

UNIVERSITY HOSPITALS AND HEALTH SYSTEM

2500 North State Street, Jackson MS 39216

CARDIOVASCULAR DISEASE (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: 02/15/2017

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 CARDIOVASCULAR DISEASE (CARDIOLOGY)

To be eligible to apply for core privileges in cardiovascular disease (cardiology), the initial applicant must meet the following criteria:

Current 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

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in cardiovascular disease and active participation in the examination process with achievement of certification within 5 years of completion of formal training 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.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for a sufficient volume of patients in the past 24 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 cardiovascular disease (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

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certificates 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

CARDIOVASCULAR DISEASE (CARDIOLOGY) CORE PRIVILEGES

☐

Requested

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

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

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

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

Current demonstrated competence and a sufficient volume of experience 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.

INVASIVE CARDIOLOGY CORE PRIVILEGES

☐

Requested

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

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QUALIFICATIONS FOR INTERVENTIONAL CARDIOLOGY

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

Current 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

OR

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

OR

Equivalent practice experience if interventional cardiology training occurred prior to 2002

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of a sufficient volume of percutaneous coronary intervention procedures in the past 24 months or demonstrate successful completion of an ACGME or AOA clinical fellowship, or research in a clinical setting 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 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 ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates 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.

INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES

☐ **Requested**

Admit, evaluate, treat and provide consultation to adolescent and adult patients with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. 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.

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QUALIFICATIONS FOR 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 cardiovascular medicine and meet the following criteria:

Current 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.

OR

Successful completion of an ACGME or AOA accredited fellowship in clinical cardiac electrophysiology (or equivalent practice experience/training if training occurred prior to 1998) and active participation in the examination process with achievement of certification within 5 years of completion of formal training 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.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of intracardiac procedures, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of a hospital-affiliated accredited clinical fellowship, or research in a clinical setting 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 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 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 acute and chronically ill adolescent and adult patients, with heart rhythm disorders including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. 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.

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM

☐

Requested

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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 previous experience, and for maintenance of clinical competence.

IVC FILTER PLACEMENT

☐ **Requested**

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in IVC filter placement or a hands-on CME that included performance of a sufficient volume of IVC filter placements. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of IVC filter placements in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of IVC filter placements in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

ECG INTERPRETATION – INCLUDED IN CARDIOLOGY CORE. THIS NON CORE PRIVILEGE IS NOT APPLICABLE TO INITIAL APPLICANTS.

☐ **Requested**

Criteria: Must have previously held Cardiology privileges at University of Mississippi Medical Center. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of ECG interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CARDIAC COMPUTED TOMOGRAPHY (CT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

☐ **Requested**

☐ **Requested** CT without contrast only

Criteria: Successful completion of: an ACGME or AOA accredited post graduate training program in cardiovascular disease. 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 Previous Experience:** Demonstrated current competence and interpretation of a sufficient volume of contrast cardiac CT studies in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of contrast cardiac CT studies based on results of ongoing professional practice evaluation and outcomes in the past 24 months.

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TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)

☐ **Requested**

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 a sufficient volume of supervised TEE cases, or National Board of Echocardiography certification in TEE. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of TEE procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

PERCUTANEOUS TRANSLUMINAL SEPTAL MYOCARDIAL ABLATION

☐ **Requested**

Criteria: Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology. If alcohol septal ablation training was not included in the fellowship program, the applicant must have completed training with an experienced alcohol septal ablation team that included proctored initial procedures. **Required Previous Experience:** Demonstrated current competence, and evidence of the performance of a sufficient volume of alcohol septal ablation cases in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of alcohol septal ablation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CARDIAC NUCLEAR SCAN INTERPRETATION

☐ **Requested**

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. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of cardiac nuclear scan interpretations during the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of cardiac nuclear scan interpretations during the past 24 months based on results of ongoing professional practice evaluation and outcomes.

IMPLANTATION OF CARDIAC ELECTRONIC DEVICES (CIED) INCLUDING PERMANENT PACEMAKERS AND IMPLANTABLE CARDIAC DEFIBRILLATORS (ICD)

☐ **Requested**

Criteria: Successful completion of an ACGME or AOA accredited residency in cardiology followed by completion of an accredited training program in CCEP, or successful completion of an endorsed CME program and associated testing and/or successful passing of the Heart Rhythm Society (formerly North American Society of Pacing and Electrophysiology) Exam, and evidence of participation in a sufficient volume of CIED implantations, a sufficient volume of revisions, a sufficient volume of lead extractions and a sufficient volume of follow up appointments as the primary operator under the supervision of a qualified proctor during training. **Required Previous Experience:** Demonstrated current competence and

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evidence of the performance of a sufficient volume of CEID procedures in the past 24 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the implantation of at a sufficient volume of CEID procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

PACEMAKER LEAD EXTRACTION

☐ **Requested**

Criteria: Successful completion of an ACGME or AOA accredited post-graduate training program that included training in pacemaker lead extraction or a hands on CME. **Required Previous Experience:** Demonstrated current competence and evidence of the successful performance of a sufficient volume of pacemaker lead extractions in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the successful performance of a sufficient volume of pacemaker lead extractions in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

MEDICAL MANAGEMENT OF VENTRICULAR ASSIST DEVICE

☐ **Requested**

Criteria:

Current subspecialty certification in Advanced Heart Failure and Transplant Cardiology by the American Board of Internal Medicine

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship in advanced heart failure and transplant 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 advanced heart failure and transplant cardiology by the American Board of Internal Medicine

OR

Successful completion of an ACGME or AOA accredited residency in cardiology that included training in the medical management of ventricular assist devices.

OR

Continuously held privileges at UMMC for medical management of VAD prior to 7/2/2014.

Required Previous Experience: Demonstrated current competence and evidence of care of a sufficient volume of patients with a VAD in the past 24 months (volume in an accredited residency or fellowship may be used to meet this requirement).

Maintenance of Privilege: Demonstrated current competence and evidence of care of a sufficient volume of patients with a VAD in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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PERIPHERAL VASCULAR INTERVENTIONS TO INCLUDE DIAGNOSTIC AND THERAPEUTIC ANGIOGRAPHY, ANGIOPLASTY AND STENTING-ARTERIAL, VENOUS, GRAFTS, AND FISTULAS, PERCUTANEOUS THROMBOLYSIS / THROMBECTOMY (EXCLUDING CAROTID STENTING AND INTRACRANIAL INTERVENTIONS)

☐ **Requested**

Criteria: Successful completion of an ACGME or AOA accredited-training program that included training in peripheral vascular interventions OR equivalent training as follows:

- Diagnostic peripheral angiograms—a sufficient volume of cases as primary operator, reflective of all vascular areas, or a sufficient volume of cases in the subset vascular area requested
- Peripheral interventions—a sufficient volume of cases as primary operator, reflective of all vascular areas, or a sufficient volume of peripheral interventions per vascular area requested

AND

A sufficient volume of diagnostic/interventional cases in each area. Must include aortoiliac arteries as initial area of competency.

Required Previous Experience: Demonstrated current competence and evidence of the performance of a sufficient volume of peripheral vascular intervention cases, reflective of the scope of the privileges requested in the past 24 months or completion of training in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

PERCUTANEOUS ATRIAL SEPTAL DEFECT (ASD)/PATENT FORAMEN OVALE (PFO) CLOSURE

☐ **Requested**

Criteria: Successful completion of an ACGME or AOA accredited post-graduate training program in interventional cardiology or pediatric cardiology that included the performance of a sufficient volume of ASD/PFO procedures, with a sufficient volume which were proctored, or demonstrate equivalent practice experience. **Required Previous Experience:** Demonstrated current competence and evidence of the successful performance of a sufficient volume of percutaneous ASD or PFO closure procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the successful performance of a sufficient volume of 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.

USE OF LASER

☐ **Requested**

Criteria:

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers
OR
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers

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OR

Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months

AND

- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

Maintenance of Privilege:

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

CAROTID STENTING

☐ **Requested**

Criteria: The applicant must have concurrent UHHS privileges to perform coronary, peripheral or neurological diagnostic angiography and percutaneous interventions in order to qualify for carotid artery angioplasty and stent placement. **Board certification:** The applicant must be currently certified or eligible for certification by one of the following boards:

- American Board of Radiology with certificate of added qualification in Interventional Radiology or Neuroradiology
- American Board of Surgery in Vascular Surgery
- American Board of Internal Medicine in Vascular Medicine or Cardiovascular Medicine with additional training in interventional procedures
- American Board of Neurosurgery with additional training in percutaneous vascular neurointerventional procedures
- American Board of Psychiatry and Neurology with additional training in endovascular procedures

Required Previous Experience: Evidence of prior performance and interpretation of at least 30 selective carotid/cerebral diagnostic angiograms (15 as the primary operator) and 25 selective carotid interventions (13 as the primary operator). This requirement may be met within a formal ACGME-approved training program or from previous clinical training and experience. Verification from the training institution or the site of the previous experience may be required OR direct supervision by a credentialed provider of the performance and interpretation of at least 30 selective carotid/cerebral diagnostic angiograms (15 as the primary operator) and 25 selective carotid interventions (13 as the primary operator). **Maintenance of Privilege:** Applicants must be able to provide evidence of performance of a sufficient number of cases of carotid interventions within the past 24 months. The recommended number of procedures for the preceding 24 month period is 4. Reappointment for these privileges will be considered on a case by case basis for providers who routinely care for carotid disease and who have sufficient experience in catheter-based procedures. In addition, the applicant must be able to produce evidence of 8 hours of continuing medical education in stroke and/or cerebrovascular vascular disease within the past 24 months if requested.

FLUOROSCOPY USE

☐ **Requested**

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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

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

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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 (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-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-

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

-OR-

- ☐ Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care,

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neurocritical care or pediatric critical care, 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

TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)

☐ **Requested**

Criteria: As for Interventional Cardiology, plus:

- For applicants with no clinical experience:
 - Successful completion of an industry-sponsored training course specific to TAVR device/procedure within the past year;AND
 - Proctoring of a minimum of the first three (3) transfemoral and the first three (3) transapical TAVR procedures as primary operator by an industry-sponsored proctor and/or in-house TAVR-privileged physician
- For applicants with clinical experience during the past 24 months:
 - See required previous experience
 - AND
 - Focused professional practice evaluation should include direct observation of at least the first transfemoral and the first transapical TAVR procedures as primary operator.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of a sufficient volume of transcatheter aortic valve replacements in the past 24 months or demonstrate successful completion of an ACGME or AOA clinical fellowship that included performance of transcatheter aortic valve replacement as primary operator within the past 12 months.

Maintenance of Privilege: Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes and evidence of the performance of at least ten (10) TAVR procedures in the past 24 months.

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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
- 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.

Cardiology

- Ambulatory electrocardiology monitor interpretation
- Cardioversion, electrical, elective
- ECG interpretation, including signal average ECG
- Hemodynamic monitoring with balloon flotation devices
- Infusion and management of Gp IIb/IIIa agents and thrombolytic agents and antithrombolytic agents
- Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform routine medical procedures (including: arthrocentesis and joint injections; excision of skin and subcutaneous tumors, nodules, and lesions; I & D abscess; initial PFT interpretation; insertion and management of central venous catheters and arterial lines; local anesthetic techniques; lumbar puncture; marrow aspiration and biopsy; peripheral nerve blocks; placement of anterior and posterior nasal hemostatic packing; interpretation of electrocardiograms; remove non-penetrating corneal foreign body, nasal foreign body; synovial fluid crystal analysis; and thoracentesis)
- 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
- Placement of temporary transvenous pacemaker
- Stress echocardiography (exercise and pharmacologic stress)
- Telehealth
- Tilt table testing
- Transcutaneous external pacemaker placement
- Transthoracic 2D echocardiography, Doppler, and color flow

Invasive Cardiology

- Coronary arteriography
- Diagnostic right and left heart cardiac catheterization
- Endomyocardial biopsy
- Femoral, radial or brachial cannulation for diagnostic angiography or percutaneous coronary intervention
- Insertion of intraaortic balloon counter pulsation device
- Interpretation of coronary arteriograms, ventriculography and hemodynamics
- Use of vasoactive agents for epicardial and microvascular spasm

Interventional Cardiology

- Radial, or axillary cannulation for diagnostic angiography or percutaneous coronary intervention
- Intracoronary foreign body retrieval

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- Infusion of pharmacological agents, including thrombolytics, into the heart and its associated vasculature
- Intracoronary mechanical thrombectomy
- Intracoronary stents
- Intravascular Ultrasound (IVUS) of coronaries
- Management of mechanical complications of percutaneous intervention
- Performance of balloon angioplasty, stents, and other commonly used interventional devices
- Use of intracoronary Doppler and pressure wire
- Valvuloplasty

Clinical Cardiac Electrophysiology

- Insertion and management of automatic implantable cardiac defibrillators
- Insertion of permanent pacemaker, including single/dual chamber and biventricular
- 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,
- Pacemaker programming/reprogramming and interrogation
- Performance of therapeutic catheter ablation procedures

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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** _____

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

Division Chief 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, 10/5/2011, 11/2/2011, 12/16/2011, 1/4/2012, 6/6/2012, 10/3/2012, 11/07/2012, 4/3/2013, 7/31/2014, 10/01/2014, 11/05/2014, 4/1/2015, 7/1/2015, 11/04/2015, 8/05/2015, 2/15/2017