

BRYAN MEDICAL CENTER

DELINEATION OF CLINICAL PRIVILEGES

CARDIOLOGY

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

AND/OR

Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in cardiovascular diseases by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology.

CARDIOLOGY CORE PRIVILEGES

Requested: Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases of the heart, lung, 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.

Cardiology Core Procedure List (Please check privileges 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.

- _____ Adult transthoracic echocardiography
- _____ Ambulatory electrocardiology monitor interpretation
- _____ Cardioversion, electrical, elective
- _____ ECG interpretation
- _____ Infusion and management of IIb/IIIa agents and thrombolytic agents and antithrombolytic agents
- _____ Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
- _____ Non-invasive hemodynamic monitoring
- _____ Perform history and physical exam
- _____ Pericardiocentesis
- _____ Stress echocardiography (exercise and pharmacologic stress)
- _____ Tilt table testing
- _____ Transcutaneous external pacemaker placement
- _____ Transthoracic 2D echocardiography, Doppler and color flow
- _____ Management of VAD patients (must complete annual education provided by the VAD coordinator)

INVASIVE CARDIOLOGY CORE PRIVILEGES (CARDIAC CATHETERIZATION LABORATORY)

Criteria: Candidate should be a graduate of a formal cardiovascular training program that included a minimum of 24 months in a cardiovascular fellowship including a minimum of 12 months in the cardiac catheterization and angiography laboratory.

The candidate should be certified as competent in the performance of cardiac catheterization and angiography by the program director of the institution in which the sub-specialty training of cardiovascular disease was obtained and/or by the laboratory director of other laboratories in which the candidate has recently worked or is currently working.

Candidates must be willing to participate in a quality improvement program, including peer review by members of the Division of Cardiology and other appropriate divisions/departments/committees.

Reappointment Requirements: Total laboratory caseload of 100 or more over two years. Exceptions to the recommended caseloads will be at the discretion of the Division of Cardiology Chair, predicated on individual performance.

Requested: Admit, evaluate, consult and treat patients of all ages 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.

Invasive Cardiology Core Procedure List (Please check privileges 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.

- _____ Central line placement and venous angiography
- _____ Coronary arteriography
- _____ Diagnostic right and left heart cardiac catheterization
- _____ Endomyocardial biopsy
- _____ Femoral, brachial or radial, axillary cannulation for diagnostic angiography
- _____ Hemodynamic monitoring with balloon flotation devices
- _____ Implantation of loop recorders
- _____ Insertion of intraortic balloon counter pulsation device
- _____ Interpretation of coronary arteriograms, ventriculography and hemodynamics
- _____ Placement of temporary transvenous pacemaker
- _____ Use of vasoactive agents for epicardial and microvascular spasm

INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES

Qualifications: Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology or equivalent practice experience.

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

Current demonstrated competency and an adequate volume of experience (a minimum of 50 procedures a year) with acceptable results. Exceptions to the recommended caseloads will be at the discretion of the Division of Cardiology Chair, predicated on individual performance. Participation is required in department guideline quality improvement program that routinely reviews quality and outcomes of the entire program, review results of individual operators, includes risk adjustment, provides peer review of difficult or complicated cases, and performs random case reviews.

Requested: Admit, evaluate, treat, and provide consultation to patients of all ages 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 medication to treat abnormalities that impair the function of the heart. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extension of the same techniques and skills.

Interventional Cardiology Core Procedure List (Please check privileges 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.

- ____ Intracoronary foreign body retrieval
- ____ Intracoronary infusion of pharmacological agents including thrombolytics
- ____ Intracoronary mechanical thrombectomy
- ____ Intracoronary stents
- ____ Intravascular imaging and pressure management
- ____ Management of mechanical complications of percutaneous intervention
- ____ Performance of balloon angioplasty, stents, and other commonly used interventional devices
- ____ Percutaneous Coronary Intervention
- ____ Placement of temporary ecmo devices
- ____ Use of intracoronary Doppler and flow wire
- ____ Alcohol septal ablation
- ____ Percutaneous pulmonary embolism intervention

INTERVENTIONAL CARDIOLOGY NONCORE SPECIAL PRIVILEGES

PATENT FORAMEN OVALE (PFO) CLOSURE

Requested

Criteria: Successful completion of an ACGME or AOA accredited post-graduate training program in interventional cardiology that included the performance of at least 10 PFO procedures, three to five of which were proctored, or demonstrate equivalent practice experience.

Required previous experience: Demonstrated current competence and evidence of successful performance of at least 10 PFO closure procedures in the past 12 months. (Source ACC/AHA/SCAI 2007 Updated of the Clinical Competence Statement of Cardiac Interventional Procedures.

Maintenance of Privilege: Demonstrated current competence and evidence of the successful performance of a sufficient volume of percutaneous ASD or PFO closures procedures in the past 24 months.

TRANSCATHETER/STRUCTURAL HEART PROCEDURES

Requested: Transcatheter Aortic Value Replacement (TAVR)

Initial Criteria:

- Board Certified/Eligible in Interventional Cardiology
- Professional experience with 100 structural heart disease procedures or 30 left sided structural per year of which 60% should be balloon aortic valvuloplasty (Left sided procedures include EVAR, TEVAR, Balloon Aortic Value, aortic value and mitral valve prosthetic leak closures and ventricular septal defect closures. Atrial septal defect/patent foramen ovale closure are not considered left sided procedures.) Professional training and certification from the manufacturer

At least 5 proctored TAVR cases (Source: Multisociety (AATS, ACCF, SCAI and STS) expert consensus statement 2012: Operator and institutional requirements for trans catheter valve repair and replacement)

Reappointment Criteria: Demonstrated current competence and performance of 5 procedures annually

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.

Requested 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.

MITRAL VALVE THERAPIES INITIAL CRITERIA

Request: Mitral Valve Therapies Initial

Initial Criteria:

- Board Certified/Eligible in Interventional Cardiology
- Professional training and certification from the manufacturer

BRACHYTHERAPY

Request: Brachytherapy

Demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing the procedure

CARDIAC ELECTROPHYSIOLOGY (EP) CORE PRIVILEGES

Criteria: Successful completion of a certified cardiac electrophysiology fellowship after 2015.

AND/OR

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in clinical cardiac electrophysiology by the American Board of Internal Medicine or achievement of a certificate of added qualification in clinical cardiac electrophysiology by the American Osteopathic Board of Internal Medicine.

Reappointment Requirements: 200 Intracardiac procedures within a 2 year period. (Source: ACC/AHA 2006 *Update of the Clinical Competence Statement on Invasive Electrophysiology Studies, Catheter Ablation, and Cardioversion*. Oct 2006)

Requested: Admit, evaluate, treat and provide consultation to acute and chronically ill patients of all ages 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.

Electrophysiology (EP) Cardiology Core Procedure List (Please check privileges 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.

- _____ 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
- _____ Pacemaker extraction
- _____ Intracardiac ultrasound

CARDIAC ELECTROPHYSIOLOGY (EP) NONCORE SPECIAL PRIVILEGES

CARDIAC IMPLANTABLE ELECTRONIC DEVICE (CIED)

Requested

Criteria: Successful completion of CIED training and must participate as the primary operator (under supervision) in at least 100 CIED initial primary implantations, of which 25 should be CRT device implantations (either pacing or defibrillation). 30 CIED revisions or replacements are also required.

PERMANENT PACEMAKER IMPLANTATION

Requested

Criteria: First 2pacemaker implantation performed at Bryan Medical Center must be in the presence of an Active member of the Division of Cardiology who has been granted Electrophysiology (EP) privileges

Required Previous Experience: Demonstrated current competence and evidence of successful performance of 40 pacemaker implantations, of which at least 20 should be dual chamber.

PACEMAKER LEAD EXTRACTION

Requested

Criteria: Successful completion of a post-graduate training program in Electrophysiology (EP) that included training for pacemaker lead extraction. **Required Previous Experience:** Demonstrated current competence and evidence of successful performance of 15 lead extractions in the past 24 months.

Reappointment Criteria: Demonstrated current competence and evidence of the successful performance of a sufficient volume of pacemaker lead extractions in the past 24 months.

IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)

Requested

Criteria: Successful completion of a post-graduate training program in Electrophysiology (EP) that includes training for ICD implantation. **Required Previous Experience:** Demonstrated current competence and evidence of successful performance of 60 ICD implantations, of which at least 20 should be dual chamber.

Reappointment Criteria: Demonstrated current competence and evidence of successful performance of 10 CRT implants or upgrade procedures in the past 24 months.

CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Requested

Criteria: Demonstrated current competence and evidence of successful performance of 25 CRT procedures.

Reappointment Criteria: Demonstrated current competence and evidence of successful performance of 10 ICD and CRT procedures in the past 24 months.

CATHETER ABLATION

Requested

Criteria: Successful completion of a post-graduate training program in Electrophysiology (EP). Each trainee should perform at least 175 electrophysiological procedures for arrhythmia evaluation. These can be performed in conjunction with catheter ablation procedures.

Reappointment Criteria: Demonstrated current competence and evidence of successful performance of at least 100 ablation procedures in the past 24 months.

ATRIAL FIBRILLATION (AF) ABLATION

Requested

Criteria: Demonstrated current competence and evidence of successful performance of 50 atrial fibrillation (AF) ablations.

Reappointment Criteria: Demonstrated current competence and evidence of successful performance of 10 atrial fibrillation (AF) ablations in the past 24 months.

VENTRICULAR ARRHYTHMIA (VA) ABLATION

Requested

Criteria: Demonstrated current competence and evidence of successful performance of 30 ventricular arrhythmia (VA) ablations.

Reappointment Criteria: Demonstrated current competence and evidence of successful performance of 10 ventricular fibrillation (VF) ablations in the past 24 months.

CARDIOVERSIONS

Requested

Criteria: Successful completion of an Accreditation Council for Graduate medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in cardiovascular disease. Demonstrated current competence and evidence of successful performance of 15 cardioversions.

Reappointment Criteria: Demonstrated current competence and evidence of successful performance of 5 cardioversions in the past 24 months.

IMPLANTABLE LOOP RECORDERS (ILRs)

Requested

Criteria: Candidate should be a graduate of a formal cardiovascular training program that included a minimum of 24 months in a cardiovascular fellowship including a minimum of 12 months in the cardiac catheterization and angiography laboratory.

Reappointment Criteria: Demonstrated current competence and evidence of successful performance of 5 implantable loop recorders in the past 24 months.

In the event the minimum case counts are not achieved at reappointment a recommendation shall be made by the Division Chair of Cardiology, the Credentials Committee, Medical Executive Committee with final discretion from the Board of Trustees.

SPECIAL NONCORE PRIVILEGES

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

MODERATE SEDATION

Moderate sedation (by any route), with or without analgesia, which in the manner used, may be reasonably expected to result in the loss of protective reflexes. Loss of protective reflexes is an inability to handle secretions without aspiration or to maintain a patient airway independently.

Criteria: Successful completion of post-test is required both on the initial request and at reappointment.

Requested: Adult Moderate Sedation (>16 years of age)

Requested: Pediatric Moderate Sedation (equal to or less than 16 years of age)

INSERTION AND MANAGEMENT OF TEMPORARY RIGHT AND/OR LEFT SIDED HEART ASSIST DEVICES

Criteria: The applicant must demonstrate successful completion of training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing these procedures.

_____ Insertion of and management of right and left sided heart assist devices

INTERPRETATION OF DIAGNOSTIC VASCULAR LAB PROCEDURES PRIVILEGES

Criteria: Applicants must demonstrate an appropriate level of training and experience by meeting one or more of the following:

1. **Physician Credential for Vascular Interpretation**
 - a. **Registered Physician in Vascular Interpretation (RPVI)**
 - b. **Certification form the American Society of Neuroimaging (ASN)**
Comment: ASN certification is accepted for physician who intpret extracranial and intracranial examinations only.

2. **Formal Training – Completion of a residency or fellowship that includes appropriate didactic and clinical vascular testing facility experience as an integral part of the program. For those testing areas in which training is provided, the physician must have recent experience within the past 3 years in interpreting the following minimum number of diagnostic studies under supervision:**
 - a. **Extracranial cerebrovascular – 100 cases**
 - b. **Intracranial cerbrovascular – 100 cases**
 - c. **Peripheral arterial physiologic – 100 cases**
 - d. **Peripheral arterial duplex – 100 cases**
 - e. **Veneous duplex ultrasound – 100 cases**

f. Visceral vascular duplex ultrasound – 75 cases

3. Informal Training – The informal training pathway allows for qualification of interpreting physicians through a combination of Continuing Medical Education (CME) and supervised practical and supervised interpretive experience.

- a. A minimum of 40 hours of relevant Category 1 CME credits must be acquired within the 3 year period prior to the initial application
 - 20 hours must be courses specially designed to provide knowledge of the techniques, limitations, accuracies and methods of interpretations of noninvasive vascular examinations the physician will interpret
 - 20 hours may be dedicated to appropriate clinical topics relevant to vascular testing
 - Eight of the 40 hours must be specific to each testing area the physician will interpret
- b. The physician must acquire a minimum of 8 hours supervised practical experience for each testing area to be interpreted; observing or participating in testing procedures in a facility accredited for vascular testing.

Comment: Experience must be documented with a letter from the Medical Director of the facility where the experience was obtained

c. The physician must acquire experience in the interpretation of examinations while under the supervision of a physician who has already met the IAC Vascular Testing Standard. Experience must be acquired in each of the testing areas in which the physician will be providing interpretations for the following minimum number of studies:

- Extracranial cerebrovascular – 100 cases
- Intracranial cerebrovascular – 100 cases
- Peripheral arterial physiologic – 100 cases
- Peripheral arterial duplex – 100 cases
- Venous duplex ultrasound – 100 cases
- Visceral vascular duplex ultrasound – 75 cases

Comment: Interpretive experience must be documented with a letter from the supervising physician of the facility where the experience was obtained indicating the dates of participation and the number of cases in each testing area.

4. Establish Practice – Training and experience will be considered adequate for a physician who has:

- a. Met the medical staff credentialing qualifications
- b. Has worked in a vascular facility for at least the past 3 years
- c. Has interpreted at least the following number of diagnostic cases over the past 3 years in each of the areas that he/she will be interpreting
 - Extracranial cerebrovascular – 300 cases
 - Intracranial cerebrovascular – 300 cases
 - Peripheral arterial physiologic – 300 cases
 - Peripheral arterial duplex – 300 cases
 - Venous duplex ultrasound – 300 cases
 - Visceral vascular duplex ultrasound – 225 cases

Reappointment Criteria: Requires satisfactory compliance with the Quality Improvement Plan of the the Vascular Laboratory. The Medical Staff member must show evidence of maintaining current knowledge by participation in CME courses that are relevant to vascular testing. To be relevant, the course content must address the principles, instrumentation, techniques or interpretation of noninvasive vascular testing. A minimum of 15 hours of CME is required every 3 years of which at least 10 hours are category I.

- Requested: Extracranial cerebrovascular
- Requested: Intracranial cerebrovascular
- Requested: Peripheral arterial physiologic

- Requested: Peripheral arterial duplex
- Requested: Venous Duplex Ultrasound
- Requested: Visceral Vascular Duplex Ultrasound

NUCLEAR CARDIOLOGY

- Requested

Criteria: Must meet at least one of the following:

- A. Certification in nuclear cardiology by the Certification Board of Nuclear Cardiology (CBNC)
- B. Board certified (or eligible within 2 years of finishing training) in cardiology and completion of a minimum of 4 months formal training program in nuclear cardiology. This requirement applies only to cardiologists who began their cardiology training in July 1995 or later.
- C. Board certified in cardiology and training equivalent to Level 2 training or at least one year (full time) of nuclear cardiology practice experience with independent interpretation of at least 800 nuclear cardiology studies. This requirement only applies to cardiologists who began their cardiology training before July 1995.
- D. Board certified (or Board eligible but within two years of finishing training) in nuclear medicine.

TRANSESOPHAGEAL ECHOCARDIOGRAPHY

- Requested

Criteria:

- A. Letter from director of the echocardiography laboratory where TEE training was received or from the training program director, with input from the echocardiography laboratory director.
- B. If training completed before July 1, 1998, a Level 2 (300 cases interpreted, 150 performed) equivalence in TEE should be documented

AND

- C. A minimum of 50 TEE cases per year, for the preceding two years.

Reappointment Criteria: 25-50 cases per year

CARDIAC CT

- Requested

Criteria: Successful completion of an ACGME or AOA accredited postgraduate 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.

AND

Demonstrated current competence and interpretation of 50 contrast and 50 noncontrast cardiac CT studies in the past 12 months

Reappointment Criteria: Demonstrated current competence and evidence of the performance of at least 100 cardiac CT studies in the past 24 months or completion of an approved CME Course in the interpretation of contrast & non-contrast cardiac CT examinations with sufficient additional cases to bring cumulative volumes to 50 cases each. Cases reviewed during the scheduled QA case review may be included in the total number.

CARDIAC MRI

Requested

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

AND

Demonstrated current competence and interpretation of 50 contrast and 50 noncontrast cardiac MRI studies in the past 12 months

Reappointment Criteria: Demonstrated current competence and evidence of the performance of at least 100 cardiac MRI studies in the past 24 months or completion of an approved CME Course in the interpretation of contrast & non-contrast cardiac MRI examinations with sufficient additional cases to bring cumulative volumes to 50 cases each. Cases reviewed during the scheduled QA case review may be included in the total number.

TRANSCATHETER IMPLANT OF PULMONARY/ CARDIOVASCULAR HEMODYNAMIC MONITORING DEVICES

Request: Transcatheter Implant of Pulmonary/Cardiovascular Devices

Initial Criteria:

Board Certified/Eligible in Invasive Cardiology, Professional training and certification from the manufacturer

Reappointment Criteria: Demonstrated current competence and evidence of performance of at least 5 devices

PERCUTANEOUS LEFT ATRIAL APPENDAGE CLOSURE (LAAC) IMPLANT

Request: Percutaneous Left Atrial Appendage Closure (LAAC) Implant

Initial Criteria:

- EP and/or Interventional Cardiologist
- Professional training and certification from the manufacturer
- ≥ 25 interventional cardiac procedures involving transseptal punctures through an intact septum

Reappointment Criteria: Performance of ≥ 25 interventional cardiac procedures involving transseptal punctures through an intact septum, with at least 12 being LAAC over a two year period.

Signature

Date

Revised: 9/2022