



VASCULAR SURGERY PRIVILEGES

Basic Education: MD or DO

Qualifications as per GRMC Bylaws:

Medical Staff membership is a privilege extended by the Hospital, and not a right of any physician, practitioner, or other person. Membership and/or the permission to exercise clinical privileges shall be extended only to individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws.

The applicant for membership on the Medical Staff shall be a graduate of an approved or recognized school conferring M.D or D. O. degrees, legally licensed to practice in the State of Texas and qualified for membership in the local Medical or Dental Society. In addition, licensed dentists and podiatrists are eligible for Medical Staff membership. Sex, race, creed and/or national origin are not used in making decisions regarding the granting or denying of Medical Staff membership or clinical privileges.

As of September 2007, all new physician and podiatric applicants to the GRMC staff must have completed a residency program and obtained Board certification within the timeframe specified by their specialty board. The residency program must be recognized by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the Council on Podiatric Medical Education, as appropriate. Board certification must be recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Podiatric Specialties, as appropriate. As of May 1, 2011, all staff members who were not previously grandfathered prior to September 2007 must maintain board certification status to maintain medical staff privileges.

Printed Name of the Applicant

PLEASE SCRATCH THROUGH ANY PRIVILEGES OFFERED WHICH YOU DO NOT INTEND TO PERFORM

Core Privileges in Vascular Surgery: Privileges include the performance of open surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various conditions, illnesses and injuries of the arterial, venous and lymphatic systems, exclusive of the intracranial vessels and those vessels intrinsic to and immediately adjacent to the heart. Also included is excision of minor skin lesions. Any other procedures not listed as core will require documentation of proficiency.

<p>A. <u>Endovascular Procedures</u></p> <ul style="list-style-type: none"> a. Atherectomy b. Stent Placement c. Endovascular Surgery d. Intraoperative angioplasty, balloon dilatation e. Peripheral vascular stenting procedures 	<p>B. <u>Dialysis Procedures</u></p> <ul style="list-style-type: none"> a. Dialysis access, autogenous b. Dialysis access, fistula c. Peritoneal dialysis access, Tenckhoff catheter d. Central venous access catheters and ports
<p>C. <u>Vascular Imaging</u></p> <ul style="list-style-type: none"> a. Angiography b. Venous Studies, Peripheral 	<p>D. <u>Venous Procedures</u></p> <ul style="list-style-type: none"> a. Venous reconstruction b. Vein ligation and stripping
<p>E. <u>Open Peripheral Vascular Procedures</u></p> <ul style="list-style-type: none"> a. Angioplasty, peripheral b. Peripheral Bypass c. Embolectomy of peripheral vessels d. Endarterectomy, other than carotid e. Carotid Endarterectomy 	<p>F. <u>Other</u></p> <ul style="list-style-type: none"> a. Amputation, lower extremity b. Porto-systemic shunts for portal hypertension c. IVC filters d. Peritoneo-venous shunts for chronic ascites

Printed Name of the Applicant

Guadalupe Regional Medical Center Vascular Surgery Privileges

Special requests for Vascular Surgery: The following are examples of procedures that require special training and are not considered part of core privileges. The decision to grant any special privileges will be based on case by case review by the Credentials Committee based on reasonable standard of care. Parameters that may be used to determine appropriateness of privilege includes the requesting physician’s previous experience, volume and outcomes as well as regional standards established by applicable specialty boards.

Special Requests	Required proof of proficiency
<input type="checkbox"/> Sedation	Successful completion and passing score of the GRMC physician sedation quiz.
<input type="checkbox"/> Interventional Peripheral Procedures	ACLS certification, proof of recent radiation safety education, and evidence of 24 cases performed in past 24 months
<input type="checkbox"/> Venous Transluminal Angioplasty/Stenting <input type="checkbox"/> Peripheral Transluminal Athrectomy – Laser <input type="checkbox"/> Peripheral Transluminal Athrectomy	<input type="checkbox"/> Percutaneous Vascular Embolization therapy <input type="checkbox"/> Vena caval filter insertion/removal <input type="checkbox"/> AV dialysis shunt cath angioplasty
<input type="checkbox"/> Peripheral Transluminal Angioplasty/Stenting	Requires evidence of 50 interventional and 100 diagnostic procedures in past 24 months
<input type="checkbox"/> Percutaneous Vascular Thrombolysis therapy	Requires evidence of 10 cases in past 24 months

Acknowledgement of Practitioner

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

Printed Name of the Applicant

Signature of the Applicant

Date

Signature of Department Chair

Date