



Delineation Of Privileges
Diagnostic Radiology Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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DIAGNOSTIC RADIOLOGY - CORE PRIVILEGES

Criteria:

- a) Board certification or qualified for certification by the American Board of Radiology; OR,
- b) Successful completion of an ACGME or AOA approved Radiology training program requiring certification by a Training Director regarding experience and demonstrated competency to perform the procedure(s) being requested.

Proctoring Requirements: A minimum of eight (8) representative cases must be proctored. Proctoring by direct observation is required for invasive procedures. Retrospective chart review may be performed for non-invasive cases.

GENERAL PRIVILEGES

Admitting Privileges ___

Consultation Only Privileges ___

Sedation Analgesia ___

Criteria: Requires successful completion of the Sedation Assessment Test
Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS from the American Heart Association AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation ___

b) Pediatric Sedation (17 years and under) ___

DIAGNOSTIC RADIOLOGY 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.

a) Angiography (excluding peripheral endovascular privileges) ___

b) Biopsies: Needle or Cath (CT/US/Fluor): (Bone, Breast, Lung, Prostate, Other Visceral; Other soft tissue) ___

c) Breast Tumor localization ___

d) Central venous line placement ___



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e) Drug or chemical injection/infusion	___	___	___
f) Joints: (Peri-neural - peripheral and central; Soft tissue; Vascular route – Arterial/Venus - including cancer chemotherapy, thrombolysis, hemostasis)	___	___	___
g) Fluid aspiration or drainages - needle or cath (CT/US/Fluoro) - (Joints; Lung, pleura, thoracentesis, Paracentesis; Other soft tissue / peripheral; Other soft tissue/abdominal or pelvic; Spinal or CSF shunt aspiration)	___	___	___
h) Other Radiographic contrast Injections / Infusions: (Arthrogram; Breast ductogram; Bronchogram, Laryngo/Pharynogogram; Fistulo / Sinogram; GI / Cholangiogram; Myelogram, Encephalo/Ventriculo; Sialogram; Urogram / Cystogram / Nephrostogram)	___	___	___

NUCLEAR MEDICINE CORE PRIVILEGES

Criteria:

- a) Board certification or qualified for certification by the American Board of Diagnostic Radiology; OR
- b) Successful completion of an ACGME or AOA approved Nuclear Medicine training program requiring certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

Proctoring Requirements: In accordance with the Section Rules and Regulations.

Nuclear Medicine Core Privileges

Includes management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations, and prescribing medication in accordance with DEA certificate.

Lung scans	___	___	___
GI Blood loss studies	___	___	___
Hepatobiliary studies	___	___	___



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PEDIATRIC/NEONATAL DIAGNOSTIC IMAGING PRIVILEGES

Criteria: Applicants must meet one of the following:

- A) Subspecialty Board Certification in Pediatric Radiology by the American Board of Radiology; or
- B) Successful completion of an ACGME or AOA approved Radiology training program which included a minimum of six months (24 weeks) of training in pediatric diagnostic radiology; or
- C) Successful completion of an ACGME or AOA approved Radiology training program with evidence of devoting at least fifty percent (50%) of their time to pediatric diagnostic radiology; or
- D) Successful completion of an ACGME or AOA approved Radiology training program with evidence of being proctored for one year in diagnostic pediatric radiology cases by a physician meeting criteria "A" or "B" above.

Proctoring Requirements: A minimum of eight (8) representative cases must be proctored.

Pediatric/Neonatal diagnostic imaging privileges

Proctoring Requirements: A minimum of eight (8) representative cases must be proctored.

DIAGNOSTIC RADIOLOGY SUPPLEMENTAL PRIVILEGES

Criteria: Applicants must meet the criteria outlined for Core Diagnostic Radiology Privileges, AND, submit evidence of training and current clinical competency in each of the procedures requested.

Proctoring Requirements: As outlined under each supplemental privilege below.

Angioplasty, percutaneous; Atherectomy and stent placements; Balloon

Proctoring Requirement: A minimum of one case

Embolization therapy - transcatheter; Coils; Particulate; Sclerotherapy

Proctoring Requirement: A minimum of one case

IVC filter placement

Proctoring Requirement: A minimum of one case

Percutaneous porto-caval shunts

Proctoring Requirement: A minimum of one case

Percutaneous tract drainage, dilation and stent placements: Biliary; Gastrostomy / Jejunostomy; Nephrostomy / Ureterostomy

Proctoring Requirement: A minimum of one case



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Stone extractions: Biliary and Urinary

Proctoring Requirement: A minimum of one case

Magnetic Resonance Spectroscopy

Proctoring Requirement: A minimum of one Case

Image guided local tumor therapy (Cryoablation, radiofrequency ablation, alcohol injection, etc.)

Proctoring Requirement: A minimum of one case

NUCLEAR MEDICINE SUPPLEMENTAL

Criteria: Applicants must meet the criteria defined for the Nuclear Medicine Core Privileges, and provide evidence of Subspecialty Certification in Nuclear Medicine and evidence of current clinical competency in the procedure(s) requested.

Proctoring Requirements: A minimum of one case in accordance with the Medicine Department Rules and Regulations.

Nuclear Medicine - Supplemental Privileges

All diagnostic nuclear medicine studies

Proctoring Requirement: A minimum of one case.

PERIPHERAL ENDOVASCULAR SUPPLEMENTAL PRIVILEGES

Peripheral Endovascular Privilege Criteria:

For physicians applying for peripheral endovascular privileges, one of the following criteria must be met:

Criteria After July 1, 2010:

- a) Board Certified or eligibility for certification in Interventional Cardiology, Endovascular Medicine, Radiology or Vascular Surgery; **AND**
- b) Attendance at post graduate courses for a total of fifty (50) Category I Continuing Medical Education Credits in diagnostic peripheral angiography and percutaneous peripheral vascular interventional techniques; **OR,**
- c) 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 case experience / volume by assisting another physician with full unrestricted Huntington Hospital privileges for that procedure.



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Qualifications Prior to July 1, 2010:

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

- a) Board eligible or board certified in Cardiology, Radiology or Vascular Surgery; AND
- b) Attendance at postgraduate courses for a total of fifty (50) Category I Continuing Medical Education credits in diagnostic peripheral angiography and percutaneous peripheral vascular interventional techniques; OR
- c) Completion of a fellowship in percutaneous peripheral vascular intervention.

PERIPHERAL ANGIOGRAPHY

Peripheral Angiography Criteria:

- a) Documentation of the performance of one hundred (100) diagnostic peripheral angiograms
- b) The applicant must have been listed and acted as the primary operator in at least fifty (50) of the one hundred (100) cases,
- c) Of the fifty (50) cases in which the applicant acted as the primary operator, there must be five (5) 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 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 three (3) cases in that area.

Competency Requirements: Effective July 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

Proctoring Requirements: As outlined above.



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PERIPHERAL INTERVENTION (Angioplasty, stenting, or atherectomy)

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 twenty-five (25) of the submitted cases. Included within 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 for 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.

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

Peripheral Intervention Privileges - Angioplasty, stenting or atherectomy

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

Proctoring Requirements: As outlined above.

CAROTID ANGIOGRAPHY

Criteria: Physician applying for initial privileges after July 1, 2010 must meet the following criteria:

- a) Full unrestricted Huntington Hospital privileges for peripheral angiography; **AND**
- b) Documentation of the performance of fifty (50) diagnostic carotid angiograms. The applicant must have acted as the primary operator in at least twenty-five (25) of the fifty (50) cases.

Proctoring Requirements: Physician applying for initial privileges after July 1, 2010 must be proctored on five cases as primary operator under direct observation and deemed approved by the proctor.

Carotid Angiography Privileges

Proctoring Requirement: A minimum of five cases under direct observation.



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CAROTID ARTERY STENT PLACEMENT

Criteria: Physician applying for initial privileges after July 1, 2010 must meet the following criteria:

- a) Full unrestricted Huntington Hospital privileges for peripheral endovascular privileges; **AND**
- b) Documentation of the performance of a minimum of twenty-five (25) carotid stent procedures. The applicant must have acted as the primary operator on thirteen (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

Proctoring Requirement: A minimum of five cases under direct observation. _____

Revised: 05/25/06; 05/24/2007; 07/22/2010; 07/28/2011; 10/30/2014

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:** _____

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:



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Endovascular Chair: _____ **Date:** _____

Section Chair: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____