Facility: UPMC Presbyterian  
Specialty: CARDIOVASCULAR SURGERY  

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<tr>
<th>KNOWLEDGE</th>
<th>Successful Completion of an ACGME/AOA, accredited program</th>
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<td>TRAINING</td>
<td>Successful completion of an ACGME-or AOA-approved residency program in General Surgery</td>
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**CARDIAC CATHETERIZATION**

**General Criteria:**

The physician shall be an appointed member in good standing of the Division of Cardiology, both of the UPMC Presbyterian Shadyside, Presbyterian Campus Medical Staff and the faculty of the University of Pittsburgh. In addition to items required elsewhere by these Criteria, the physician must provide all information required as part of the UPMC Presbyterian Shadyside, Presbyterian Campus Medical Staff biannual appointment and reappointment process.

Physicians trained prior to June 1990 shall have completed one (1) year of training in cardiac catheterization in an approved training program. Physicians completing training thereafter will be required to have two (2) years of training in cardiac catheterization and coronary intervention in an approved training program.

The physician shall agree to the integration of his/her practice at the Cardiac Catheterization Laboratory of the Presbyterian Campus of UPMC Presbyterian Shadyside under the direction of the Laboratory’s Director, who will adjudicate the scheduling of cases and other administrative matters.

Physicians will be expected, among other things, to attend cardiac catheterization conference, morbidity and mortality conference, and cardiology grand rounds, and to participate in all investigational studies within the Division of Cardiology.
Network Criteria

All candidates for privileges in the Cardiac Catheterization Laboratory must either (a) be appointed as full-time faculty, or (b) have a teaching and clinical affiliation agreement with the Division of Cardiology of the Presbyterian Campus of UPMC Presbyterian Shadyside relating specifically to the cardiac catheterization program; and be committed to actively utilize UPMC Presbyterian Shadyside facilities, so as to permit the ongoing monitoring and evaluation of his or her practice in accordance with the Hospital’s quality assessment plan and the JCAHO standards, and to preserve the financial integrity of the Hospital and properly manage its assets; and be willing to make an active commitment to assist the Hospital in continually overseeing and improving the Hospital’s facilities and services; and not have a contract with a competing entity that would cause his or her interests to be in conflict with UPMC Presbyterian Shadyside’s mission.

To Obtain New Privileges

Physicians who currently have catheterization privileges at other hospitals must (a) in order to obtain privileges for diagnostic procedures, document that they have averaged one hundred fifty (150) cardiac catheterization procedures (as the primary operator) per year during the prior two (2) years, and (b) in order to obtain privileges for interventional procedures, in addition, document that they have averaged seventy five (75) interventional procedures (as the primary operator) per year during the prior two (2) years.

A physician who has recently completed his/her training (within three (3) years), and who currently does not have privileges in the Cardiac Catheterization Laboratory, may be granted privileges provided that he/she: (a) in the case of privileges for diagnostic procedures, performs a minimum of one hundred (100) total cases per year as the primary operator at the Presbyterian Campus of UPMC Presbyterian Shadyside; and (b) in the case of privileges for interventional procedures, performs a minimum of fifty (50) interventional procedures (as the primary operator) in the first year at the Presbyterian Campus of UPMC Presbyterian Shadyside.

The physician must provide the following: (a) a letter of recommendation from his/her training program and director of the laboratory where he/she performed procedures for the previous two (2) year period; (b) documentation from the director of the laboratory where he/she performed procedures for the previous two (2) year period concerning overall performance, complication rates, mortality and morbidity statistics, selection of cases and competence and judgment; (c) documentation concerning lawsuits
pending or resolved during the previous two (2) year period relating to cardiac catheterization procedures; and (d) a summary of all major adverse events, including mortality. The physician meets the General Criteria and Network Criteria set forth above.

Although primary weight shall be accorded to the forgoing numerical and other considerations, UPMC Presbyterian Shadyside through its Board of Directors and President retains complete discretion to approve or reject applicant physicians in special cases or circumstances other than in strict reliance upon the same.

**To Retain Privileges:**

Physicians who have privileges for diagnostic procedures in the Cardiac Catheterization Laboratory shall perform a minimum of fifty (50) procedures per year at the Presbyterian Campus of UPMC Presbyterian Shadyside, and shall average a total of one hundred fifty (150) cases per year in their total practice. Physicians who have privileges for interventional procedures in the Cardiac Catheterization Laboratory shall perform fifty (50) interventional procedures per year at the Presbyterian Campus of UPMC Presbyterian Shadyside, and shall average a total of seventy five (75) interventional procedures per year in their total practice.

There will be an annual review of physician’s performances by the Chief of Cardiology, the Laboratory Director and the Director of the Clinical Cardiology Program before reappointment. A physician’s privileges may lapse at any time because of inactivity, as defined above, or because of failure to meet the standards of the Cardiac Catheterization Laboratory.

The physician must provide the documentation required as it relates to their practice other than at the Presbyterian Campus of UPMC Presbyterian Shadyside. The physician continues to meet the General Criteria and Network Criteria set forth above.

The physician shall adhere to the requirements as set forth by the Director of the Cardiac Catheterization Laboratory relating to scheduling and efficient operation of the laboratory and professional conduct. Deviations of a serious or chronic nature, or a pattern of persistent non-compliance shall be grounds for review by the Chief of the Division of Cardiology, the Laboratory Director and the Director of the Clinical Cardiology Program Committee for possible restriction or withdrawal of privileges.

Although primary weight shall be accorded to the foregoing
numerical and other criteria, UPMC Presbyterian Shadyside through its Board of Directors and President retains complete discretion in special cases or circumstances to approve or reject requests by physicians to retain privileges other than in strict reliance upon the same.

Privileges in the Cardiac Catheterization Laboratory of the Presbyterian Campus of UPMC Presbyterian Shadyside shall expire automatically, unless renewed, within two (2) years from the date of the physician’s UPMC Presbyterian Shadyside, Presbyterian Campus Medical Staff appointment or most recent reappointment.

- In order to request the following privileges, the applicant must meet the standards set forth in UPMC Presbyterian Shadyside Criteria for Peripheral and Carotid Angiography listed below
  - Angiography/Intervention
  - Diagnostic Neuroangiography
  - Interventional Neuroangiography
  - Diagnostic Invasive Procedures
  - Interventional Arterial Procedures
  - Interventional Venous Procedures

- **In addition to the criteria set forth below, a requirement of privileges being granted is completion of an approved training program in one of the relevant training areas:**
  - Cardiology
  - Vascular Surgery
  - Interventional Radiology
  - Neuro-Radiology
  - Neurology
  - **Neurosurgery**

### A. Peripheral Vascular Procedures

The peripheral vasculature consists of three regions (1) aortoiliac and brachiocephalic vessels (2) renal and abdominal visceral vessels (3) infra-inguinal vessels.

To be privileged, the physician must possess appropriate cognitive skills of the region, perform the appropriate number of procedures, and have a letter of endorsement from the proctor or training program once basic requirements are met.

#### 1. **COGNITIVE SKILLS:**

Cognitive skills for each region will be required. It is expected the cognitive skills will be obtained via residency training or CME
courses. A list of cognitive skills by no means meant to be totally inclusive follows:

- Clinical evaluation and assessment.
- Knowledge of anatomy and physiology of vessels to be tested.
- Familiarity with non-invasive testing.
- Device training
- Knowledge of appropriate indications for interventions
- Ability to perform catheter directed dilations and thrombectomy

2. ANGIOGRAPHY:

To receive initial privileges in peripheral angiography, a physician must have performed 100 diagnostic arteriograms with 50 as the primary operator. These procedures will also count for regional privileging.

3. INTERVENTIONS:

- Interventions are defined as coiling, balloon dilatations or stenting of vessels.
- To receive initial privileges in peripheral interventions, the physician must have participated in 50 peripheral intervention procedures with 25 as the primary operator.

4. REGIONAL CREDENTIALING:

Regional privileging will also be needed. To receive initial privileges in a specific region, the physician must have performed 20 diagnostic arteriograms and 10 interventions as primary operator in that specific region ((1) aortoiliac and brachiocephalic vessels (2) renal and abdominal visceral vessels (3) infra-inguinal vessels).

5. ENDOVASCULAR STENT GRAFTS:

- **Abdominal Aorta.** To receive initial privileges in endovascular stent grafts of the abdominal aorta, the physician must have performed a minimum number of 10 cases as primary operator. If a physician privileged to perform endovascular stent grafts of the Abdominal Aorta is not a vascular surgeon, a vascular surgeon must nevertheless be present during the procedure.

- **Thoracic Aorta.** To receive initial privileges in
endovascular stent grafts of the Thoracic Aorta, the physician must have performed a minimum number of 10 cases as primary operator in the absence of privileges in the Abdominal Aorta and 5 cases if the Physician already has privileges in the Abdominal Aorta. If a physician privileged to perform endovascular stent grafts of the Thoracic Aorta is not a vascular surgeon, a vascular surgeon must nevertheless be present during the procedure.

B. INTRACEREBRAL ARTERIOGRAPHY

Intracerebral angiography and selective intracerebral catheterization can only be performed by physicians that have spent at least a year in a dedicated neuro interventional training program.

1. CAROTID ARTERIOGRAPHY:

If the physician has met the peripheral angiography criteria (section I 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 angiograms with 50 as primary operator.

2. CAROTID INTERVENTIONS:

To receive initial privileges in carotid stents, the physician must have performed 25 interventions with 15 as primary operator.

Additionally, 15 diagnostic carotid studies are required prior to being primary operator on an interventional carotid procedure.

FLUOROSCOPY

Initial Privileges
2. Successfully complete a written test (passing grade of 80%). Up to 2.5 Category 1 CME credits will be awarded for a passing score.
3. Complete and submit a CME registration and evaluation form.

For Re-certification (re-certification for fluoroscopy certification is required as part of the reappointment process):
1. Access the Fluoroscopy Rapid Deployment CME module at the following website: http://cme.health.pitt.edu

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 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. The Laser Safety Officer can provide further clarification regarding these policies and give you assistance arranging for a proctor.

NOTE: The request for laser privileges will not be considered unless the necessary documentation is attached