Cardiovascular Disease KH

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 and doubts related to qualification of requested privileges.

Department 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.

Cardiovascular Disease (Cardiology) Core Privileges

Qualifications

Education/Training

Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in cardiovascular disease.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in cardiovascular disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology.

Clinical Experience (Initial)

Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients in the past 12 months in an accredited hospital or healthcare facility 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)

Current demonstrated 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.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Admit, evaluate, diagnose, treat and provide consultation to adults greater than 18 years of age presenting with diseases of the heart, lungs and blood vessels and manage complex cardiac conditions. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.
							Core Procedure List (This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.)
☐	☐	☐	☐	☐	☐	☐	Ambulatory electrocardiology monitor interpretation
☐	☐	☐	☐		☐	☐	Cardioversion, electrical, elective
☐	☐	☐	☐	☐	☐	☐	ECG interpretation, including signal average ECG
☐	☐	☐	☐		☐	☐	Implantation, explanation, interpretation, and monitoring of implantable loop recorder device with evidence of successful completion of vendor education and training
☐	☐	☐	☐		☐	☐	Insertion and management of central venous catheters, pulmonary artery catheters and arterial lines
☐	☐	☐	☐		☐	☐	Periocardiocentesis

☐	☐	☐	☐		☐	☐	Stress echocardiography (exercise and pharmacologic stress)
☐	☐	☐			☐	☐	Tilt table testing
☐	☐	☐	☐	☐	☐	☐	Transcutaneous external pacemaker placement
☐	☐	☐	☐	☐	☐	☐	Transthoracic 2D echocardiography, Doppler and color flow

Invasive Cardiology Core Privileges

Qualifications

Membership

Clinical Experience (Initial) Applicants for initial appointment must have demonstrated successful performance, reflective of the scope of privilege requested, of at least 75 diagnostic right or left cardiac catheterizations in the past 12 months or demonstrate successful completion of an ACGME-, ABMS- or AOA-accredited training program which included training in invasive cardiology within the past 12 months.

Clinical Experience (Reappointment) To be eligible to renew core privileges in invasive cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated 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.

Additional Qualifications Applicant must be qualified for and granted Primary Privileges in Cardiovascular Disease.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Admit, evaluate, consult and treat adults greater than 18 years of age who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.
							Core Procedure List (This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.)
☐	☐	☐	☐		☐	☐	Central line placement and venous angiography
☐	☐	☐	☐		☐	☐	Coronary arteriography
☐	☐	☐	☐		☐	☐	Diagnostic right and left heart cardiac catheterization
☐	☐	☐	☐		☐	☐	Hemodynamic monitoring with balloon floatation devices
☐	☐	☐	☐		☐	☐	Placement of temporary transvenous pacemaker

Interventional Cardiology Core Privileges

Qualifications

To be eligible to apply for core privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:

Education/Training

Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in interventional cardiology or equivalent practice experience if training occurred prior to 2003.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in interventional cardiology by the American Board of Internal Medicine or a Certificate of Added Qualification in interventional cardiology by the America Osteopathic Board of Internal Medicine.

Clinical Experience (Initial)

Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of at least 75 percutaneous coronary intervention (PCI) procedures in the past 12 months or demonstrate successful completion of an accredited ACGME or AOA clinical fellowship, or research in a clinical setting within the past 12 months. If less than 75 PCI cases then primary operator must align PCI practice with American College of Cardiology (ACC) guidelines for low volume operator.

Clinical Experience (Reappointment)

Current demonstrated 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.

Additional Qualifications

Applicant must be qualified for and granted Primary Privileges in Cardiovascular Disease.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Admit, evaluate, treat and provide consultation to adults greater than 18 years of age with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.
							Core Procedure List (This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.)
			☐		☐	☐	Angio-vac/Alpha-vac; Intracardiac mass removal
☐	☐	☐	☐		☐	☐	Endomyocardial biopsy

☐	☐	☐	☐		☐	☐	Femoral, brachial or radial, axillary cannulation for diagnostic angiography or percutaneous coronary intervention
☐	☐	☐	☐		☐	☐	Insertion of intra-aortic balloon counter pulsation device
☐	☐	☐	☐		☐	☐	Insertion of left and right ventricular support device
☐	☐	☐	☐		☐	☐	Interpretation of coronary arteriograms, ventriculography and hemodynamics
☐	☐	☐	☐			☐	Intracoronary athrectomy (rotoblator)
☐	☐	☐	☐		☐	☐	Intracoronary foreign body retrieval (TEC)
☐	☐	☐	☐		☐	☐	Intracoronary infusion of pharmacological agents including thrombolytics
☐	☐	☐	☐		☐	☐	Intracoronary mechanical thrombectomy
☐	☐	☐	☐		☐	☐	Intracoronary stents
☐	☐	☐	☐		☐	☐	Management of mechanical complications of percutaneous intervention
☐	☐	☐	☐		☐	☐	Performance of balloon angioplasty, stents and other commonly used interventional devices
			☐		☐	☐	Pulmonary Thrombectomy
☐	☐	☐	☐		☐	☐	Use of intracoronary Doppler and flow wire
☐	☐	☐	☐		☐	☐	Use of vasoactive agents for epicardial and microvascular spasm

Clinical Cardiac Electrophysiology (CCEP) Core Privileges

Qualifications

Education/Training

Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in clinical cardiac electrophysiology or equivalent practice experience/training if training occurred prior to 1998.

AND

Current subspecialty certification of active participation in the examination process with achievement of certification within six years leading to subspecialty certification in clinical cardiac electrophysiology by the American Board of Internal Medicine for achievement of a certificate of added qualification in clinical cardiac electrophysiology by the American Osteopathic Board of Internal Medicine.

Clinical Experience (Initial)

Applicants for initial appointment must be able to demonstrate performance of at least 50 intracardiac procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of a hospital-affiliated accredited clinical fellowship, or research in a clinical setting within the past 12 months.

Clinical Experience (Reappointment)

Current demonstrated 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 privileges.

Additional Qualifications

Applicant must qualify for and be granted privileges in Primary Privileges in Cardiovascular Disease.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Admit, evaluate, treat and provide consultation to acute and chronically ill adults over 18 years of age with heart rhythm disorders including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.
							Core Procedures List (This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.)
☐	☐	☐	☐		☐	☐	Insertion and management of automatic implantable cardiac defibrillators
☐	☐	☐	☐		☐	☐	Insertion of permanent pacemaker including single/dual chamber and biventricular

☐	☐	☐			☐		Interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment
☐	☐	☐			☐	☐	Interpretation of activation sequence mapping recordings, invasive intracardiac electrophysiologic studies, including endocardial electrogram recording and imaging studies
☐	☐	☐	☐		☐	☐	Pacemaker programming/reprogramming and interrogation
☐	☐	☐			☐		Performance of therapeutic catheter ablation procedures

Nuclear Cardiology Core Privileges

Qualifications

Education/Training

Board certified by the Certification Board of Nuclear Cardiology (CBNC)

Continuing Education

Documentation of 15 hours of CME from the past 24 months that includes interpretive nuclear cardiology exams. As required by ICANL for Nuclear Laboratory Accreditation.)

Clinical Experience (Initial)

Non-nuclear board-certified or eligible Cardiologists must provide written documentation from his or her fellowship director and/or private practice stating that he/she has interpreted 500 scans (as required to sit for CNBC exam) and has 15 hours of CME in last 2 years.

AND

If provider does not have documented current interpretations of at least 50 scans in the past year, provider must have 25 scans proctored prior to full reading privileges.

Clinical Experience (Reappointment)

Maintenance of cardiovascular imaging board certification.

AND

Current demonstrated competency fifteen (15) per year, thirty (30) within reappointment cycle (24 months) with acceptable results, reflective of the scope of privileges requested, for the past 24 months.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Cardiac Nuclear Scan Interpretation
☐	☐	☐	☐		☐	☐	Cardiac PET Scan

Cardiac Computed Tomography (CCT) and Cardiac Computed Tomography Angiogram (CTA)

Description: Must have privileges in Cardiology or Medical Imaging at KMC

Qualifications	
Education/Training	Completed 15 CME hours of training/didactic lectures related to CCT or documented training at an approved program dedicated to coronary CTA or have documented education, training, and experience as evidenced by completion of a residency or fellowship program and as verified by the program director. **AND** Successful evaluation of 25 CCT cases either from completion of criteria as noted above and/or previous hospital affiliation. Must be able to provide copies of cases or a letter of competence from the training director or from the appropriate department chief from previous hospital. **AND** Must complete 2 hours of orientation in the reconstruction laboratory.
Clinical Experience (Reappointment)	Must maintain a minimum of 30 interpreted CCT exams per two-year reappointment cycle. Must demonstrate 10 hours of Category I CME for CT scanning of cardiovascular disease during the two-year reappointment cycle.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐		☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐		☐	☐	CCT and CTA

Transesophageal Echocardiography (TEE)

Qualifications	
Education/Training	Successful completion of an accredited residency in cardiology surgery that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 25 supervised TEE cases, or National Board of Echocardiography certification in TEE.
Clinical Experience (Initial)	Demonstrated current competence and evidence of the performance of at least 25 TEE procedures in the past 12 months.
Clinical Experience (Reappointment)	Demonstrated current competence and evidence of the performance of at least 50 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐		☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐		☐	☐	Transesophageal Echocardiography (TEE)

Implantation of Cardiac Electronic Devices (CIED) including Permanent Pacemakers and Implantable Cardiac Defibrillators (ICD) - Alternate Pathway

Description: For the non-electrophysiologist, who is already experienced in pacemaker implantation and requests to independently implant prophylactic (primary prevention) ICD and CRT devices; the following:

Qualifications	
Education/Training	Documentation of current experience: 35 pacemaker implantations per year (of which at least 75% should be new "full-system" implants) and 100 implantations over the prior 3 years **OR** **OR** CRT implantation experience - must provide documentation of: 2 procedures observed, 5 implantations proctored within the provisional periods The following must also be documented or demonstrated with either of the pathways noted above: Completion of a Heart Rhythm Society sponsored or endorsed ICD/CRT didactic course and passage of the NASPExAM (http://www.ibhre.org) for the physician within the last ten years, which included ICD knowledge testing. Monitoring of patient outcomes and complication rates; to be kept by the physician and provided with the request for privileges. Established patient follow-up: follow-up should include device interrogation and reprogramming, including evaluation of pacing thresholds, lead impedances, sensing and rate cut-offs for defibrillation therapy. For those who fall under the alternative pathway and have had clinical privileges for ICD and/or CRT at another accredited institution or training program, must be able to demonstrate current clinical competence by submission of 15 ICDs and 7 CRTs and a letter of competence from either their department chair, program/training director and/or medical director.
Continuing Education	Requirements for continued privileges: 10 ICD and CRT procedures

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐		☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐		☐	☐	Permanent Pacemakers
☐	☐	☐	☐		☐	☐	Implantable Cardiac Defibrillators (ICD)
☐	☐	☐	☐		☐	☐	Implantation of CRT and BiV

Cardiac Magnetic Resonance Imaging (MRI)

Qualifications	
Education/Training	Successful completion of advanced cardiac imaging fellowship, and current subspecialty board certification, or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in cardiac MRI.
Clinical Experience (Initial)	Documented involvement in at least 150 CMR studies representing the range of abnormalities observed in practice, including substantial proportions of cardiac and vascular studies, and for at least 50 of these studies the candidate was present or acted as the primary operator, and performed the analysis and initial interpretation.
Clinical Experience (Reappointment)	Interpretation of 100 CMR cases every 2 years plus completing 20 hours of coursework (CME) in cardiac MR every 2 years.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐		☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐		☐	☐	Cardiac Magnetic Resonance Imaging (MRI)

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐		☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐		☐	☐	Fluoroscopy

Administration of Sedation and Analgesia

Request							*Request all privileges listed below.*
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐		☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐		☐	☐	See Hospital Policy for Moderate Sedation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at any Kettering Health Hospital(s) and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature _____ Date _____

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

☐	Recommend all requested privileges
☐	Do not recommend any of the requested privileges
☐	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - Additional Comments

Department Chair Signature

Date

Submit