

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### INTERVENTIONAL CARDIOLOGY



*Your home for healthcare*

Physician Name: \_\_\_\_\_

### Interventional Cardiology Core Privileges

#### Qualifications

Minimum threshold criteria for granting core privileges in interventional cardiology:

- Basic education: MD or DO
- Minimum formal training: Applicants must be able to demonstrate successful completion of an ACGME- or AOA-accredited training program in interventional cardiology or equivalent practice experience if training occurred prior to 2003.

AND/OR

- Applicants must also hold subspecialty certification in interventional cardiology by the ABIM or complete a certificate of added qualification in interventional cardiology by the AOBIM. (*\*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:

- Applicants must be able to demonstrate that they have performed at least 25 percutaneous coronary intervention procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA 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 interventional cardiology, the applicant must have current demonstrated competence and an adequate volume of experience (50 percutaneous coronary intervention procedures) 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><b>Core Privileges:</b> Core privileges in interventional cardiology include the ability to admit, evaluate, treat, and provide consultation to adolescent and adult patients by use of specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart, as well as technical procedures and medications to treat abnormalities that impair the function of the cardiovascular system. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. Privileges also include the ability to 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"> <li>• Intracoronary infusion of pharmacological agents, including thrombolytics and vasoactive agents for epicardial and microvascular spasm</li> <li>• Use of intracoronary Doppler and flow wire</li> <li>• Percutaneous coronary intervention includes any of the following procedures: femoral, brachial, or radial axillary cannulation for diagnostic angiography; interpretation of coronary arteriograms, ventriculography, and hemodynamics</li> <li>• Intracoronary foreign body retrieval access catheters</li> <li>• Intracoronary mechanical thrombectomy</li> <li>• Intracoronary stents</li> <li>• Intravascular ultrasound of coronaries</li> <li>• Management of mechanical complications of percutaneous intervention</li> <li>• Performance of balloon angioplasty, stents, and other commonly used interventional devices</li> <li>• Percutaneous coronary atherectomy</li> </ul>
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria

<b>Refer-and-follow privileges</b>			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.	
<b>Requested <input type="checkbox"/></b>	<b>Approved <input type="checkbox"/></b>	<b>Not Approved <input type="checkbox"/></b>	<b>Procedure</b>	<b>Criteria</b>
<p><b>Non-Core Privileges</b> 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 interventional cardiology include.</p>			<input type="checkbox"/> Percutaneous peripheral vascular interventions to include diagnostic and therapeutic angiography, angioplasty, and stenting – arterial, venous systems, grafts and fistulas.	<p><b>New Applicant:</b> Demonstrated current competence and experience of the performance of at least 25 percutaneous peripheral vascular interventions in the past 12 months or must have trained in an accredited program and provide proof of accredited program training.</p> <p><b>Reappointment:</b> Demonstrated current competence and experience of the performance of at least a total of 50 diagnostic and/or interventional cases in the past 24 months or must have trained in an accredited program and provide proof of accredited program training.</p>
			<input type="checkbox"/> Implantation of cardiac electronic devices, including permanent pacemakers and ICDs	<p><b>New Applicant:</b> Demonstrated current competence and experience of the performance of at least 25 implantation of cardiac electronic devices in the past 12 months or completion of training in the past 12 months.</p> <p><b>Reappointment:</b> Demonstrated current competence and experience of the performance of at least 50 implantation of cardiac electronic devices in the past 24 months or completion of training in the past 24 months.</p>
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
<b>Requested <input type="checkbox"/></b>	<b>Approved <input type="checkbox"/></b>	<b>Not Approved <input type="checkbox"/></b>	<b>Privilege/Criteria</b>	
<p><b>Current Privileges:</b> 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><b>Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			<p><b>Non-Core</b></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