

CREDENTIALING OF
INTERVENTIONAL CARDIOLOGISTS

**MEDSTAR UNION MEMORIAL HOSPITAL
BALTIMORE, MD 21218**

CARDIAC CATHETERIZATION LABORATORY (CCL)
CARDIAC CATH RECOVERY UNIT (CVI)
CENTER FOR VASCULAR INTERVENTION (CVI)

Subject: Credentialing of Interventional Cardiologists

Purpose: To outline the criteria for credentialing of interventional cardiologists

- 1) Applicants must have ABIM Certification in Cardiovascular Diseases and Interventional Cardiology.**
- 2) Operators must be eligible for privileges for diagnostic catheterization and IABP insertion at MedStar UMH.**
- 3) The Physician must provide ongoing evidence of malpractice liability insurance adequate for the practice of interventional cardiology.**
- 4) Operators applying for privileges shall have completed a formal (3rd or 4th year) Interventional Cardiology Fellowship IF such an option was available at the time they completed their training.**
- 5) Operators recently trained outside of a regular interventional cardiology fellowship must provide evidence of having met the Criteria for Training outlined in the Policy Statement of the AHA/ACC Task Force.**
- 6) Operators with current PTCA privileges at other institutions must have a minimum caseload experience of at least 75 cases per year (defined as either the prior calendar year or the immediate 12 months prior to granting of privileges).**
- 7) Angiographers must maintain a total volume of 75 PTCA=s/year to maintain privileges.**
- 8) Appropriately trained new practitioners will have two years to gain experience before volume criteria will apply.**

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Page 2 of 2

- 9) Operators will provide adequate documentation of experience and training in new device utilization prior to using such devices. This includes directional atherectomy, rotational atherectomy, coronary stenting, transluminal extraction catheter, IVUS and brachytherapy.
- 10) All privileges are considered to be A probationary = pending review of five cases.
- 11) Cath Lab privileges, diagnostic and/or interventional may be revoked immediately and temporarily by the Director of the Cardiac Catheterization Lab. Final determinations will be made by the CCL Peer Review Committee.
- 12) The CCL Peer Review Committee will review all operators on a regular basis. Excessive complications, low success rate, poor case selection, inefficient utilization of time and equipment may be grounds for loss of privileges.
- 13) Operators are responsible for seeking timely and appropriate consultation.
- 14) All out-of-lab complications following a procedure must be reported to the Director of the Cardiac Cath Lab in writing.

Vice President, Patient Care Services

Director, Cardiovascular Services

Nurse Manager, CCI, CCRU, CVI

Chief – CCL, CCRU

Director – CVI

Reviewed/Revised/Date:

Reviewed 2/97; 1/03;01/06 Revised 2/00

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 CARDIOVASCULAR DISEASES

NAME (Print or Type): _____
Last First M.I.

(PLEASE STRIKE THROUGH & INITIAL COMPONENTS NOT REQUESTED)

Core Elements for Cardiovascular Disease ADMITTING/ATTENDING PRIVILEGES CONSULTING PRIVILEGES CPR (Cardio-Pulmonary-Resuscitation) – ACLS Protocol EKG LABORATORY: 12-Lead EKG – formal interpretation Holter Monitor – formal interpretation Event recorder – formal interpretation Signal Averaged EKG – formal interpretation STRESS TESTING LABORATORY: (Does NOT include interpretation of Nuclear Scans) Treadmill Stress Testing – formal interpretation Pharmaceutical Stress Testing (Includes Persantine, Adenosine and Dobutamine) ECHOCARDIOGRAPHY LABORATORY: (Does NOT include Transesophageal Echocardiography) M-mode, 2-D, Color Flow & Doppler – formal interpretation Treadmill & Dobutamine Stress Echocardiogram MISCELLANEOUS: Cardioversion, Elective Interrogation & programming of permanent pacemaker Tilt table testing	REQUESTED: _____ RECOMMENDED: _____ COMMENTS:
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Cardiac Critical Care Central venous catheterization Emergency pericardiocentesis Peripheral arterial cannulation Swan-Ganz Catheter insertion & interpretation Temporary pacemaker insertion Ventilator management	REQUESTED: _____ RECOMMENDED: _____ COMMENTS:
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Cardiac Catheterization Laboratory Diagnostic Procedures Left heart catheterization Right heart catheterization Diagnostic Coronary angiography (femoral/brachial approach) Interventional Procedures Percutaneous coronary interventions (PCI) <i>** (note: minimum of 75 PCIs needed per year to maintain privileges)</i> Balloon angioplasty and coronary artery stenting Rotational atherectomy (rotoblator) Intravascular ultrasound of the coronary arteries Fractional flow reserve measurements Miscellaneous Procedures Radial arterial access for cardiac catheterizations Intra-aortic balloon (IABP) insertion and supervision Pericardiocentesis Alcohol septal ablation ASD/PFO closure Aortic Valvuloplasty (5 protocol cases) Mitral Valvuloplasty (5 protocol cases) TAVR	REQUESTED: _____ RECOMMENDED: _____ COMMENTS: <i>Requires separate credentialing through the Cardiac Catheterization Laboratory</i>
	Forward to Cath Lab Director: _____

Applicant's Name _____

<p>Cardiac Electrophysiology Laboratory Permanent pacemaker implantation Permanent pacemaker lead removal HIS Bundle electrocardiogram Arrhythmia induction studies Radio frequency catheter ablation Cryo catheter ablation AICD defibrillator implantation AICD/Biventricular pacemaker implantation BIOSENSE mapping Atrial fibrillation mapping & ablation Laser Lead Extraction **Minimum of 40 leads as primary operator under direct supervision of qualified training physician **Maintenance of Credentialed Physician requires 20 extractions per year</p>	<p>REQUESTED: _____ RECOMMENDED: _____ COMMENTS: <i>Requires separate credentialing through the Cardiac Electrophysiology Laboratory</i></p>
	<p>Forward to EP Lab Director: _____</p>

	Requested	Approved
<p>Special Credentialing Transesophageal echocardiography</p>		<p><i>Director of Echocardiography Laboratory</i></p>
<p>Peripheral vascular catheter based revascularization</p>		<p><i>Chief of Cardiology</i></p>

BOARD CERTIFICATION: Must obtain within 6 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

REVIEWER'S COMMENTS:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineation of privileges as specified above.

 Division Chief - Cardiology Date

 Department Chief - Medicine Date

 Director, Cath Lab Date