UNM SRMC
CARDIOLOGY CLINICAL PRIVILEGES

Name: 
Effective Dates: __________ To: __________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

Applicant: Check off the "Requested" box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Clinical Service Chief: 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.

Other requirements:
Note that privileges granted may be exercised only at UNM SRMC and in 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.
To be eligible to apply for core privileges in cardiovascular disease (cardiology), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited fellowship in cardiovascular disease.

AND

Current certification or active participation in the examination process with achievement of certification within 3 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.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested 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.

Reappointment requirements: To be eligible to renew core privileges in 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 the 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.
Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to patients presenting with cardiovascular disease.

☐ Requested

QUALIFICATIONS FOR TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

Criteria: 50 documented procedures and passed the National Board of Echocardiography, Examination of special competence in Transesophageal Echocardiography.

OR

Completion of a Fellowship in cardiovascular, which included TEE training may be considered in lieu of the NBE exam.

OR

Other experience may be considered in consult with the Section Chief, Service Chief, or Designee.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 50 TEE procedures in the past 12 months.

Maintenance of privileges: Demonstrated current competence and evidence of the performance of at least 50 -100 TEE procedures in the past 24 months based on results of ongoing professional practice evaluations and outcomes.

☐ Requested
Initial privileges: Current Subspecialty Board certification or active participation in the examination process leading to certification in Electrophysiology.

AND

Required current experience: Demonstrated current competence and evidence of the performance of at least 40 cases in the past 2 years.

AND

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least 40 cases during the past 24 months.

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 for maintenance of clinical competence.

☐ Requested
Initial privileges: Successful completion of four to six months training in an ACGME- or AOA-accredited postgraduate training program in cardiology, nuclear medicine, or radiology that included training in nuclear cardiology or training or experience equivalent to the training in a formal program such as the Level 2 training in the American College of Cardiology (ACC)/American Society of Nuclear Cardiology training guidelines.

AND

Required current experience: Demonstrated current competence and evidence of the performance of at least 30 cardiac nuclear scan interpretations during the past 12 months or completion of training in the past 12 months.

AND

Approval of qualifications and experience by the Medical Director of Radiology.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least 60 cardiac nuclear scan interpretations during the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, successful completion of continuing education requirements that relate to nuclear cardiology and cardiac nuclear scan interpretation should be required.

Special Non-Core Radionuclide Studies

☐ Requested

Administration of Sedation and Analgesia privileges
See hospital policy for sedation and analgesia by non-anesthesiologists.

☐ Check here to request Moderate Sedation privileges form (Separate form)

Internal Medicine Privilege

☐ Check here to request Internal Medicine privileges form (Separate form)
CORE PROCEDURES LIST

This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.

1. Advanced cardiac life support (ACLS)
2. Cardioversion
3. Insertion and management of central venous and pulmonary artery catheters
4. Use of thrombolytic agents
5. Pericardiocentesis
6. Echocardiography interpretation including transesophageal stress echocardiography, holter scanning, treadmill testing
7. Temporary transvenous pacemaker placement
8. Electrical cardioversion.
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Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, and I understand that:

a. In exercising any 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed ____________________________________ Date _____________________

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

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Notes:
____________________________________________________________________
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Print Name ............................................................  Signature ............................................................  Date _____________________

Clinical Service Chief or Designee Signature

Practice Area Code: SRMC-Cardi   Version Code: 03-2014a