

EVALUATION OF CLINICAL PRIVILEGES - CARDIOVASCULAR SURGERY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
MINOR PROCEDURES				
	a. Subxyphoid window			
	b. Cardioversion			
	c. Insertion of arterial (e.g., Swan-Ganz) catheter			
	d. Intra-aortic balloon pump insertion			
VALVE SURGERY WITH CARDIOPULMONARY BYPASS				
	a. Commissurotomy			
	b. Valve replacement			
	c. Valve repair/ reconstruction			
	d. Homograft/ autograft replacement			
REPAIR OF CONGENITAL DEFECTS IN ADULTS				
	a. Atrial septal defects (primum, secundum)			
	b. Ventricular septal defect			
	c. Patent ductus arteriosus			
	d. Sinus venosus			
	e. Bicuspid aortic valve (commissurotomy, replacement)			
	f. Aortic vascular anomalies (coarctation, rings, aberrancies)			
REPAIR OF CONGENITAL DEFECTS IN CHILDREN				
	a. Atrial septal defects (primum, secundum)			
	b. Ventricular septal defect			
	c. Patent ductus arteriosus			
	d. Sinus venosus			
	e. Bicuspid aortic valve (commissurotomy, replacement)			
	f. Aortic vascular anomalies (coarctation, rings, aberrancies)			
CARDIAC REVASCULARIZATION (w/CPB, OPCAB, MIDCAB)				
	a. Coronary artery bypass			
	b. Coronary artery endarterectomy			
CONDUCTION SYSTEM CARDIAC SURGERY				
	a. Pacemaker (transvenous, epicardial)			
	b. AICD (transvenous, epicardial)			
	c. Maze procedure			

CODE	CONDUCTION SYSTEM CARDIAC SURGERY <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	d. WPW/ accessory pathway division			
	e. Ventricular aneurysmorrhaphy with ablation			
	SURGERY OF THE GREAT AND PERIPHERAL VESSELS			
	a. Aortic replacement (ascending, descending)			
	b. Aortic arch replacement			
	c. Aortic root replacement			
	d. Thoracoabdominal aneurysmorrhaphy			
	e. Inominate/ carotid/ subclavian artery endarterectomy, repair, replacement, bypass			
	f. Abdominal aortic/ iliac artery repair, replacement, bypass			
	g. Femoral artery endarterectomy, repair, replacement, bypass			
	PULMONARY ARTERY SURGERY			
	a. Pulmonary embolectomy (acute)			
	b. Pulmonary thromboendarterectomy			
	c. Caval filter placement			
	d. Vena cava repair/ interruption			
	CARDIORRHAPHY			
	a. Excision of tumor			
	b. Repair of trauma			
	c. Repair ventricular septal defect			
	d. Repair myocardial rupture			
	e. Repair myocardial pseudoaneurysm			
	TRANSPLANT			
	a. Heart			
	PERICARDIUM			
	a. Pericardiectomy, pericardial window			
	EXTRACORPOREAL CIRCULATORY SUPPORT			
	a. Cardiopulmonary bypass (CPB)			
	b. Venovenous bypass			
	c. Left atrial to descending aorta or femoral artery bypass			
	d. Hypothermic circulatory arrest			
	e. Insertion and management of ventricular assist devices (RVAD, LVAD)			
	f. Extracorporeal membrane oxygenation (ECMO)			
	g. Extracorporeal carbon dioxide (CO2) removal (ECCO2R/ ECO2R)			
	LASER PRIVILEGES			
	a. Transmyocardial revascularization			
	c. Other <i>(Specify)</i>			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR

SIGNATURE

DATE *(YYYYMMDD)*