

Privileges for: Cardiovascular Disease

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009; Revised December 20, 2012, February 27, 2014, March 24, 2016

Board Approval: September 14, 2009, Revised September 13, 2010; Revised 1/7/2013, May 5, 2014, May 2, 2016

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature

Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in internal medicine and an approved fellowship training program in cardiovascular disease.

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in cardiovascular disease include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Admit patients, perform histories and physicals and treat patients with cardiovascular disease, and perform customary minor surgical, diagnostic and therapeutic procedures under local anesthesia normally incident to caring for such patients. Care includes assessing, stabilizing, and determining the disposition of patients with emergent conditions; stress echocardiography interpretation; tilt table testing; right and left heart catheterization and angiography; endomyocardial biopsy; pulmonary angiography; arterial cut-down (Sones technique); electrocardiogram interpretation (multiple lead, rhythm monitors, signal averaged, other); transthoracic echocardiogram interpretation; exercise & pharmacological stress test supervision & interpretation; electrical cardioversion; pericardiocentesis; deep vein cannulation; arterial line insertion; pulmonary artery catheterization & hemodynamic monitoring; non-invasive hemodynamic monitoring; temporary pacemaker placement; and cardiac rehabilitation prescription & supervision.

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II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Interventional Cardiology Privileges:

Percutaneous transluminal coronary angioplasty with ability to use mechanical retriever if necessary; percutaneous transluminal coronary stenting; percutaneous direct (Blunt) arterectomy; percutaneous transluminal, directional arterectomy; percutaneous transluminal cutting balloon arterectomy; intravascular ultrasound (IVUS); intracoronary Doppler Flow wire; intravascular rheolytic thrombectomy (angiojet). 92920-92921; 92924-92925; 92928-92929 (EDGEWOOD only)

Percutaneous transluminal coronary rotational arterectomy (rotoblator) (EDGEWOOD only)

(ADDITIONAL REQUIREMENT: 25 PROCEDURES)

Diagnostic Angiography

Diagnostic Angiography; Peripheral - 75710

(ADDITIONAL REQUIREMENT: 100 PROCEDURES, 50 AS PRIMARY OPERATOR)

Diagnostic Angiography; Carotid - 36221-36226

(ADDITIONAL REQUIREMENT: 50 procedures, 25 as primary operator)

Endovascular Interventions

Endovascular Interventions; Peripheral - 37221, 37223, 37226, 37230, 37234

(ADDITIONAL REQUIREMENT: 50 procedures, 25 as primary operator)

Endovascular Interventions; Carotid - 35475, 37184, 61623, 61626

(ADDITIONAL REQUIREMENT: 50 procedures, 10 involving carotid artery, plus industry certification)

Endovascular stent graft aneurysm repair (EVAR, TEVAR)

(ADDITIONAL REQUIREMENT: Five endovascular stent graft procedures via (a.)Prior practice at the Hospital, (b.) Under supervision of a privileged endovascular stent graft surgeon, (c.)An approved training program, (d.) Practice at another acute care hospital)

Aortic Valvuloplasty

- **credentialed for cardiac catheterization and coronary intervention;**
- **performance of five (5) procedures with suitable proctor**

Transcatheter Aortic Valve Replacement (endovascular approach) (TEAM APPROACH)

- Interventional cardiologist with:
 - o Professional experience with 100 structural heart disease procedures in career; or
 - o 30 left sided structural procedures per year of which 60% should be balloon aortic valvuloplasty (BAV).
Atrial septal defect and patent foramen ovale closure are not considered left sided procedures)
- Device specific online and on-site training by the manufacturer

Implantation Procedures

Implantation of permanent pacemakers

(ADDITIONAL REQUIREMENT: 50 initial implantations as primary operator)

Implantation of Implantable Cardioverter Debrillators (ICDs) (EDGEWOOD and FLORENCE only)

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(ADDITIONAL REQUIREMENT: [Permanent pacemaker privileges includes ICD implantation])

Implantation of biventricular defibrillator/pacemaker

(ADDITIONAL REQUIREMENT: 10 proctored cases and permanent pacemaker privileges)

Implantable pressure sensor / monitor (CardioMEMS system); (Requirement: Certification by company following 3 proctored cases)

VAD Interrogation (requires completion of online training and on-site training with clinical educator)

Management of ultrafiltration device for CHF (certificate from vendor showing successful completion of training on equipment required)

Transesophageal echocardiography 93312; 93315-93317

Percutaneous atrial septal defect/patent foramen ovale closure (EDGEWOOD only) - 93580

CRITERIA: 1. Currently privileged, or eligible for privileges, in interventional cardiology procedures
2. Certificate of completion of the training required by the company that provides the device.

Unless there is documentation of the successful completion of three (3) procedures within the last two years, a minimum of three cases will be required prior to the granting of independent privileges.

NOTE: It is the responsibility of the cardiologist requesting the privilege to obtain a proctor with these privileges. However the proctor must be approved by the Section Chair of Medical Subspecialties.

Cardiac CT and cardiac CT angiogram interpretation

Cardiovascular magnetic resonance

Percutaneous transluminal septal myocardial ablation (EDGEWOOD only)

Cardiac nuclear scan interpretation

Cardiac CT Interpretation (EDGEWOOD only)

Privileging Criteria: Fellowship must have included training in CT and CT angiography. If the applicant's postgraduate program did not include cardiac CT training, applicants must demonstrate that they have successfully completed formal course in cardiac CT, and were proctored in their initial cases or the equivalent in practice experience. Required current experience: Demonstrated current competence and interpretation of 100 CT studies in the past 12 months or completion of training in the past 12 months.

Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

ELECTROPHYSIOLOGY PRIVILEGES - (ADDITIONAL REQUIREMENT: Approved fellowship in electrophysiology)

Electrophysiology studies (programmed stimulation and mapping); implantation of permanent pacemaker; implantation of ICDs (implantable cardio defibrillators); implantation of arrhythmia monitors; coronary sinus pacing lead placement; endomyocardial radiofrequency ablation; nodal (sinus or atrioventricular) ablation; implantable cardioverter defibrillator placement and programming (EDGEWOOD only)

Epicardial Ablation (excluding coronary sinus ablation)

Excimer Laser for lead extraction (ADDITIONAL REQUIREMENT: Proof of Competency)

Subcutaneous ICD implantation (training course certificate required)

Implantation of leadless pacemaker (training course certificate required and 5 proctored cases)

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TELEMEDICINE PRIVILEGES - PEDIATRIC CARDIOLOGY

_____ Interpretation of neonatal and pediatric echocardiograms

MODERATE / DEEP SEDATION PRIVILEGES

_____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiovascular Disease, Critical Care Medicine, Pulmonary Disease or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).
99144, 99149

_____ Deep Sedation (Board Certification in Cardiovascular Disease) (addressed in policy 300.302.07) For graduates from a Cardiovascular Disease fellowship who are not yet boarded, a letter of recommendation from the Director of their training program that attests to deep sedation as a part of their curriculum is required. This will be accepted in lieu of board certification provided the practitioner completed the program within the last two years.

_____ **Anesthesia Section Chair**

_____ **Date**

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____

Date: _____