

CARDIOLOGY
Delineation of Privileges

 Please Print Name

QUALIFICATIONS: Physician (DO or MD) as defined in the Medicine Department Rules and Regulations with appropriately specialty training.

*(REQ=Requested) - (APP=Approved)

COGNITIVE					
*REQ	APP	PRIVILEGE REQUESTED			
		ADMIT and provide treatment for patients in need of cardiology or general medicine related illnesses.			
CORE PROCEDURAL PRIVILEGES - Credentialing Criteria attached, please supply number of cases performed for privileges requested including case logs.					
*REQ	APP	PRIVILEGE REQUESTED	*REQ	APP	PRIVILEGE REQUESTED
		NON INVASIVE PROCEDURES, including Cardioversion, TTE interpretation, stress testing, Tilt Table			INTERVENTIONAL PROCEDURES, including Percutaneous Transluminal Coronary Angioplasty (PTCA), Coronary Stents, IVUS (Intravascular Ultrasound), Cutting Balloon Athrectomy
		INVASIVE PROCEDURES, including Intra-aortic Balloon Pump Insertion (IABP), Cardiac Catheterization, Swan Ganz, Pericardiocentesis, Temporary Pacemaker Insertion			ELECTROPHYSIOLOGY PROCEDURES, including General and Interventional Electrophysiology Studies, Radiofrequency Ablation, AICD and Bi-Ventricular Pacemaker insertion and testing
		PERIPHERAL ANGIOGRAPHY & INTERVENTIONS Angiography and Interventions which include Angioplasty, Stent, Athrectomy of the Renal, Iliac, Femoral, SFA and its major branches and Subclavian Arteries			
SPECIAL PROCEDURES – Documentation of specific training/expertise must be submitted					
*REQ	APP	PRIVILEGE REQUESTED	*REQ	APP	PRIVILEGE REQUESTED
		Carotid Angiography			Rheolytic Thrombectomy (Angiojet)
		Covered Stents			Transesophageal Echocardiography (TEE)
		Lumend Catheter (Front Runner) for CTO			Swan-Ganz
		Pacemaker – Permanent/ Implantable Loop Recorders			Temporary Pacemaker
		Pacemaker – Bi Ventricular			PFO Closures
		Percutaenous Transluminal Coronary Rotational Angioplasty (PTCRA – Rotoblator)			Carotid Stent Placement
		Vena Cava Filters			
PROCEDURAL SEDATION - <i>If you have not requested this privilege and maintained proficiency, you will not be granted the privilege.</i>					
REQ	APP	Procedural sedation is a drug-induced minimally depressed level of consciousness (LOC) that retains a patient's ability to maintain a patent airway independently and continuously. The patient is able to respond to physical and verbal stimulation. Please see separate criteria at www.jcl.com/credentialing .			
<ul style="list-style-type: none"> I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly I am requesting permission to do these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges. 					
Applicant's Signature:					Date:

APPROVAL

Signature: Medicine Department Chairman		Date:
Date: _____	Medical Executive Committee North Mountain	Date: _____ Network Board of Directors

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

CARDIOLOGY
SPECIAL PROCEDURES

NON INVASIVE CORE PRIVILEGES

- A Board eligible or certified physician in Cardiology.
- **Training:** Standard 3 year cardiology fellowship program.

INVASIVE CORE PRIVILEGES

- A Board eligible or certified physician in Cardiology.
- **Training:**
 - a. Standard 3 year cardiology fellowship program with documentation of 250 cardiac cases
 - b. documented proficiency in invasive procedures via a letter from the program director**OR**
- **Practice:** Documentation of 150 cardiac cath within the last two years.
- **SWAN-GANZ INSERTION**

A physician requesting these privileges will provide documentation as follows:

Training
 - Three (3) year standard cardiology fellowship performing a minimum of 20 cases;
 - Pulmonary fellowship with swan-ganz catheter insertion training; or
 - Critical Care fellowship**OR****Practice**
 - Verification of 20 cases performed within the last five (5) years
- **TEMPORARY PACEMAKER**

A physician requesting these privileges will provide documentation as follows:

Training
 - Three (3) year standard cardiology fellowship performing a minimum of 20 cases; or**Practice**
 - Verification of 20 cases performed within the last five (5) years

PERIPHERAL ANGIOGRAPHY & INTERVENTION CORE PRIVILEGES

Based on multidisciplinary standards supported by the American Heart Association, the Society of Interventional Radiology, the Society of Cardiac Angiography and Interventions and the American College of Cardiology, the following minimal standards are recommended for physicians to obtain for credentialing in peripheral vascular interventions:

- Physicians must have had training in the diagnosis and treatment of peripheral vascular disease, non-invasive assessment, indications/contraindications of interventional procedures and recognition of complications and alternative therapies.
- The basic training requirement could be achieved through the American Board of Radiology, the American Osteopathic Board of Radiology or the American Board of Interventional Medicine with board certifications in cardiovascular medicine. Physicians must have received formal training in their respective subspecialty. Cardiologists seeking credentials in peripheral vascular interventions should have unsupervised credentials in coronary angiography and interventions.
- The performance of the following:
 - a. 100 peripheral angiograms of adequate scope including selective renals, aortagrams with runoffs, subclavians/internal mammaries, abdominal and arch aortagrams and AV fistulas.
 - b. Performance of 50 peripheral/renal interventions with at least 25 as primary operator.
- Physicians should perform at least 50 diagnostic therapeutic angiograms and 25 peripheral interventions at area hospitals annually with success rates comparable to national and regional statistics.
- All physicians with credentialing to perform peripheral vascular procedures should participate in a quarterly multidisciplinary conference to review and discuss interesting cases, new technologies, and foster appropriate peer review

INTERVENTIONAL CORE PRIVILEGES

- A Board eligible or certified physician in Cardiology.
- Unsupervised Invasive Core Privileges
- **Training:**
 - a. Interventional fellowship training; at least 1 year beyond a 3 year standard cardiology fellowship
 - b. Perform 250 interventional procedures as primary operator as documented via a letter from the program director**OR**
- **Practice:**
 - a. Documentation of 150 interventional procedures within the last two years; **OR**
 - b. Documentation of 500 interventional procedures performed in a lifetime.

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ELECTROPHYSIOLOGY CORE PRIVILEGES

- A Board eligible or certified physician in Cardiology.
- **Training:**
 - a. One or two year specialized training in electrophysiology at an established program in addition to a minimum three year Cardiology training program at an approved institution
 - b. The applicant must have participated in the performance and analysis of at least 100 electrophysiology studies
 - c. Letter from the Program Director
- **OR**
- **Practice:**
 - b. Fellowship training in Electrophysiology
 - c. Letter from Program Director
 - d. Performance of at least 150 EP studies during the past two years, or 500 cases lifetime.'

CAROTID ANGIOGRAPHY:

- A Board eligible or certified physician in Cardiology.
- Unsupervised Peripheral Angiography core privileges and Interventional core privileges
 - a. Satisfactorily performed 35 selective angiograms as the primary operator
- A complete carotid angiographic study should include the following:
 - a. Evaluation of the aortic arch to exclude ostial disease and to establish the origins of the great vessels
 - b. Selective coronary angiography of the carotid bifurcation in at least two views
 - c. Cerebral angiography to assess distal carotid disease, intracerebral disease and collateral circulation
 - d. When deemed necessary, appropriate evaluation of the vertebral anatomy.

LUMEND CATHETER

- A Board eligible or certified physician in Cardiology.
- Unsupervised Interventional Core privileges.
- Documentation of successful completion of an educational training course for provided by LUMEND.
 - a. Applicants must be successfully proctored for three (3) cases as required by LUMEND.
 - b. An applicant may complete any part or all of the three (3) required proctored cases at JCL-NM or DV if not already complete at the time of the request for privileges.
 - c. An applicant is required to successfully perform one case under supervision (in addition to the three proctored cases) before unsupervised privileges are granted. An established proctor (i.e. LUMEND) or staff physician with unsupervised privileges may supervise this one case.
 - d. If a physician has unsupervised privileges at another hospital and appropriate documentation is provided, the single case requirement may be waived.
- **OR**
- Interventional fellowship training with documentation of training and letter from the program director of qualifications.

PERMANENT PACEMAKER- IMPLANTABLE LOOP RECORDERS

- A Board eligible or certified physician in Cardiology
- Invasive Core Privileges and/or Electrophysiology Core Privileges
- **Training:**
 - a. Cardiology fellowship program with documentation of training in placing 100 permanent pacemakers, including a letter from the program director; **OR**
 - b. Electrophysiology fellowship training, additional one to two years beyond standard three-year fellowship with letter of recommendation from the program director.
- **OR**
- **Practice:**
 - a. Training at a permanent implantation course given by an accredited pacemaker company
 - b. Completion of 20 permanent pacemaker implantations with at least five implantations being dual chamber. A physician may, however, provide documentation of 20 single chamber insertions (VVI) and subsequently be granted privileges in solely single chamber implantations, the physician may then apply for dual chamber implantation.

PACEMAKER – BI VENTRICULAR

- A Board eligible or certified physician in Cardiology
- Applicant must have unobserved Permanent Pacemaker Insertion privileges
- Submit a certificate of training in 3-lead pacemaker insertion from the pacemaker manufacturer
- Retrospective review will be conducted of the first three (3) cases performed
- To maintain competency, the physician will perform 20 procedures in a two-year period. The procedures may be performed at any Valley hospital, and the number of cases will be reported at the time of reappointment

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PERCUTANEOUS TRANSLUMINAL CORONARY ROTATIONAL ATHRECTOMY (PTCRA)

- A Board eligible or certified physician in Cardiology
 - Interventional Core Privileges
 - Documentation of successful completion of an educational training course for Transluminal Coronary Rotational Athrectomy (PTCRA) provided by SCIMED.
 - Applicants must be successfully proctored for three (3) PTCRA cases as required by SCIMED.
 - a. An applicant may complete any part or all of the three (3) required proctored cases at JCL-NM/DV if not already complete at the time of the request for PTCRA privileges.
 - b. An applicant is required to successfully perform one case under supervision (in addition to the three proctored cases) before unsupervised privileges are granted. An established proctor (i.e. SCIMED) or staff physician with unsupervised privileges may supervise this one case.
 - c. If a physician has unsupervised privileges at another hospital and appropriate documentation is provided, the single case requirement may be waived.
- OR**
- Interventional fellowship training with documentation of training and letter from the program director of qualifications.

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

- A Board eligible or certified physician in Cardiology, Anesthesiology or Cardiovascular Surgery
- **Training:**
 - a. Three-year fellowship program with documentation of 50 cases including letter from the program director.
- **Practice:**
 - a. Attendance at an accredited course providing training in the interpretation of transesophageal echocardiograms
 - b. Each physician will provide documentation of twenty (20) cases in which the TEE probe or endoscope was passed during training, which will satisfy observation requirements and no further observation will be necessary; **OR**
 - c. A total of twenty (20) cases shall be performed at JCL-NM/DV or any other hospital, or any combination of the above, with a minimum of five (5) being JCL-NM/DV cases; **OR**
 - d. If a physician has unobserved TEE privileges at another Valley hospital and can provide documentation of observed cases, the JCL-NM/DV case requirements may be waived.

PATENT FORAMEN OVALE CLOSURE (PFO)

- A Board eligible or certified physician in Cardiology.
- Interventional Core Privileges.
- Documentation of successful completion of an educational training course approved by the vendor.
- Proctored for four cases by vendor approved physicians.
- Five cases retrospectively reviewed by physician with unsupervised privileges.

CAROTID STENT PLACEMENT

- Must be credentialed to perform basic endovascular procedures;
- Successful completion of 25 or more cerebral or carotid angiograms or attendance at 20 carotid interventions, including complete cerebral angiograms, 10 of which as the primary operator;
- Successful completion of an approved vendor training course in carotid stent insertions;
- All carotid stent procedures will be reviewed by the Endovascular Committee for appropriate patient selection, procedures, and patient outcomes.

IVC FILTER PLACEMENT

- Qualifies for Interventional Cardiology privileges and has undergone training through a:
 - **Fellowship Pathway:**
 - Documented 10 vena cava filter placement as the primary operator.
 - If recently completed ACGME recognized fellowship (within past 2 years), letter from program director attesting to applicant's ability to perform procedures requested.
- OR**
- **Practice Pathway:**
 - Documented 10 vena cava filter placement as the primary operator at an accredited facility. Unrestricted privileges at an accredited facility*, with letter from Chairman or Director of Catha Lab documenting 10 cases per year with satisfactory outcomes.

APPROVED: 12/1/05

APPROVED: 10/5/2006 (Addition of PFO procedure & Carotid Stent Placement)

APPROVED: 9/1/2010 (Addition of IVC Filters)