

Cardiology Clinical Privileges

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)	<input type="checkbox"/> <input type="checkbox"/> Requested
Renewal of privileges (reappointment)	<input type="checkbox"/> <input type="checkbox"/> Requested
Expansion of privileges (modification)	<input type="checkbox"/> <input type="checkbox"/> Requested

Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the clinic for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Cardiology Clinical Privileges

Policies Governing Scope of Practice

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Cardiology Clinical Privileges

Qualifications for Cardiovascular Disease (Cardiology)

Initial Applicant - To be eligible to apply for privileges in cardiovascular disease (cardiology), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in cardiovascular disease.

AND

Current certification or active participation in the examination process leading to subspecialty certification in cardiovascular disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology.

AND

Required current experience: Adequate volume of experience with cardiology patients with acceptable results, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements- To be eligible to review privileges in cardiovascular disease, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is requested of all applicants for renewal of privileges.

Cardiology Clinical Privileges

CORE PRIVILEGES: *Cardiovascular Disease (Cardiology)*

Evaluate, diagnose, treat and provide out-patient consultation to adolescent and adult patients presenting with diseases of the heart and blood vessels and manage complex cardiac conditions. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in the specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

This list is a sampling of procedures included in the core. This is not intended to be all encompassing list but rather reflective of the categories/types of procedures included in the core.

Requested

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Adult transthoracic echocardiography
3. Ambulatory electrocardiology monitor interpretation
4. ECG interpretation, including signal average ECG
5. Non-invasive hemodynamic monitoring
6. Stress echocardiography (Exercise and pharmacologic stress)
7. Transthoracic 2D echocardiography, Doppler, and color flow
8. Pacemaker programming/reprogramming and interrogation

Cardiology Clinical Privileges

Special Non-Core Privileges (*See Specific Criteria*)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

Qualifications for Noninvasive Vascular Diagnosis

Initial Credentialing – To be eligible to apply for privileges noninvasive vascular diagnosis, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:

Successful completion of vascular ultrasound certification by American Registry for Diagnostic Medical Sonography (ARDMS)

OR

Successful completion of >40 hours of vascular ultrasound CME

OR

Documentation of training with interpretation of >100 vascular studies during cardiology fellowship

This list is a sampling of procedures included in the core. This is not intended to be all encompassing list but rather reflective of the categories/types of procedures included in the core.

Requested

1. Upper and Lower Extremity Venous and Arterial
2. Abdominal Aorta
3. Renal
4. Extracranial
5. Ankle Brachial Indices

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Qualifications for Cardiac Nuclear Scan Interpretation

Criteria: Successful completion of 4 to 6 months training in an ACGME or AOA accredited post graduate training program in cardiology, nuclear medicine, or radiology that included training in nuclear cardiology or; training or experience equivalent to the training in a formal program such as the Level 2 training in the American College of Cardiology/American Society of Nuclear Cardiology (ACC/ASNC) training guidelines, and current subspecialty certification or active participation in the examination process leading to subspecialty certification in nuclear cardiology by the American Society of Nuclear Cardiology.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least 30 cardiac nuclear scan interpretations during the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least 60 cardiac nuclear scan interpretations during the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, successful completion of continuing education requirements that relate to nuclear cardiology and cardiac nuclear scan interpretation should be required.

Requested

Cardiology Clinical Privileges

Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Medical Director Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: _____

SOM Department Chair (sign & date): _____ **Date:** _____

UNNMG Medical Director (sign & date): _____ **Date:** _____

CMO: _____ **Date:** _____

Criteria Approved by UNMMG Board of Directors on 9/29/14

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