APPLICANT NAME:  ____________________________________________________________________________  

PLEASE PRINT

QUALIFICATIONS:

* You must complete a General Internal Medicine delineation of privileges along with this delineation.

**Effective July 1, 2009, all new applicants to the DMC will be required to be board certified, or in the active certification process, in their practice specialty. See Board Certification addendum for complete requirements.**

Core Privileges in Cardiovascular Medicine

1. Current certification or active participation in the examination process leading to certification in Cardiovascular Disease through the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, AND/OR successful completion of an accredited ACGME or AOA fellowship program in Cardiovascular Diseases with current certification or active participation in the examination process leading to certification in Cardiovascular Diseases by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, within 5 years.

2. Documented clinical experience in the practice of Cardiovascular Disease:

   A. If the applicant is within 2 years of completion of an accredited ACGME or AOA fellowship program in Cardiovascular Diseases, a letter from the fellowship director (or designee) must be supplied.

   B. If the applicant completed training in Cardiovascular Diseases at an accredited ACGME or AOA residency program more than 2 years before the application, documentation of activity in the practice of Cardiovascular Medicine must be demonstrated by:

      1) Demonstration of sufficient inpatient activity to allow ongoing professional performance evaluation on delivery of care meeting accepted standards and guidelines, and without variance from standards as recommended by the Chief of Medicine.

         a. Patients hospitalized at a DMC owned/operated facility within the past 2 years for which the applicant has been the attending of record, or

         b. Submission of documentation of hospital admissions at a JCAHO approved hospital and demonstration of certification at that hospital.

      2) Proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request the applicant may be requested to gather additional letters of reference or other information to support the application and to determine quality of care.

Proof of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of indications for the procedures/test/ therapy, and documentation of the competence to obtain and retain clinical privileges. Where nationally recognized certification agencies have established specific criteria for minimal clinical experience, the criteria will be cited and followed. Current Board certification or active participation in the examination process leading to certification within established Board requirements.
DELINATEATION OF PRIVILEGES IN CARDIOVASCULAR MEDICINE

APPLICANT NAME: _____________________________________________________________

PLEASE PRINT

Reappointment Requirements
Maintenance of all core and special privilege qualifications and current demonstrated competence and experience in the practice of Cardiovascular Medicine, through ongoing professional practice evaluation without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department of Medicine.

DMC Affiliation for No Volume or Referring Physicians
Requesting “Affiliate Status, Membership Only (No clinical privileges)” status is for those practitioners that wish to obtain or maintain a DMC affiliation but do not meet the minimum qualifications as defined by the DMC and/or their clinical department.

PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

Applicant: Please place a check mark in the (R) column for each privilege requested.

(DB) (A) (C) (N)

AFFILIATE STATUS, MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES
Check ‘R’ box and do not complete the remainder of the form, go directly to Page 4, sign and date.

(DB) (A) (C) (N)

CORE PRIVILEGES IN CARDIOVASCULAR MEDICINE
Admission, work up, diagnose and provide treatment or consultative services to patients of all ages in need of cardiovascular care. Core privileges may include the following high volume procedures which are commonly performed by specialists in cardiovascular medicine:

1. ECG interpretation and report
2. Electrical (DC) cardioversion
3. Placement of arterial and central venous catheters
4. Placement of temporary pacemaker
5. Calibration and operation of hemodynamic recording systems
6. Evaluation and/or consultation of appropriate diagnostic radiographs and hemodynamic recordings.
7. Placement of pulmonary artery balloon flotation catheters
8. Pericardiocentesis
9. Interpretation of electrocardiographic rhythms, including ambulatory ECG recordings
10. Performance/interpretation of exercise and pharmacologic cardiac stress tests
11. Echocardiography:
   a. Interpretation and performance of transthoracic two dimensional Echo and Doppler (spectral and color flow) recordings.

These core privileges do not include any of the following special procedures.
# Delineation of Privileges in Cardiovascular Medicine

**Applicant Name:** _____________________________________________________________

**Please print: (R) (A) (C) (N)**

<table>
<thead>
<tr>
<th>Special Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Echocardiography:</td>
</tr>
<tr>
<td>a. Interpretation of exercise and pharmacologic stress Echocardiography</td>
</tr>
<tr>
<td>b. Performance and interpretation of Trans-esophageal Echocardiogram</td>
</tr>
<tr>
<td>2. Diagnostic heart catheterization including coronary angiography</td>
</tr>
<tr>
<td>3. Percutaneous aortic valvuloplasty</td>
</tr>
<tr>
<td>4. Percutaneous mitral valvuloplasty</td>
</tr>
<tr>
<td>5. Endomyocardial biopsy by catheter techniques</td>
</tr>
<tr>
<td>6. Percutaneous intra-aortic balloon insertion and management</td>
</tr>
<tr>
<td>7. Transluminal coronary angioplasty:</td>
</tr>
<tr>
<td>a. with or without stent placement</td>
</tr>
<tr>
<td>b. use of rotoblator</td>
</tr>
<tr>
<td>c. transluminal extraction catheter (TEC)</td>
</tr>
<tr>
<td>d. other</td>
</tr>
<tr>
<td>8. Transluminal peripheral arterial and venous angioplasty with and without intravascular stent placement:</td>
</tr>
<tr>
<td>a. extremities and renal vessels</td>
</tr>
<tr>
<td>b. carotid artery</td>
</tr>
<tr>
<td>c. endovascular prosthesis for aortic aneurysm</td>
</tr>
<tr>
<td>9. Atrial transseptal catheterization</td>
</tr>
<tr>
<td>10. Percutaneous closure of intracardiac shunts</td>
</tr>
<tr>
<td>11. Electrophysiological Procedures:</td>
</tr>
<tr>
<td>a. Diagnosis and management of cardiac rhythm disorders using intracardiac electrical monitoring and stimulation, with or without simultaneous administration of diagnostic and therapeutic agents.</td>
</tr>
<tr>
<td>b. Ablation of cardiac rhythm disorders</td>
</tr>
<tr>
<td>c. Implantation and follow up of permanent atrial and right ventricular pacemakers</td>
</tr>
<tr>
<td>d. Implantation and follow up of biventricular pacing devices</td>
</tr>
<tr>
<td>e. Pacemaker lead extraction</td>
</tr>
<tr>
<td>f. Insertion, testing and follow up of intra-cardiac defibrillators (IDC’s)</td>
</tr>
<tr>
<td>g. Implantation, testing and removal of implantable rhythm recording devices</td>
</tr>
<tr>
<td>h. Tilt table testing, with and without pharmacological agents</td>
</tr>
<tr>
<td>i. Nuclear Cardiology reading and reporting</td>
</tr>
<tr>
<td>12. <strong>Moderate Sedation</strong></td>
</tr>
<tr>
<td>This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.</td>
</tr>
</tbody>
</table>

_______ Initial
DELINEATION OF PRIVILEGES IN CARDIOVASCULAR MEDICINE

APPLICANT NAME: _____________________________________________________________

PLEASE PRINT

Acknowledgement of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

___________________________________________________

Applicant Signature Date

Specialist-in-Chief/Chief of Service (or designee) Recommendations:

By my signature below, I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

☐ Recommend as requested ☐ Do not recommend

☐ Recommend with conditions/modification as listed

___________________________________________________

Chief of Service (or designee) Signature Date

___________________________________________________

Specialist-in-Chief (or designee) Signature Date

Joint Conference Committee Approval:

JCC Approved 10.27.09

Date
Clinical Privileges in Carotid Artery Angioplasty and Stent Placement

Criteria: These procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in cerebrovascular angiography, pathophysiology, hemodynamics, and vascular interventions, and anticipated risks and complications.

Qualifications: Current Certification or active participation in the examination process for certification in Vascular Surgery, Neurosurgery, Interventional Cardiology, or Interventional Radiology and Neurology. Physicians with other specialty board certification may be eligible if they can demonstrate the number of procedures performed which would make them eligible by criteria for any of the above Boards.

Required Previous Experience/Training:

A. Demonstration of previous performance of requisite procedures to obtain certification in primary Board. Beyond these, the performance of diagnostic cerebral/carotid angiograms in a minimum of 30 patients, and 25 interventional carotid cases, with 15 of these as the supervised primary operator, are required. No more than two interventional procedures per case may be counted to meet these criteria.

B. Demonstration of Radiation Safety training

Observation and Monitoring Requirements: Ongoing monitoring of inclusion criteria met (e.g. SAPPHIRE or similar trial), satisfactory outcomes, stroke rates, restenosis rates, and mortality will be performed through Multidisciplinary Endovascular Quality Assessment and Improvement activities

__________________________________________________________________________________________

Applicant signature                                                  Date

__________________________________________________________________________________________

Signature, Service and/or Department Chief                          Date

__________________________________________________________________________________________

Signature, Specialist-in-Chief, or designee                          Date

*Addendum to the following Department Delineation of Privileges:

- Medicine (Cardiology only)
- Neurology
- Neurosurgery
- Interventional Radiology
- Surgery (Vascular and cardiothoracic)
• Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.

• Individual clinical department Board certification may be more stringent. If so, the department’s requirements supersede the DMC minimum Board certification requirement.

• The Board certification must be in the specialty and specific practice which clinical privileges are requested.

• Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.

• If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.

• DMC medical staff members on staff prior to July 1, 2009, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.

• Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.