NAME ______________________________________

Fort Hamilton Hospital
Specialty: Cardiology – Department of Medicine
Delineation of Privileges

GENERAL CARDIOLOGY

Required Qualifications for General Cardiology

Education/Training/Experience
Must have successfully completed an ACGME/AOA-accredited fellowship in cardiovascular disease.

The successful applicant for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients in the past 12 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.

Certification
The applicant physician 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.

Reappointment Criteria of General Cardiology Core Privileges
To be eligible to renew core privileges in Cardiovascular Disease, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, of 50 patients annually for the past 24 months. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
GENERAL CARDIOLOGY

CORE PRIVILEGES IN GENERAL CARDIOLOGY

Core Privileges include: Admit, evaluate, diagnose, treat, and provide consultation to patients presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions. Assess, stabilize, and determine disposition of patients. 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.

- Admit and manage patients in non-critical care and unmonitored settings
- Admit and manage patients in ICU and other monitored settings
- Perform History and Physical Examinations
- Consultation privileges in General Cardiology
- Adult transthoracic echocardiography
- Ambulatory electrocardiology monitor interpretation
- Cardioversion, electrical, elective
- Central line placement and venous angiography
- ECG interpretation, including signal average ECG
- Image guided procedures (ultrasound and fluoroscopy – see separate requirements for fluoroscopic procedures)
- 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
- Non-invasive hemodynamic monitoring
- Pericardiocentesis
- Stress echocardiography (exercise and pharmacologic stress)
- Tilt table testing
- Transthoracic 2D echocardiography, Doppler, and color flow
- Adult transthoracic echocardiography
- Temporary transvenous pacemaker insertion

SPECIAL PRIVILEGES – CARDIOVASCULAR DISEASE

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.

Moderate Sedation

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

CORONARY COMPUTED TOMOGRAPHY (CCT) INTERPRETATION

(With and without contrast)

Eligibility Requirements

Initial Request

To be eligible for the following procedure, physicians must provide documentation of the following competency requirements listed below:

- Board certification or eligibility
- 150 contrast CCT examinations. For at least 50 of these cases, the candidate must be physically present, and be involved in the acquisition and interpretation of the case, and
- Evaluation of 50 non-contrast studies, AND
- Completion of 20 hour/lectures related to CT in general and/or CCT in particular
<table>
<thead>
<tr>
<th><strong>Maintenance of Privilege</strong></th>
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</thead>
<tbody>
<tr>
<td>• 50 contrast CCT exams conducted and interpreted per year</td>
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</tbody>
</table>

### Transeophageal Echocardiography (TEE)

#### Eligibility Requirements

**Initial Request**
Successful completion of an accredited residency in cardiology, or cardiothoracic surgery that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 25 supervised TEE cases, or National Board of Echocardiography certification in TEE.

**Required previous experience:**
Demonstrated current competence and evidence of the performance of at least 25 TEE procedures in the past 12 months.

**Maintenance of privilege**
Demonstrated current competence and evidence of the performance of at least 50 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### Ultrafiltration/Aquapheresis

#### Eligibility Requirements
1. Successful completion of an ACGME/AOA-accredited fellowship in cardiovascular disease or nephrology.
2. Review of Aquapheresis Training Documents and successful completion (80%) of the review post-test. (Contact the Medical Staff Office.)

#### Maintenance of Privilege
Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months.
INVASIVE CARDIOLOGY

To be eligible to apply for core privileges in invasive cardiology, the initial applicant must meet the requirements for General Cardiology privileges and be granted core privileges in General Cardiology 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 at least 100 diagnostic left cardiac catheterizations in the past 24 months and 5 right heart 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.

Physicians who meet the above training qualifications but do not meet required competency volume for left and/or right cardiac catheterizations can be proctored by the Chief of Cardiology or his/her designee. The required number of proctored procedures is a minimum of 5, with additional increments of 5 procedures at the discretion of the proctoring physician.

Reappointment requirements
To be eligible to renew core privileges in interventional cardiology, the applicant must provide current demonstrated competency of 75 right or left cardiac catheterizations in the past 12 months with acceptable results reflective of the scope of privileges requested for the past 24 months.

CORE PRIVILEGES IN INVASIVE CARDIOLOGY

Core Privileges include: Admit, evaluate, consult, and treat patients who present with acute or chronic heart disease and who may require invasive diagnostic procedures. 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.

<table>
<thead>
<tr>
<th>Request all privileges listed below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncheck any privileges that you do not want to request.</td>
</tr>
</tbody>
</table>

- Moderate Sedation (required) Contact the medical staff office.
- Fluoroscopy (required) Contact the medical staff office.
- Consultation privileges in Invasive Cardiology
- Coronary arteriography
- Diagnostic right and left heart cardiac catheterization
- Hemodynamic monitoring with balloon flotation devices
- Insertion of intraortic balloon counter pulsation device
- Use of vasoactive agents for epicardial and microvascular spasm
INTERVENTIONAL CARDIOLOGY

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

Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology or equivalent practice experience if training occurred prior to 2003.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within six years 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.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance, reflective of the scope of privileges requested, of at least 75 percutaneous coronary intervention (PCI) procedures in the past 12 months or demonstrate successful completion of an accredited ACGME or AOA clinical fellowship, or research in a clinical setting within the past 12 months.

If less than 75 PCI cases then primary operator must align PCI practice with American College of Cardiology (ACC) guidelines for low volume operator.

Reappointment Requirements

To be eligible to renew core privileges in interventional cardiology, the applicant must provide current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months.

CORE PRIVILEGES IN INTERVENTIONAL CARDIOLOGY

Core Privileges include: Admit, evaluate, treat, and provide consultation to 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. 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. |
| Consultation privileges in Interventional Cardiology |
| Endomyocardial biopsy |
| Femoral, brachial or radial, axillary cannulation for diagnostic angiography or percutaneous coronary intervention |
| Interpretation of coronary arteriograms, ventriculography, and hemodynamics |
| Intracoronary athrectomy (rotoblator) |
| Intracoronary foreign body retrieval (TEC) |
| Intracoronary infusion of pharmacological agents including thrombolytics |
| 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 flow wire |

SPECIAL PRIVILEGES – INTERVENTIONAL CARDIOLOGY

TEMPORARY PERCUTANEOUS LEFT VENTRICULAR ASSIST DEVICE (Impella)

Eligibility Requirements

Initial Request

Interventional cardiology fellowship and documentation of completion of device training required.
Maintenance of Privilege
Demonstrated current competence and evidence of the performance of at least three (3) successful insertions without complications in the past 24 months.

**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 General Cardiology and meet the following criteria:

**Initial Request**
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

Current subspecialty certification or active participation in the examination process with achievement of certification within six 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.

**Required previous experience**: Applicants for initial appointment must be able to demonstrate performance of at least 50 intracardiac procedures, reflective of the scope of privileges requested, in the past 12 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 interventional cardiology, the applicant must provide current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months.

**CORE PRIVILEGES IN CLINICAL CARDIAC ELECTROPHYSIOLOGY**

Core Privileges include: Admit, evaluate, treat, and provide consultation to acute and chronically ill patients with heart rhythm disorders including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. 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.*

<table>
<thead>
<tr>
<th>Consultation privileges in Clinical Cardiac Electrophysiology</th>
</tr>
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<tbody>
<tr>
<td>Insertion and management of automatic implantable cardiac defibrillators</td>
</tr>
<tr>
<td>Insertion of permanent pacemaker, including single/dual chamber and biventricular</td>
</tr>
<tr>
<td>Interpretation of activation sequence mapping recordings, invasive intracardiac electrophysiologic studies including epicardial electrogram recording and imaging studies.</td>
</tr>
<tr>
<td>Interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment</td>
</tr>
<tr>
<td>Pacemaker programming/reprogramming and interrogation</td>
</tr>
<tr>
<td>Performance of therapeutic catheter ablation procedures</td>
</tr>
<tr>
<td>Percutaneous transluminal septal myocardial ablation</td>
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</tbody>
</table>

**SPECIAL PRIVILEGES - ELECTROPHYSIOLOGY**

**ICD (Implantable Cardioverter Defibrillators) & CRT (Cardiac Resynchronization Devices)**

**IMPLANTATION**

**Eligibility Requirements**

**Initial Request**
- Documentation of current experience: 35 pacemaker implantations per year and 100- implantations over the prior 3 years
- Proctored ICD implantation experience
• 10 Implantations
• 5 Revisions
• Proctored CRT implantation experience: 5 implantations
• Completion of didactic course and/or NAPSExAM
• Monitoring of patient outcomes and complication rates
• Established patient follow-up

PHYSICIANS CURRENTLY PERFORMING ICD AND/OR CRT AT ANOTHER HOSPITAL
• Documentation of current experience: 35 pacemaker implantations per year and 100- implantations over the prior 3 years
• 5 Revisions
• Completion of didactic course and/or NAPSExAM
• 10 ICD and CRT procedures per year
• 20 patients per year in follow-up
• For CRT therapy, evidence of having performed 5 coronary sinus lead placements

Maintenance of Privilege
• 10 ICD and CRT procedures per year
• 20 patients per year in follow-up
• For CRT therapy, evidence of having performed 5 coronary sinus lead placements

Source: Heart Rhythm Society – endorsed by the American College of Cardiology Foundation Sept 2004

# Special Implantable Device Privileges – (Non-Electrophysiologist)

| ICD (Implantable Cardioverter Defibrillators) & CRT (Cardiac Resynchronization Devices) |
| IMPLANTATION |
| For the non-electrophysiologist, who is already experienced in pacemaker implantation and requests to independently implant prophylactic (primary prevention) ICD and CRT devices; the following: |
### Eligibility Requirements

**Initial Request**
- Documentation of current experience: 35 pacemaker implantations per year and 100-implantations over the prior 3 years
- Proctored ICD implantation experience
- 10 Implantations
- 5 Revisions
- Proctored CRT implantation experience: 5 implantations
- Completion of didactic course and/or NAPSExAM
- Monitoring of patient outcomes and complication rates
- Established patient follow-up

Physicians Currently Performing ICD and/or CRT at Another Hospital
- Documentation of current experience: 35 pacemaker implantations per year and 100-implantations over the prior 3 years
  - 5 Revisions
  - Completion of didactic course and/or NAPSExAM
  - 10 ICD and CRT procedures per year
  - 20 patients per year in follow-up
  - For CRT therapy, evidence of having performed 5 coronary sinus lead placements

**Maintenance of Privilege**
- 10 ICD and CRT procedures per year
- 20 patients per year in follow-up
- For CRT therapy, evidence of having performed 5 coronary sinus lead placements

### PERMANENT CARDIAC PACEMAKER

#### Eligibility Requirements

**Initial Request**
- Successful completion of an ACGME/AOA-accredited fellowship in cardiovascular disease that included pacemaker insertion, interrogation and follow-up.
- Documentation of 25 pacemaker insertions in the past 24 months or successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.

Fellowship trained physicians who do not meet the required competency volume for the past 24 months, can be proctored by the Chief of Cardiology or his/her designee to meet the required 25 procedures over a 24 month period.

**Maintenance of Privilege**
- Documentation of performance of 12 permanent pacemaker implantations over the previous 12 months.

### Implantable Loop Recorder

#### Eligibility Requirements

**Initial Request**
- Demonstrated current competence and evidence of performance of at least 10 procedures in the past 12 months.

**Proctor Requirements:**
- 5 procedures proctored by a physician currently holding this privilege.

**Maintenance of Privilege**
- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months.
## NUCLEAR CARDIOLOGY

<table>
<thead>
<tr>
<th>INTERPRETATION OF CARDIAC NUCLEAR IMAGING</th>
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<tbody>
<tr>
<td><strong>Eligibility Requirements</strong></td>
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<td><strong>Initial Request</strong></td>
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<tr>
<td>Board certified by the Council for Certification in Cardiovascular Imaging</td>
</tr>
<tr>
<td>Documentation of 15 hours of CME from the past 24 months that includes interpretive nuclear cardiology exams.</td>
</tr>
<tr>
<td>As required by ICANL for Nuclear Laboratory Accreditation.</td>
</tr>
<tr>
<td>Non-nuclear board-certified or eligible Cardiologists must provide written documentation from his or her fellowship director and/or private practice stating that he/she has interpreted 500 scans (as required to sit for CNBC exam) and has 15 hours of CME in last 2 years. If provider does not have documented current interpretations of at least 50 scans in the past year, provider must have 25 scans proctored prior to full reading privileges.</td>
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</table>

| Maintenance of Privilege                   |
| Maintenance of cardiovascular imaging board certification. |
| Documentation of 15 hours of CME from the past 24 months that includes interpretive nuclear cardiology exams. |
| (As required by ICANL for Nuclear Laboratory Accreditation.) |
| Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months. |

## VASCULAR PROCEDURES

<table>
<thead>
<tr>
<th>INTERPRETATION OF VASCULAR STUDIES</th>
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<tbody>
<tr>
<td><strong>Eligibility Requirements</strong></td>
</tr>
<tr>
<td>Provide documentation of one of the following competency requirements listed below:</td>
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**Initial Request**

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
- 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.

**Maintenance of Privilege**
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

**PERCUTANEOUS INFERIOR VENA CAVA (IVC) FILTER PLACEMENT**

<table>
<thead>
<tr>
<th>Eligibility Requirements</th>
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<tbody>
<tr>
<td>Initial Request</td>
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<tr>
<td>Completion of a formal training program</td>
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</table>
• Privileges to perform catheterization at Fort Hamilton Hospital;
• Documented training in the percutaneous placement of inferior cava filters;
• The operator must have experience in at least five (5) cases;
• A letter of support from the program director of the applicant’s training program stating his ability to perform the procedure.

No formal training program
• Privileges to perform catheterization at Fort Hamilton Hospital;
Satisfactory performance of percutaneous insertion of vena cava filters - under the supervision of a proctor for at least six (6) procedures, with a letter from the preceptor(s) indicating competence.

Maintenance of Privilege
Current demonstrated competence and an adequate volume of experience with acceptable results for the past 24 months.

### PERIPHERAL ANGIOGRAPHY

**Eligibility Requirements**

**Initial Request**

To be eligible for the following procedure, physicians must provide documentation of the following competency requirements listed below:

- Hold privileges in invasive cardiology
- 100 angiograms (diagnostic and non-cardiac combined); and

Maintenance of Privilege
Current demonstrated competence and an adequate volume of experience with acceptable results for the past 24 months.

### PERIPHERAL ANGIOPLASTY

**Eligibility Requirements**

**Initial Request**

To be eligible for the following procedure, physicians must provide documentation of the following competency requirements listed below:

- Meet privileges for Peripheral Angiography; and,
- 25 therapeutic interventions, performed as primary operator

Maintenance of Privilege
Current demonstrated competence and an adequate volume of experience with acceptable results for the past 24 months.

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

### Varicose Vein Laser Treatment/Sclerotherapy

**Eligibility Requirements**

**Initial Requirements**

1. Successful completion of an ACGME/AOA-accredited fellowship in cardiovascular disease
2. Documentation of completion of specific procedural device training by vendor through a proctor training site. This includes case observation of an established practitioner(s) performing the procedure.

Maintenance of Privilege
Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the
Acknowledgement of Applicant

I hereby request the clinical privileges in the Department of Medicine 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 Medicine 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