

**Delineation of Privileges Request
Criteria Summary Sheet**

Facility: UPMC Passavant

Specialty: VASCULAR SURGERY

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program
TRAINING	Completion of an ACGME-accredited residency training program in cardiovascular disease.
CERTIFICATION	Certified, or become certified within five years following completion of residency and/or fellowship training, by the appropriate specialty board of the ABMS, or the AOA
OTHER	<p style="text-align: center;"><u>CARDIOVASCULAR MEDICINE CORE PRIVILEGES</u></p> <p>To be eligible to apply for core privileges in cardiovascular medicine, the applicant must meet the following qualifications:</p> <ul style="list-style-type: none"> ▪ Documentation of the management of 100 cardiovascular inpatients during the previous two years, or successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years; (applicants with less than 100 cardiovascular inpatients will be evaluated on an individual basis) and ▪ References: A letter verifying satisfactory completion of the applicant's cardiology residency program, or letters describing participation in cardiology should be obtained from the immediate supervisor (department chair, chief of medicine) noting current clinical competency at the institution where the applicant is most active. <p style="text-align: center;"><u>DIAGNOSTIC CATH PRIVILEGES</u></p> <ul style="list-style-type: none"> ▪ Cardiac catheterization and angiography privileges. This category includes the following procedures: Right heart catheterization, temporary pacemaker insertion, left heart catheterization, angiographic injections including the right atrium, right ventricle, left atrium, left ventricle, aorta, pulmonary artery, coronary arteries, bypass grafts, renal arteries, pericardiocentesis, and insertion of intra-aortic balloon pump. ▪ Training/eligibility: Meet the eligibility criteria for cardiovascular core. New applicants must demonstrate 100 diagnostic procedures in the last 2 years ▪ Required previous experience: Must demonstrate that he/she is

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	<p>currently performing these privileges at another institution if UPMC Passavant is not the active facility.</p> <ul style="list-style-type: none"> ▪ References/competency/reappointment: A letter of reference from the applicant's residency/fellowship, if training completed less than 1 year ago, or chief of Cardiac Cath lab director where the applicant is most active. Reference letter shall note current clinical competence (volume and outcome) to perform those privileges listed under core diagnostic cath privileges. <p><u>INTERVENTIONAL CATH LAB PRIVILEGES</u></p> <ul style="list-style-type: none"> ▪ This includes coronary thrombolysis, atherectomy, rotoblator, percutaneous transluminal coronary angioplasty and angiographic stent placement ▪ Training/eligibility: Meet the eligibility criteria for cardiovascular core. Must have unrestricted diagnostic cath privileges. ▪ Required previous experience: Must demonstrate that he/she has active privileges at another institution or recent fellowship log indicating applicant as the primary operator on procedures performed (125 PTCAs plus documented performance of 250 diagnostic caths as primary operator). ▪ References/competency/reappointment: A letter of reference from the applicant's residency director or chief of the cardiac cath lab where the applicant is most active, noting current clinical competence,(volume and outcome) to perform the privileges requested. Angiographers with less than 50 PTCAs per year will be reviewed on an individual basis <p><u>PERCUTANEOUS ENDOVASCULAR PRIVILEGES</u></p> <ul style="list-style-type: none"> ▪ Diagnostic and intervention of arterial, venous and lymphatic systems sites include: subclavian/axillary/innominate, aortic/iliac, renal, femoral, mesenteric, popliteal/tibial and carotid**) ▪ Training/eligibility: Meet the eligibility criteria for cardiovascular core. ▪ Required previous experience: Must demonstrate the following volume criteria: angiograms 100/50* primary operator interventions 50/25* primary operator ▪ References: A letter of reference from the program director that applicant has obtained the fundamental skills to perform endovascular procedures, treating conditions by endoluminal dilatation or device deployment. Alternatively, for those physicians currently privileged for endovascular at other hospitals, a letter of recommendation and evaluation from appropriate department chief, where applicant currently holds said privileges. The letter should attest to current competency and validate the following volume in the past 2 years: angiograms 100/50* primary operator interventions 50/25 * primary
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	<p>operator</p> <ul style="list-style-type: none"> ▪ References/Competency/Reappointment: A letter from the Director of the facility where the individual is most active noting current clinical competence including volume and outcome. Evidence of 50 angiograms over the reappointment cycle. <p><u>ELECTROPHYSIOLOGIC PRIVILEGES</u></p> <ul style="list-style-type: none"> ▪ Diagnostic electrophysiology studies, tilt testing, non-invasive ICD stimulation, pacemaker and ICD evaluation and programming. ▪ Training/Eligibility: Meet the eligibility criteria for cardiovascular core and a minimum of one year of fellowship training in an ACGME accredited electrophysiology program. Each applicant must demonstrate that he/she has performed 150 intracardiac procedures in the last 12 months. ▪ References: A letter of reference from the applicant's training program. Alternatively, a letter of reference regarding current competency from the chief of cardiac EP lab at the institution where the applicant is most active, noting volume and outcome. ▪ Maintenance of Competence: Evidence of at least 50 EP studies annually over the reappointment cycle. Applicants with less than the required numbers will be evaluated on an individual basis. <p><u>INTERVENTIONAL ELECTROPHYSIOLOGY PROCEDURES</u></p> <ul style="list-style-type: none"> ▪ radio frequency ablation, of atrial arrhythmias, SVT or ventricular arrhythmias ▪ Training/Eligibility Meet the eligibility criteria for cardiovascular core and diagnostic EP privileges. ▪ References: A letter of reference from the applicant's training program. Alternatively, a letter of reference regarding competency from the chief of cardiac EP lab at the institution where the applicant is most active noting volume and outcome. ▪ Maintenance of Competence: Evidence of a minimum of 12 electrophysiology interventions annually over the reappointment cycle. Those with less than the minimum will be evaluated on an individual basis. <p><u>PERMANENT PACEMAKER INSERTIONS</u></p> <ul style="list-style-type: none"> ▪ Insertion of permanent pacemakers in the EP Lab ▪ Training/Eligibility: Meet the eligibility criteria for core and at least one
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	<p>year of fellowship training in an ACGME accredited electrophysiology program noting a minimum of 25 procedures as the primary operator.</p> <ul style="list-style-type: none"> ▪ References: A letter of reference from the applicant's training program. Alternatively, a letter of reference regarding competency from the chief of cardiac EP lab at the institution where the applicant is most active <i>noting volume and outcome.</i> ▪ <u>Alternative pathway</u> for those applicants not presently practicing permanent pacemaker implantations: participation in implantation of at least 25 new device implantations and 10 replacement procedures within 2 years as the primary operator under the direct supervision of a credentialed implanter. However, a minimum of 5 device implantations and 1 revision must be performed at UPMC Passavant. Also, completion of a CME course in cardiac pacing, which includes the following concepts: pacemaker timing cycles, indications for pacing, pacing mode selection, pacemaker troubleshooting, and interaction of pacemakers with the environment. ▪ Maintenance of Competence: Evidence of a minimum of 12 new device implantations and <i>5 replacement</i> procedures annually over the reappointment cycle is desired. <p><u>ICD INSERTION</u></p> <ul style="list-style-type: none"> ▪ Insertion of implantable cardiac defibrillator in the EP Lab (pending) ▪ Training/Eligibility: Meet the eligibility criteria for cardiovascular core and at least two years of fellowship training in an ACGME accredited electrophysiology program with a minimum of 25 initial ICD implants and replacement or revision of at least 10 ICDs as the primary operator. ▪ References: A letter of reference from the applicant's training program. Alternatively, a letter of reference regarding current competence from the chief of cardiac EP lab at the institution where the applicant is most active. ▪ Maintenance of Competence: Evidence of a minimum of 10 ICD procedures annually over the reappointment cycle. Applicants with less than 10 annually will be evaluated on an individual basis. <p><u>TRANSESOPHAGEAL ECHOCARDIOGRAMS</u></p> <ul style="list-style-type: none"> ▪ Training/Eligibility: Meet the eligibility criteria for core in addition to completion of an ACGME approved fellowship training, which provided advanced training in performing TEE. <u>Or</u> B. Practical Training: Completion of at least two formal programs or continuing education courses on TEE encompassing a minimum of 24 category 1 hours (certificates must be attached) and documentation of a minimum of 50
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supervised exams, which include insertion of probe and interpretation of study

- **References:** A letter of reference from the applicant's training program. Alternatively, a letter of reference regarding current competence from the chief of cardiology lab at the institution where the applicant is most active.
- **Maintenance of privileges:** Evidence of at least 12 procedures annually over the reappointment cycle. Those with less than the minimum will be evaluated on an individual basis.

Percutaneous Endovascular Intervention

PERIPHERAL INTERVENTIONS

- (For Physicians fellowship trained) Documentation of current completion of a fellowship training program in which I obtained the fundamental skills necessary to perform endovascular procedures; these include: gaining access to the vascular system; selective catheterization defined as placement of a catheter in a branch of the aorta, vena cava or vascular tree beyond the point of introduction of the catheter into the vascular system; treating conditions by endoluminal dilatation or device deployment.

and

- Documentation of the following volume criteria:

Peripheral angiography* 100

Interventions* 50

** Done as primary interventionalist*

- (For **postgraduate physician without fellowship training** or those physicians currently performing percutaneous endovascular interventions at other hospitals) A letter from the Chief / Director where the physician has been granted such privileges. The letter should attest to current competency of the physician and validates the following volume in past **2 years:**

Peripheral angiography* 100

Interventions* 50

- **References//Competency/Reappointment:** A letter from the applicant's director of training or from the applicant's angiographic facility director/designee where the individual is most active noting current clinical competence including volume and outcome. Evidence of 50

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	<p>angiograms over the reappointment cycle.</p> <p>CAROTID ARTERIOGRAPHY:</p> <ul style="list-style-type: none"> ▪ If the physician has met the peripheral angiography criteria (section above), to receive initial privileges in carotid arteriography, a physician must have performed 50 selective carotid arteriograms with 25 as primary operator. ▪ If the physician has not met the peripheral angiography criteria, then to receive initial privileges in carotid arteriography, the physician must have performed 100 selective carotid angiograms. <p>CAROTID INTERVENTIONS:</p> <ul style="list-style-type: none"> ▪ To receive initial privileges in carotid stents, the physician must have full carotid angiogram privileges and 25 carotid interventions (15 as primary operator) ▪ For those physicians currently performing carotid stenting at other hospitals- A letter from the Chief / Director where the physician has been granted such privileges. The letter should attest to current competency of the physician and validates the following volume in past 2 years: <ul style="list-style-type: none"> • Cerebral angiograms 50 • Carotid Interventions 25 <u>with</u> • 15 as <u>primary</u> interventionalist ▪ References/Competency/Reappointment: A letter from the applicant's director of training or from the applicant's facility director/designee where the individual is most active noting current clinical competence including volume and outcome. Evidence of 50 angiograms and 25 interventions over the reappointment cycle. <p><u>IV MODERATE SEDATION:</u></p> <ul style="list-style-type: none"> ▪ Required previous experience: Applicant must provide adequate demonstration of current competence in administering moderate sedation. If moderate sedation was not part of formal residency program, that applicant must have completed hands on training in moderate sedation under the supervision of a qualified preceptor. ▪ References: A letter of reference must come from the individual responsible for moderate sedation training or alternatively from a
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	<p>physician who is familiar with the physician's experience with moderate sedation.</p> <ul style="list-style-type: none"> ▪ Maintenance of Competence: Evidence of a minimum of 12 cases in providing moderate sedation annually over the reappointment period. Must attach current CME certificate relative to Moderate Sedation <u>or take the enclosed test-</u> see attachment. Current CME must be present at initial appointment and reappointment. <p><u>OPEN HEART SURGERY SERVICES</u></p> <p>Response Time: Surgeon shall be prepared to perform surgery within 60-minutes of page. (Presence within one-hour from time of page is to establish a patient- family- cardiologist relationship prior to patient's surgery.)</p> <p>Surgical Activity: Surgeon should perform a minimum of 100 open-heart operations per year. This applies prior to initial request for this privilege and upon any subsequent/renewal requests. Those individuals who have less surgical activity per year will be reviewed on an individual basis based on skill, training and acceptable morbidity/mortality data.</p> <p>Acceptable results for morbidity and mortality as defined by national and State standards (e.g. Society for Thoracic Surgeons (STS)).</p> <p>Coverage: follow-up on surgical performance</p> <ul style="list-style-type: none"> ▪ Establish post procedural coverage, and length of time (in accordance with standard of care) that surgeon is present on campus. ▪ Surgeon should have direct (physician to physician) contact with cardiologist. ▪ Surgeon should meet with family. <p>Training Requirements/Experience: Applicants are required to have met all of the criteria for clinical privileges in general surgery and the following additional criteria:</p> <ol style="list-style-type: none"> 1) Minimal Formal Training: Successful completion of a residency program approved by the residency review committee for thoracic surgery.
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AND

- 2) **Certification:** Board certified with the American Board of Thoracic Surgery or American Osteopathic Board of Thoracic Surgery.

OR

Have his/her application to take the certification examination in cardio-thoracic surgery accepted by the American Board of Thoracic Surgery or the American Osteopathic Board of Thoracic Surgery.

AND

- 3) **Required previous experience:** Demonstration of ongoing, active surgical practice during the past year with acceptable morbidity/mortality data.

LASER

1. For each laser type and operative category, produce a letter from your residency chair or director stating the laser safety training and use of supervision during your residency

OR

2. For each specific laser type and operative category provide documentation of an instructional course taken to learn about this specific laser and its operative applications. Please note that the certificate must delineate the specific laser(s) involved in the course and their operative application(s).

OR

3. Complete the in-house Laser Education and Proctoring Program by: Taking the University of Iowa Health Care laser safety-training test.

a. You must read the safety course items and then click on Basic Laser Safety Exam. You need to then type in all of your personal information and take the test. Before you click on "Submit the Test" please print the test. Then hit Submit and the test will be scored for you. You will need to print this as well. You must score 100% to pass the test.

b. You will need to submit these two (2) printouts to the appropriate Medical Staff Office. The fax number for the Presbyterian Campus is 412-647-6607 while the fax number for the Shadyside Campus is 412-623-3005.

c. Completing laser proctoring at either the Presbyterian Campus or the Shadyside Campus of UPMC Presbyterian Shadyside with a colleague in your department

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	<p>who is recommended by your department chair as qualified. The proctor must have the laser privileges you are requesting and deem you qualified for each laser type and operative category you are requesting. The individual must proctor two (2) individual cases for each laser type and operative application requested. The proctor's documentation must accompany the addendum and be returned to the appropriate Medical Staff Office for processing as part of your application to the Medical Staff.</p> <p>The Laser Safety Officer can provide further clarification regarding these policies and give you assistance arranging for a proctor.</p> <p>NOTE: The request for laser privileges will not be considered unless the necessary documentation is attached</p> <p>Fluoroscopic Privileges: To be eligible to request this privilege, the applicant must provide evidence of training by submitting a certificate of training regarding minimizing risks from fluoroscopic x-rays. If this has not been previously acquired, a learning module will be forwarded for completion prior to recommending this privilege. Maintenance of competence: Annual education will be provided by the hospital, which will be assessed for completeness at reappointment.</p>
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