

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

VASCULAR AND INTERVENTIONAL RADIOLOGY



Your home for healthcare

Physician Name: _____

Vascular and Interventional Radiology Core Privileges

Qualifications

Minimum threshold criteria for granting core privileges in vascular and interventional radiology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology, followed by completion of a one-year accredited fellowship in vascular and interventional radiology
- Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in vascular and interventional radiology by the ABR or completion of a certificate of added qualifications in vascular and interventional radiology by the AOBR. (**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*).

OR

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or AOA-accredited residency in Diagnostic Radiology with board certification in Diagnostic Radiology by the ABR (**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*).
- Long-standing (five years or greater) history of practice within the Interventional Radiology subspecialty.
- Proficiency demonstrated by case logs for each of the requested privileges.
- Applicants must be able to demonstrate At least 500 vascular and interventional radiology procedures, 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.

Required current experience:

- Applicants must be able to demonstrate At least 500 vascular and interventional radiology procedures, 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

A letter of reference must come from the director of the applicant's training program in vascular and interventional radiology.

Alternatively, a letter of reference regarding competence should come from the chief of vascular and interventional radiology at the institution 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 Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully completed at least 500 vascular and interventional radiology procedures, reflective of the scope of privileges requested, annually over the reappointment cycle based on the 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.

Please check requested privileges.			Core privileges include but are not limited to: <ul style="list-style-type: none">• Endovenous therapy (Laser, RFA, sclerotherapy)• Insertion and management of central venous and dialysis access line• Lymphography• Neurointerventional procedures for pain, including epidural steroid injection, nerve blocks, and discography• Noninvasive diagnostic vascular radiology, including ultrasonography, pulse volume recordings, CT, and MRI
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
Core Privileges: Core privileges in vascular and interventional radiology include the ability to admit, evaluate, diagnose, and treat patients of all ages by various radiologic imaging modalities (fluoroscopy, digital radiography, CT, sonography, and MRI). Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Core 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.			<ul style="list-style-type: none"> • Nonvascular interventional procedures, including soft tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, biliary procedures, ablation of neoplasms and cysts, and ureteral stents • Placement of catheter for tumor treatment • Placement of inferior vena cava filter • Therapeutic infusion of vasoactive agents • Therapeutic vascular radiology, including balloon angioplasty, stent placement, atherectomy, intra-arterial and IV thrombolytic therapy, and embolization/ablation, including transarterial chemoembolization (excluding carotid and intracranial intervention) • Transcervical fallopian tube recanalization • Transjugular intrahepatic portosystemic shunt (tips) • Uterine artery embolization for leiomyoma (or other indications such as intractable bleeding post-partum, post-instrumentation) • Venography and venous sampling • vertebroplasty, kyphoplasty • Endovascular repair of thoracic and abdominal aortic aneurysm in conjunction with qualified surgeon • Peripheral vascular interventions to include diagnostic and therapeutic angiography, angioplasty, and stenting—arterial, venous, grafts, and fistulas (excluding carotid stenting and intracranial intervention) 	
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 vascular and interventional radiology include.			<input type="checkbox"/> Carotid stenting	New Applicant: Applicants must have completed an ACGME/AOA accredited vascular medicine, cardiovascular surgery, or interventional radiology residency or fellowship program that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. <ul style="list-style-type: none"> • If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. • Applicants must have also completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. • Proctoring for initial cases should be part of the training program. • Applicants must be able to demonstrate that they have performed at least 200 diagnostic cerebral angiograms if they have no prior catheter experience or 100 diagnostic cerebral angiograms if they have experience sufficient to meet the AHA requirements for peripheral vascular interventions. • In addition, applicants must be able to demonstrate that they have performed at least 20 carotid artery stenting procedures in the past 12 months. • For at least half of these procedures, the applicant must have been the primary operator. OR

				<ul style="list-style-type: none"> Carotid Artery Stent Education Program that includes manufacturers training program of FDA approved devices that included a didactic review of patient selection/management, device demonstrations, IFU, case observation, and simulations. The physician must provide the medical staff office a certificate of completion. <p>AND</p> <ul style="list-style-type: none"> First 3 cases must be proctored. <p>Reappointment: Demonstrate that they have maintained competence by showing evince that they have performed at least 10 carotid artery stenting procedures in the past 24 months. For at least half of these procedures, the applicant must have been the primary operator. In addition, continuing education related to carotid artery stenting should be required.</p>
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
			<input type="checkbox"/> Cerebral Intra-arterial Thrombolytic and/or Mechanical Thrombectomy	<p>Applicant should provide a letter from training indicating the following:</p> <p><u>Cognitive (completed during residency and specialized training)</u></p> <ul style="list-style-type: none"> Understanding of and certification in assessing NIHSS 6-months ACGME formal neuroscience training including neuroanatomy, neuropathology, neurovascular imaging and cerebrovascular hemodynamics. Stroke-specific training in clinical presentation of stroke and associated vascular territories. Ability to evaluate neuroimaging for determination of appropriate patients for acute stroke treatment. Ability to differentiate acute ischemic lesions compared with chronic lesions and/or tumors, etc. Ability to differentiate TIA from acute infarct. Ability to recognize etiology of TIA and acute stroke, including Stenosis and embolus. Knowledge of cerebrovascular hemodynamics as it relates to perfusion imaging, and clinical presentation. Understanding of periprocedural and postprocedural hemodynamics and implications for appropriate patient care. <p><u>Brain Imaging Interpretation (documented cases)</u></p> <ul style="list-style-type: none"> Interpretation of 200 CT and 50 CT Angiograms Interpretation of 200 MR images and 50 MR angiograms Interpretation of 25 CT/MR perfusion Interpretation of 200 cerebral arteriograms <p><u>Technical (documentation of the following)</u></p> <ul style="list-style-type: none"> Hands-on equipment experience Arteriography performance <ul style="list-style-type: none"> 100 cerebral (bilateral carotid and single-vessel vertebrobasilar injections) OR 50 cerebral and 150 non-cerebral

				AND <ul style="list-style-type: none"> 30 selective microcatheter procedures including 5 ICA/ECA <u>Proctoring (Onsite, remotely, electronically, or telephone)</u> <ul style="list-style-type: none"> 5 cases with a physician that has met the criteria and is currently performing this procedure.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
			<input type="checkbox"/> Y-90 SIRT with MAA Mapping	<u>New Applicant:</u> The following documentation is required prior to performing this procedure. <ul style="list-style-type: none"> Current Radioactive materials license with name of applicant present. Signed Certification Statement indicating the following: <ul style="list-style-type: none"> Read Midland Memorial Hospital's radioactive material license document. Abide by the TX Department of State Health Services Bureau of Radiation Control rules and regulations Training certificate of completion from the Society of Interventional Radiology Be listed as an authorized user from the state of Texas for all diagnostic purposes including therapy with Y-90 sealed source microspheres. Documentation of 3-cases using the SIRTEX device proctored, with at least 1 mapping case, by a physician NOT in the group. <u>Reappointment:</u> Demonstrate that they have maintained competence by showing evince that they have performed at least 10 Y-90 SIRT with MAA Mapping procedures in the past 24 months. For at least half of these procedures, the applicant must have been the primary operator. In addition, continuing education related to carotid artery stenting should be required.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
			<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.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
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. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			Non-Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	

	<input type="checkbox"/>
	<input type="checkbox"/>

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