

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

INVASIVE CARDIOLOGY



Your home for healthcare

Physician Name: _____

Invasive Cardiology Core Privileges

Qualifications

Minimum threshold criteria for granting core privileges in invasive cardiology:

- Basic education: MD or DO
- Minimum formal training: The same as for cardiology core privileges. (**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 for initial appointment must be able to demonstrate successful performance, reflective of the scope of privileges requested, of at least 25 diagnostic 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.

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. Current demonstrated competence and an adequate volume of experience (50 diagnostic cardiac catheterizations) 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.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
Core Privileges: Core privileges for cardiovascular disease 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.			Core privileges include but are not limited to: <ul style="list-style-type: none"> • Diagnostic right and left-heart cardiac catheterization • Femoral, brachial, radial, axillary cannulation for diagnostic coronary evaluation • Interpretation of coronary arteriogram, ventriculography, and hemodynamics • Placement of temporary transvenous pacemakers • Angiography of aorta (thoracic, abdominal) • Angiography of upper extremities • Angiography of femoral arteries • Angiography subclavian arteries • Angiography aortic runoff

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.

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