

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

CARDIOLOGY



Your home for healthcare

Physician Name: _____

Cardiology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in cardiology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or AOA accredited fellowship in cardiovascular disease.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in cardiovascular disease by the ABIM or the AOBIM with special qualifications in cardiology. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification.*)

Required current experience:

- At least 25 cardiology patients, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. To be eligible to renew privileges in cardiovascular disease (cardiology), the applicant must demonstrate current competence and an adequate volume of experience (50 patients) 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges for cardiology include the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients presenting with diseases of the heart and blood vessels and management of complex cardiac conditions. Cardiologists may provide care to patients in the intensive care setting in conformity with unit policies, and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Adult transthoracic echocardiography • Ambulatory ECG monitoring interpretation • Electrical cardioversion (elective) • ECG interpretation, including signal average ECG • Infusion and management of Gp IIb/IIIa agents and thrombolytic and antithrombolytic agents • Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines • Noninvasive hemodynamic monitoring • Stress echocardiography (exercise and pharmacologic stress) • Tilt table testing • Transthoracic 2-D echocardiography, Doppler, and color flow

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for <i>non-invasive cardiology</i> include.			<input type="checkbox"/> Cardiac CT and Cardiac CT angiogram	<p>New Applicant: Successful completion of an</p> <ul style="list-style-type: none"> • ACGME- or AOA-accredited post graduate training program in cardiovascular disease that included training in CT and CT angiography. <p>OR</p> <ul style="list-style-type: none"> • If the applicant's postgraduate program did not include cardiac CT training, applicants must demonstrate that they have successfully completed a formal course in cardiac CT, and were proctored in their initial cases or the equivalent in practice experience. • A letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced. <p>AND</p> <p>Required current experience:</p> <ul style="list-style-type: none"> • Demonstrated current competence and interpretation of 50 contrast and 50 non-contrast cardiac CT studies in the past 12 months or completion of training in the past 12 months. <p>Reappointment: Demonstrated current competence and evidence of the performance of at least 100 contrast and 100 non-contrast cardiac CT studies based on results of ongoing professional practice evaluation and outcomes in the past 24 months. In addition, 20 hours of continuing education related to the performance and interpretation of cardiac CT studies is required every 36 months.</p>
			<input type="checkbox"/> Cardiovascular magnetic resonance	<p>New Applicant: Basic knowledge, clinical training, and experience in at least one other cardiovascular imaging modality and successful completion of an ACGME- or AOA-accredited residency in cardiology, radiology, or nuclear medicine that included training in CMR. If CMR was not included in residency or fellowship training</p> <ul style="list-style-type: none"> • Applicants must demonstrate that they have completed at least three months of formal training in CMR in accordance with SCMR guidelines that included at least 150 supervised interpretations in CMR with at least 50 studies performed as the primary operator. • Demonstrated current competence and evidence of analysis and interpretation at least 50 CMR cases in the past 12 months or completion of training in the past 12 months. • A letter of reference should come from the director of the applicant's training program.

		<p>Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.</p> <p>Reappointment: Demonstrate that they have maintained competence by showing evidence:</p> <ul style="list-style-type: none"> • Successfully performed at least 100 CMR cases in the past 24 months based on results of quality assessment and improvement activities and outcomes. • In addition, at least 20 hours of continuing education related to CMR in the past 24 months is required.
	<p><input type="checkbox"/> Transesophageal echocardiography</p>	<p>New Applicant: The applicant must demonstrate successful completion of an approved residency or fellowship training program that provides the necessary cognitive and technical skills required to perform TEE.</p> <ul style="list-style-type: none"> • Demonstrate that he or she has successfully performed at least 10 TEE procedures in the last 12 months. <u>In no instance should privileges to perform TEE be granted to individuals who are not considered fully competent in complementary echocardiography techniques.</u> • Letter of reference must come from the director of the applicant's residency or fellowship program. Or a letter of reference should come from the applicant's chief of cardiology or chief of anesthesiology at the institution where the applicant last practiced. <p>Reappointment: Applicants must demonstrate that they have maintained competence by having performed at least 20 TEE procedures in the past 24 months. In addition, continuing medical education related to TEE should be required.</p>
	<p><input type="checkbox"/> Cardiac nuclear scan interpretation</p>	<p>New Applicant: The applicant must demonstrate successful completion of an approved residency or fellowship training program that provides the necessary cognitive and technical skills required to perform. Applicants must demonstrate that he or she has successfully performed at least 100 in the last 12 months</p> <p>Reappointment: Applicants must demonstrate that they have maintained competence by having performed at least 150 procedures in the past 24 months.</p>
	<p><input type="checkbox"/> Moderate Sedation</p>	<p>Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.</p>

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p>Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p>Non-Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

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

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.
- (c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/modification/explanation
Notes:

Department Chair/Chief Signature

Date