

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

Clinical Cardiac Electrophysiology



Your home for healthcare

Physician Name: _____

Clinical Cardiac Electrophysiology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in Clinical Cardiac Electrophysiology (CCEP):

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or AOA accredited residency program in cardiology followed by completion of an accredited training program in Clinical Cardiac Electrophysiology (CCEP) or equivalent practice experience/training if training occurred prior to 1998.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in CCEP by the ABIM or completion of a CAQ in CCEP by the AOBIM.

Required current experience:

- At least 100 intra-cardiac 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

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 CCEP, the applicant must demonstrate current competence and an adequate volume of experience 200 intra-cardiac 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. In addition, continuing education related to CCEP should be required.

Please check requested privileges.

Please check requested privileges:			Core privileges include but are not limited to: <ul style="list-style-type: none">• Performance of history and physical exam• Catheter and intraoperative mapping• Catheter and surgical ablations• Implantation of pacemakers and cardioverter defibrillators• External cardioversion and defibrillation• Cardiopulmonary resuscitation• Diagnostic intracardiac electrophysiologic studies• Tilt Table Testing• Initial implantation of loop recorder
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
Core Privileges: Core privileges for CCEP include the ability to admit, evaluate, treat, and provide consultation to acute and chronically ill adolescent and adult patients with heart rhythm disorders, including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. Physicians may also provide care to patients in the intensive care setting in conformance with unit policies.			
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.			<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.

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