

KALEIDA HEALTH

Name: _____

Date: _____

INTERNAL MEDICINE SUBSPECIALTY – CARDIOLOGY

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

Requirements:

1. Successful completion of an ACGME accredited Cardiology Fellowship, AOA, Royal College of Physicians and Surgeons of Canada or an ACGME equivalent Cardiology Fellowship program.
2. Board certified in Cardiology; if not board certified, applicant will be given two (2) years from date of initial appointment to obtain board certification in this specialty. *(Maintenance of Board Certification is mandatory for all providers who have achieved this status.)*

*** Moderate/Conscious Sedation privileges are required for Level II and Level III Privileges as indicated with (*). Please attach a copy of your current Conscious Sedation training certificate.** If you do **not** have Moderate/Conscious Sedation privileges, please request the privilege as listed on the Internal Medicine Delineation of Privileges or you must invite a Kaleida health Anesthesiologist to participate in the procedure.

In case of any emergency, any staff physician or dentist, to the extent allowed by his license, regardless of department, staff status or clinical privileges, is permitted to do anything deemed necessary to save a patient from serious harm or death. Such emergencies are defined as the need for immediate intervention where harm to a patient would result from any delay in administering treatment. Examples include, but are not limited to, intubation, cardiac resuscitation, tube thoracostomy, temporary pacemaker insertion, cardioversion and pericardiocentesis.

<u>CARDIOLOGY LEVEL I CORE PRIVILEGES</u>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements*
Consultation ECG (all forms) Stress Testing (exercise testing) Holter Monitoring				

CARDIOLOGY – LEVEL II PRIVILEGES <i>(case list = volume requirement)</i>	Volume for initial privilege (within past 5 years)	Volume at reappointment	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements*
Cardiac CT - <i>Initial request requires the following:</i> <i>Interpretation of at least 150 Contrast Cardiac CTs, with 50 where the candidate is physically present (and mentored) and involved in acquisition and interpretation of the cases, and evaluation of 50 non-contrast studies, and attendance in at least 20 hours of devoted CCT classes.</i>	150	100				
Cardiac MR - <i>Initial request requires the following:</i> <i>Interpretation of at least 150 Cardiac MR, with 50 where the candidate is physically present (and mentored) and involved in acquisition and interpretation of the cases, and attendance in at least 30 hours of devoted CMR classes.</i>	150	100				

CARDIOLOGY – LEVEL II PRIVILEGES cont. (case list = volume requirement)	Volume for initial privilege (within past 5 years)	Volume at reappointment	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements*
*Cardioversion – elective	15	5				
Echocardiography (transthoracic)	300	100				
Nuclear Cardiology (all forms)	300	100				
*Percutaneous Mitral Valve Repair (Example: Mitral Clips) Must be boarded in Interventional Cardiology	50	20				
*Right heart and Swan-Ganz catheterization and hemodynamic manipulation	25	5				
*Temporary Pacemaker Placement	5	4				
*Transesophageal echocardiography	50	50				

<u>CARDIOLOGY - LEVEL III PRIVILEGES</u> (case list = volume requirement) Requires successful completion of RRC approved Invasive Cardiology Fellowship training and NASPE credentialed for EP studies and pacemaker insertion.	Volume for initial privilege (within past 5 years)	Volume at reappointment	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements*
*Catheter directed pulmonary thrombectomy - Catheter directed pulmonary thrombectomy Must be proctored for first 3 cases	5	5				
*Electrophysiological studies - Privileging for the following Cardiac Electrophysiological procedures requires evidence of a fellowship in Cardiac Electrophysiology.	100	50				
*Endovascular Closing of Atrial Septal Defect and Patent Foramen Ovale - Privileging for Endovascular Closing of Atrial Septal Defect (ASD) and Patent Foramen Ovale (PFO) – Physician must be board certified in Internal Medicine; and successfully completed a fellowship in either Cardiac Intervention or Pediatric Interventional Cardiology; and board certified or board eligible in Cardiology or Pediatric Cardiology; and submit two (2) letters of recommendation, one of which must be from the Director of the Catheterization Lab; and present 50% of the cases in the Cardiac Cath Conference. Initially the physician must have successfully completed four (4) PFO or ASD closures under supervision of an established Cardiac Interventionalist dealing with PFO and ASD closures.	12 PFO or ASD closures	5 PFO or ASD closures				
*ICD and Pacemaker extractions	40	20				

CARDIOLOGY - LEVEL III PRIVILEGES cont. (case list = volume requirement) Requires successful completion of RRC approved Invasive Cardiology Fellowship training and NASPE credentialed for EP studies and pacemaker insertion.	Volume for initial privilege (within past 5 years)	Volume at reappointment	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements*
*Insertion/Removal of Vent Assist Device - <i>Insertion/Removal of Vent Assist Device Must be proctored for first three (3) cases</i>	5	5				
*INTERVENTION++ *Stent, *Balloon coronary angioplasty, *Directional atherectomy (Rotational) *Directional atherectomy (laser)	250	100				
Interventional ++ Initial: Documentation of training in peripheral vascular interventions with: Performance of: 100 diagnostic angiograms 50 peripheral vascular interventions* <i>(at least half as the primary operator)</i> Reappointment: Performance of at least 20 peripheral vascular interventions on an annual basis.	150 ##	40				
*Intra-aortic balloon pumping - Hemodynamic manipulation	10	10				
*Lead Extractions by Laser - <i>Privileging for Lead Extractions by Laser requires completion of an ACGME-approved Cardiac Electrophysiology Fellowship documenting the performance of a minimum of five (5) cases OR if training completed prior to the offering of a Cardiac Electrophysiology fellowship, provide documentation of extensive experience in the performance of Lead Extractions, to include the performance of five (5) Lead Extractions per year for the immediate past two (2) years.) Documentation of at least one (1) lead extraction during the previous two years is required at reappointment. (Cases are performed in the OR with Thoracic Surgical backup.)</i>	5	1				
*Left heart catheterization and coronary angiography	100	100				
*Percutaneous Left Atrial Appendage Closure - <i>Percutaneous Left Atrial Appendage Closure (Example: Watchman) Must be proctored for first two (2) cases.</i>	25	12				
Pericardiocentesis	10	5				

CARDIOLOGY - LEVEL III PRIVILEGES cont. (case list = volume requirement) <i>Requires successful completion of RRC approved Invasive Cardiology Fellowship training and NASPE credentialed for EP studies and pacemaker insertion.</i>	Volume for initial privilege (within past 5 years)	Volume at reappointment	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements*
*Peripheral Vascular Procedures: Diagnostic- <i>Privileging for peripheral vascular procedures requires evidence of a course or fellowship training in addition to the minimum number of observed procedures.</i>	100	20				
*Permanent pacemaker insertion to include Micra Pacemaker	50	12 new 5 replacement				
*Radio Frequency ablations to include Cryo Ablation	50	50				
*Trans Catheter Aortic Valve Placement (Excludes vascular access. A team approach is essential for this procedure) - <i>Privileging for Trans Catheter Aortic Valve Placement requires current Interventional (Coronary) privileges. Further Qualifications for Interventional Cardiologist:</i> 1. Professional experience with 100 structural heart disease procedures lifetime; OR 2. 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; AND 3. Device specific training as required by the manufacturer.	50	25				
*Trans Septal Puncture - <i>Trans Septal Puncture Must be proctored for first five (5) cases</i>	25	10				
*Transvenous Placement of AICD	30	30				

++ **Note:** Interventional is considered as a group of privileges because it is believed that an interventionist must have the ability to respond using any of a number of techniques.

Note: 50 therapeutic peripheral interventions (at least half of these cases as primary operator)

KEY	*NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
	1) Lack of Documentation	1) With Consultation
	2) Lack of Required Training/Experience	2) With Assistance
	3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
	4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

