

**Delineation of Privileges Request
Criteria Summary Sheet**

Facility: UPMC Altoona

Specialty: Medicine

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program.
TRAINING	<p>The successful completion of an approved (ACGME/AOA) post graduate residency program in Internal Medicine and/or its Subspecialties.</p> <p><u>For Hospitalists</u> - successful completion of an approved (ACGME/AOA) post graduate residency program in Internal Medicine or Family Medicine.</p> <p><u>For Nephrologists</u> – successful completion of an approved nephrology or pediatric nephrology training program.</p>
CERTIFICATION	Board Certification/Board Eligibility in accordance with the UPMC Altoona Medical Staff Bylaws, Rules & Regulations
OTHER	<ul style="list-style-type: none"> • New applicants must submit case logs for the past 2 years for special privileges requested. • <u>Hospitalists</u> –New applicants must submit case logs for the past 12 months for the following Special Procedures: Lumbar Puncture; Paracentesis; Thoracentesis; Vascular Access; Stress Testing; EKG Interpretation. Hospital Medicine privileges are for the care of adults, age 18 and over only. • <u>Cardiology:</u> <ul style="list-style-type: none"> • <u>Criteria for Credentialing Cardiologists Performing Procedures in the Cardiac Catheterization Laboratory</u> <p>Physicians utilizing the Cardiac Catheterization Laboratory <u>must</u>:</p> <ol style="list-style-type: none"> 1. Meet, obtain, and continue to meet the standards necessary for clinical privileges to practice medicine in the Hospital commensurate with the procedures being performed and in accordance with any reasonable standards mandated by the Hospital. 2. Comply with the Medical Staff Bylaws, Rules & Regulations, policies, and directive of the Hospital and its Medical Staff. 3. Remain satisfactory to the Hospital in the performance of duties and privileges. 4. Maintain Pennsylvania licensure for the practice of Medicine and professional liability insurance at levels recognized by Act III.

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	<p>5. Be an Active member of the Altoona Hospital Medical Staff.</p> <p>6. If not already board certified in the subspecialty of Cardiovascular Medicine by the American Board of Internal Medicine or the American Osteopathic Association Board, be so within two (2) years.</p> <p style="text-align: center;">Criteria for Interventional Procedures</p> <p>For initial credentialing of interventional procedures:</p> <p>1. The interventional cardiologist is required to have performed 125-150 interventional procedures. (The cardiologist in question should have been the primary operator for 75-100 of those procedures.)</p> <p>For maintenance credentialing of interventional procedures:</p> <p>1. The interventional cardiologist must perform 75 cases per year, which could involve patients with conventional PTCA's, Stents, Laser, etc.</p> <p>2. Those interventional cardiologists who performed over 1000 interventional procedures during their career, do not have to perform more than 50 procedures per year.</p> <p>3. Interventional cardiologists must satisfy the criteria for successful angioplasty procedures.</p> <p>4. The interventional cardiologist must maintain adequate CME credits to maintain Medical Staff membership and privileges.</p> <p>5. All major complications (acute myocardial infarction, death, and need for emergency cardiac surgery) will be reviewed. The two (2) physicians who will review these cases will belong to different group practices.</p> <p>For maintenance credentialing of interventional procedures: (Continued)</p> <p>6. The interventional cardiologist must present evidence for additional training before he is going to perform any new technique (e.g. laser, intravascular ultrasound, etc.). (Attachment #1)</p> <p>Criteria for successful interventional procedures for patients with Type A & Type B lesions, excluding patients with acute MI and Type C Lesions:</p> <p>a. Over 20% change in luminal diameter is achieved, with the final diameter stenosis < 40% and without the occurrence of death, acute MI, or need for emergency CABG surgery during hospital admission. Luminal dissection is counted as a failure, only if there is compromise</p>
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	<p>to flow. The branch which had the angioplasty done should not have any lesions 50% or over.</p> <p>b. The overall success rate must be over 90% for the total number of lesions dilatated. All interventional cardiologists will have to satisfy the criteria for successful angioplasty procedures.</p> <p>c. Interventional procedures involving patients with acute myocardial infarction will not need to satisfy the successful angioplasty criteria described above.</p> <p>Criteria for successful interventional procedures for total occlusion:</p> <p>a. Chronic total occlusions will need a success rate equal to or greater than 50%.</p> <p style="text-align: center;">Criteria for Performing Cardiac Catheterization Procedures</p> <p>For initial credentialing of cardiac catheterization procedures:</p> <ol style="list-style-type: none"> 1. A new cardiologist beginning his practice at the Altoona Hospital must perform at least 100 cases yearly from the second year on. Fifty of these cases must be performed at the Altoona Hospital. The remaining procedures can be performed at the cardiologist’s primary hospital; however, documentation of the same is to be submitted to our Hospital. 2. Provide evidence of having completed a residency or fellowship in Cardiology, which included 12 months of training in a catheterization laboratory to include at least 300 procedures wherein the physician was the primary operator in at least 200 of these procedures. 3. Present written recommendations from the Director of their training program and from the Director of the training program’s cardiac catheterization laboratory attesting to their competence and judgment. 4. A new operator in the Cardiac Catheterization Laboratory must be supervised for the first ten (10) procedures by a cardiologist already performing cardiac catheterization procedures at the Altoona Hospital. <p>For maintenance credentialing of cardiac catheterization procedures:</p> <ol style="list-style-type: none"> 1. The angiographer must maintain a caseload of over 100 cases yearly. In case the angiographer is performing cardiac catheterizations at other facilities, 50 cardiac catheterization procedures at the Altoona Hospital will suffice, provided he performed at least 50 cardiac catheterizations at the other facility, and the other facility will communicate this statistic. 2. Angiographers with over ten (10) years experience (following training) or who
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	<p>have performed over 1500 cases during their career may perform less than 50 procedures yearly.</p> <p>3. As established by National standards, maintain a quality service with appropriate levels of morbidity and mortality, with proper indications for the performance of procedures in accordance with accepted terms.</p> <p>4. Participate in the Continuous Performance Improvement (C.P.I.) Program of the Clinical Service of Cardiology, Department of Medicine, of the Altoona Hospital Medical Staff.</p> <p style="text-align: center;">Criteria for Performing Pacemaker Procedures</p> <p>1. To do permanent pacemaker insertions, must have performed at least 25 primary procedures and ten (10) re-operations during cardiology training. (May alternatively present evidence of having performed a similar number of procedures under the direct supervision of a recognized expert during an intensive individual experience.) Must perform at least 25 primary permanent pacemaker insertions per year, not to include generator replacements, to maintain privileges. After having done over 1000 pacemaker insertions during his/her career, at least 15 pacemaker insertions/per year may suffice.</p> <p><u>Transesophageal Echocardiography (TEE) Privileges:</u></p> <p>Applicants for TEE privileges having completed a recent (within the past twenty-four (24) months) residency or fellowship in Cardiology, must be Board eligible or Board certified in Cardiology. Applicant must show a minimum experience of 25 procedures performed independently.</p> <p>For those applicants for TEE privileges not having recently completed their residency or fellowship in cardiology, training must be obtained in an approved TEE laboratory and the applicant must show a minimum experience of 25 procedures performed independently under the direct supervision of a physician with approved TEE privileges.</p> <p><u>Intra-Aortic Balloon Pump (IABP) Privileges:</u></p> <p>1. Completion of approved fellowship in Cardiology and eligibility to take Boards in cardiology or completion of approved fellowship in cardiovascular surgery with eligibility to take Boards in cardiovascular surgery.</p> <p>2. Supervised experiences by fellowship to include at least five (5) cases of insertion and management of the IABP.</p> <p>3. For those who have completed a fellowship prior to July 1, 1987:</p> <ol style="list-style-type: none"> a. Performance of at least 50 cardiac catheterizations by the femoral route or for surgery, performance of at least 50 cases related to cardiovascular surgery. b. Documentation of completion of a course in training in the insertion/use of the IABP given either by the manufacturer of the pump, an institution that
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	<p>uses the pump, or by other parties approved by the American Heart Association.</p> <ul style="list-style-type: none"> • <u>ELECTROPHYSIOLOGIC STUDIES (EPS)/CARDIOLOGY CREDENTIALING CRITERIA</u> <p>To be considered qualified to conduct independent EPS studies, physicians must provide evidence of the following:</p> <ol style="list-style-type: none"> 1. Certification in Internal Medicine and in the Subspecialty of Cardiovascular Disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine. 2. Physicians completing formal training on or after July 1, 1992, must have three (3) years of ACGME-accredited training in cardiovascular disease (including at least two (2) years of clinical training) plus one (1) additional year of acceptable training in clinical cardiac electrophysiology.* Plus, commitment to clinical cardiac electrophysiology each year since completion of training involving at least 50 percent of professional time and effort.** <p><i>*Acceptable training refers to formal fellowship training in cardiovascular disease in a department of internal medicine with a residency in internal medicine accredited by the Accreditation Council for Graduate Medical Education (ACGME). Training in July 1989 and after must have been undertaken in ACGME accredited cardiovascular disease programs.</i></p> <p><i>**Criteria for an acceptable clinical cardiac electrophysiology fellowship program undertaken prior to July 1, 1998, must meet the following criteria for acceptable training programs:</i></p> <ol style="list-style-type: none"> a. Conducted in a program that is accredited for training in cardiovascular disease by the ACGME. b. Must include clinical activity, either as the primary physician or as a consultant for/to patients with cardiac arrhythmias. Training must be supervised by qualified electrophysiologist. Training should provide a balanced experience in a variety of clinical settings, including but not limited to the electrophysiology lab, emergency room, coronary care unit, operating room, and the follow-up clinic. c. Program must be structured to permit development of requisite procedural and technical skills, which are the learned manual skills and the associated technical aspects necessary to perform diagnostic and therapeutic procedures.
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	<p>d. Within the four (4) years of training required for certification in both cardiovascular disease and clinical cardiac EPS, three (3) years must be clinical, 12 months of which must be in electrophysiology.</p> <p>e. The candidate should successfully complete greater than 100 directly supervised EPS studies. The candidate may serve as the primary operator or as an assistant closely involved with data collection and analysis. Of the procedures performed, at least 50 percent of the patients should have supraventricular tachyarrhythmias. Evidence of exposure to mapping procedures, both with a catheter and intraoperatively, surgical and other ablation procedures, and implantation of pacemakers, cardioverters, and defibrillators is necessary. A letter of verification is required from the training program director that the applicant has performed these procedures, acquired the requisite skills, and is competent to provide comprehensive and specialized medical care in the field of clinical cardiac EPS.</p> <p style="text-align: center;">or</p> <p>3. For those individuals having two (2) or more years of acceptable fellowship training in cardiovascular disease completed between July 1, 1988 and June 30, 1991, which included at least 12 months of clinical cardiac electrophysiology training, plus a commitment to clinical cardiac electrophysiology each year since completion of training involving at least 50 percent of professional time and effort.</p> <p style="text-align: center;">or</p> <p>4. For those individuals having completed fellowship training in cardiovascular disease completed between July 1, 1980 and June 30, 1988, which included at least six (6) months of clinical cardiac electrophysiology training, plus commitment to clinical cardiac electrophysiology each year since completion of training involving at least 50 percent of professional time and effort.</p> <p style="text-align: center;">or</p> <p>5. Individual who possesses acceptable fellowship training in cardiovascular disease completed prior to July 1, 1980, plus at least 10 years of practice in clinical cardiac electrophysiology (commitment each year for the prior 10 years of at least 50 percent of professional time and effort to clinical cardiac electrophysiology) and documentation that the physician is expert in clinical cardiac electrophysiology by evidence acceptable to the ABIM or AOBIM of published research, teaching, and patient care activities in this field, such evidence to be supplied by the hospitals in which the prior experience has been performed.</p> <p>6. Physicians requesting EPS studies must have EPS studies as one of their main responsibilities at Altoona Hospital.</p>
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	<p>7. In order to maintain these privileges, a minimum of 50 studies per year must be completed. These may include either noninvasive program stimulation or invasive electrophysiology studies.</p> <p>8. Evidence of continuing medical education must be submitted on an annual basis to the Chief of the Clinical Service of Cardiology and Chairman of the Department of Medicine.</p> <ul style="list-style-type: none"> • <u>Swan Ganz:</u> New applicants must be Board Certified/Board Eligible in Cardiology, Pulmonary Medicine, or Critical Care Medicine. • <u>Interventional Vascular Procedures:</u> <ol style="list-style-type: none"> 1. See specifications on Part B of the DOP Request Form. 2. Submit verification from Department Chair or Medical Staff President where procedures were performed: <ol style="list-style-type: none"> a. residency b. fellowship c. place of previous employment 3. Provide a log of peripheral endovascular procedures performed over the past 24 months. <p><u>Endoscopy:</u> <i>Criteria for Granting Endoscopic Privileges will be supplied to all physicians requesting these privileges by the UPMC Altoona Medical Staff Office.</i></p> <p><u>PEG Tube Criteria:</u></p> <ol style="list-style-type: none"> 1. Applicant currently has or meets criteria for EGD and /or Gastroscopy privileges; and 2. Submission of the performance of at least 15 PEG Tube procedures. <p><u>Endoscopic Deep Mural Implantation of Biocompatible Polymer in the Lower Esophageal Sphincter with Fluoroscopy (Example: Enteryx)</u></p> <ol style="list-style-type: none"> 1. Completion of an accredited Gastroenterology Fellowship or General Surgery Residency; 2. Current esophagogastroduodenoscopy (EGD) privileges; 3. Performance of at least 100 EGDs in the prior year or 200 EGDs in the past two (2) years; and 4. Completion of an approved course(s) recommended by the Clinical Service of Gastroenterology (<i>see attached listing of approved courses</i>) or performance of three (3) supervised procedures by a physician who is already credentialed to perform this procedure.
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Endoluminal Gastroplication (ELGP) Criteria:

1. Completion of an accredited Gastroenterology Fellowship or General Surgery Residency;
2. Current esophagogastroduodenoscopy (EGD) privileges;
3. Performance of at least 100 EGDs in the prior year or 200 EGDs in the past two (2) years; and
4. Completion of an ELGP Course or performance of three (3) supervised procedures by a physician who is already credentialed to perform the ELGP procedure.

Radiofrequency Ablation for Barrett's Esophagus Credentialing Criteria

1. General surgeon or gastroenterologist in good standing;
2. Provides care to Barrett's Esophagus patients and is able to provide documentation of care and follow up to these patients. *(This item is only required on request by the Department Chief/Chair.)*
3. Current esophagogastroduodenoscopy (EGD) privileges;
4. Complete Industry provided training; *or*
Provide documentation of completion of ten (10) cases; or
Letter from fellowship Program Director that you are trained in this.
5. Completion of 5 cases proctored by the radiofrequency ablation equipment representative or another physician who is already credentialed to do the procedure.
6. Maintenance of certification- must complete at least 5 procedures per year.

Capsule Endoscopy:

1. Currently has EGD and colonoscopy privileges.

Polysomnography:

1. Medical degree (MD or DO) and an unlimited license to practice medicine in the Commonwealth of Pennsylvania.
2. Successful completion of an ACGME accredited residency program or its equivalent.

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	<p>3. Board Certified or Board Eligible by the American Board or American Osteopathic Board of Internal Medicine, Neurology, or Psychiatry.</p> <p>4. Demonstration of completing a minimum of 20 interpretations per year to maintain privileges.</p> <p>5. One year training or the equivalent, in sleep medicine (PGY 3 or later). This may be achieved through one of the following three tracks.</p> <p style="padding-left: 20px;">a. “Regular Track” – Completed 12 month, full time sleep medicine fellowship or equivalent training period fully devoted to sleep medicine. This training must be in an AASM (American Academy of Sleep Medicine) accredited fellowship or under supervision of a Diplomate of the American Board of Sleep Medicine (ABSM) during a residency, fellowship, or equivalent period of educational training and not as a mentorship during independent private or academic practice.</p> <p style="padding-left: 20px;">b. “Alternate Track” – Completed 12 months training in sleep medicine within an ACGME accredited or equivalent fellowship program in pulmonary medicine, clinical neurophysiology, or psychiatry. A minimum of 6 months training must be under the supervision of a Diplomate of the ABSM, broad based, and emphasizing all aspects of sleep medicine. This training must be completed by June 30, 2004.</p> <p style="padding-left: 20px;">c. “Clinical Experience/Training Track” – Applicants must provide evidence of a minimum of 12 months experience in sleep medicine. If the activity in sleep is not full time, the applicant must have successfully completed 80 category 1 CME credit hours at the time of the application, and privileges shall be granted for no more than one year. The year cannot be extended or modified. All clinical experience must be completed within two years of the date of application for privileges, and this should be the equivalent of one month of documented Category 1 CME credit (i.e. 160 hours) in sleep disorders workshops. As a guideline, a minimum experience of interpretation and review of the raw data from 100 polysomnography recordings and 10 MSLTs is suggested. The applicant should also have clinical experience with insomnia, parasomnias, narcolepsy, and disorders of excessive daytime sleepiness other than sleep disordered breathing. Recredentialing will be contingent upon completion of the additional required CME credits.</p> <p><u>Hyperbaric Medicine:</u></p> <ul style="list-style-type: none"> • Attendance at a minimum 40 hour accredited training program in hyperbaric therapy.
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	<ul style="list-style-type: none">• Demonstration of completion of a minimum of five (5) cases per year to maintain privileges. <p><u>MODERATE SEDATION:</u></p> <ul style="list-style-type: none">• Only a qualified Physician who meets the following requirements set by the MEC may administer Moderate Sedation in approved locations.• The physician must possess a current ACLS provider card. In areas where moderate sedation is administered to pediatric patients, the physician must possess a current PALS provider card.• The physician must complete the moderate sedation program provided by the Department of Anesthesiology. Verification of the completion of the required training is maintained in the Medical Staff Office. Renewal of moderate sedation credentials is required every 2 years.
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