

Delineation Of Privileges

Medicine Cardiology 2020

Provider Name:

Privilege	Requested	Approved

MedCardio CARDIOLOGY 2018 **(0209 MEC)**

FOR ALL PRIVILEGES

All complication rates, including problem transfusions, deaths, unusual occurrence reports and sentinel events, as well as Department quality indicators, will be monitored semiannually.

50.00 CORE PRIVILEGES

Evaluate, diagnose, consult, treat, and interpret clinical findings of adolescent and adult patients in the ambulatory and inpatient settings with cardiovascular disease. Core privileges also include electrocardiography interpretation, cardioversion, treadmill testing, ambulatory rhythm monitoring, clinical interpretation of transthoracic and stress echocardiography, central venous line placement, pericardiocentesis, temporary transvenous pacemaker insertion, and pulmonary artery line placement.

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Internal Medicine in Cardiovascular Disease.

PROCTORING: Review of 5 cases that include any of the elements listed under core privileges.

REAPPOINTMENT: Review of 3 cases that include any of the elements listed under core privileges.

50.05 CORE PRIVILEGES IN INTERVENTIONAL CARDIOLOGY

Under these core privileges, the interventional cardiologist will be able to perform interventional cardiology procedures that are now considered routine and basic in this field. The Core Privileges category should include the following: Right and left heart catheterization; Diagnostic coronary angiography; Percutaneous coronary interventions, including coronary angioplasty, coronary stent implantation, thrombectomy, intravascular ultrasound, fractional flow reserve measurements; Valvuloplasty; Intra-aortic balloon pump placement; Trans-aortic continuous flow axial pump placement; Placement of intravenous cooling catheters; Myocardial biopsy.

PREREQUISITES: Currently Board Admissible, Certified, or Re-certified by the American Board of Internal Medicine in Interventional Cardiology.

PROCTORING: Review of 5 cases that include any of the elements listed under core privileges.

REAPPOINTMENT: Review of 3 cases that include any of the elements listed under core privileges.

50.10 SPECIAL PRIVILEGES

50.15 PROCEDURAL SEDATION

PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Internal Medicine in Cardiovascular Disease and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- Current Basic Life Support (BLS) certification by the American Heart Association

PROCTORING: Review of 5 cases (completed training within the last 5 years)

REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- Current Basic Life Support (BLS) certification by the American Heart Association

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<p>50.21 TRANSESOPHAGEAL ECHOCARDIOGRAPHY (Color Doppler, Spectral Doppler, and Two Dimensional modalities)</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Certified, or Re-Certified by the American Board of Internal Medicine in Cardiovascular Disease. Moderate sedation privileges. Level 2 American Society of Echocardiology training, 3 additional months to Level 1 American Society of Echocardiology training fellowship, or equivalent including 50 supervised transesophageal studies.</p> <p><u>PROCTORING:</u> Review of 5 cases</p> <p><u>REAPPOINTMENT:</u> Review of 2 cases</p>	—	_____
<p>50.25 PERMANENT PACEMAKER INSERTION</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Certified, or Re-Certified by the American Board of Internal Medicine in Cardiovascular Disease.</p> <p><u>PROCTORING:</u> Review of 5 cases</p> <p><u>REAPPOINTMENT:</u> Review of 2 cases</p>	—	_____
<p>50.31 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Certified, or Re-Certified by the American Board of Internal Medicine in Cardiovascular Disease and current California Fluoroscopy Supervisor and Operator Permit.</p> <p><u>PROCTORING:</u> Presentation of valid California Fluoroscopy Permit</p> <p><u>REAPPOINTMENT:</u> Presentation of valid California Fluoroscopy Permit</p>	—	_____
<p>50.34 WAIVED TESTING</p> <p>Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges, providers satisfy competency expectations for waived testing by The Joint Commission.</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics/Gynecology, or General Surgery.</p> <p><u>PROCTORING:</u> By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.</p> <p><u>REAPPOINTMENT:</u> Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.</p>	—	_____
Fecal Occult Blood (Hemoccult®) Testing	—	_____
Vaginal pH Testing (pH Paper)	—	_____
Urine Chemstrip® Testing	—	_____
Urine Pregnancy Testing	—	_____

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50.50 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH

Admit and follow adult patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by one of the boards of the American Board of Medical Specialties. Approval of the Director of the CTSI (below) is required for all applicants.

PROCTORING: All OPPE metrics acceptable

REAPPOINTMENT: All OPPE metrics acceptable

CTSI Medical Director

Date

I hereby request clinical privileges as indicated above.

Applicant

Date

APPROVED BY

Division Chief

Date

Service Chief

Date