Huntington Hospital

Delineation Of Privileges

Cardiovascular Disease Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

CARDIOVASCULAR DISEASE PRIVILEGES

General/Core Privilege Criteria:

a) Board Certification with subspecialty in Cardiovascular Disease and/or Certificate of Added Qualifications in clinical Cardiac Electrophysiology and/or Interventional Cardiology; **OR**;

b) successful completion of an ACGME or AOA approved training program certified by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

Proctoring Requirements: A minimum of eight cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Admitting Privileges	___	___	___
Consultation Only Privileges	___	___	___
Sedation Analgesia ***Criteria:*** Successful completion of the Sedation Assessment Test	___	___	___
CARDIOVASCULAR DISEASE CORE PRIVILEGES Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate. (ACC)	___	___	___
Arterial line placement	___	___	___
Arterial puncture (blood gas)	___	___	___
Central venous pressure line placement and monitoring	___	___	___
Diagnostic testing - treadmill exercise test	___	___	___
Echocardiography	___	___	___
Elective cardioversion (synchronized countershock)	___	___	___
Electrocardiography interpretation	___	___	___
Endotracheal tube placement	___	___	___
Holter monitor interpretation	___	___	___

Huntington Hospital

Delineation Of Privileges

Cardiovascular Disease Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
Pericardiocentesis	___	___	___
Right heart catheterization (Swan Ganz monitor)	___	___	___
Temporary pacemaker placement	___	___	___
Thrombolysis	___	___	___
Tilt Table	___	___	___

CARDIOVASCULAR DISEASE - SUPPLEMENTAL PRIVILEGES:

Criteria:

Must meet the criteria defined for the Core Cardiovascular disease privileges; **AND** successful completion of an approved training course focusing on or specifically including the procedure(s) for which privileges are being requested.

Proctoring Requirements: A minimum of one case for each Supplemental privilege requested, unless otherwise noted below.

CARDIOVASCULAR DISEASE SUPPLEMENTAL PRIVILEGES

Permanent pacemaker placement (does not include lead extraction including 2 dual chamber cases)	___	___	___
Coronary angiography	___	___	___
Percutaneous intra-aortic balloon placement and monitoring	___	___	___
Transesophageal echocardiography and interpretation	___	___	___
BI-VENTRICULAR PACEMAKER IMPLANTATION	___	___	___

Criteria: Must meet the criteria for Core Cardiovascular Disease privileges; **AND** provide evidence (certificate) of satisfactory course completion. Applicants must provide documentation of performing a minimum of twenty-five (25) cases.

Proctoring Requirements: One case by direct observation

Huntington Hospital

Delineation Of Privileges

Cardiovascular Disease Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

INTERVENTIONAL CARDIOLOGY - CORE PRIVILEGES

Criteria After January 1, 2013:

Physicians applying for initial privileges after January 1, 2013 must meet the following criteria:

a) Board Certification in Interventional Cardiology; **OR**

b) Successful completion of an Interventional Cardiology ACGME or AOA approved fellowship training program certified by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

Proctoring Requirements: A minimum of eight cases, in accordance with the Medical Staff Proctoring Protocol.

Criteria Prior to January 1, 2013:

Physicians granted Interventional Cardiology privileges prior to January 1, 2013 shall maintain their existing privileges under the current criteria for Cardiovascular Disease privileges, as listed on page one.

Percutaneous transluminal coronary angioplasty with stent (PTCA)	___	___	___
Transradial approach	___	___	___
Intra-vascular ultrasound	___	___	___

INTERVENTIONAL CARDIOLOGY - SUPPLEMENTAL PRIVILEGES

Criteria: Must meet the criteria defined for the Core Interventional Cardiology privileges; **AND** successful completion of an approved training course focusing on or specifically including the procedure(s) for which privileges are being requested.

Proctoring Requirements: A minimum of one case for each Supplemental privilege requested, unless otherwise noted below.

Myocardial biopsy, closed, percutaneous	___	___	___
Transeptal left heart catheterization	___	___	___
Rotoblator	___	___	___

Huntington Hospital

Delineation Of Privileges

Cardiovascular Disease Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

AMPLATZER PFO, ASD, and/or PDA OCCLUDER ___ ___ ___

Criteria: Board Certified in Cardiology **AND** completion of an interventional training program or passed Interventional boards; **AND** certified to perform procedures by the company.
Proctoring Requirements: A total of five (5) cases are to be proctored, two (2) of which must be proctored in house.
Competency Requirements: Must perform five of any of the three: ASD, PFO, and/or PDA within the two-year reappointment period.

VALVULOPLASTY PRIVILEGES
Criteria:
a) Applicants must submit documentation of having successfully completed an approved Fellowship training program certified by the Training director that a minimum of five (5) Valvuloplasty Mitral/Tricuspid procedures were performed and five (5) Valvuloplasty Aortic/Pulmonic procedures were performed; **OR**
b) Provide documentation of having successfully performed five (5) Valvuloplasty Mitral/Tricuspid procedures and five (5) Valvuloplasty Aortic/Pulmonic procedures from another facility.
Proctoring Requirements: A minimum of two (2) valvuloplasty Mitral/Tricuspid procedures and a minimum of two (2) Valvuloplasty Aortic/Pulmonic Procedures.

Valvuloplasty Mitral/Tricuspid ___ ___ ___

Valvuloplasty Aortic/Pulmonic ___ ___ ___

TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)
Criteria: Applicants must meet the criteria for Interventional Cardiology Core privileges, complete the manufacturer's training program and provide documentation of one of the following:
a) Professional experience with one hundred (100) structural heart disease procedures lifetime; OR
b) 30 left-sided structural procedures per year of which 60% should be balloon aortic valvuloplasty (BAV). *(Atrial septal defect and patent foramen ovale closure are not considered left-sided procedures.)*
Proctoring Requirements: The first five (5) cases by the Company Proctor.
Competency Requirements: Must perform a minimum of four (4) cases within the two year reappointment period.

Transcatheter Aortic Valve Replacement (TAVR) ___ ___ ___

Provider Name:

Privilege	Requested	Deferred	Approved

PERIPHERAL ENDOVASCULAR PRIVILEGES

Peripheral Endovascular Privilege Criteria:

For physician applying for peripheral, visceral, percutaneous transluminal angioplasty, stents and other endovascular interventions (excludes carotid and cerebral procedures).

Criteria After August 1, 2010:

Physicians applying for initial privileges after August 1, 2010 must meet the following criteria:

a) Board eligible or board certified in Interventional Cardiology, Endovascular Medicine, Radiology or Vascular Surgery; **AND**

Attendance at postgraduate courses for a total of 50 Category I Continuing Medical Education credits in diagnostic peripheral angiography and percutaneous peripheral vascular interventional techniques; **OR**

b) Completion of a fellowship in percutaneous peripheral vascular intervention. A letter will be required listing the number of cases performed and attesting to the competency in performing the procedures in which privileges are requested. A qualified physician may gain experience/volume by assisting another physician with full unrestricted HH privileges for that procedure.

Qualifications Prior to August 1, 2010:

Physicians granted Peripheral Endovascular privileges prior to August 1, 2010 shall maintain their existing privileges under the following criteria:

a) Board eligible or board certified in Cardiology, Radiology or Vascular Surgery; ***AND*** *attendance at postgraduate courses for a total of 50 Category I Continuing Medical Education credits in diagnostic peripheral angiography and percutaneous peripheral vascular interventional techniques;* ***OR***

b) Completion of a fellowship in percutaneous peripheral vascular intervention.

PERIPHERAL ANGIOGRAPHY

Includes supra-aortic (subclavian), visceral (celiac, mesenteric, or renal), and infra-inguinal.

Peripheral Angiography Criteria:

Documentation of performance of one hundred (100) diagnostic peripheral angiograms. The applicant must be the primary operator in at least 50 of the cases submitted. Within those 50 cases in which the applicant is the primary operator there must be at least 5 cases from each of the following areas:

1. Supra-aortic (subclavian)
2. visceral (celiac mesenteric, or renal)
3. infra-inguinal

Provider Name:

Privilege	Requested	Deferred	Approved

Proctoring Requirements:
a) Proctoring must be done on the first case for each of the three areas noted above.
b) The proctoring requirement for all three areas is considered met when the applicant has been proctored under direct observation and deemed approved by the proctor on five cases, **AND** at least one case from each of the above noted areas is included in the five proctored cases. **OR**
c) The proctoring requirement for an individual area is considered met when the applicant has been proctored under direct observation and deemed approved by the proctor in 3 cases in that area.

Competency:
Effective 8/1/2011 physicians must submit documentation of performing ten (10) cases within the two-year reappointment period.

PERIPHERAL ANGIOGRAPHY PRIVILEGES ___ ___ ___
Includes supra-aortic (subclavian), visceral (celiac, mesenteric, or renal), and infra-inguinal

PERIPHERAL INTERVENTION: (Angioplasty, stenting, or atherectomy)
Includes supra-aortic (subclavian), visceral (celiac, mesenteric, or renal) and infra-inguinal

Peripheral Intervention Criteria:
Documentation of the performance of fifty (50) percutaneous transluminal interventions. The applicant must have acted as the primary operator on at least 25 of the submitted cases. Included with those 25 cases in which the applicant acted as the primary operator, there must be three cases in each of the following areas:
1. Supra-aortic (Subclavian)
2. Visceral (celiac, mesenteric, or renal)
3. Infra-inguinal

Proctoring Requirements:
a) Proctoring must be done on the first case for each of the three areas noted above.
b) The proctoring requirement for all three areas can be considered met when the applicant has been proctored under direct observation and deemed approved by the proctor on a total of five cases. At least one case from each of the above noted areas must be included as part of the five proctored and approved cases. **OR**
c) The proctoring requirement for5 an individual area can be considered met when the applicant has been proctored under direct observation and deemed approved by the proctor on three (3) cases in that individual area.

PERIPHERAL INTERVENTION PRIVILEGES ___ ___ ___
Angioplasty, stenting or atherectomy
Includes supra-aortic (subclavian), visceral (celiac, mesenteric, or renal) and infra-inguinal

Huntington Hospital

Delineation Of Privileges

Cardiovascular Disease Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

CAROTID ANGIOGRAPHY

Carotid Angiography Criteria:

Full unrestricted Huntington Hospital privileges for peripheral angiography; **AND** documentation of performance of fifty (50) diagnostic carotid angiograms. The applicant must have acted as the primary operator on at least 25 of the cases submitted.

Proctoring Requirements:

The applicant must be proctored on five cases under direct observation and deemed approved by the proctor.

CAROTID ANGIOGRAPHY PRIVILEGES ___ ___ ___

CAROTID ARTERY STENT PLACEMENT

Carotid Artery Stent Placement Criteria:

Full unrestricted privileges for Peripheral Endovascular privileges; **AND** documentation of the performance of a minimum of 25 carotid stent procedures. The applicant must have acted as the primary operator on 13 of the cases submitted.

Proctoring Requirements:

The applicant must be proctored under direct observation and deemed approved by the proctor on five cases.

CAROTID ARTERY STENT PLACEMENT PRIVILEGES ___ ___ ___

Revised: 10/26/06; 07/26/07; 01/20/2009, 07/22/2010; 03/28/2013; 09/26/2013

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by 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 a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ Date:_____

Huntington Hospital

Delineation Of Privileges

Cardiovascular Disease Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Endovascular Chair: _____ Date: _____

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____