

UNMH Cardiology Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 12/18/2015

INSTRUCTIONS

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.

Department 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.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

UNMH Cardiology Clinical Privileges

Name:

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Qualifications for Cardiovascular Disease (Cardiology)

Initial Applicant - *To be eligible to apply for 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 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.

AND

Required current experience: An adequate volume of experience with cardiology patients with acceptable results, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Renewal of Privileges - *To be eligible to renew privileges in cardiovascular disease (cardiology), the reapplicant must meet the following 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.

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Name:

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CORE PRIVILEGES: *Cardiovascular Disease (Cardiology)*

Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients presenting with diseases of the heart and blood vessels and manage complex cardiac conditions. 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.

Requested

Cardiovascular Disease (cardiology) Core Procedures List

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.

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

1. Perform history and physical exam
2. Adult transthoracic echocardiography
3. Ambulatory electrocardiology monitor interpretation
4. Cardioversion, electrical, elective
5. ECG interpretation, including signal average ECG
6. Infusion and management of Gp IIb/IIIa agents and thrombolytic agents and antithrombolytic agents
7. Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
8. Non-invasive hemodynamic monitoring
9. Pericardiocentesis
10. Stress echocardiography (exercise and pharmacologic stress)
11. Tilt table testing
12. Transcutaneous external pacemaker placement
13. Transthoracic 2D echocardiography, Doppler, and color flow

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Qualifications for Invasive Cardiology

Initial Applicant - *To be eligible to apply for privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiovascular disease & meet the following criteria:*

Required current experience: At least 75 diagnostic right and/or left cardiac catheterizations, reflective of the scope of privilege requested, in the past 12 months or successful completion of an ACGME or AOA accredited cardiology residency which included training in invasive cardiology reaching COCATS Level II, within the past 12 months.

Renewal of Privileges - *To be eligible to renew privileges in invasive cardiology, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience (150 diagnostic cardiac catheterizations) 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.

CORE PRIVILEGES: *Invasive Cardiology*

Admit, evaluate, diagnose treat and provide consultation to adolescent and adult patients who present with acute or chronic heart disease and who may require invasive diagnostic procedures. 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.

Requested

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.

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

1. Central line placement and venous angiography
2. Coronary arteriography
3. Diagnostic right and left heart cardiac catheterization
4. Endomyocardial biopsy
5. Femoral, brachial or radial, axillary cannulation for diagnostic angiography or percutaneous coronary intervention
6. Hemodynamic monitoring with balloon flotation devices

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7. Insertion of intraaortic balloon counter pulsation device
8. Interpretation of coronary arteriograms, ventriculography and hemodynamics
9. Placement of temporary transvenous pacemaker

Qualifications for Interventional Cardiology

Initial Applicant - *To be eligible to apply for privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:*

Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology

AND

Current subspecialty certification or active participation in the examination process 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 American Osteopathic Board of Internal Medicine.

AND

Required current experience: At least 75 percutaneous coronary intervention procedures, reflective of the scope of privileges requested, of in the past 12 months or successful completion of an ACGME or AOA interventional cardiology fellowship within the past 12 months.

Renewal of Privileges - *To be eligible to renew privileges in interventional cardiology, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience (150 percutaneous coronary intervention procedures) 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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Name:

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CORE PRIVILEGES: *Interventional Cardiology*

Admit, evaluate, treat and provide consultation to adult patients (>18 years of age) by use of specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart as well as technical procedures and medications to treat abnormalities that impair the function of the cardiovascular system. 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.

Requested

Interventional Cardiology Core Procedures List

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.

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

1. Intra-cardiac foreign body retrieval
2. Intracoronary infusion of pharmacological agents including thrombolytics
3. Intracoronary mechanical thrombectomy
4. Intravascular Ultrasound (IVUS) of coronaries
5. Management of mechanical complications of percutaneous intervention
6. Performance of percutaneous coronary intervention (this captures, POBA, stent, coronary atherectomy, etc)
7. Percutaneous transluminal septal myocardial ablation
8. Use of intracoronary Doppler and pressure/flow guidewires
9. Use of vasoactive agents for coronary spasm

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Qualifications for Clinical Cardiac Electrophysiology (CCEP)

Initial Applicant - *To be eligible to apply for privileges in clinical cardiac electrophysiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:*

Successful completion of an ACGME or AOA accredited fellowship in clinical cardiac electrophysiology

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in clinical cardiac electrophysiology by the American Board of Internal Medicine or a Certificate of Added Qualification in clinical cardiac electrophysiology by the American Osteopathic Board of Internal Medicine.

AND

Required current experience: At least 100 intracardiac procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited residency or clinical fellowship within the past 12 months.

Renewal of Privileges - *To be eligible to renew privileges in clinical cardiac electrophysiology, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience (>75 intracardiac procedures) 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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Name:

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CORE PRIVILEGES: *Clinical Cardiac Electrophysiology (CCEP)*

Admit, evaluate, treat and provide consultation to acute and chronically ill adolescent and adult patients, with heart rhythm disorders including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. 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.

Requested

Clinical Cardiac Electrophysiology Core Procedures List

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.

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

1. Insertion and management of cardiovascular implantable electronic devices to include:
 - + implantable cardioverter defibrillators (ICD);
 - + pacemakers (PM) including single/dual chamber and biventricular;
 - + cardiac resynchronization device (CRT); implantable loop recorder (ILR); and
 - + implantable cardiovascular monitor (ICM)
2. Interpretation of activation sequence mapping recordings, invasive intracardiac electrophysiologic studies, including endocardial electrogram recording and imaging studies
3. Interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment,
4. Pacemaker programming/reprogramming and interrogation
5. Performance of therapeutic catheter ablation procedures
6. Transvenous lead extraction

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Special Non-Core Privileges (*See Specific Criteria*)

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

Qualifications for Structural Heart Disease Intervention: Aortic and/or Mitral

Criteria: Successful completion of an ACGME or AOA accredited fellowship 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 & training must have included 5 proctored cases.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least 5 cases in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least 10 cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Aortic Valvuloplasty*

Requested

NON-CORE PRIVILEGES: *Mitral Valvuloplasty*

Requested

Qualifications for Percutaneous Atrial septal defect (ASD)/Patent foramen ovale (PFO) closure

Criteria: Successful completion of an ACGME 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 to 5 of which were proctored, or demonstrate 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) type(s).

Required Current Experience: Demonstrated current competence and evidence of the successful performance of at least 5 percutaneous ASD or PFO closure procedures in the past 12 months or completion of training in the past 12 months.

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Renewal of Privilege: Demonstrated current competence and evidence of the successful performance of at least 10 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.

NON-CORE PRIVILEGES: Percutaneous Atrial septal defect (ASD)/Patent foramen ovale (PFO) closure

Requested

Qualifications for Transesophageal Echocardiography (TEE)

Criteria: Successful completion of an accredited residency in cardiology, anesthesiology, radiology, or cardiothoracic surgery that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 50 supervised TEE cases, or National Board of Echocardiography certification in TEE.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least 50 TEE procedures in the past 12 months or successful completion of training or NBE certification in the past 12 months.

Required Renewal of Privilege: 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.

NON-CORE PRIVILEGES: Transesophageal Echocardiography (TEE)

Requested

Qualifications for Cardiac Nuclear Scan Interpretation

Criteria: Successful completion of 4 to 6 months training in an ACGME or AOA accredited post graduate 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/American Society of Nuclear Cardiology (ACC/ASNC) training guidelines, and current subspecialty certification or active participation in the examination process leading to subspecialty certification in nuclear cardiology by the American Society of Nuclear Cardiology.

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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.

Renewal of Privilege: 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.

NON-CORE PRIVILEGES: *Cardiac Nuclear Scan Interpretation*

Requested

Qualifications for Cardiac Computed Tomography (CT) and Computed Tomography angiogram (CTA)

Criteria: Successful completion of: an ACGME or AOA accredited post graduate training program in cardiovascular disease that included training in CT and CTA. If the applicant's postgraduate program did not include cardiac CT training, applicants must demonstrate that they have successfully completed a formal course in cardiac CT, and were proctored in their initial cases or the equivalent in practice experience.

Required Current Experience: Demonstrated current competence and interpretation of 50 contrast and 50 non contrast cardiac CT studies in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least 100 contrast and 100 non-contrast cardiac CT studies based on results of ongoing professional practice evaluation and outcomes in the past 24 months. In addition, 20 hours of continuing education related to the performance and interpretation of cardiac CT studies is required every 36 months.

NON-CORE PRIVILEGES: *Cardiac Computed Tomography (CT) and Computed Tomography angiogram (CTA)*

Requested

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NON-CORE PRIVILEGES: *Cardiac Computed Tomography (CT) and Computed Tomography angiogram (CTA)*

CT without contrast only

Requested

Qualifications for Cardiovascular Magnetic Resonance (CMR)

Criteria: Basic knowledge, clinical training and experience in at least one other cardiovascular imaging modality and successful completion of an ACGME or AOA accredited residency in radiology or nuclear medicine that included training in CMR. If CMR was not included in residency or fellowship training, applicants must demonstrate that they have completed at least 3 months formal training in CMR in accordance with SCMR guidelines, which included at least 150 supervised interpretations in CMR with at least 50 studies performed as the primary operator.

Required Current Experience: Demonstrated current competence and evidence of analysis and interpretation at least 50 CMR cases in the past 12 months or training completion in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of performance of at least 100 CMR cases in the past 24 months based on results of quality assessment and improvement activities and outcomes. In addition, at least 20 hours continuing education related to CMR in the past 24 months is required.

NON-CORE PRIVILEGES: *Cardiovascular Magnetic Resonance (CMR)*

Requested

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Qualifications for Peripheral vascular interventions to include diagnostic and therapeutic angiography, angioplasty and stenting-arterial, venous, grafts, and fistulas (excluding carotid stenting and intracranial interventions)

Criteria: Successful completion of an ACGME or AOA accredited-training program in cardiovascular disease, 8 months of cardiac catheterization, plus an additional 12 months of interventional training that included at least one month on an inpatient vascular medicine consultation service, one month in a noninvasive vascular diagnostic laboratory, and one-half to one full day per week in the longitudinal care of outpatients with vascular disease OR equivalent training as follows:

- **Diagnostic peripheral angiograms**—100 cases (50 as primary operator) reflective of all vascular areas, or 30 cases (8 as primary operator) in the subset vascular area requested
- **Peripheral interventions**—50 cases (25 as primary operator) reflective of all vascular areas, or 15 peripheral interventions per vascular area requested

AND

Must include aortoiliac arteries as initial area of competency.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least 25 peripheral vascular intervention cases, reflective of the scope of the privileges requested in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of 15 peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: PVI - (Aortoiliac and brachiocephalic arteries)

Requested

NON-CORE PRIVILEGES: PVI - (Abdominal visceral and renal arteries)

Requested

NON-CORE PRIVILEGES: PVI - (Infra-inguinal arteries)

Requested

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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 Hospitals and clinics, 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 _____

Division Chief recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Patient Safety Officer recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 12/18/2015