

Name: _____

Purpose

Members of the Department of Cardiology will provide cardiology services to patients of McLaren Greater Lansing.

Qualifications

To be eligible for core privileges in the Department of Cardiology, the applicant must meet the following qualifications:

- Successful completion of a ACGME or AOA recognized accredited residency in internal medicine; **AND**
- Successful completion of three (3) years training in cardiology in an ACGME or AOA-recognized accredited program; **OR**
- Documentation of comparable training in another ACGME or AOA recognized accredited residency program; **OR**
- Documentation of evidence of experience and current competence; **AND**
- Documentation of the provision of cardiology services to at least 200 patients in the past two years;

Active participation in the examination process leading to certification in cardiology or current certification by the American Board of Internal Medicine/Cardiovascular Disease or the American Osteopathic Board of Internal Medicine/Cardiology is highly recommended.

Privileges included in the minimally invasive medical core without observation

Requested Not Requested

Privileges to admit, evaluate, provide treatment to patients of above 17 years of age.

Privileges include, but are not limited to: Advance cardiac life support (ACLS); insertion and management of arterial, central venous and pulmonary arterial lines/catheters; cardioversion, including elective; pericardiocentesis; use of thrombolytic agents; temporary pacemaker placement; thoracentesis; tilt table testing; Swan-Ganz insertion/management; electrocardiogram (EKG) interpretation; Holter monitor interpretation; cardiac stress testing; transthoracic echocardiogram; and ventilation therapy.

Privileges included in the cardiac catheterization core with observation

Requested Not Requested

Additional qualifications include documentation of a minimum of twelve (12) months of training in a catheterization lab during which 200 cases are performed as the primary operator. Documentation of satisfactory completion of at least 50 right heart catheterizations (including Swan-Ganz) and 200 left and/or right coronary arteriograms within the last 24 months.*

Privileges include, but are not limited to: Cardiac fluoroscopy procedures; coronary artery studies; coronary artery bypass graft angiography; exercise studies during cardiac catheterization; left and/or right heart catheterization; valve studies; and ventriculography

Observation requirements for cardiac catheterization core privileges

Retrospective review of three (3) cases by each of the three (3) assigned observers.

Biennial renewal criteria

50 cardiac catheterization procedures per year

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Privileges included in the peripheral angiography core with observation

Requested Not Requested

Additional qualifications include documentation of successful completion of formal training program; and documentation of performance of 100 diagnostic peripheral angiograms, 25 renal angiograms and 5 cases with usage of thrombolytic therapy in peripheral arteries.

Observation requirements for peripheral angiography core privileges

Retrospective review of five (5) cases by each of the two (2) assigned observers.

Biennial renewal criteria

25 cases per year

Privileges included in the therapeutic cardiovascular intervention core with observation

Requested Not Requested

Additional qualifications include documentation of successful completion of an approved cardiovascular interventional fellowship; **and**

Documentation of performance of 200 cardiac cases to include 75 percutaneous transluminal angioplasty (PTA), 50 coronary stents.*

Privileges include, but are not limited to: Intracoronary/Intra-arterial thrombolytic therapy; removal of foreign body in cardiovascular system; and intravascular ultrasound

Observation requirements for therapeutic cardiovascular intervention core privileges

Retrospective review of five (5) cases by each of the two (2) assigned observers.

Biennial renewal criteria

75 cardiovascular intervention procedures per year

Privileges included in the peripheral vascular intervention core with observation

Requested Not Requested

Additional qualifications include documentation of successful completion of a one (1) year formal training program in an approved cardiovascular interventional fellowship; and

Documentation of performance of 100 peripheral angiograms to include 50 peripheral interventions, documented experience of intra-arterial stents, percutaneous transluminal angioplasty (PTA), atherectomy and peripheral thrombolytic therapy.

Privileges include, but are not limited to: arterial stents; arterial PTA; peripheral vascular thrombolytic therapy (bolus and continuous); and directional coronary atherectomy (DCA).

Observation requirements for peripheral vascular intervention core privileges

Concurrent observation of three to five (5) cases

Biennial renewal criteria

20 peripheral vascular intervention procedures per year

*ACGME and AOA credentialing guidelines

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Privileges included in the percutaneous endovascular abdominal-iliac aneurysm repair core with observation

Requested Not Requested

This procedure requires collaboration between a credentialed surgeon with Open AAA privileges and a credentialed peripheral vascular interventionalist. The Surgeon must be available and/or present in the procedure room for access, deployment, and de-access. The peripheral vascular interventionalist must be present and scrubbed in the room for access, deployment, and de-access. The peripheral vascular interventionalist must be fully trained and knowledgeable in the natural history, preoperative evaluation, indications for treatment, risks of standard interventional repair and surgical options, and postoperative management of aneurysm as documented by:

Training/experience:

- Completion of a residency program accredited by the ACGME or AOA with Board certification within 5 years of completion of the formal training program;
- Fulfill FDA sponsored training if required and/or vendor sponsored or SIR/STS/SVS/AATS/SCAI sponsored training program/course;
- Minimum documentation of 10 cases in the past 24 months with proctoring; and,
- General peripheral diagnostic and vascular intervention privileges granted.

Observation requirements for percutaneous endovascular abdominal-iliac aneurysm repair core privileges

Observation of a minimum of 5 procedures by a surgeon with extensive EVAR experience and general endovascular privileges.

Biennial renewal criteria

Case logs (with outcomes) will be required for percutaneous endovascular abdominal aorto-iliac aneurysm repair upon request.

The above criteria delineate how a collaborative team may form to combine the necessary skills to meet a patient's specific needs. The "appropriate surgical care" will be provided to each and every individual patient. Due to the large diameter sheaths currently necessary to perform aneurysmal repair, each physician treating aortic aneurysmal disease must provide assurance that surgical care is available and can be immediately available/accessible if necessary. As these procedures advance into the future with low profile systems/near percutaneous approach, a physician meeting all other criteria may not be required to have open surgical experience themselves. However, until this is the "norm", collaborating with individuals having surgical skill sets immediately available will remain mandatory.

**MCLAREN GREATER LANSING
DEPARTMENT OF CARDIOLOGY
Core Privileges**

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SPECIAL PROCEDURES PRIVILEGES WITH OBSERVATION REQUIREMENTS

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Requested	Procedure	Criteria
	Transesophageal echocardiogram (TEE)	<p>*Initial Credentialing: <u>Training completed prior to 7/1/98:</u> Documentation of performance and interpretation of 50 supervised TEE cases via letter or certificate from training supervisor, or notarized letter documenting performance and interpretation of at least 50 TEE studies per year for the previous two years, or NBE certification in TEE.</p> <p><u>Training completed after 7/1/98:</u> Letter or certificate from training supervisor documenting performance and interpretation of 50 supervised TEE cases or NBE certification in TEE.</p> <p>Observation: Concurrent observation of five (5) cases.</p> <p>*Biennial Renewal: Performance of 25 TEE examinations per year.</p> <p>*ACC/AHA</p>
	Nuclear Cardiology	<p>Initial Credentialing: Documentation of successful completion of a formal didactic/clinical training program that qualifies for NRC licensure and meet ASNC qualifications and standards for board certification.</p>
	Selective Carotid Angiography	<p>Initial Credentialing: Documentation of successful completion of a formal training program or documentation of an apprenticeship with a qualified physician preceptor; and Documentation of completion of 25 carotid angiograms.</p> <p>Observation: Concurrent observation of five (5) cases each by two (2) observers.</p> <p>Biennial Renewal: Documentation of 5 cases per year.</p>

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SPECIAL PROCEDURES PRIVILEGES WITH OBSERVATION REQUIREMENTS (CONTINUED)

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

	Electrophysiology studies (EPS) (endocardial mapping, HIS bundle electro- cardiograph, sinus node recovery time, ventricular stimulation)	<p>Initial Credentialing: Documentation of successful completion of a twelve (12) month formal training program with documentation of 100 cases.</p> <p>Observation: Concurrent observation of five (5) cases by two (2) observers.</p> <p>Biennial Renewal: Documentation of 50 cases per year.</p>
	Intra-aortic balloon pump insertion	<p>Initial Credentialing: Documentation of experience.</p> <p>Observation: Concurrent observation of five (5) cases.</p>
	Permanent cardiac pacemaker insertion	<p>Initial Credentialing: Documentation of 20 permanent pacemaker insertions.</p> <p>Observation: Retrospective review of five (5) cases by three (3) observers.</p> <p>Biennial Renewal: Documentation of 40 cases.</p>
	Implantable Cardioverter-Defibrillator (ICD)	<p>Initial Credentialing: Documentation of 20 ICDs.</p> <p>Observation: Retrospective review of five (5) cases by three (3) observers.</p> <p>Biennial Renewal: Documentation of 20 cases.</p>
	Trans-Septal Catheterization	<p>Initial Credentialing: Documentation of 10 cases.</p> <p>Observation: Retrospective review of three (3) cases by each of the three (3) assigned observers.</p> <p>Biennial Renewal: 5 procedures per year</p>

Name: _____

Comments: _____

Physicians appointed prior to 11/11/09 are grand fathered, except as may be required at the discretion of the Department Chairman.

Provisional year chart review requirement

All of the extension cases will be retrospectively reviewed, during the quality improvement process, during the first year at 6 and 12-month intervals.

If there is not a sufficient level of activity during the provisional period, recommendations for privileges or an extension of provisional status will be at the discretion of the department chairman.

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 that I wish to exercise at **McLaren Greater Lansing**, 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

Name: _____

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Recommendations:

- Approve as requested
- Approve with modifications as noted below
- Denial of privileges

Modifications:

Observers: _____

We attest that in recommending these privileges, due consideration has been given to the applicant's professional performance, training, experience, judgment, and technical skills.

Chairman, Department of Cardiology

Date

Co-Chief of Professional Staff (if requesting interim privileges)

Date

Action:

Credentials Committee Date: _____

Executive Committee Date: _____

Board of Trustees Date: _____

Comments: _____

Approval:
Department of Cardiology 11/13/06; 11/08/11; 7/10/12; 9/11/12; 11/14/12
Credentials Committee 04/12/07; 11/10/11; 10/11/12; 12/13/12
PSEC 04/23/07; 11/28/11; 10/23/12; 12/14/12
Board of Trustees 11/12/12; 12/18/12