



Clinical Privileges Profile
Cardiovascular Disease

Kettering Medical Center System

Kettering Medical Center **Sycamore Medical Center**

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CARDIOVASCULAR DISEASE (CARDIOLOGY)

To be eligible to apply for core privileges in cardiovascular disease (cardiology), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in cardiovascular disease.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in cardiovascular disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology.

Required previous experience: Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients in the past 12 months in an accredited hospital or healthcare facility or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in cardiovascular disease (Cardiology), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

CARDIOVASCULAR DISEASE (CARDIOLOGY) CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR INVASIVE CARDIOLOGY

To be eligible to apply for core privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:

Required previous experience: Applicants for initial appointment must have demonstrated successful performance, reflective of the scope of privilege requested, of at least 75 diagnostic right or left cardiac catheterizations in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited training program which included training in invasive cardiology within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in invasive cardiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

INVASIVE CARDIOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, consult, and treat patients of all ages who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR INTERVENTIONAL CARDIOLOGY

To be eligible to apply for core privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:

Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology or equivalent practice experience if training occurred prior to 2003.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in interventional cardiology by the American Board of Internal Medicine or a Certificate of Added Qualification in interventional cardiology by the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of at least 75 percutaneous coronary intervention (PCI) procedures in the past 12 months or demonstrate successful completion of an accredited ACGME or AOA clinical fellowship, or research in a clinical setting within the past 12 months. If less than 75 PCI cases then primary operator must align PCI practice with American College of Cardiology (ACC) guidelines for low volume operator.

Reappointment requirements: To be eligible to renew core privileges in interventional cardiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, treat, and provide consultation to patients of all ages with acute and chronic coronary artery disease, acute coronary syndromes, and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR CLINICAL CARDIAC ELECTROPHYSIOLOGY (CCEP)

To be eligible to apply for core privileges in clinical cardiac electrophysiology, the initial applicant must qualify for and be granted core privileges in cardiovascular medicine and meet the following criteria:

Successful completion of an ACGME- or AOA-accredited fellowship in clinical cardiac electrophysiology or equivalent practice experience/training if training occurred prior to 1998.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in clinical cardiac electrophysiology by the American Board of Internal Medicine or achievement of a certificate of added qualification in clinical cardiac electrophysiology by the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 50 intracardiac procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of a hospital-affiliated accredited clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in clinical cardiac electrophysiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing

professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CLINICAL CARDIAC ELECTROPHYSIOLOGY

- Requested** Admit, evaluate, treat, and provide consultation to acute and chronically ill patients of all ages with heart rhythm disorders including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR NUCLEAR CARDIOLOGY

To be eligible to apply for privileges in nuclear cardiology, the initial applicant must meet the following criteria:

Applicants for initial appointment must be currently board certified in cardiology and nuclear cardiology (by CBNC), nuclear medicine*, or radiology by a board which holds members in either the American Board of Medical Specialties or the Bureau of Osteopathic Specialists of the American Osteopathic Association

Required previous experience: Applicants for initial appointment must be able to demonstrate an adequate number (defined as 200 cases with acceptable results) of nuclear medicine/cardiology procedures, reflective of the scope of privileges requested in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 24 months.

Reappointment requirements: To be eligible to renew privileges in nuclear cardiology, the applicant must meet the following maintenance of privilege criteria:

Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Current demonstrated competence and ongoing nuclear cardiology board certification including CME requirement per Intersocietal Commission for the Accreditation of Nuclear Laboratories (ICANL) or American College of Radiology, an adequate volume of experience (defined as 200 cases with acceptable results), reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Privileges are covered by an exclusive contract. Practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.*

NUCLEAR CARDIOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, consult, and treat patients of all ages who present with acute coronary syndrome or acute heart disease or chronic heart disease and who may require nuclear cardiology testing/imaging. Diagnose, consult, evaluate, and provide therapy to the metabolic, physiologic, and pathologic conditions of the body utilizing clinical and laboratory methods that employ the measured nuclear properties of radioactive and stable nuclides. The core privileges in this specialty include the procedures listed herein.

QUALIFICATIONS FOR VASCULAR ULTRASOUND

To be eligible to apply for privileges in vascular ultrasound, the initial applicant must meet the following criteria:

Applicants for initial appointment must be currently board certified in cardiology by a board which holds members in either the American Board of Medical Specialties or the Bureau of Osteopathic Specialists of the American Osteopathic Association

Required previous experience: Applicants for initial appointment must be able to demonstrate an adequate number (defined as 200 cases with acceptable results) of vascular ultrasound procedures, reflective of the scope of privileges requested in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship, which included training in vascular ultrasound, within the past 24 months (must provide documentation of 200 cases) and evidence of CME as per the ICAVL requirements (current requirement is 15 hours).

Reappointment requirements: To be eligible to renew privileges in vascular ultrasound, the applicant must meet the following maintenance of privilege criteria:

Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Current demonstrated competence and ongoing cardiology board certification including CME requirement per Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), an adequate volume of experience (defined as 200 cases with acceptable results), participation with the Quality Assessment conferences with 30 correlations at a 70% correlation, and reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

VASCULAR ULTRASOUND CORE PRIVILEGES (KMCS IMAGING SITES ONLY – DOES NOT INCLUDING KNRI LOCATIONS)

- Requested** Perform vascular ultrasound to diagnose and treat diseases of patients of all ages. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM

- Requested**

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence.

CHECK HERE TO REQUEST ENDOVASCULAR PRIVILEGES FORM

- Requested**

CARDIAC COMPUTED TOMOGRAPHY (CCT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

Criteria: Must have privileges in Cardiology or Medical Imaging at KMC.

AND

Completed 15 CME hours of training/didactic lectures related to CCT or documented training at an approved program dedicated to coronary CTA or have documented education, training, and experience as evidenced by completion of a residency or fellowship program and as verified by the program director.

AND

Successful evaluation of 25 CCT cases either from completion of criteria as noted above and/or previous hospital affiliation. Must be able to provide copies of cases or a letter of competence from the training director or from the appropriate department chief from previous hospital.

AND

Must complete 2 hours of orientation in the reconstruction laboratory.

Maintenance of privilege: Must maintain a minimum of 30 interpreted CCT exams per two-year reappointment cycle. Must demonstrate 10 hours of Category I CME for CT scanning of cardiovascular disease during the two-year reappointment cycle.

Requested

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

Criteria: Successful completion of an accredited residency in cardiology, or cardiothoracic surgery that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 25 supervised TEE cases, or National Board of Echocardiography certification in TEE.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 25 TEE procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 50 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

PERCUTANEOUS TRANSLUMINAL SEPTAL MYOCARDIAL ABLATION

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology. If alcohol septal ablation training was not included in the fellowship program, the applicant must have completed training with an experienced alcohol septal ablation team that included proctored initial procedures.

Required previous experience: Demonstrated current competence and evidence of the performance of at least six alcohol septal ablation cases in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 12 alcohol septal ablation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

VALVULOPLASTY

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology. If valvuloplasty training was not included in the fellowship program, the applicant must have completed training with a physician who has these privileges and training must have included 5 proctored procedures.

Required previous experience: Demonstrated current competence and evidence of the performance in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

IMPLANTATION OF CARDIAC ELECTRONIC DEVICES (CIED) INCLUDING PERMANENT PACEMAKERS AND IMPLANTABLE CARDIAC DEFIBRILLATORS (ICD) – ALTERNATE PATHWAY

For the non-electrophysiologist, who is already experienced in pacemaker implantation and requests to independently implant prophylactic (primary prevention) ICD and CRT devices; the following:

Documentation of current experience:

35 pacemaker implantations per year (of which at least 75% should be new “full-system” implants) and 100 implantations over the prior 3 years
AND

ICD implantation experience – must provide documentation of:

10 implantations proctored within the provisional period
5 revisions: revisions should include upgrades, lead extraction and replacement, pulse generator change and new lead insertion

OR

CRT implantation experience – must provide documentation of:

2 procedures observed
5 implantations proctored within the provisional periods

The following must also be documented or demonstrated with either of the pathways noted above:

Completion of an Heart Rhythm Society sponsored or endorsed ICD/CRT didactic course and passage of the NASPExAM (<http://www.ibhre.org>) for the physician within the last ten years, which included ICD knowledge testing.

Monitoring of patient outcomes and complication rates; to be kept by the physician and provided with the request for privileges.

Established patient follow-up: follow-up should include device interrogation and reprogramming, including evaluation of pacing thresholds, lead impedances, sensing and rate cut-offs for defibrillation therapy.

For those who fall under the alternate pathway and have had clinical privileges for ICD and/or CRT at another accredited institution or training program, must be able to demonstrate current clinical competence by submission of 15 ICDs and 7 CRTs and a letter of competence from either their department chair, program/training director, and/or medical director.

Requirements for continued privileges:

1. 10 ICD and CRT procedures per year
2. 20 patients per year in follow-up

PERCUTANEOUS ATRIAL SEPTAL DEFECT (ASD)/PATENT FORAMEN OVALE (PFO) CLOSURE

Criteria: Successful completion of an ACGME- or AOA-accredited post-graduate training program in interventional cardiology or pediatric cardiology that included the performance of at least 10 ASD/PFO procedures, three to five of which were proctored, or demonstrate equivalent practice experience. In addition, applicants must have successfully completed a training course in the ASD or PFO device for which privileges are requested and will agree to restrict their practice to the device(s) type(s).

Required previous experience: Demonstrated current competence and evidence of the successful performance of at least 10 percutaneous ASD or PFO closure procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the successful performance of at least 20 percutaneous ASD or PFO closure procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to percutaneous ASD/PFO closure should be required.

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation.

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Cardiology

1. Adult transthoracic echocardiography
2. Ambulatory electrocardiology monitor interpretation
3. Cardioversion, electrical, elective
4. ECG interpretation, including signal average ECG
5. Image guided procedures (ultrasound and fluoroscopy)
6. Infusion and management of Gp IIb/IIIa agents and thrombolytic agents and antithrombolytic agents
7. Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
8. Non-invasive hemodynamic monitoring
9. Perform history and physical exam
10. Pericardiocentesis
11. Stress echocardiography (exercise and pharmacologic stress)
12. Tilt table testing
13. Transcutaneous external pacemaker placement
14. Transthoracic 2D echocardiography, Doppler, and color flow

Invasive Cardiology

1. Central line placement and venous angiography
2. Coronary arteriography
3. Diagnostic right and left heart cardiac catheterization
4. Hemodynamic monitoring with balloon flotation devices
5. Insertion of intraortic balloon counter pulsation device
6. Intravascular Ultrasound (IVUS) of coronaries
7. Placement of temporary transvenous pacemaker

Interventional Cardiology

1. Endomyocardial biopsy
2. Femoral, brachial or radial, axillary cannulation for diagnostic angiography or percutaneous coronary intervention
3. Interpretation of coronary arteriograms, ventriculography, and hemodynamics
4. Intracoronary atherectomy (rotoblator)
5. Intracoronary foreign body retrieval (TEC)
6. Intracoronary infusion of pharmacological agents including thrombolytics
7. Intracoronary mechanical thrombectomy
8. Intracoronary stents
9. Intravascular Ultrasound (IVUS) of coronaries
10. Management of mechanical complications of percutaneous intervention
11. Performance of balloon angioplasty, stents, and other commonly used interventional devices
12. Use of intracoronary Doppler and flow wire
13. Use of vasoactive agents for epicardial and microvascular spasm

Clinical Cardiac Electrophysiology

1. Insertion and management of automatic implantable cardiac defibrillators
2. Insertion of permanent pacemaker, including single/dual chamber and biventricular
3. Interpretation of activation sequence mapping recordings, invasive intracardiac electrophysiologic studies, including endocardial electrogram recording and imaging studies

4. Interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment
5. Pacemaker programming/reprogramming and interrogation
6. Performance of therapeutic catheter ablation procedures
7. Percutaneous transluminal septal myocardial ablation

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 that I wish to exercise at Hospital, 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.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Trustee action **Date:** _____

Adopted: November 11, 2010

*Revised: November 23, 2011
January 16, 2012 (Credentials); January 17, 2012 (MEC & BOT)*