



**Cardiovascular Disease 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 and 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.

## Cardiovascular Disease (Cardiology) Core Privileges

### Qualifications

- Membership** To be eligible to apply for core privileges in cardiovascular disease (cardiology), the initial applicant must 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 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)** To be eligible to renew core privileges in cardiovascular disease (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.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <span style="background-color: #add8e6; padding: 2px;">shaded blue check box</span> to Request all privileges.<br>Uncheck any privileges you do not want to request.  |
|         |      |      |      | <b>- Currently granted privileges</b>   |
|         |      |      |      | 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. |
|         |      |      |      | <b>Core Procedure List</b> (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.)  |
|         |      |      |      | Adult transthoracic echocardiography  |
|         |      |      |      | 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   |

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|  |  |  |  | Infusion and management of Gp IIb/IIIa agents and thrombolytic agents and antithrombotic agents     |
|  |  |  |  | Insertion and management of central venous catheters, pulmonary artery catheters and arterial lines |
|  |  |  |  | Non-invasive hemodynamic monitoring   |
|  |  |  |  | Perform history and physical exam   |
|  |  |  |  | Pericardiocentesis  |
|  |  |  |  | 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** To be eligible to apply for core privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:
- 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 |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>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. |
|         |      |      |      | <b>Core Procedure List</b> (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   |

|  |  |  |  |   |
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|  |  |  |  | Coronary arteriography                                  |
|  |  |  |  | Diagnostic right and left heart cardiac catheterization |
|  |  |  |  | Hemodynamic monitoring with balloon floatation devices  |
|  |  |  |  | Intravascular Ultrasound (IVUS) of coronaries           |
|  |  |  |  | Placement of temporary transvenous pacemaker            |

|  |
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| <b>Interventional Cardiology Core Privileges</b> |
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|                       |
|-----------------------|
| <b>Qualifications</b> |
|-----------------------|

- Membership** 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)** To be eligible to renew core privileges in interventional 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 |      |      |      | <i>Request all privileges listed below.</i>  |
|---------|------|------|------|--|
| KHDO    | KHMC | KHMB | KHTR | Click <span style="background-color: #add8e6;">shaded blue check box</span> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges   |

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|--|--|--|---|
|  |  |  | 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. |
|  |  |  | <b>Core Procedure List</b> (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  |
|  |  |  | Intravascular ultrasound (IVUS) of coronaries   |
|  |  |  | 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

- Membership** To be eligible to apply for core privileges in clinical cardiac electrophysiology, the initial applicant must qualify for and 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 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)** To be eligible to renew core privileges in clinical cardiac electrophysiology, 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 privileges.
- Additional Qualifications** Applicant must qualify for and be granted privileges in Primary Privileges in Cardiovascular Disease.

| Request |      |      |      | <i>Request all privileges listed below.</i>  |
|---------|------|------|------|--|
| KHDO    | KHMC | KHMB | KHTR | Click <span style="background-color: #add8e6; border: 1px solid black; padding: 2px;">shaded blue check box</span> to Request all privileges.<br>Uncheck any privileges you do not want to request.  |
|         |      |      |      | <b>- Currently granted privileges</b>  |
|         |      |      |      | 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. |
|         |      |      |      | <b>Core Procedures List</b> (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   |

|  |  |  |  |   |
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|  |  |  |  | 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   |
|  |  |  |  | Percutaneous transluminal septal myocardial ablation  |
|  |  |  |  | Performance of therapeutic catheter ablation procedures   |

**Nuclear Cardiology Core Privileges**

**Qualifications**

**Membership** To be eligible to apply for privileges in nuclear cardiology, the initial applicant must meet the following criteria:

**Education/Training** Applicants for initial appointment must be currently board certified in cardiology and nuclear cardiology (by CBNC), nuclear medicine\*, or radiology by a board which holds members in either the American Board of Medical Specialties of the Bureau of Osteopathic Specialists of the American Osteopathic Association. \*Privileges are covered by an exclusive contract. Practitioners who are not party to the contract are not eligible to request the privileges(s), regardless of education, training, and experience.

**Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate an adequate number (defined as 200 cases with acceptable results) of nuclear medicine/cardiology procedures, reflective of the scope of privileges requested in 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 24 months.

**Clinical Experience (Reappointment)** To be eligible to renew privileges in nuclear cardiology, the applicant must meet the following maintenance of privilege criteria: Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Current demonstrated competence and ongoing nuclear cardiology board certification including CME requirement per Intersocietal Commission for the Accreditation of Nuclear Laboratories (ICANL) or American College of Radiology, an adequate volume of experience (defined as 200 cases 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.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request.   |
|         |      |      |      | <b>- Currently granted privileges</b>   |
|         |      |      |      | Admit, evaluate, consult and treat adults over 18 years of age who present with acute coronary syndrome or acute heart disease or chronic heart disease and who may require nuclear cardiology testing/imaging. Diagnose, consult, evaluate and provide therapy to the metabolic, physiologic and pathologic conditions of the body utilizing clinical and laboratory methods that employ the measured nuclear properties of radioactive and stable nuclides. The core privileges in this specialty include the procedures listed herein. |
|         |      |      |      | Cardiac PET Scan  |

**Vascular Ultrasound Core Privileges (KMC Imaging Site Only - Does not include KNRI Locations)**

**Qualifications**

**Education/Training** To be eligible to apply for privileges in vascular ultrasound, the initial applicant must meet the following criteria: Applicants for initial appointment must be currently board certified in cardiology by a board which holds members in either the American Board of Medical Specialties or the Bureau of Osteopathic Specialists of the American Osteopathic Association.

**Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate an adequate number (defined as 200 cases with acceptable results) of vascular ultrasound procedures, reflective of the scope of privileges requested in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship, which included training in vascular ultrasound, within the past 24 months (must provide documentation of 200 cases) and evidence of CME as per the IAC requirements (current requirement is 15 hours).

**Clinical Experience (Reappointment)** To be eligible to renew privileges in vascular ultrasound, the applicant must meet the following maintenance of privilege criteria: Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Current demonstrated competence and ongoing cardiology board certification including CME requirement per Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), an adequate volume of experience (defined as 200 cases with acceptable results), participation with the Quality Assessment conferences with 30 correlations at a 70% correlation, and reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request.   |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Perform vascular ultrasound to diagnose and treat diseases of adults over 18 years of age. 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. |
|         |      |      |      | Endovenous ablation   |

**Internal Medicine Privileges Form**

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Check here to request Internal Medicine Privileges Form   |



**Endovascular Privileges Form**

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Check here to request Endovascular Privileges Form  |

**Special Noncore Privileges (See Specific Criteria)**

**Description:** If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience and maintenance of clinical competence.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Special Noncore Privileges (See Specific Criteria)  |

**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 |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>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 |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <span style="background-color: #e1f5fe; border: 1px solid black; padding: 2px;">shaded blue check box</span> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Transesophageal Echocardiography (TEE)  |

**Percutaneous Transluminal Septal Myocardial Ablation**

**Qualifications**

**Education/Training** Successful completion of an ACGME-, ABMS- or AOA-accredited fellowship in interventional cardiology. If alcohol septal ablation training was not included in the fellowship program, the applicant must have completed training with an experienced alcohol septal ablation team that included proctored initial procedures.

**Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance of at least six alcohol septal ablation cases in the last 12 months.

**Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the performance of at least 12 alcohol septal ablation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Percutaneous Transluminal Septal Myocardial Ablation  |

## Valvuloplasty

### 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 interventional cardiology. If valvuloplasty training was not included in the fellowship program, the applicant must have completed training with a physician who has these privileges and training must have included 5 proctored procedures.

**Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance.

**Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Valvuloplasty   |

**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

**AND**

ICD implantation experience - must provide documentation of: 10 implantations proctored within the provisional period 5 revisions: revisions should include upgrades, lead extraction and replacement, pulse generator change and new lead insertion

**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: 1. 10 ICD and CRT procedures per year 2. 20 patients per year in follow-up

| Request |      |      |      | <i>Request all privileges listed below.</i>  |
|---------|------|------|------|--|
| KHDO    | KHMC | KHMB | KHTR | Click <span style="background-color: #ADD8E6;">shaded blue check box</span> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges   |
|         |      |      |      | Implantation of Cardiac Electronic Devices (CIED) including Permanent Pacemakers and Implantable Cardiac Defibrillators (ICD) - Alternate Pathway            |

**Percutaneous Atrial Septal Defect (ASD)/Patent Foramen Ovale (PFO) Closure**

**Qualifications**

**Education/Training** Successful completion of an ACGME-, ABMS- or AOA-accredited post-graduate training program in interventional cardiology or pediatric cardiology that included the performance of at least 10 ASD/PFO procedures 3-5 of which were proctored or demonstrated equivalent practice experience. In addition, applicants must have successfully completed a training course in the ASD or PFO device for which privileges are requested and will agree to restrict their practice to the device(s) types(s).

**Clinical Experience (Initial)** Demonstrated current competence and evidence of the successful performance of at least 10 percutaneous ASD or PFO closure procedures in the past 12 months

**Clinical Experience (Reappointment)** Demonstrated current competence and evidence of the successful performance of at least 20 percutaneous ASD or PFO closure procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to percutaneous ASD/PFO closure should be required. 10 hours of continuing education in structural heart disease in the last 12 months.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Percutaneous Atrial Septal Defect (AS)/Patent Foramen Ovale (PFO) Closure   |

**Left Atrial Appendage Occlusion (LAAO)**

**Qualifications**

**Education/Training** Successful completion of an ACGME-, ABMS- or AOA-accredited fellowship in interventional cardiology or equivalent practice experience if training prior to 2003, or an ACGME- or AOA-accredited fellowship in clinical cardiac electrophysiology or equivalent practice experience if training prior to 1998

**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 or clinical cardiac electrophysiology by the American Board of Internal Medicine or a Certificate of Added Qualification in interventional cardiology or clinical care electrophysiology by the American Osteopathic Board of Internal Medicine.

**Clinical Experience (Initial)** The applicant must: Have evidence of successful completion of a training program provided by the vendor on the device; Demonstrate current competence with crossing the intra-atrial septum; Perform a minimum of 5 proctored cases; Submit a letter of proficiency and case log from the proctor to the Central Credentialing Office. The cardiologist will continue proctored cases beyond the initial 5 cases until deemed proficient by the proctor; Have the next 10 cases should be reviewed by the Medical Director of the Catheterization Lab and Medical Director of the Electrophysiology Lab.

**Clinical Experience (Reappointment)** Demonstrate current competence and evidence of the performance 20 percutaneous Left Atrial Appendage Occlusions (LAAO) in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Left Atrial Appendage Occlusion (LAAO)  |



## Trans-Catheter Aortic Valve Replacement (TAVR)

### 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 interventional cardiology or equivalent practice experience if training 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 or by the American Board of Internal Medicine or a Certificate of Added Qualification in interventional cardiology or clinical cardiac electrophysiology by the American Osteopathic Board of Internal Medicine.

**Clinical Experience (Initial)**

The applicant must: Have evidence of successful completion of a CMS approved training program provided by the vendor on the device; Demonstrate current competence as evidence by: 75 interventional cardiology cases in the last 12 months; AND 100 structural procedures over career; OR 30 left-sided structure procedures in the last 12 months, EVAR, TEVAR Balloon Aortic Valvuloplasty (BAV), aortic valve (AV)/mitral valve (MV) prosthetic leak closures and VSD closures. NOTE: ASD and PFO closure are not considered left-sided procedures and therefore excluded; 60% of the above left-sided procedures be aortic valvuloplasty. Perform a minimum of 5 proctored cases; Submit a letter of proficiency and case log from the proctor to the Central Credentialing Office. The cardiologist will continue proctored cases beyond the initial 5 cases until deemed proficient by the proctor. Have the next cases should be reviewed by the Medical Director of the Cardiac Catheterization Lab.

**Clinical Experience (Reappointment)**

Demonstrate current competence by: Performance 10 TAVR in the last 12 months and 20 TAVR in the past 24 months based on results of ongoing professional practice evaluation and outcomes; 10 hours of continuing medical education in structure heart disease in the last 24 months.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <span style="background-color: #add8e6; border: 1px solid black; padding: 2px;">shaded blue check box</span> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Trans-Catheter Aortic Valve Replacement (TAVR)  |

## PET Cardiology Core Privileges

### Qualifications

- Membership** To be eligible to apply for privileges in Nuclear Cardiology, the initial applicant must meet the following criteria:
- Education/Training** Applicants for initial appointment must be currently board certified in Cardiology and Nuclear Cardiology (by CBNC) by a board which holds members in either the American Board of Medical Specialties or the Bureau of Osteopathic Specialists of the American Osteopathic Association. Privileges are covered by an exclusive contract. Practitioners who are not party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. The applicant must demonstrate formal instructions on radiation safety, physics, and radiotracers specific to PET.
- Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate an adequate number (defined as 200 cases with acceptable results) of Nuclear Medicine/Cardiology procedures in addition to 40 cases specific to Cardiac PET, reflective of the scope of privileges requested in the past 12 months. If volumes are not supported in Cardiac PET, applicant must complete Proctorship in the next 12 months of at least 40 patient studies demonstrating competency in interpretations or myocardial perfusion with PET, ejection fraction and regional wall motion.
- Clinical Experience (Reappointment)** To be eligible to renew privileges in PET Cardiology, the applicant must meet the following maintenance of privilege criteria:  
 Evidence of current ability to perform privileges requested  
 Current demonstration of competence and ongoing Nuclear Cardiology board certification including CME requirement per Intersocietal Commission for the Accreditation of Nuclear Laboratories (ICANL)  
 An adequate volume of experience (defined as 200 cases with acceptable results for Nuclear Medicine/Cardiology and 40 cases with acceptable results for Cardiac PET), reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Cardiac PET Scan  |

**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 |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>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 |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Fluoroscopy   |

**Administration of Sedation and Analgesia**

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHDO    | KHMC | KHMB | KHTR | Click <b>shaded blue check box</b> to Request all privileges.<br>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

**Clinical Service Chair Recommendation - Privileges**

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

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all requested privileges  |
| <input type="checkbox"/> | Do not recommend any of the requested privileges  |
| <input type="checkbox"/> | Recommend privileges with the following conditions/modifications/deletions (listed below) |

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |

| Clinical Service Chair Recommendation - Additional Comments |
|---|
|   |
|   |
|   |
|   |
|   |

\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date