<table>
<thead>
<tr>
<th>REQUEST</th>
<th>CATEGORY</th>
<th>MEMBERSHIP CATEGORY</th>
<th>ACTION</th>
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<tbody>
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<td></td>
<td><strong>Approved</strong></td>
<td>Conditions</td>
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<td></td>
<td><strong>Provisional</strong></td>
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<td><strong>(Bylaws 4.3)</strong></td>
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<td><strong>All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.</strong></td>
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<td></td>
<td></td>
<td><strong>Administrative</strong></td>
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<td></td>
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<td><strong>(Bylaws 4.7)</strong></td>
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<td><strong>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 MUST meet the following:</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.</strong></td>
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<td><strong>2. Have completed proctoring for any clinical privileges previously requested.</strong></td>
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<td><strong>3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.</strong></td>
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<td><strong>4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.</strong></td>
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<td><strong>5. Be recommended for appointment or reappointment Failure to meet any of these qualifications will be adequate grounds to deny reappointment.</strong></td>
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<td><strong>Affiliate</strong></td>
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<td><strong>(Bylaws 4.9)</strong></td>
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<td><strong>Practitioners who CANNOT:</strong></td>
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<td></td>
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<td><strong>1. Vote or hold office in the Medical Staff or Service.</strong></td>
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<td><strong>2. Be a member of any Medical Staff Committee.</strong></td>
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<td><strong>3. Be Reappointed to the Affiliate Category.</strong></td>
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<td><strong>Practitioners who MUST:</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period.</strong></td>
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<td><strong>2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment.</strong></td>
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<td><strong>3. Have been found to be qualified for reappointment, other than the volume of clinical activity.</strong></td>
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<td><strong>Active</strong></td>
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<td></td>
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<td><strong>(Bylaws 4.2)</strong></td>
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<td><strong>Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.</strong></td>
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<td><strong>Courtesy</strong></td>
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<td><strong>(Bylaws 4.4)</strong></td>
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<td><strong>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.</strong></td>
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<td><strong>Consulting</strong></td>
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<td><strong>(Bylaws 4.5)</strong></td>
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<td><strong>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</strong></td>
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<tr>
<td>CATEGORY</td>
<td>QUALIFICATIONS</td>
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<tr>
<td>All</td>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>Thoracic Category 1 and Cardiothoracic Category 1</td>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>Procedures followed by an Asterisk (*)</td>
<td>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; <strong>and</strong> Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.</td>
<td></td>
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</tr>
<tr>
<td>Use of Laser</td>
<td>Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser; <strong>or</strong> Documentation from the Chief of an accredited residency training program attesting to the training in specific laser therapy during residency.</td>
<td></td>
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</tr>
<tr>
<td>Sedation</td>
<td><strong>Moderate Sedation:</strong> Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM). <strong>Deep Sedation:</strong> Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.</td>
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<tr>
<td>Observation Requirements</td>
<td>As specified in the Section of Cardiothoracic Surgery rules and regulations.</td>
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</tbody>
</table>
### SPECIAL PROCEDURE

**Robotic Surgical Platform**

<table>
<thead>
<tr>
<th>Primary Surgeon:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Training:</strong></td>
</tr>
<tr>
<td>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. <strong>AND</strong></td>
</tr>
<tr>
<td>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. <strong>OR</strong></td>
</tr>
<tr>
<td>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. <strong>Proctoring:</strong></td>
</tr>
<tr>
<td>Successful completion of a minimum of five (5) 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.</td>
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<tr>
<td>CODE</td>
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<tr>
<td>CTS00300</td>
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<td>CTS00301</td>
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<td>CTS00310</td>
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<td>CTS01730</td>
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<td>CTS01740</td>
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<td>CTS02750</td>
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<td>CTS03140</td>
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<td>CTS03320</td>
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<td>CTS04130</td>
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<td>CTS05970</td>
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<td>CTS05265</td>
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<td>CTS01741</td>
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<td>CTS07210</td>
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<td>CTS08840</td>
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<td>CTS08870</td>
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<td>CTS09830</td>
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<td>CTS10130</td>
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<td>CTS10410</td>
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<td>CTS12060</td>
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</tbody>
</table>
Loma Linda University Medical Center  
Loma Linda, CA 92354  

PRIVILEGE FORM  

CLINICAL AREA:  CARDIOVASCULAR AND THORACIC SURGERY

Name: ____________________________  

<table>
<thead>
<tr>
<th>MARK IF REQUESTED</th>
<th>CODE</th>
<th>PRIVILEGE</th>
<th>ACTION</th>
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<tbody>
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**THORACIC – CATEGORY 1 Continued**

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<tbody>
<tr>
<td>CTS12490</td>
<td>Thoracentesis</td>
<td></td>
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<tr>
<td>CTS12540</td>
<td>Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body</td>
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<tr>
<td>CTS12690</td>
<td>Tracheostomy</td>
<td></td>
<td></td>
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<tr>
<td>CTS12740</td>
<td>Transhiatal esophagectomy</td>
<td></td>
<td></td>
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<tr>
<td>CTS12530</td>
<td>Tube thoracostomy</td>
<td></td>
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<tr>
<td>CTS12525</td>
<td>Laser thoracoscopy*</td>
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<tr>
<td>CTS12526</td>
<td>Thoracoscopy</td>
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</tbody>
</table>

**CARDIOVASCULAR – CATEGORY 1**

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<tbody>
<tr>
<td>CTS00550</td>
<td>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</td>
<td></td>
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<tr>
<td>CTS09110</td>
<td>Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease</td>
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<tr>
<td>CTS11950</td>
<td>Surgery of patent ductus arteriosus and coarctation of the aorta</td>
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<tr>
<td>CTS07280</td>
<td>Management of congenital heart disease requiring CP bypass</td>
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<tr>
<td>CTS13330</td>
<td>Vascular access procedures for use of life support systems, such as extra corporeal oxygenation and cardiac support</td>
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<tr>
<td>CTS06144</td>
<td>Management of patient on intra-aortic balloon pump</td>
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<tr>
<td>CTS06142</td>
<td>Insertion and removal of intra aortic balloon pump</td>
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<tr>
<td>CTS05260</td>
<td>Implantation of ventricular assist devices</td>
<td></td>
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<tr>
<td>CTS00080</td>
<td>Ablative surgery for Wolff-Parkinson-White syndrome</td>
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<tr>
<td>CTS00070</td>
<td>Ablative surgery for ventricular arrhythmia</td>
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<tr>
<td>CTS11970</td>
<td>Surgery of the aortic arch and branches</td>
<td></td>
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<tr>
<td>CTS11980</td>
<td>Surgery of the descending thoracic aorta for aneurysm/trauma</td>
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<tr>
<td>CTS12050</td>
<td>Surgery of the thoracoabdominal aorta for aneurysm</td>
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<tr>
<td>CTS12743</td>
<td>Transmyocardial laser revascularization</td>
<td></td>
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<tr>
<td>CTS05262</td>
<td>Implantation of artificial heart</td>
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</tbody>
</table>

**SPECIAL PROCEDURE**

Perform Robot Assisted Surgery using the Robotic Surgical Platform  
Attach Required Certificate of Training  
See Priviling and Proctoring Requirements on Page 3 of this form
**Privilege Form**

**Clinical Area:** Cardiovascular and Thoracic Surgery

**Name:**

---

### Use of Laser

<table>
<thead>
<tr>
<th>Code</th>
<th>Privilege</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>CTS13180</td>
<td>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.</td>
<td></td>
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<tr>
<td>CTS13181</td>
<td>CO-2</td>
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<tr>
<td>CTS13182</td>
<td>NdYAG</td>
<td></td>
</tr>
<tr>
<td>CTS13184</td>
<td>Argon</td>
<td></td>
</tr>
<tr>
<td>CTS13185</td>
<td>Tunable Dye</td>
<td></td>
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<tr>
<td>CTS13189</td>
<td>Excimer</td>
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</tr>
</tbody>
</table>

### Sedation (Attach Appropriate Sedation Certificate)

<table>
<thead>
<tr>
<th>Code</th>
<th>Privilege</th>
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</thead>
<tbody>
<tr>
<td>CTS99998</td>
<td>Moderate Sedation</td>
</tr>
<tr>
<td>CTS99999</td>
<td>Deep Sedation</td>
</tr>
</tbody>
</table>

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**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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Privilege</th>
<th>Condition/Modification</th>
</tr>
</thead>
</table>

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Chief of Section

Date

Chief of Service

Date

Credentials Committee

Date

Medical Executive Committee

Date

Approved By Governing Body

Date

---

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