

Clinical Privileges in **Cardiology**

DEPARTMENT: MEDICINE

SECTION: CARDIOLOGY

Name: _____
 (please print)

Qualifications: EDUCATION / TRAINING / EXPERIENCE

Core privileges in cardiology require a MD or DO and current subspecialty board certification in cardiovascular disease or active participation in the examination process leading to sub-specialty board certification in cardiovascular disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine; Successful completion of an ACGME or AOA-accredited residency in internal medicine, followed by completion of an ACGME or AOA-accredited residency or fellowship in cardiovascular disease, which includes 24 months of clinical training. Board Certification by ABMS or AOA in Cardiovascular Disease is required within five years of appointment to medical staff based on Medical Staff Bylaws unless practiced 25 years or greater in respective specialty.

PRIVILEGING

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below.

Applicant: Place a check mark and initial in the (R) column for each privilege requested. For all Category II Special Privileges, current case logs indicating the specific procedure(s) requested **MUST** be submitted for consideration of these special privileges. Applicants may be asked to provide additional documentation of the number and types of hospital cases during the past 24 months as apart of the privileging process.

CHAIRMAN: (A) =Recommended as Requested (C) = Recommended with Conditions (N) =Not Recommended

| (R) | (A) | (C) | (N) | CATEGORY I: ADULT CARDIOLOGY CORE PRIVILEGES | Department Chair Initials |
|-----|-----|-----|-----|--|---|
| | | | | Privileges to admit, evaluate, diagnose, and provide treatment to patients—except where specifically excluded from practice and except for those advanced procedures listed below—presenting with cardiovascular disease. Privileges include, but are not limited to; Admission evaluation treatment and consultation, including insertion and management of central venous, arterial and pulmonary artery catheters. The use of thrombolytic agents, Performance of Holter interpretation, treadmill testing, temporary transvenous pacemaker placement, electrical cardioversion, echocardiograms, Stress Test – Image Interpretation includes Transthoracic Echocardiology, Exercise and Pharmacologic and cardiac fluoroscopy. | |
| | | | | CATEGORY II: CARDIOLOGY SPECIAL PRIVILEGES <i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i> | Department Chair Initials |
| | | | | Privilege Requested | Required Previous Experience |
| | | | | NON-INVASIVE CARDIAC Transesophageal Echocardiography – Performance and Interpretation. | TEE Formal Training: Training in a fellowship with the performance of (minimum) 50 studies. OR No Formal Training / In Practice > 2 years: -Documentation of privileges at a comparable facility with 5 documented procedures. |
| | | | | | Reappointment Criteria |
| | | | | | |

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| | | | | CATEGORY II: CARDIOLOGY PRIVILEGES (continued) | | | Department Chair Initials |
|------------|------------|------------|------------|--|--|-----------------------------------|--------------------------------------|
| | | | | <i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i> | | | |
| (R) | (A) | (C) | (N) | Privilege Requested | Required Previous Experience | Reappointment Criteria | |
| | | | | Nuclear Testing and Nuclear Stress Test Interpretation | Fellowship in Nuclear Cardiology with Board eligibility or Board Certification in Nuclear Cardiology | | |
| | | | | Cardiac 64 slice CT | Meet requirements Level II ACC Coronary CTA Certification including 150 MSCT Angiography cases proctored, 50 MSCT Angiography cases live, and 32 classroom hours | | |
| | | | | Pericardiocentesis with or without placement of drainage catheter emergency cases only. | Formal Training: Documented performance of at least 200 cases (aggregate for all invasive diagnostic) during formal Residency/Fellowship. OR No Formal Training / In Practice > 2 years: - Document performance of 50 cases (aggregate) in current practice with satisfactory outcomes. | | |
| | | | | Pacemaker Insertion | Formal Training: Documented performance of at least 150 cases (aggregate) during Fellowship (100 of which performed as primary operator). OR - Documentation of 25 procedures over 36 month period | | |
| | | | | Administration of Moderate Sedation | <i>For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.</i> | | |

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New Device Credentialing:

1. The request for a new devices or procedure must be submitted in writing to the Department Director and will receive a preliminary review by the Medical Executive Committee. The following will be determined:
 - a. Whether is a new or existing procedure.
 - b. Whether a procedure should be performed at hospital.
 - c. Which specialists who already have specific block of privileges will be able to request and perform this procedure/ privilege at PHR.
2. As new devices become available, physicians will be able to request privileges by:
 - a. Attendance at courses approved by the appropriate Chair. Approved, accredited course should specifically address technical details of device performance, patient selection, risks/complication management and adjunctive treatment(s);
 - b. Be proctored for first three procedures by a physician proctor approved by the device company prior to being granted full privileges or be proctored by an approved physician proctor for one case and proctored for three additional cases by a physician with unrestricted privileges at PHR.

And/ Or

 - c. Appropriate chair makes recommendations fro granting of privileges to the Credentials Committee and the Medical Executive Committee. Temporary privileges may be granted upon favorable recommendation by the Credentials Committee.
3. Responses will be provided in writing to the requesting physician.

PRIVILEGE CRITERION

Provisional Privileges: *Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall.*

Special procedures: *Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.*

Use of Laser: *Documentation of training course and case logs.*

Moderate Sedation: *For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.*

Observation / Proctoring Requirements: *Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.*

Reappointment Requirements: *Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per Joint Commission guidelines.*

Continuing Medical Education: *In compliance with Joint Commission standard, the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.*

Participation in Societies: *Active participation in societies related to this field is also strongly recommended.*

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

