

UPMC | University of Pittsburgh Medical Center

For Reference Only

CARDIAC / THORACIC / CARDIOTHORACIC SURGERY 2013

Summary of Services and Availability (by location)

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as NOT having a privilege/service available, you will NOT be considered for that privilege at that individual facility. Any request made that is identified as not available at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

“x” means Privilege is Available at that location.

“C” means contractual arrangement restricts granting this privilege.

“N/A” means Privilege Not Available at that location.

Facility Codes:

UALT= UPMC Altoona

| Privilege | UALT |
|--|-------------|
| Core privileges | X |
| Consultation Privileges | N/A |
| CARDIAC ASSIST PROCEDURES | |
| Insertion and management of balloon counterpulsation device | X |
| Cardiopulmonary bypass, all forms | X |
| Insertion ventricular assist devices | X |
| Insertion ICD Implant including Biventricular & CS Lead/Pacemaker | X |
| Cardioversion | X |
| Extracorporeal cardiac bypass (left heart, ECMO) | X |
| PROCEDURES FOR VALVULAR HEART DISEASE | |
| Aortic valve repair/replacement | X |
| Mitral valve repair/replacement | X |
| Tricuspid valve repair/replacement | X |
| Pulmonary valve repair/replacement | X |
| Stentless valve implant | X |
| PROCEDURES FOR ATHEROSCLEROTIC HEART DISEASE | |
| Angiography/transluminal coronary angioplasty/stent placement | N/A |
| Coronary artery endarterectomy/angioplasty/bypass graft (CABG) | X |
| Transmyocardial revascularization | X |
| Robotic Assisted Surgery | N/A |
| MISCELLANEOUS CARDIAC PROCEDURES | |
| Repair of congenital anomalies with/without cardiopulmonary bypass | X |

For Reference Only

CARDIAC / THORACIC / CARDIOTHORACIC SURGERY 2013

| Privilege | UALT |
|---|------|
| Repair septal defect and other cardio-pulmonary shunt repair | X |
| Repair of ventricular aneurysm | X |
| Resection intracardiac tumors | X |
| Pulmonary embolectomy | X |
| Endomyocardial biopsy | N/A |
| Operative electrophysiologic procedures | X |
| Transesophageal echocardiogram performance and interpretation (TEE) | N/A |
| Surgical vascular endoscopy | N/A |
| REPAIR/ BYPASS/ ENDARTERECTOMY/ THROMBOEMBOLECTOMY | |
| Carotid artery | X |
| Thoracic aorta | X |
| Thoracoabdominal aorta | X |
| Abdominal aorta | X |
| CHEST WALL, MEDIASTINUM, DIAPHRAGM AND PLEURA | |
| Resection/reconstruction of chest wall | X |
| Resection mediastinal tumors | X |
| Thymectomy | X |
| Thoracentesis | X |
| Lymph node biopsy/ lymphadenectomy | X |
| Pericardial window/pericardiocentesis | X |
| Decortication. pleurectomy, pleurodesis | X |
| Sympathectomy | N/A |
| Diaphragmatic herniorrhaphy | X |
| Thoracotomy | X |
| TRACHEA | |
| Tracheostomy | X |
| Resection/reconstruction of trachea | N/A |
| BRONCHUS AND LUNG | |
| Resection/reconstruction of bronchus | N/A |
| Wedge resection | X |
| Sleeve resection | X |
| Lobectomy | X |
| Pneumonectomy | X |
| Needle Biopsy | X |
| Radiofrequency Ablation | X |
| ESOPHAGUS AND ESOPHAGOGASTRIC JUNCTION | |
| Esophagectomy/esophagogastrectomy | N/A |
| Repair hiatus hernia including paraesophageal hernia | N/A |
| Antireflux procedures | N/A |
| Esophageal myotomy and repair diverticulum | N/A |
| ABDOMEN | |
| Ventral hernia repair | N/A |
| Peritoneal/retroperitoneal dissection for exposure of the spine | N/A |

For Reference Only

CARDIAC / THORACIC / CARDIOTHORACIC SURGERY 2013

| Privilege | UALT |
|---|-------------|
| ADVANCED VIDEO ASSISTED AND LAPAROSCOPIC PROCEDURES REQUIRING ADDITIONAL DOCUMENTATION | N/A |
| TRANSPLANTATION | |
| Heart | N/A |
| Lung | N/A |
| Heart and Lung | N/A |
| Organ Procurement | N/A |
| ENDOSCOPIC PROCEDURES | |
| Esophagogastroduodenoscopy/biopsy | N/A |
| Esophageal stent placement | N/A |
| Esophageal variceal sclerotherapy/ligation | N/A |
| Laryngoscopy | X |
| Bronchoscopy/biopsy | X |
| Mediastinoscopy/biopsy | X |
| Endotracheal and endobronchial stent placement | N/A |
| ANESTHESIA | |
| Moderate Sedation | X |
| LASER | |
| Nd:YAG | X |
| Diode (Photo-Dynamic Therapy)- 630 nm | N/A |
| Pulse Dye- 632 nm | N/A |
| CO2 | X |
| KTP:YAG | N/A |
| FLUOROSCOPY (Certificate Required) | X |
| TELEMEDICINE | N/A |

PART B - INTERVENTIONAL VASCULAR PROCEDURES

| Privilege | UALT |
|--------------------------------------|-------------|
| Peripheral Interventions | X |
| Aortoiliac & Brachiocephalic Vessels | X |
| Renal & Abdominal Visceral Vessels | X |
| Infra-inguinal Vessels | X |
| Intracerebral Interventions | N/A |
| Carotid Arteriography | X |
| Carotid Interventions | N/A |