

# Radiology KHHM

**Delineation of Privileges** 

Applicant's Name:		

# Instructions:

- 1. Click the **Request** checkbox to request a group of privileges.
- 2. Uncheck any privileges you do not want to request in that group.
- 3. Check off any special privileges you want to request.
- 4. Sign/Date form and Submit with required documentation
- 5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**Clinical Service Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

# NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications		
Education/Training	Must have successfully completed an ACGME/AOA-accredited residency in Radiology.	
Certification	All applicants must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges	
Clinical Experience (Initial)	The successful applicant for initial appointment must provide documentation of performance and interpretation of privileges requested during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.	
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Radiology, the applicant must demonstrate competence and an adequate volume of experience 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.	

# **Primary Privileges Radiology**

**Description:** Diagnostic Radiology (Core Privileges include: Perform general Diagnostic Radiography, Bone Densitometry, Mammography, Diagnostic ultrasound, Diagnostic Computed Tomography, Diagnostic Magnetic Resonance Imaging and Magnetic Resonance Angiography and Diagnostic Nuclear Medicine. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.)

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КННМ	Click shaded blue check box to Request all privileges.
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	- Currently granted privileges
	Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy,
	chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures,
	fluoroscopically guided needle biopsy and/or cyst aspiration, lumbar puncture, myelography, arthrography,
	hysterosalpingography, fluoroscopically guided vascular access/line placement procedures.
	Bone densitometry
	Computed tomography of the head, neck, spine, body, extremity, CT guided biopsy and drainage procedures.
	CT Angiography
	Magnetic resonance angiography (MRA)
	Magnetic resonance imaging (MRI) of the head, neck, spine, body, extremity, and major joints: shoulder,
	knee, ankle, etc., MRI guided biopsy and magnetic resonance angiography.
	Mammography (Physicians are required to maintain CME and volume per MQSA guidelines)
	Nuclear Medicine (Diagnostic)
	Positron emission tomography (PET)
	Ultrasound and ultrasound guided biopsy and drainage procedures, including ultrasound guided vascular
	access/line placement procedures.

# Teleradiology

	Qualifications
Education/Training	Same as for Diagnostic Radiology Core
Certification	All applicants must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Additional Qualifications	Applicant must be contracted to provide teleradiology services  AND  Applicant must be licensed to practice medicine in the state of Ohio and in state in which services will be provided.

Request	Request all privileges listed below.
<b>—</b>	
МННУ	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Teleradiology

# Invasive/Interventional Radiology Procedures

**Description:** Core Privileges include: Evaluate, diagnose and treat patients of all ages except as specifically excluded from practice using radiologic imaging modalities, including fluoroscopy, ultrasound, computed tomography, magnetic resonance and radiography. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

# Qualifications

# **Education/Training**

All applicants interventional radiology procedures must demonstrate appropriate expertise/training in the specific procedure(s) privileges requested. Where appropriate, this should include post residency training in a formal interventional radiology or neuroradiology fellowship program, or appropriate supervised expert training in the specific individual procedure(s) requested. Certain procedures will require specific eligibility criteria.

# Certification

All applicants must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

Clinical Experience (Initial) All those applying for interventional radiology privileges must demonstrate completion of residency or fellowship program which included performance of at least 200 procedures in previous 12 months, OR performance of 50 procedures in previous 12 months as part of their professional practice.

# Clinical Experience (Reappointment)

Interventional Radiology privileges will require demonstration of performance of at least 100 invasive procedures as primary operator over previous 24 months

#### AND

Continuing Medical Education (CME), 20 Category I credits over 24 months, at least half of which must be related to Vascular, Interventional, Neuro- or Procedural Radiology.

R	Request all privileges listed below.
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Σ	Click shaded blue check box to Request all privileges.
МННУ	Uncheck any privileges you do not want to request.
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	- Currently granted privileges
	Neurological
	Discography
	Epidural Injections
	Facet/Medial Branch Block injections
	Extracranial arterial thrombolysis/embolization
	Extracranial cerebrovascular balloon angioplasty/stent placement
	Intracranial arterial embolization
	Intracranial arterial thrombolysis
	Intracranial cerebrovascular balloon angioplasty/stent placement

Intracranial venous embolization	
Myelography	
Percutaneous vertebroplasty and kyphoplasty	
Peripheral Vascular	
Inferior Vena Cava Filter Placement	
Lymphangiography	
Pulmonary Angiography	
Transcatheter Endovascular Embolization / Chemoembolization	
Transjugular Intrahepatic Portosystemic Shunt	
Intravascular foreign body retrieval	
Temporary and Permanent Vascular Line Placement	
Diagnostic Angiography	
Gastrostomy	
In Vitro/In Vivo Tracer Procedures (Non-Imaging)	
Percutaneous Biliary Stent Placement	
Percutaneous Nephrostomy/Stone Removal	
Percutaneous Stent Placement	
Transhepatic Cholangiography/Biliary Drainage/Stone Removal	
Ureteral Stent Placement	
Special Privileges Invasive/Interventional Radiology	
Limited ADMITTIING privileges - admit patients to inpatient services and treat and direct the course of treatment. LIMITED to radiologists holding interventional privileges and limited to only those patients requiring	
admission following an interventional radiologic procedure.	
Perform history and physical examination (interventional radiology only)	

# Minimally Invasive Lumbar Decompression (MILD)

# Qualifications

# **Education/Training**

Successful completion of an ACGME or AOA approved residency program in Anesthesiology, Neurosurgery, Orthopedics, Neuroradiology, Interventional Radiology or Physiatry (Physical Medicine and Rehabilitation).

Clinical Experience (Initial) Track I (Residency Track) Letter from Program Director attesting to in-residency training and ability to perform independently with documentation of number of cases performed

# AND

Evidence of completion of at least 10 cases per requested privilege during residency training. Track II (Established Practice Track) Currently credentialed in pain management, orthopedics, neurosurgery or interventional radiology procedures without restriction.

### AND

Documented completion of 6-hour minimum MILD vendor approved didactic, skills and cadaver course or accredited CME program including didactic skill course

# **AND**

A minimum of three procedures as primary operator under supervision of an approved preceptor/trainer.

#### **AND**

Letter from preceptor attesting to completion of the required number of cases and ability to perform independently.

# **AND**

Acceptable case outcomes.

# **Clinical Experience** (Reappointment)

Completion of a minimum of 5 annually over the reappointment cycle.

Maintain competence with 50 fluoroscopy procedures over a 2-year reappointment cycle

Request	Request all privileges listed below.
КННМ	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Minimally Invasive Lumbar Decompression (MILD)

# Radioisotope Therapy

# Qualifications

**Certification** All applicants must possess current board certification by the specialty board most commonly

applicable to his or her specialty, or become board certified as such within six years of completing

his or her residency program or receiving medical staff membership or clinical privileges.

Clinical Experience (Initial) The applicant must demonstrate competence and an adequate volume of experience 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.

Clinical Experience (Reappointment)

Evidence of current ability to perform privileges requested is required of all applicants for renewal

of privileges

Additional Qualifications Radioisotope Therapy privileges require that a physician be included in an existing facility nuclear

licensure.

Request	Request all privileges listed below.	
КННМ	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.	
	- Currently granted privileges	
	Intrathoracic, intrapleural, or intraperitoneal insertion of radioactive material for control of malignant effusions or ascites.	
	Phosphorus-32 for blood disease	
	Therapy for hyperthyroidism	
	Therapy for thyroid cancer	
	Therapy for osseous metastasis	

# **Stereotactic Breast Biopsy**

	Qualifications
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**Education/Training** Be fully qualified as an interpreting physician under MQSA

Initially, have at least 3 hours Category 1 CME in stereotactic breast biopsy **Continuing Education** 

Initially obtain at least 15 hours of documented CME in breast imaging including pathophysiology of benign and malignant breast disease as well as clinical breast examinations.

Certification All applicants must possess current board certification by the specialty board most commonly

applicable to his or her specialty, or become board certified as such within six years of completing

his or her residency program or receiving medical staff membership or clinical privileges.

Clinical Experience (Initial) Have performed at least 12 stereotactic breast biopsies OR at least 3 hands-on stereotactic breast biopsy procedures under a physician who is qualified to interpret mammography under MQSA and has performed at least 24 stereotactic breast biopsies.

AND

Be responsible for patient selection including documentation of correlative clinical breast

examination

AND

Be responsible for mammographic interpretation

AND

Be responsible for performance improvement activities including medical audit (tracking of number of biopsies done, cancers found, benign lesions, biopsies needing repeat, and complications)

AND

Be responsible for oversight of all quality control

AND

Be responsible for the supervision of the radiologic technologist and the medical physicist

AND

Be responsible for post-biopsy management of the patient, which may include referral to a surgeon for follow-up on certain lesions.

**Clinical Experience** (Reappointment)

Perform at least 12 stereotactic breast biopsies per year or re-qualify as specific in A. 1.

**AND** 

Obtain at least 15 hours of Category 1 CME in breast imaging including pathophysiology of benign and malignant diseases of the breast every 3 years as required for interpretation of mammography by the MQSA.

Request	Request all privileges listed below.
KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Stereotactic Breast Biopsy

# Peripheral Angioplasty and Stenting, Thrombolysis and Atherectomy

		Qualifications
Education/Training		Hold privileges in vascular surgery, interventional radiology or invasive cardiology
Certification		All applicants must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)		As Primary Operator, 50 non-cardiac vascular or interventional procedures in the previous 24 months
Clinical Experience (Reappointment)		Documentation of 50 non-cardiac vascular or interventional procedures in previous 24 months.
Note		All peripheral angioplasty procedures require timely vascular surgery back-up.
		Dogwood all privilence listed helevy
Request		Request all privileges listed below.
至		Click shaded blue check box to Request all privileges.

Uncheck any privileges you do not want to request.

# Endovascular Repair of Abdominal AORTIC STENT GRAFTS (AAA) AND THORACIC AORTIC

### Qualifications

# **Education/Training**

Successful completion of an ACGME- or AOA-accredited postgraduate training program in thoracic, cardiovascular surgery, vascular surgery or interventional radiology.

# **AND**

Applicants must have successfully completed and approved training program in endovascular repair of thoracic (TAA) and abdominal (AAA) aortic aneurysms.

#### **AND**

Applicant agrees to limit procedure to use of endovascular graft device for which they have demonstrated training and experience.

Clinical Experience (Initial) Active privileges in vascular surgery, interventional radiology or invasive cardiology.

#### AND

For non-vascular surgeons, the presence of on-site surgical backup who hold the privilege to perform open thoracic or abdominal aortic aneurysm repair is required. Physician must meet criteria for peripheral angiography and angioplasty/stent placement. Demonstrated current competence and documentation of experience of at least 5 endovascular aortic stent repairs in the past 24 months.

# **Clinical Experience** (Reappointment)

Active privileges in vascular surgery, interventional radiology or invasive cardiology.

For non-vascular surgeons, the presence of on-site surgical backup who hold the privilege to perform open thoracic or abdominal aortic aneurysm repair is required. Physician must meet criteria for peripheral angiography and angioplasty/stent placement. At least 10 Category I CME in vascular surgery or vascular/interventional radiology required in past 24 months.

Request	Request all privileges listed below.
KHHM	Click <mark>shaded blue check box</mark> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Endovascular repair of abdominal aortic stent graft
	Endovascular repair of thoracic aortic aneurysm stent graft

# **Carotid Stenting**

#### Qualifications

# **Education/Training**

Successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery, interventional radiology, neuroradiology, or interventional cardiology that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures

#### OR

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.

# AND

Applicants must also have completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure

## **AND**

In addition, 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 American Heart Association requirements for peripheral vascular interventions.

# Clinical Experience (Initial)

Demonstrated current competence and evidence of the performance of at least 25 carotid artery stenting procedures in the past 12 months with at least half as the primary operator.

# Clinical Experience (Reappointment)

Demonstrated current competence and evidence of the performance of at least 20 carotid artery stenting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	Request all privileges listed below.
КННМ	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Carotid Stenting

# Cerebral Angiography

**Description:** Neurodiagnostic Angiography

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**Education/Training** 

Completion of an AGCME approved Residency Program in Diagnostic Radiology, with subsequent

American Board of Radiology Certification in Diagnostic Radiology.

AND

In the absence of documentation of Board Certification in Diagnostic Radiology, a minimum of 6 months formal cognitive neuroscience training in an ACGME approved training program is required, with documented expertise in neurovascular disease, imaging and angiography, as

certified by the program.

**Vertebral Interventions** 

Extracranial Carotid and/or Must meet the requirements for Cerebral Angiography

AND

Performance of a minimum of 10 cervical carotid interventions

Intracranial Carotid and/or Must meet the requirements for Cerebral Angiography

**Vertebral Artery** Interventions

Performance of a minimum of 25 intracranial cerebral arterial interventions.

**AND** 

For intracranial arterial stenting, must first meet the requirements for Extracranial Carotid and/or

Vertebral Arterial Interventions

Clinical Experience (Initial) Performance of a minimum of 100 diagnostic selective bilateral cervicocerebral angiograms, with

at least 50 as the primary operator.

Clinical Experience (Reappointment)

At least 10 Category I CME credits dedicated to Neurosciences (including neuroradiology, neurology, neurosurgery) or Vascular/Interventional Radiology over previous 24 months.

Request	Request all privileges listed below.
KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Cerebral Angiography

# Vascular Lab - Interpretation of Vascular Studies

#### Qualifications

# Initial Privileges Formal Training

Completion of a residency or fellowship that includes appropriate didactic and clinical vascular laboratory experience as an integral part of the program.

### AND

The physician must have experience in interpreting the following minimum number of diagnostic studies: Carotid duplex ultrasound - 100 cases; Peripheral arterial physiologic - 100 cases; Peripheral arterial duplex - 100 cases; Venous duplex ultrasound - 100 cases or Broad-spectrum vascular ultrasound exams - 500 cases

# Initial Privileges Informal Training

Appropriate training and experience for proper qualifications to interpret non-invasive vascular laboratory studies can be achieved through formal accredited post graduate education that includes: A minimum of 40 hours of relevant Category I CME credits must be acquired within the three-year period prior to the initial application.

### AND

Twenty (20) hours must be courses specifically designed to provide knowledge of the techniques, limitations, accuracies, and methods of interpretations of non-invasive vascular laboratory examinations the physician will interpret.

#### AND

Twenty (20) hours may be dedicated to appropriate clinical topics relevant to vascular testing.

#### **AND**

Eight (8) of the 40 hours must be specific to each testing area the physician will interpret

### **AND**

For those examinations the physician will interpret, there must be documentation of interpretation for the following minimum number of studies while under the supervision of a physician who has already met the ICAVL criteria. Carotid duplex ultrasound - 100 cases; Peripheral arterial physiologic - 100 cases; Peripheral arterial duplex - 100 cases; Venous duplex ultrasound - 100 cases or Broad-spectrum vascular ultrasound exams - 500 cases

# Initial Privileges Established Practice

Current training and current experience will be considered appropriate for a physician who has met the qualifications of and has worked for an accredited vascular laboratory for at least the past three (3) years

# AND

Has interpreted the following minimum number of diagnostic studies in the specific areas that will be interpreted. Carotid duplex ultrasound - 300 cases; Peripheral arterial physiologic - 300 cases; Peripheral arterial duplex - 300 cases; Venous duplex ultrasound - 300 cases

# Registered Physician in Vascular Interpretation (RPVI)

Physician is registered at an American College of Radiology accredited vascular lab and meets ACR Accreditation requirements for physicians.

# Clinical Experience (Reappointment)

Provide documentation of the following requirements: Carotid Duplex Ultrasound - 100 cases; Peripheral Arterial Physiologic - 100 cases; Peripheral Arterial Duplex - 100 cases; Venous Duplex Ultrasound - 100 cases

### AND

Broad spectrum Vascular Ultrasound Exams - 500 cases to include all categories performed at this hospital with a minimum of 50 cases from each of the above categories.

### AND

All medical staff members should interpret a minimum of ten (10) non-invasive vascular examinations per month (120 per year).

# **Continuing Education**

Each medical staff member must show evidence of maintaining current knowledge by participating in CME courses that are relevant to vascular testing. To be relevant, the course content must address principles, instrumentation, techniques, or interpretation of non-invasive vascular testing. A minimum of fifteen (15) hours of CME is required every three (3) years, of which ten (10) hours must be Category I.

OR

The CME requirement will be waived if, in the previous three (3) years prior to the application submission, the medical staff member has: Completed formal training, acquired an appropriate vascular credential, or has been employed in the laboratory less than one (1) year

Request	Request all privileges listed below.
КННМ	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Vascular Lab - Interpretation of Vascular Studies Qualifications

# Special Privileges General Radiology

**Description:** The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	Request all privileges listed below.
КННМ	Click <mark>shaded blue check box</mark> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Privileges General Radiology

# Fluoroscopy

**Description:** All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	Request all privileges listed below.
КННМ	Click <mark>shaded blue check box</mark> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Fluoroscopy

# Mild/Moderate Sedation

**Description:** Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below.
КННМ	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Mild/Moderate Sedation

# **Nuclear Medicine Cardiology**

**Description:** To participate in the ACC Chest Pain Center Accreditation Program, provider must read a minimum of 15 nuclear cardiology cases in 24-month reappointment cycle.

Request	Request all privileges listed below.
KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Nuclear Medicine Cardiology

# Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Published: 2/21/2023 10:42:54 AM Radiology KHHM Page 16 of 17

Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.		
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Practitioner's Signature	Date	
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Clinical Service Chair Recommo	ndation - Privileges	
have reviewed the requested clinical priv	eges and supporting documentation and make the following recommendation(s):	
Recommend all requested priv	ges	
Do not recommend any of the	quested privileges	
Recommend privileges with the	ollowing conditions/modifications/deletions (listed below)	
Privilege	Condition/Modification/Deletion/Explanation	
Clinical Service Chair Recommendation -	dditional Comments	
Clinical Service Chair Signature	Date	