

DEPARTMENT OF RADIOLOGY Core Privileges

| Name: |
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| Purpose The purpose of the Department of Radiology (Department) shall be to perform the organizational responsibilities incumbent upon Professional Staff Departments as prescribed in the Bylaws of the McLaren Greater Lansing (MGL) Professional Staff (Bylaws) and specifically to address issues related to the practice of Radiology. |
| Qualifications To be eligible for core privileges in the Department of Radiology, the applicant must meet the following qualifications: |
| Successful completion of an ACGME or AOA-recognized accredited residency program in radiology. |
| Active participation in the examination process leading to certification in radiologic medicine or current certification by the American Board of Radiology or the American Osteopathic Board of Radiology is highly recommended. |
| Privileges included in the General Diagnostic Radiology Core ☐ I request General Diagnostic Radiology core privileges ☐ I do not request General Diagnostic Radiology core privileges |
| General diagnostic radiology core privileges include but are not limited to, general diagnostic radiology, diagnostic ultrasound, diagnosis and treatment using radionuclides, nuclear medicine studies, diagnostic neuroradiology, diagnostic invasive procedures and diagnostic body imaging, computerized tomography, MRI, mammography, and myelography, except for those special procedure privileges listed below. |
| Teleradiology Core Privileges ☐ I request Teleradiology core privileges ☐ I do not request Teleradiology core privileges |
| The reading and interpretation of any diagnostic imaging study that can be sent over a telemedicine link, including but not limited to the following: CT, ultrasound, plain films, MRI scans, X-Ray, and nuclear medicine. |
| Special extension procedures privileges with observation requirements To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Professional Staff policies governing the exercise of specific privileges. |

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| | | | | Do Not |
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| Requested | Procedure | Criteria | Recommend | Recommend |
| | Admitting privileges | Provide letter of explanation, to include sub- specialty and documentation of training in patient management. | | |
| | Stereotactic breast biopsy, Ultrasound-guided breast biopsy | (1) Documentation of qualification under MQSA to perform interpretation; (2) documentation of at least three category I CME hours in stereotactic breast biopsy which should include instruction in imaging triangulation for lesion location; (3) satisfactorily perform at least six stereotactic breast biopsies under a physician who is qualified to interpret mammography under MQSA, and has performed at least 24 stereotactic breast biopsies as primary physician (4) be experienced in post-biopsy management of the patient. Biennial Renewal Benchmark: (1) Documentation of performance of at least 12 stereotactic breast biopsies per year; and (2) Documentation of maintenance of CME and MQSA requirements for mammography interpretation | | |
| | Other: | | | |

General observation includes the provisional Member's clinical abilities, his participation in Department educational and quality care activities, timely performance of duties, productivity, and ability to interact with other Members of the Department, Professional Staff and other health care professionals.

Observation Requirements for Ultrasound, CT & MRI: At least fifty (50) cases in each discipline are to be reviewed by an observer. The first nine (9) cases to be observed by three (3) Active and/or Emeritus Members of the Department, and the remainder of the 50 cases in each discipline to be reviewed as part of the ongoing quality improvement activities

| Privileges included in | the Interventional/Therapeutic Radiology Core |
|------------------------|---|
| Requested | ■ Not Requested |

Interventional/Therapeutic radiology core privileges include but are not limited to, percutaneous antegrade pyelography, stent placement (non-vascular), angioplasty, percutaneous procedures, CT-assisted therapeutic procedures, venography (catheter), and lymphangiography, except for those special procedure privileges listed below.

Observation Requirements for Interventional Procedures: At least fifty (50) cases are to be reviewed by an observer. The first nine (9) cases to be observed by three (3) Active and/or Emeritus Members of the Department, and the remainder of the 50 cases in each discipline to be reviewed as part of the ongoing quality improvement activities

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Special extension procedures privileges with observation requirements

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Professional Staff policies governing the exercise of specific privileges.

| Requested | Procedure | Criteria | Recommend | Do Not Recommend |
|-----------|--|---|-----------|---------------------|
| • | Biliary drainage and stone retrieval and/ or stent placement | Documentation of training and experience. Concurrent review of first nine (9) cases by three members of the Department, at the discretion of the Department chairman. | | |
| | Nephrostomy & Percutaneous antegrade pyelography | Documentation of training and experience. Concurrent review of first nine (9) cases by one or two members of the Department, at the discretion of the Department chairman. | | |
| | Angiography | Documentation of training and experience. Concurrent review of first nine (9) cases by one or two physicians with privileges, at the discretion of the Department chairman. | | |
| | Percutaneous cholangiography | Documentation of training and experience. Concurrent review of first nine (9) cases by one or two qualified physicians, at the discretion of the Department chairman. | | |
| | Percutaneous transluminal angioplasty (PTA) and vascular stent placement | If requested, specific privileging information will be sent to you | | |
| | Embolization | If requested, specific privileging information will be sent to you | | |
| | Thrombolytic therapy | If requested, specific privileging information will be sent to you | | |
| | Moderate sedation | If requested, specific privileging information will be sent to you. | | |
| | Other: | | | |

Provisional year chart review requirement

All of the extension cases will be retrospectively reviewed, during the quality improvement process, during the first year at 6 and 12-month intervals.

If there is not a sufficient level of activity during the provisional period, recommendations for privileges or an extension of provisional status will be at the discretion of the Department chair.

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| applicable generally and any applicable to the part (b) Any restriction on the clinical privileges granted to | xercise at McLaren Greater Lansing, constrained by Hospital and Professional Staff policies and rules |
| Signed: | Date: |
| | |
| Recommendation: | |
| Approve as requested | |
| Approve with modifications as noted below | |
| ☐ Denial of privileges | |
| Modifications: | |
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| | |
| Observers: | |
| I (we) attest that in recommending these privileges, due co performance, training, experience, judgment, and technica | onsideration has been given to the Applicant's professional I skills. |
| Chairman, Department of Radiology | |
| Co-Chief of Staff (for interim privileges only) | |

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| Name: | | |
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| Action: | | |
| Credentials Committee | Date: | |
| Professional Staff Executive Committee: | Date: | |
| Board of Trustees | Date: | |
| Comments: | | |
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