

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

PEDIATRIC CARDIOLOGY CLINICAL PRIVILEGES

Name: _____

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- ☐ Initial Appointment
- ☐ Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 08/05/2015.

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

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PEDIATRIC CARDIOLOGY

To be eligible to apply for core privileges in Pediatric Cardiology, the initial applicant must meet the following criteria:

Current subspecialty certification in pediatric cardiology by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics followed by successful completion of an accredited fellowship in pediatric cardiology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in pediatric cardiology by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

Required Previous Experience: Applicants for initial appointment must demonstrate provision of inpatient or consultative services for a sufficient volume of patients, reflective of the scope of privileges requested, during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

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Reappointment Requirements: To be eligible to renew core privileges in Pediatric Cardiology, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and a sufficient 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. Medical Staff members whose board certificates in pediatric cardiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

PEDIATRIC CARDIOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, consult and provide comprehensive care to newborns, infants, children, adolescents and adults with special needs (or requiring special care consistent with disease process) presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

QUALIFICATIONS FOR PEDIATRIC INVASIVE CARDIOLOGY

To be eligible to apply for core privileges in pediatric invasive cardiology, the initial applicant must be granted core privileges in pediatric cardiology and meet the following criteria:

Successful completion of an accredited fellowship in pediatric cardiology that included training in pediatric invasive cardiology.

Required Previous Experience: Applicants for initial appointment must have demonstrated successful performance of a sufficient volume of cardiac catheterizations, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of an ACGME accredited fellowship program in pediatric cardiology which included training in pediatric invasive cardiology within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in pediatric invasive cardiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of 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. Medical Staff members whose board certificates in pediatric cardiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

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PEDIATRIC INVASIVE CARDIOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, treat and provide consultation to newborns, infants, children, adolescents, and adults with special needs (or requiring special care consistent with disease process) who present with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels and who may require invasive diagnostic procedures. May admit, evaluate, treat and provide consultation to patients with congenital anomalies. May provide care to patients in the intensive care unit in accordance with unit policies. 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.

QUALIFICATIONS FOR PEDIATRIC INTERVENTIONAL CARDIOLOGY

To be eligible to apply for core privileges in pediatric and congenital interventional cardiology, the initial applicant must be granted core privileges in pediatric cardiology and invasive cardiology and meet the following criteria:

Successful completion of an advanced fellowship in pediatric cardiology that included a minimum of 12 months training in pediatric and congenital interventional cardiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate experience of performing a sufficient volume of percutaneous interventional procedures, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of an advanced clinical fellowship within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in interventional cardiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of percutaneous interventional 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 ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in pediatric cardiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

PEDIATRIC INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, treat and provide consultation to newborns, infants, children, adolescents and adults with special needs (or requiring special care consistent with disease process) with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. May admit, evaluate, treat and provide consultation to patients with congenital anomalies. Privileges include percutaneous non-coronary intervention. May provide care to patients in the intensive care unit in accordance with unit policies. 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.

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QUALIFICATIONS FOR PEDIATRIC CLINICAL CARDIAC ELECTROPHYSIOLOGY (CCEP)

To be eligible to apply for core privileges in clinical cardiac electrophysiology the initial applicant must qualify for and be granted core privileges in pediatric cardiology and pediatric invasive cardiology and meet the following criteria:

Successful completion of an accredited fellowship in pediatric cardiology which included a minimum of 12 months training in pediatric clinical cardiac electrophysiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate experience of performing a sufficient volume of intracardiac procedures, reflective of the privileges requested, in the past 24 months or demonstrate successful completion of an accredited clinical fellowship within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in clinical cardiac electrophysiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of intracardiac procedures, with acceptable results, reflective of the 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. Medical Staff members whose board certificates in pediatric cardiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CLINICAL CARDIAC ELECTROPHYSIOLOGY

- ☐ ***Requested*** Admit, evaluate, treat and provide consultation to newborns, infants, children, adolescents and adults with special needs (or requiring special care consistent with disease process) 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.

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 previous experience, and for maintenance of clinical competence.

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PEDIATRIC CARDIAC ICU PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, and provide treatment or consultative services and critical care management of life-threatening organ system failure from any cause in children from the term or near-term neonate to the adolescent with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The privileges in this specialty include the procedures on the attached procedure list.

Criteria: Successful completion of a fellowship in pediatric cardiac intensive care medicine or successful completion of an accredited fellowship in pediatric cardiology or pediatric critical care medicine with equivalent training and experience. **Required Previous Experience:** Applicants for initial appointment must be able to demonstrate management of a sufficient volume of pediatric cardiac intensive care cases, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited clinical fellowship or research in a clinical setting within the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and a sufficient volume of pediatric cardiac intensive care cases, 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.

FLUOROSCOPY USE

- ☐ **Requested**

Criteria:

- ☐ Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology
OR
- ☐ Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included 6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology, radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.
OR
- ☐ Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)
OR
- ☐ Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.
Examples of procedures performed: _____
Number of procedures performed in the last 24 months: _____
Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: _____

AND (all applicants)

- ☐ Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

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Maintenance of Privilege: A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

RADIOLOGY CHAIR APPROVAL:

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

Signature, Chair—Department of Radiology

ADMINISTRATION OF SEDATION AND ANALGESIA

- ☐ **Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- ☐ Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- ☐ Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- ☐ Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year:

-OR-

- ☐ Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- ☐ Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

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- ☐ ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

- ☐ Maintenance of board certification or eligibility in anesthesiology, emergency medicine or critical care specialties, as well as active clinical practice in the provision of procedural sedation

Section Three--PRIVILEGES FOR DEEP SEDATION:

- ☐ I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

ULTRASOUND-GUIDED CENTRAL LINE INSERTION

- ☐ **Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

Maintenance of Privilege:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and

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- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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CORE PROCEDURE LIST

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

Pediatric Cardiology

- Ambulatory electrocardiology monitor interpretation
- Autonomic testing including headup tilt
- Cardioversion
- Electrocardiography and echocardiography interpretation
- Exercise testing
- Medical treatment of arrhythmia
- Perform history and physical exam
- Perform routine medical procedures (Venipuncture, skin biopsy, bladder catheterization, fluid and electrolyte management, foreign body removal from nose or ear, manage and maintain indwelling venous access catheter, administer medications and special diets through all therapeutic routes, basic cardiopulmonary resuscitation, superficial burns, evaluation of oliguria, I & D abscess, interpretation of antibiotic levels and sensitivities, interpretation of EKG (for therapeutic purposes), lumbar puncture, arterial puncture and blood sampling, management of anaphylaxis and acute allergic reactions, management of the immunosuppressed patient, monitoring and assessment of metabolism and nutrition, pharmacokinetics, use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry)
- Order respiratory services
- Order rehab services
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Pericardiocentesis and thoracentesis
- Stress echocardiography (exercise and pharmacologic stress)
- Telehealth
- Transesophageal echocardiography, transthoracic echocardiography, and fetal echocardiography

Pediatric Invasive Cardiology

- Diagnostic cardiac catheterization and angiography including angiography of the great vessels and their primary branches, percutaneous approach
- Diagnostic cardiac catheterization and angiography including angiography of the great vessels and their primary branches, cutdown arterial or venous approach, and umbilical vessel catheterization
- Insertion and management of chest tubes
- Balloon septostomy
- Transseptal puncture
- Transvenous myocardial biopsy
- Intra cardiac echocardiography

Pediatric Interventional Cardiology

- Pulmonary valve dilation
- Aortic valve dilation

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- Vascular dilation and stenting
- Insertion of vascular occlusion devices
- Ductus arteriosus occlusion
- Atrial septal defect/ patent foramen ovale fenestration closure placement of cardiac occlusion devices
- Valvuloplasty
- Ventricular septal defect closure
- Insertion of prosthetic valves
- Closure of abnormal vessels/communications as collaterals AVMs and shunts
- Opening of occluded valves, vessels and shunts
- Transhepatic cardiac catheterization

Clinical Cardiac Electrophysiology

- Insertion, programming and management of automatic implantable cardiac defibrillators and pacemakers and loop recorders
- Intracardiac and epicardial electrophysiology studies
- Performance of therapeutic catheter ablation procedures
- Interpretation of activation sequence mapping recordings, invasive intracardiac electrophysiologic studies, including endocardial electrogram recording and imaging studies
- Interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment

SPECIAL PROCEDURES FOR PEDIATRIC CARDIAC ICU

- Central venous cannulation
- Peripheral and central arterial cannulation
- Arterial puncture for blood gasses
- Lumbar puncture
- Placement of pulmonary artery catheters
- Nasogastric tube insertion
- Urethral catheterization
- Abdominal paracentesis and catheter placement
- Thoracentesis and chest tube placement
- Pericardiocentesis and placement of a pericardial drain
- Hemodynamic and cardiovascular monitoring
- ECG interpretation and arrhythmia management
- Endotracheal intubation and management of mechanical ventilation
- Cardiopulmonary resuscitation
- Cardioversion (DC, atrial overdrive pacing, transesophageal overdrive pacing)
- (Rashkind) balloon atrial septostomy
- Basic suturing techniques
- Placement of temporary transvenous pacing catheters
- Cardiac extracorporeal membrane oxygenation and other mechanical support
- PICC placement
- Left and right heart catheterization and angiography
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods

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ACKNOWLEDGEMENT 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 University Hospital and Health System University of Mississippi Medical Center, 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** _____

PEDIATRIC CRITICAL CARE DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Pediatric Critical Care Division Chief Signature _____ **Date** _____

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PEDIATRIC CARDIOLOGY DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Pediatric Cardiology Division Chief Signature _____ **Date** _____

CREDENTIALS COMMITTEE REPRESENTATIVE'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

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Credentials Representative's Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Department Chair Signature _____ ***Date*** _____

Reviewed:

Revised:

2/3/2010, 6/2/2010, 12/16/2011, 1/4/2012, 2/1/2012, 4/4/2012, 6/6/2012, 11/07/2012, 4/3/2013, 8/05/2015