354

**PRIVILEGE FORM**

CLINICAL AREA: **CARDIOVASCULAR AND THORACIC SURGERY**

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

Page 6 of 6

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
<b>USE OF LASER</b>					
	CTS13180	Use limited to approved applications for the specific laser indicated. List and check "Yes" in the Requested column for each specific type of laser for which privileges are requested.			
	CTS13181	CO-2			
	CTS13182	NdYAG			
	CTS13184	Argon			
	CTS13185	Tunable Dye			
	CTS13189	Excimer			
<b>SEDATION (Attach Appropriate Sedation Certificate)</b>					
	CTS99998	Moderate Sedation			
	CTS99999	Deep Sedation			

**Acknowledgment of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by any 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions & explanation.

Code	Privilege	Condition/Modification

\_\_\_\_\_  
Chief of Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By Governing Body

\_\_\_\_\_  
Date