Adult Cardiovascular Disease Physician Privileges
Department of Medicine

Name: _____
            (Please print)

     '   Initial privileges (initial appointment)
     '   Renewal of privileges *(reappointment, on 2 year specialty cycles)*
     '   Modification of privileges *(request for any additional privileges beyond those previously granted)*

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited fellowship in cardiovascular disease. Current certification or active participation in the examination process (with achievement of certification within 5 years of training leading to subspecialty certification in cardiovascular disease by the ABIM or the AOBIM with special qualifications in cardiology.

Required current experience: Provision of services to at least 50 inpatients, outpatients and/or clinic patients reflective of the scope of privileges requested, within the past 12 months, or successful completion of an ACGME or AOA accredited fellowship within the past 12 months.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Cardiovascular Disease Privileges:

Core privileges for cardiovascular disease include the ability to admit, evaluate, diagnose, treat, perform a history and physical exam, and provide consultation to adolescent and adult patients presenting with diseases of the heart and blood vessels and management of complex cardiac conditions. Cardiologists may provide care to patients in the intensive care setting in conformance with unit policies and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the following procedure list and such other procedures that are extensions of the same techniques and skills:

Adult transthoracic echocardiography
Ambulatory electrocardiology monitor interpretation
Cardioversion, electrical and elective
EKG interpretation, including signal average EKG

Infusion and management of Gp IIb/IIIa, thrombolytic, and antithrombolytic agents
Insertion and management of central venous catheters, pulmonary artery catheters, arterial lines
Noninvasive hemodynamic monitoring
Pericardiocentesis
Stress echocardiography (exercise and pharmacologic stress)
Tilt table testing
Transcutaneous external pacemaker placement
Transthoracic 2D echocardiography, Doppler, and color flow

Special Non-Core Privileges in Cardiovascular Disease:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Cardiac nuclear scan interpretation					
Cardiac CT and CTA					
Cardiovascular magnetic resonance					
Transesophageal echocardiography					
Valvuloplasty					
Implantation of cardiovascular implantable electronic devices, including pacemakers, implantable cardiac defibrillators, cardiac resynchronization devices, implantable loop recorders, and implantable cardiovascular monitors (included in the CCEP core)					
Peripheral vascular interventions, including diagnostic and therapeutic angiography, angioplasty, and stenting of arterial and venous grafts and fistulas (excluding carotid stenting and intracranial interventions					
Percutaneous thrombolysis/thrombectomy					
Cartoid Stenting					
Percutaneous arterial septal defect/patent foramen ovale closure					
Transcatheter aortic vavle replacement (TAVR)					
Alcohol septal ablation for hypertrophic obstructive cadiomyopathy					
Administration of moderate sedation and analgesia (see belowfor criteria)					

Coronary artery fistula closure					
Use of fluoroscopy					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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Special Procedures Privileges Criteria
Moderate Sedation
CRITERIA – To administer Moderate Sedation
1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:
I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

'   Recommended as Requested

'   Recommended with Modifications (See comments below)

'   Not Recommended (See comments below)

Chief Comments: _____

_____

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_____

_____   _____
Provider Signature   Date

_____   _____
Chief Signature   Date

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