NAME __________________________________________

Fort Hamilton Hospital
Specialty: Radiology
Delineation of Privileges

Instructions:
1. Check the Request checkbox to request all privileges in the Core group.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.

Required Qualifications – All Providers

Certification
All applicants must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

Required Qualifications – General Radiology Core Privileges

Education/Training/Experience
Must have successfully completed an ACGME/AOA-accredited residency in Radiology. The successful applicant for initial appointment must provide documentation of performance and interpretation of privileges requested during the past 12 months, 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 Criteria of General Radiology Core Privileges
To be eligible to renew core privileges in Radiology, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Teleradiology

Required Qualifications
Same as for Diagnostic Radiology Core
Applicant must be contracted to provide teleradiology services
Applicant must be licensed to practice medicine in the state of Ohio and in state in which services will be provided.
**CORE PRIVILEGES IN DIAGNOSTIC RADIOLOGY**

Core Privileges include: Perform general Diagnostic Radiography, Bone Densitometry, Mammography, Diagnostic ultrasound, Diagnostic Computed Tomography, Diagnostic Magnetic Resonance Imaging and Magnetic Resonance Angiography and Diagnostic Nuclear Medicine. 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.

- **Request all privileges listed below.**
- **Uncheck any privileges that you do not want to request.**
- Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures, fluoroscopically guided needle biopsy and/or cyst aspiration, lumbar puncture, myelography, arthrography, hysterosalpingography, fluoroscopically guided vascular access/line placement procedures.
- Bone densitometry
- Computed tomography of the head, neck, spine, body, extremity, CT guided biopsy and drainage procedures.
- CT Angiography
- Magnetic resonance angiography (MRA)
- Magnetic resonance imaging (MRI) of the head, neck, spine, body, extremity, and major joints- shoulder, knee, ankle, etc., MRI guided biopsy and magnetic resonance angiography.
- Mammography (Physicians are required to maintain CME and volume per MQSA guidelines)
- Nuclear Medicine (Diagnostic)
- Positron emission tomography (PET)
- Ultrasound and ultrasound guided biopsy and drainage procedures, including ultrasound guided vascular access/line placement procedures.

**SPECIAL PRIVILEGES – GENERAL RADIOLOGY**

The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

- **Fluoroscopy**
  All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chairman. Please contact the Medical Staff Office.

- **Mild/Moderate Sedation**
  Moderate Sedation (Requires written examination – please contact Medical Staff Office) Current ACLS certification is also required.

**INVASIVE/INTERVENTIONAL RADIOLOGY PROCEDURES**

**Required Qualifications**

All applicants interventional radiology procedures must demonstrate appropriate expertise / training in the specific procedure(s) privileges requested. Where appropriate, this should include postresidency training in a formal interventional radiology or neuroradiology fellowship program, or appropriate supervised expert training in the specific individual procedure(s) requested. Certain procedures will require specific eligibility criteria (see below).

All those applying for interventional radiology privileges must demonstrate completion of residency or fellowship program which included performance of at least 200 procedures in previous 12 months, OR performance of 50 procedures in previous 12 months as part of their professional practice.

**Reappointment Criteria**

Interventional Radiology privileges will require demonstration of performance of at least 100 invasive procedures as primary operator over previous 24 months, and Continuing Medical Education (CME), 20 Category I credits over 24 months, at least half of which must be related to Vascular, Interventional, Neuro- or Procedural Radiology.
**CORE PRIVILEGES IN INVASIVE/INTERVENTIONAL RADIOLOGY**

Core Privileges include: Evaluate, diagnose and treat patients of all ages except as specifically excluded from practice using radiologic imaging modalities, including fluoroscopy, ultrasound, computed tomography, magnetic resonance and radiography. 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.

Request all privileges listed below.

*Uncheck any privileges that you do not want to request.*

### NEUROLOGICAL

- Discography
- Percutaneous vertebroplasty and kyphoplasty
- Epidural Injections
- Facet/Medial Branch Block injections
- Extracranial cerebrovascular balloon angioplasty/stent placement
- Extracranial arterial thrombolysis/embolization
- Intracranial arterial thrombolysis
- Intracranial arterial embolization
- Intracranial cerebrovascular balloon angioplasty/stent placement
- Intracranial venous embolization
- Myelography

### PERIPHERAL VASCULAR

- Inferior Vena Cava Filter Placement
- Lymphangiography
- Pulmonary Angiography
- Transcatheter Endovascular Embolization / Chemoembolization
- Transjugular Intrahepatic Portosystemic Shunt
- Intravascular foreign body retrieval
- Temporary and Permanent Vascular Line Placement
- Diagnostic Angiography
- Gastrostomy
- In Vitro/In Vivo Tracer Procedures (Non-Imaging)
- Percutaneous Biliary Stent Placement
- Percutaneous Nephrostomy/Stone Removal
- Percutaneous Stent Placement
- Transhepatic Cholangiography/Biliary Drainage/Stone Removal
- Ureteral Stent Placement

### SPECIAL PRIVILEGES – INTERVENTIONAL RADIOLOGY

Check the privilege you want to request:

- Limited ADMITTING privileges – admit patients to inpatient services and treat and direct the course of treatment. LIMITED to radiologists holding interventional privileges and limited to only those patients requiring admission following an interventional radiologic procedure.
- Perform history and physical examination (interventional radiology only)

### RADIOISOTOPE THERAPY

**Required Qualifications**

Radioisotope Therapy privileges require that a physician be included in an existing facility nuclear licensure. The applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.
Reappointment Criteria
Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Request all privileges listed below.
Uncheck any privileges that you do not want to request.

- Intrathoracic, intrapleural, or intraperitoneal insertion of radioactive material for control of malignant effusions or ascites.
- Phosphorus-32 for blood disease
- Therapy for hyperthyroidism
- Therapy for thyroid cancer
- Therapy for osseous metastasis

STEREOTACTIC BREAST BIOPSY

Required Qualifications

Initial Training and Qualifications
- Be fully qualified as an interpreting physician under MQSA
- Initially, have at least 3 hours Category 1 CME in stereotactic breast biopsy
- Initially obtain at least 15 hours of documented CME in breast imaging including pathophysiology of benign and malignant breast disease as well as clinical breast examinations.
- Have performed at least 12 stereotactic breast biopsies OR at least 3 hands-on stereotactic breast biopsy procedures under a physician who is qualified to interpret mammography under MQSA and has performed at least 24 stereotactic breast biopsies.
- Be responsible for patient selection including documentation of correlative clinical breast examination
- Be responsible for mammographic interpretation
- Be responsible for performance improvement activities including medical audit (tracking of number of biopsies done, cancers found, benign lesions, biopsies needing repeat, and complications)
- Be responsible for oversight of all quality control
- Be responsible for the supervision of the radiologic technologist and the medical physicist
- Be responsible for post-biopsy management of the patient, which may include referral to a surgeon for follow-up on certain lesions.

Reappointment Criteria
The radiologist is required to:
- Perform at least 12 stereotactic breast biopsies per year or re-qualify as specific in A. 1.
- Obtain at least 15 hours of Category 1 CME in breast imaging including pathophysiology of benign and malignant diseases of the breast every 3 years as required for interpretation of mammography by the MQSA.

To request this privilege, please check the box below.

Stereotactic Breast Biopsy

PERIPHERAL ANGIOPLASTY, AND STENTING, THROMBOLYSIS, ARTERECTOMY

Required Qualifications
To be eligible for any peripheral angiography and angioplasty procedures listed below, physicians must provide documentation of the following competency requirements:
- Hold privileges in vascular surgery, interventional radiology or invasive cardiology
- As Primary Operator, 50 non-cardiac vascular or interventional procedures in the previous 24 months

Maintenance of Privilege
- Documentation of 50 non-cardiac vascular or interventional procedures in previous 24 months.

NOTE: All peripheral angioplasty procedures require timely vascular surgery back-up.

To request this privilege, please check the box below.
Peripheral angioplasty and stenting, thrombolysis and atherectomy

ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC STENT GRAFTS (AAA) AND THORACIC AORTIC ANEURYSMS

Required Qualifications
Successful completion of an ACGME- or AOA-accredited postgraduate training program in thoracic, cardiovascular surgery, vascular surgery or interventional radiology. Applicants also must have successfully completed and approved training program in endovascular repair of thoracic (TAA) and abdominal (AAA) aortic aneurysms. Applicant agrees to limit procedure to use of endovascular graft device for which they have demonstrated training and experience.

Required previous experience: Active privileges in vascular surgery, interventional radiology or invasive cardiology. For non-vascular surgeons, the presence of on-site surgical backup who hold the privilege to perform open thoracic or abdominal aortic aneurysm repair is required. Physician must meet criteria for peripheral angiography and angioplasty/stent placement. Demonstrated current competence and documentation of experience of at least 5 endovascular aortic stent repairs in the past 24 months.

Maintenance of privilege: Active privileges in vascular surgery, interventional radiology or invasive cardiology. For non-vascular surgeons, the presence of on-site surgical backup who hold the privilege to perform open thoracic or abdominal aortic aneurysm repair is required. Physician must meet criteria for peripheral angiography and angioplasty/stent placement. At least 10 Category I CME in vascular surgery or vascular/interventional radiology required in past 24 months.

To request this privilege, please check the box below:

- Endovascular repair of abdominal aortic stent graft
- Endovascular repair of thoracic aortic aneurysm stent graft

CAROTID STENTING

Required Qualifications
Successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery, interventional radiology, neuroradiology, or interventional cardiology that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. Applicants must also have completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. In addition, applicants must be able to demonstrate that they have performed at least 200 diagnostic cerebral angiograms if they have no prior catheter experience or 100 diagnostic cerebral angiograms if they have experience sufficient to meet the American Heart Association requirements for peripheral vascular interventions.

Required previous experience
Demonstrated current competence and evidence of the performance of at least 25 carotid artery stenting procedures in the past 12 months with at least half as the primary operator.

Maintenance of privilege
Demonstrated current competence and evidence of the performance of at least 20 carotid artery stenting procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

To request this privilege, please check the box below.

- Carotid stenting

CEREBRAL ANGIOGRAPHY
Neurodiagnostic Angiography

Required Qualifications

- Check the privilege you want to request:
• Performance of a minimum of 100 diagnostic selective bilateral cervicocerebral angiograms, with at least 50 as the primary operator.
• Completion of an AGCME approved Residency Program in Diagnostic Radiology, with subsequent American Board of Radiology Certification in Diagnostic Radiology.
• In the absence of documentation of Board Certification in Diagnostic Radiology, a minimum of 6 months formal cognitive neuroscience training in an ACGME approved training program is required, with documented expertise in neurovascular disease, imaging and angiography, as certified by the program.

Extracranial Carotid and/or Vertebral Interventions
Requirements:
• Must meet the requirements for Cerebral Angiography
• Performance of a minimum of 10 cervical carotid interventions.

Intracranial Carotid and/or Vertebral Artery Interventions
Requirements:
• Must meet the requirements for Cerebral Angiography
• Performance of a minimum of 25 intracranial cerebral arterial interventions.
• For intracranial arterial stenting, must first meet the requirements for Extracranial Carotid and/or Vertebral Arterial Interventions.

Maintenance of privileges: At least 10 Category I CME credits dedicated to Neurosciences (including neuroradiology, neurology, neurosurgery) or Vascular/Interventional Radiology over previous 24 months.

To request this privilege, please check the box below.

Cerebral angiography

INTERPRETATION OF VASCULAR STUDIES

Eligibility Requirements
Provide documentation of one of the following competency requirements listed below:

INITIAL PRIVILEGES
1. Formal training
Completion of a residency or fellowship that includes appropriate didactic and clinical vascular laboratory experience as an integral part of the program. The physician must have experience in interpreting the following minimum number of diagnostic studies:

• Carotid duplex ultrasound - 100 cases
• Peripheral arterial physiologic - 100 cases
• Peripheral arterial duplex - 100 cases
• Venous duplex ultrasound - 100 cases
• Broad spectrum vascular ultrasound exams - 500 cases

2. Informal training
Appropriate training and experience for proper qualifications to interpret non-invasive vascular laboratory studies can be achieved through formal accredited post graduate education that includes:

A minimum of 40 hours of relevant Category I CME credits must be acquired within the three-year period prior to the initial application.

• Twenty (20) hours must be courses specifically designed to provide knowledge of the techniques, limitations, accuracies, and methods of interpretations of non-invasive vascular laboratory examinations the
physician will interpret.

- Twenty (20) hours may be dedicated to appropriate clinical topics relevant to vascular testing.
- Eight (8) of the 40 hours must be specific to each testing area the physician will interpret.

For those examinations the physician will interpret, there must be documentation of interpretation for the following minimum number of studies while under the supervision of a physician who has already met the ICAVL criteria.

- Carotid duplex ultrasound - 100 cases
- Peripheral arterial physiologic - 100 cases
- Peripheral arterial duplex - 100 cases
- Venous duplex ultrasound - 100 cases
  or
- Broad spectrum vascular ultrasound exams - 500 cases

3. Established practice

   Current training and current experience will be considered appropriate for a physician who has met the qualifications of and has worked for an accredited vascular laboratory for at least the past three (3) years and has interpreted the following minimum number of diagnostic studies in the specific areas that will be interpreted.

   - Carotid duplex ultrasound - 300 cases
   - Peripheral arterial physiologic - 300 cases
   - Peripheral arterial duplex - 300 cases
   - Venous duplex ultrasound - 300 cases

4. Registered Physician in Vascular Interpretation (RPVI)

5. Physician is registered at an American College of Radiology accredited vascular lab and meets ACR Accreditation requirements for physicians.

REAPPOINTMENT CRITERIA

1. Provide documentation of the following requirements:
   - Carotid Duplex Ultrasound - 100 cases
   - Peripheral Arterial Physiologic - 100 cases
   - Peripheral Arterial Duplex - 100 cases
   - Venous Duplex Ultrasound - 100 cases
   OR
   - Broad spectrum Vascular Ultrasound Exams - 500 cases to include all categories performed at this hospital with a minimum of 50 cases from each of the above categories.

   All medical staff members should interpret a minimum of ten (10) non-invasive vascular examinations per month (120 per year).

AND

2. Continuing medical education (CME)

   Each medical staff member must show evidence of maintaining current knowledge by participating in CME courses that are relevant to vascular testing. To be relevant, the course content must address principles, instrumentation, techniques, or interpretation of non-invasive vascular testing.

   A minimum of fifteen (15) hours of CME is required every three (3) years, of which ten (10) hours must be Category I.

   The CME requirement will be waived if, in the previous three (3) years prior to the application submission, the
medical staff member has:
- Completed formal training
- Acquired an appropriate vascular credential
- Been employed in the laboratory less than one (1) year

REAPPOINTMENT CRITERIA
1. Provide documentation of the following requirements:

   - Carotid Duplex Ultrasound - 100 cases
   - Peripheral Arterial Physiologic - 100 cases
   - Peripheral Arterial Duplex - 100 cases
   - Venous Duplex Ultrasound - 100 cases
   
   OR

   - Broad spectrum Vascular Ultrasound Exams - 500 cases to include all categories performed at this hospital with a minimum of 50 cases from each of the above categories.

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1. Provide documentation of the following requirements:

   - Carotid Duplex Ultrasound - 100 cases
   - Peripheral Arterial Physiologic - 100 cases
   - Peripheral Arterial Duplex - 100 cases
   - Venous Duplex Ultrasound - 100 cases
   
   OR

   - Broad spectrum Vascular Ultrasound Exams - 500 cases to include all categories performed at this hospital with a minimum of 50 cases from each of the above categories.

   All medical staff members should interpret a minimum of ten (10) non-invasive vascular examinations per month (120 per year).

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- Completed formal training
- Acquired an appropriate vascular credential
- Been employed in the laboratory less than one (1) year

### Interpretation of Vascular Studies

**Acknowledgement of Applicant**

I hereby request the clinical privileges in the Department of Radiology as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me in the Department of Radiology shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner’s Signature ____________________________ (Date) ____________________________

Print Name ____________________________