



Medical Imaging-Radiology Kettering Health
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.

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.

Required Qualifications

Table with 2 columns: Requirement Category and Description. Categories include Other Requirements, Education/Certification, Clinical Experience (Initial), Clinical Experience (Reappointment), and Professional Practice Evaluation.

Diagnostic Radiology Core Privileges

Description: 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.

Request							Request all privileges listed below. Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	
							- Currently granted privileges
							Perform and interpret general diagnostic radiology used to diagnose and treat diseases of patients of all ages. Assess, stabilize and determine dispositions of patients with emergent conditions consistent with medical staff policy regarding emergent and consultative services. The core privileges in their specialty include the procedures on the attached procedure list and other procedures that are extensions of the same techniques and skills.
							Bone densometry
							Computed tomography of the head, neck, spine, body, extremity
							Contrast injections including arthrography and myelography
							Diagnostic and therapeutic procedures including plain films, intravenous or retrograde pyelography, chest/abdomen, pelvis/gastrointestinal and genitourinary studies
							Fluoroscopy
							Image guided biopsy and aspiration, including any procedure requiring ultrasound/CT/MRI guidance
							Magnetic resonance imaging (MRI) of the head, neck, spine, body, extremities including major joints
							Mammography: Must fulfill established CME and volume criteria established by Mammography Quality Standards Act (MQSA)
							Non-invasive diagnostic vascular radiology to include vascular ultrasonography, pulse volume recordings, CT and MRI
							Nuclear Medicine Breast Specific Gamma Imaging: Must fulfill established CME and volume criteria established by Mammography Quality Standards Act (MQSA)
							Nuclear Medicine including Positron Emission Tomography (PET)
							Perform History and Physical
							Spinal puncture, lumbar cervical; C1, C2 using image guidance
							Ultrasound, including carotids, peripheral vascular and all other non-cardiac vascular ultrasounds.

Vascular and Interventional Radiology (VIR)

Qualifications

Membership

To be eligible to apply for core privileges in Vascular and Interventional Radiology, the initial applicant must be part of the exclusive agreement with that Hospital and meet the following criteria:

Education/Training

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) accredited residency in Diagnostic Radiology followed by completion of a one-year accredited

fellowship in vascular and interventional radiology
AND

Minimum of two years previous VIR experience with documentation of cases subject to review and approval by the Department Chair.

Certification

Current subspecialty certification or active participation in the examination process with achievement of certification within one year of completion of training leading to subspecialty certification in Vascular and Interventional Radiology by the American Board of Radiology (Certificate of Added Qualifications) or Angiography and Interventional Radiology by the American Osteopathic Board of Radiology

Clinical Experience (Initial)

Demonstrate current competence and evidence of the performance and/or interpretation of a minimum of 15 percutaneous image guided needle directed procedures in the past 12 months or completion of an accredited clinical fellowship or research in a clinical setting within the past 12 months.

Clinical Experience (Reappointment)

Demonstrate clinical competence and evidence of the performance and/or interpretation of a minimum of 15 percutaneous image guided needle directed procedures in the last 24 months based on results of ongoing professional practice evaluation and outcomes.

Request						<i>Request all privileges listed below.</i>	
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 and treat patients of all ages by percutaneous methods guided by various radiologic imaging modalities. 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.
							Angioplasty: carotid, vertebral and intracerebral
							Arteriography and venography of head, neck and spine
							Arthrography
							Central venous and dialysis access line insertion and maintenance, including Peripherally Inserted Central Catheter (PICC)
							Cerebral arteriography
							Coil occlusions of aneurysms
							Endovenous laser therapy
							Intra-arterial thrombolytic therapy
							Intravenous thrombolytic therapy
							Myelography and cisternography (*excludes cervical at Sycamore and Troy)
							Neurointerventional procedures for pain including epidural steroid injection, nerve blocks and discography
							Non-invasive diagnostic vascular radiology to include vascular ultrasonography, pulse volume recordings, CT and MRI

							Non-vascular interventional procedure, including soft tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, ureteral stenting, biliary procedures, and tumor ablation
							Percutaneous kyphoplasty and vertebroplasty
							Placement of catheter for tumor treatment
							Perform History and Physical Exam
							Placement of vena cava filter
							Pulmonary angiography
							Therapeutic infusion of vasoactive agents
							Therapeutic vascular radiology including embolization/ablation, transarterial chemoembolization*)
							Transcervical fallopian tube recanalization
							Transjugular Intrahepatic Portosystemic Shunt (TIPS)*
							Vascular ultrasonography
							Venography and venous sampling

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

Qualifications

Membership Applicant must have privileges in Cardiology or Medical Imaging in Diagnostic Radiology

Education/Training 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
AND
Completion of two hours orientation in the reconstruction laboratory

Clinical Experience (Initial) Successful evaluation of 25 CCT cases either from completion of criteria as noted above and/or (previous hospital affiliation. Must provide case logs or a letter of competence from the training director or department chair from the previous hospital.

Clinical Experience (Reappointment) Minimum of 30 interpreted CCT exams over the reappointment cycle

Request							<i>Request all privileges listed below.</i>
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 Computed Tomography (CCT)
							Computed Tomography Angiogram (CTA)

Computed Tomography (CT) Colonography (Virtual Colonoscopy)

Qualifications

Membership Applicant must have privileges in Medical Imaging in Diagnostic Radiology

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 Diagnostic Radiology. If CT colonography examinations were not interpreted in the radiology-training program, applicants must have completed a formal course in CT colonography or have been mentored by an experienced CT colonography practitioner.

Clinical Experience (Initial) Demonstrate performance and interpretation of at least 50 CT colonography procedures in the past 12 months.

Clinical Experience (Reappointment) Must maintain a minimum of 20 interpreted CT colonography exams over the last two years.

Request							<i>Request all privileges listed below.</i>
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
							Computed Tomography (CT) Colonography (Virtual Colonoscopy)

Image Guided Percutaneous Tumor Ablative Therapy

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 postgraduate training in Vascular and Interventional Radiology.
AND
Applicants must also have completed an approved training course in the specific energy source to be used e.g. radiofrequency, microwave, cryoablation, CO ablation, high intensity focused ultrasound or irreversible electroporation. The approved course must include proctoring and training in patient safety.

Clinical Experience (Initial) Demonstrated performance and/or interpretation of a at least 15 percutaneous, image guided needle directed procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance and/or interpretation of at least 15 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request							<i>Request all privileges listed below.</i>
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
							Image Guided Percutaneous Tumor Ablative Therapy

Stereotactic Core Cut Breast Biopsy

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) accredited residency in Diagnostic Radiology that included training in the stereotactic and ultrasound guided technique of breast biopsy

Clinical Experience (Initial) Demonstrated performance of at least 12 stereotactic breast biopsies in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 24 stereotactic breast biopsy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request							<i>Request all privileges listed below.</i>
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
							Stereotactic Core Cut Breast Biopsy

Endovascular Procedures (See Endovascular Supplement)

Request							<i>Request all privileges listed below.</i>
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
							Endovascular Procedures (See Endovascular Supplement)

Administration of Sedation and Analgesia

Description: See Hospital Policy for Moderate Sedation

Request							<i>Request all privileges listed below.</i>
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
							Administration of Sedation and Analgesia

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 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

