

**Delineation of Privileges Request
Criteria Summary Sheet**

Facility: UPMC Shadyside

Specialty: MEDICINE

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program
TRAINING	The successful completion of an approved (ACGME/AOA) post graduate residency program in Internal Medicine
CERTIFICATION	<p>Each member of the Department of Medicine accepted to the Hospital Staff after January 1985 shall have two years from their date of acceptance to become Board Certified in Internal Medicine or obtain similar qualifications in their medicine-related specialty (for example, in Neurology, Psychiatry). Failure to do so will result in non-reappointment to the Medical Staff. (Date of approval at Medical Staff Meeting-January 22, 1985) “A member holding a time-limited certificate shall be required to maintain his certification with the American Board of Internal Medicine; a sub-specialist shall only be required to remain currently certified in his or her own subspecialty.”</p>
OTHER	<ul style="list-style-type: none"> ▪ Documentation of the provision of inpatient services to at least 25 patients in the last two years. <p><u>PLACEMENT OF ARTERIAL LINE</u></p> <p>Initial appointment: Documentation of having performed five successful arterial line placements within the previous two-year period or attestation from the Program Director of his/her residency training program that he/she possesses such competence.</p> <p>Reappointment: Documentation of five successful procedures within the preceding two years. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>PLACEMENT OF CENTRAL VENOUS CATHETERS</u></p> <p>Initial appointment: Documentation of having performed five successful central venous catheter placements within the previous two year period or attestation from the Program Director of his/her residency training program that he/she possesses such competence.</p>

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Reappointment: Documentation of successful completion of a minimum of five procedures within the preceding two years. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.

PERICARDIOCENTESIS

Initial appointment: the physician must have completed a fellowship and/or be Board eligible or Board certified in Cardiology or possess equivalent training (such as training in Critical Care Medicine or equivalent).

Reappointment: the physician must be able to provide documentation of having satisfactorily performed three successful procedures within the previous two years. A physician believing that he is qualified to perform this procedure but has not done the required minimum within the previous two years may demonstrate his competency by being supervised in one procedure by the Chief of the Division of Cardiology or his designee.

SKIN BIOPSY

Initial appointment: a physician shall demonstrate competency in this procedure either by providing documentation of having performed five successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.

Reappointment: a physician shall have satisfactorily performed a minimum of two successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.

NEEDLE BIOPSY OF THE THYROID

Initial appointment: the physician shall have completed a fellowship and/or be Board eligible or Board certified in Endocrinology or have received the equivalent documented training in this procedure.

Reappointment: the physician should be able to provide documentation of a

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minimum of three procedures within each of the previous two years, or be able to document ongoing competency to the Chief of the Division of Endocrinology or his designee.

ENDOSCOPY, LIVER BIOPSY, MOTILITY STUDIES, ERCP, COLONOSCOPY

Initial appointment: a physician shall have completed a minimum of two year accredited fellowship in gastroenterology, shall be Board certified or Board eligible in gastroenterology, shall possess a letter of recommendation from his Program Director certifying that he is qualified to perform these procedures if he is not yet Board certified, and possesses credentials satisfactory to the Gastrointestinal Laboratory Committee, the Division Chief and the Department Chairman.

Reappointment: a gastroenterologist must have satisfactorily performed the following minimum procedures each year to maintain privileges:

Endoscopy	10 each year
Liver Biopsy	1 each year
Motility Studies	2 each year
ERCP	8 each year
Colonoscopy	10 each year

If a physician does not possess documentation for the maintenance of this privilege, or if the physician has previously lost the privilege and now seeks to regain it at the hospital, he may perform the procedure under the supervision of the Chief of the Division of Gastroenterology or his designee, who will attest to the physician's competence.

FLEXIBLE SIGMOIDOSCOPY

Initial appointment: a physician shall have completed a fellowship in and or be Board eligible or Board certified in gastroenterology or be able to document adequate training in this procedure. He must also agree to abide by the policies and procedures of the hospital.

Reappointment: the physician must be able to document performance of a minimum of three procedures in each of the previous two years.

PARACENTESIS

Initial appointment: a physician shall demonstrate competency in this procedure either by providing documentation of having performed four successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.

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Reappointment: a physician shall have satisfactorily performed a minimum of two successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.

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Initial appointment: a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.

Reappointment: a physician shall have satisfactorily performed a minimum of four successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.

ESOPHAGEAL SCLEROTHERAPY

Initial appointment: a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.

Reappointment: a physician shall have satisfactorily performed a minimum of two successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.

BONE MARROW ASPIRATION

Initial appointment: In addition to meeting the requirements for membership in the Department of Medicine, a physician must perform a bone marrow aspiration procedure with sufficient skill so that the pathological material attained is deemed adequate for pathological interpretation on at least 80% of the occasions that the procedure is performed and adequate material is felt to be

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	<p>available.</p> <p>Reappointment: For recertification purposes, physicians must be able to document ability to perform procedure.</p> <p><u>BONE MARROW BIOPSY</u></p> <p>Initial appointment: a physician shall demonstrate competency in this procedure either by providing documentation of having performed fifteen successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: a physician shall have satisfactorily performed a minimum of ten successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>FINE NEEDLE ASPIRATION OF SUPERFICIAL TUMOR</u></p> <p>Initial appointment: In addition to meeting the requirements for membership in the Department of Medicine, a physician must perform a fine needle aspiration of superficial tumor procedure with sufficient skill so that the pathological material attained is deemed adequate for pathological interpretation on at least 80% of the occasions that the procedure is performed and adequate material is felt to be available.</p> <p>Reappointment: For recertification purposes, physicians must be able to document ability to perform procedure.</p> <p><u>HEMATOPOIETIC RECONSTITUTION PROGRAM</u></p> <p><u>OVERVIEW:</u> The area of Hematopoietic Reconstitution is rapidly evolving. New technology has made the use of mononuclear stem cells for purposes of bone marrow reconstitution, less expensive, less labor intensive and more practical.</p> <p>The field of Hematopoietic Reconstitution now revolves around two (2) primary procedures; that of hematopoietic reconstitution via stem cells derived from bone marrow harvesting or from peripheral stem cells derived by peripheral</p>
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	<p>blood apheresis. Therefore, the credentialing requirements for participation in this program require adjustment in order to ensure their appropriate use. For the purposes of this document, the following definitions will apply:</p> <p>I. DEFINITION OF PRIVILEGES:</p> <ol style="list-style-type: none"> 1. <u>Hematopoietic Reconstitution</u> – refers to reconstitution of ablated bone marrow stem cell by products derived from bone marrow harvesting, peripheral blood stem cells or cord cells. 2. <u>Award of Bone Marrow Harvesting Privileges</u> – refers to the awarding of privileges to perform bone marrow harvesting. Bone marrow harvesting refers to the harvesting of large quantities of bone marrow derived stem cells by multiple bone marrow aspirations under general or local anesthesia and under sterile conditions. 3. <u>Award of Peripheral Blood Mononuclear Stem Cell (PBMSC) Harvesting Privileges</u> – refers to the awarding of privileges to perform PBMSC harvesting. PBMSC harvesting refers to the harvesting of peripheral blood mononuclear stem cell via apheresis after appropriate donor preparation. <p>II. HEMATOPOIETIC RECONSTITUTION RESOURCES:</p> <ol style="list-style-type: none"> 1. Hematopoietic reconstitution resources will be available at UPMC Shadyside as long as a minimum target of 25 cases of hematopoietic reconstitution is performed each year. <p>III. REQUIREMENTS FOR AWARD:</p> <ol style="list-style-type: none"> 1. Previously credentialed physicians, both trained and who have conducted sufficient number of procedures versus 2. Trained individuals who have not garnered experience by sufficient number of procedures. <p>IV. TYPES OF AWARD:</p> <ol style="list-style-type: none"> 1. Unsupervised non-provisional award 2. Supervised and provisional award refers to an applicant who has demonstrated previous experience and ability in hematopoietic reconstitution, but does not meet the requirements for #1. <p>V. BASIC REQUIREMENTS FOR HEMATOPOIETIC RECONSTITUTION:</p> <ol style="list-style-type: none"> 1. Training in an accredited approved hematology/oncology transplantation program offering training in autologous bone marrow transplantation or PBMSC hematopoietic reconstitution or sufficient
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	<p>clinical experience to establish expertise in these areas.</p> <p>2. For new Division members seeking approval to perform hematopoietic reconstitution procedures, a letter of reference from the appropriate Program Director or an appropriate individual with recognized expertise in hematopoietic reconstitution certifying the individual's capability and knowledge should be submitted for review.</p> <p>BONE MARROW HARVESTING:</p> <p>1. New physicians will receive provisional approval for bone marrow harvesting and will be required to perform each procedure under the supervision of a previously trained physician (as designated by the Division Chief). The provisional review for bone marrow harvesting will be removed after the satisfactory performance of five (5) marrow harvests.</p> <p>2. Monitoring of the provisional five (5) cases will be conducted by the supervising physician. At completion of 5 harvests, the supervising physician will send a brief summary statement regarding the new physician's performance to the Division Chief. Once the appropriate requirements have been met, a letter of notification will be issued by the Division Chief to the Department Chairman.</p> <p>3. The lifting of the provisional stipulation shall be communicated to the Medical Staff Office so the information may be forwarded to the Credentials Committee.</p> <p>4. To maintain privileges, the investigator must have performed or assisted a minimum of 5 harvests and infusions for each year of the appointment period.</p> <p>VI. PBMSC COLLECTIONS AND INFUSIONS:</p> <p>1. New physicians will receive provisional approval for peripheral stem cell collections and infusion and will be required to perform the procedure under the supervision of previously trained physician (as designated by the Division Chief). The provisional review for peripheral stem cell collections and infusion will be removed after the satisfactory performance of five (5) procedures.</p> <p>2. The lifting of the provisional stipulation shall be communicated to the Medical Staff Office so the information may be forwarded to the Credentials Committee.</p> <p>3. To maintain privileges, the investigator must have performed or assisted a minimum of 5 collections and infusions for each year of</p>
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	<p>the appointment period.</p> <p>VII. MONITORING OF PATIENTS RECEIVING HIGH DOSE CHEMOTHERAPY AND HEMATOPOIETIC RECONSTITUTION:</p> <ol style="list-style-type: none"> 1. All patients will be followed on a regular basis by our Data Collectors to ensure appropriate protocol adherence. 2. All cases will be presented to the appropriate peer group prior to initiation of treatment and quarterly to the peer group. 3. A minimum of five cases must be performed each year of the appointment period in order to maintain privileges. <p>VIII. CLINICAL PROTOCOLS THEMSELVES:</p> <ol style="list-style-type: none"> 1. Each investigator awarded privileges for hematopoietic reconstitution must agree to conform to the Guidelines for Clinical Cancer Protocol Use. 2. In all cases clinical eligibility, treatment scheme and follow-up evaluations will be adhered to strictly and the investigator agrees to make readily available all clinical data for collation. <p>The awarding of these privileges should not be taken as a blanket right to unilaterally perform hematopoietic reconstitution and in this regard, the investigator understands that all cases must be presented prospectively before the instituted peer group and in follow-up as indicated in the Guidelines for Clinical Cancer Protocol Use.</p> <p><u>CRRT (Continuous Renal Replacement Therapy)</u></p> <p>Initial appointment: At the time of initial appointment, a physician must have completed an accredited fellowship training program and/or be Board eligible or Board certified in Nephrology and be able to provide documentation of sufficient training in this procedure.</p> <p>Reappointment: a physician must have performed a minimum of five procedures in a satisfactory fashion in each of the previous two years, and must be able to provide documentation.</p>
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HEMODIALYSIS

Initial appointment: a physician must have completed an accredited fellowship training program and/or be Board eligible or Board certified in Nephrology and be able to provide documentation of sufficient training in this procedure.

Reappointment: a physician must have performed a minimum of five procedures in a satisfactory fashion in each of the previous two years, and must be able to provide documentation.

DIALYSIS LINE INSERTION

Initial appointment: a physician must have completed an accredited fellowship training program and/or be Board eligible or Board certified in Nephrology and be able to provide documentation of sufficient training in this procedure.

Reappointment: a physician must have performed a minimum of two procedures in a satisfactory fashion in each of the previous two years, and must be able to provide documentation.

RENAL BIOPSY

Initial appointment: a physician must have completed an accredited fellowship training program and/or be Board eligible or Board certified in Nephrology and be able to provide documentation of sufficient training in this procedure.

Reappointment: a physician must have performed a minimum of two procedures In each of the previous two years, and must be able to provide documentation.

PERITONEAL DIALYSIS

Initial appointment: a physician must have completed an accredited fellowship training program and/or be Board eligible or Board certified in Nephrology and be able to provide documentation of sufficient training in this procedure.

Reappointment: a physician must have performed a minimum of five procedures in a satisfactory fashion in each of the previous two years, and must be able to provide documentation.

EMG AND NERVE CONDUCTION STUDY

Initial appointment: In addition tto meeting the requirements for membership in the Division of Rehabilitation Medicine or Neurology, Department of

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	<p>Medicine, a physician must have been trained in nerve conduction studies and electromyography for at least one month during his/her residency, or have received equivalent training after the residency.</p> <p>Reappointment: physicians must have performed and/or interpreted 25 of each of the above procedures in each year of the previous two years at UPMC Shadyside, at other hospitals or offices, and must be able to provide documentation of this.</p> <p><u>EVOKED POTENTIALS</u></p> <p>Initial appointment: In addition to meeting the requirements for membership in the Division of Neurology, Department of Medicine, a physician must have been trained in evoked potentials for at least one month during his/her residency, or have received equivalent training after the residency.</p> <p>Reappointment: recertification purposes, physicians must have performed and/or interpreted 10 of each of the above procedures in each year of the previous two years at UPMC Shadyside, at other hospitals or offices, and must be able to provide documentation of this.</p> <p><u>ELECTROENCEPHALOGRAPHY</u></p> <p>Initial appointment: In addition to meeting the requirements for membership in the Division of Neurology, Department of Medicine, a physician must have been trained in electroencephalography for at least one month during his/her residency, or have received equivalent training after the residency.</p> <p>Reappointment: purposes, physicians must have performed and/or interpreted 25 of each of the above procedures in each year of the previous two years at UPMC Shadyside, at other hospitals or offices, and must be able to provide documentation of this.</p> <p><u>LUMBAR PUNCTURE</u></p> <p>Initial appointment: In addition to meeting requirements for membership in the Department of Medicine, a physician must have been trained in performing lumbar punctures during his/her residency, or have received equivalent training after residency.</p> <p>Reappointment: For recertification purposes, physicians must have performed at least five lumbar punctures in each of the previous two years at UPMC Shadyside, at other hospitals or offices, and must be able to provide</p>
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documentation of this.

CERVICAL AND THORACIC SPINAL INJECTIONS UNDER FLUOROSCOPIC GUIDANCE

Initial appointment: At the time of initial appointment, a physician must be eligible for membership within the Department of Medicine and must have documented training either during his or her formal training period or through subsequent advanced level training of competency to perform this procedure. Spinal injections include intralaminar epidural corticosteroid injections, transforaminal epidural corticosteroid injections (selective nerve root blocks), and facet injections. After initial appointment, the physician must be supervised in the performance of the initial 10 procedures by another physician already certified in this procedure before being allowed to proceed independently.

Reappointment: At the time of reappointment, a physician must have satisfactorily performed a minimum of 10 procedures within each of the previous two years, and be able to provide documentation.

LUMBAR SPINAL INJECTIONS UNDER FLUOROSCOPIC GUIDANCE

Initial appointment: At the time of initial appointment, a physician must be eligible for membership within the Department of Medicine and must have documented training either during his or her formal training period or through subsequent advance level training of competency to perform this procedure. Spinal injections include intralaminar epidural corticosteroid injections, transforaminal epidural corticosteroid injections (selective nerve root blocks), and facet injections.

After initial appointment, the physician must be supervised in the performance of the initial 10 procedures by another physician already certified in this procedure before being allowed to proceed independently.

Reappointment: At the time of reappointment, a physician must have satisfactorily performed a minimum of ten (10) procedures within each of the previous two years, and be able to provide documentation.

PLEURAL BIOPSY

Initial appointment: At the time of initial appointment, a physician must have completed an accredited fellowship training program and/or be Board eligible or Board certified in Pulmonary Medicine or shall be able to document that he has received adequate training in this procedure.

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	<p>Reappointment: At the time of Reappointment, a physician must have performed a minimum of three procedures in each of the previous two years, and must be able to provide documentation.</p> <p><u>LUNG BIOPSY VIA BRONCHOSCOPY</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of five successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>BRONCHOSCOPY</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of ten successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>BRONCHOALVEOLAR LAVAGE</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed four successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she</p>
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	<p>possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of four successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>THORACENTESIS</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed six successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of four successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>MECHANICAL VENTILATOR MANAGEMENT</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of ten successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p>
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	<p><u>CHEST TUBE INSERTION</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of two successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>ENDOTRACHEAL INTUBATION</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of ten successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>PULMONARY ARTERY CATHETER INSERTION</u></p> <p>Initial appointment: At the time of initial appointment in the Department of Medicine, a physician will be granted this privilege if he has completed a fellowship and/or is Board eligible or Board certified in Cardiology, Pulmonary or Critical Care Medicine, or if he can document performance of at least twenty-five procedures.</p> <p>Reappointment: At the time of reappointment, a physician will maintain this privilege if he can document the performance of at least three successful catheter</p>
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	<p>insertions within the previous two year period. If he does not possess such documentation but believes he is nevertheless competent, he may perform the procedure under the supervision of the Chief of the Division of Cardiology or his designee, who will attest to the physician's competence</p> <p><u>SYNOVIAL BIOPSY</u></p> <p>Initial appointment: At the time of initial appointment, a physician must have completed an accredited fellowship training program and/or be Board eligible or Board certified in Rheumatology or be able to document equivalent training in this procedure.</p> <p>Reappointment: At the time of Reappointment, a physician must have performed a minimum of one procedure in each of the previous two years, and must be able to provide documentation.</p> <p><u>JOINT ASPIRATION</u></p> <p>Initial appointment: At the time of initial appointment, a physician shall demonstrate competency in this procedure either by providing documentation of having performed ten successful procedures within the previous two-year period or attestation from the Program Director of his/her training program that he/she possesses such competence.</p> <p>Reappointment: At the time of Reappointment, a physician shall have satisfactorily performed a minimum of five successful procedures within the preceding two years, and must be able to provide documentation. If the physician is not able to document this number of procedures but believes he or she is qualified, they may demonstrate competence by performing the procedure to the satisfaction of another member of the department who is already credentialed who will certify that this physician is competent for the procedure.</p> <p><u>MODERATE SEDATION</u></p> <p>Initial appointment: A physician already certified as competent to perform a particular procedure who wishes to utilize conscious sedation in the course of this procedure must possess the knowledge, skills and abilities related to the management of sedated patients.</p> <p>Reappointment: At the time of Reappointment, the physician will be considered competent to continue to perform conscious sedation if he meets the</p>
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	<p>minimum number specified for the procedure for which he utilizes this therapeutic modality.</p> <p><u>FLUOROSCOPY</u></p> <p>Initial appointment:</p> <ol style="list-style-type: none"> 1. Review the educational materials contained in a didactic manual, “Minimizing Risks from Fluoroscopic X-Rays” by Louis Wagner & Benjamin Archer. 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. <p>Reappointment:</p> <ol style="list-style-type: none"> 1. Access the Fluoroscopy Rapid Deployment CME module at the following website: http://cme.health.pitt.edu <p>Following successful completion of the module, 1 Category 1 Patient Safety/Risk Management CME credit will be awarded within four weeks. The transcript will be available at: http://ccehs.upmc.edu</p> <p><u>Peripheral Vascular Interventional Privileges</u></p> <p>Regional Credentialing:</p> <p>The peripheral vasculature consists of three regions (1) Aortoiliac and Brachiocephalic vessels (2) renal and abdominal visceral vessels (3) infra-inguinal vessels, as defined in Section D of the attached criteria.</p> <p>To be privileged, the physician must:</p> <ul style="list-style-type: none"> • Possess appropriate cognitive skills of the region (obtained via residency training or CME courses; documentation must be provided via letter from residency program or CME certificate/letter of attestation) • Perform the appropriate number of procedures as indicated in the criteria column below <p>Once appropriate number of procedures has been met, present a letter of endorsement from the proctor or present a letter from the training program director attesting that number of procedures has been attained through training.</p> <p><u>Peripheral Diagnostic Angiography</u> (procedures will count for regional privileging)</p> <p>100 Peripheral Diagnostic Arteriograms with 50 as primary operator (Procedures include aorto, iliac and lower extremity.)</p>
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	<p><u>Peripheral Interventions</u> (coiling, balloon dilations or stenting of vessels) 50 Peripheral Interventions with 25 as the primary operator</p> <p>Aortoiliac & Brachiocephalic Vessels Interventions 20 diagnostic arteriograms with 10 interventional as primary operator</p> <p>Renal & Abdominal Visceral Vessels 20 diagnostic arteriograms with 10 interventional as primary operator</p> <p>Infra-inguinal Vessels Interventions 20 diagnostic arteriograms with 10 interventional as primary operator</p> <p>Endovascular Stent Grafts, Abdominal Aorta 10 as primary operator (a vascular surgeon must be present for non-vascular specialties)</p> <p>Endovascular Stent Grafts, Thoracic Aorta 10 cases as primary operator (if privileged for abdominal aorta, then 5 cases as primary operator) (a vascular surgeon must be present for non-vascular specialties)</p> <p>Intracerebral Interventions May only be performed by physicians that have spent at least three (3) months in a dedicated neuro-interventional training program and approved by their respective division chief.</p> <p>Carotid Arteriography If criteria met for Peripheral Angiography, then 50 selective carotid arteriograms with 25 as primary operator. If physician does not meet peripheral angiography criteria listed above, 100 Diagnostic angiograms with 50 as primary operator</p> <p>Carotid Interventions(stents) <u>(Cannot be obtained alone)</u> 25 Interventions with 15 as primary operator, 15 diagnostic carotid studies are required prior to being the primary operator on an interventional carotid procedure.</p>
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	<p align="center"><u>ELECTROPHYSIOLOGIC TESTING—HIS BUNDLE/SNRT AND VENTRICULAR TACHYCARDIA STIMULATION</u></p> <p>A. Operators requesting privileges to perform Electrophysiological procedures:</p> <ol style="list-style-type: none"> 1. Physicians are required to retain board eligibility or board certification in cardiovascular disease by the American Board of Internal Medicine. Board eligible candidates have a period of four years to obtain certification. 2. To acquire the specific technical skills required for the performance of Electrophysiological testing, an additional one year of formal training and an invasive electrophysiology fellowship program is required. The candidates should meet the American Board of Internal Medicine Cardiovascular—Electrophysiology Subspecialty board requirements. The candidate has four years to obtain certification. During this time, participation in the performance and analysis of one hundred (100) electrophysiological procedures should be documented to demonstrate competency. Certification of experience should be substantiated by the program director. <p align="center"><u>TRANSSEPTAL CATHETERIZATION</u></p> <ol style="list-style-type: none"> A. Physicians must retain cardiac catheterization privileges at Shadyside Hospital. B. The Physicians will adhere to the minimal case volume requirements as outlined in the Division of Cardiology credentialing guidelines, i.e. three (3) cases annually. In the event of failure to perform minimal volume requirements, consideration will be given to prior case experience. C. New cardiologists must be supervised for their first twenty-five (25) cases. D. Physicians must provide evidence in the form of documentation by their fellowship director attesting to individual competency in this procedure. The documentation must include specific case volumes performed by the operator.
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EXCIMER LASER CORONARY ANGIOPLASTY

- A. Physicians must have PTCA privileges at Shadyside Hospital.
- B. Physicians will adhere to the guidelines established by the Laser Safety Committee and the “Laser Credentialing Process for Shadyside Hospital.”
- C. The physician should have performed at least two hundred (200) PTCA procedures during the preceding two (2) years.
- D. The physician should currently be performing PTCA procedures at a rate equal to or greater than seventy-five (75) per year.
- E. The physician will participate in five (5) ELCA cases as first assistant.
- F. The physician will perform five (5) ELCAs with a credentialed preceptor for Shadyside Hospital’s Medical Staff.
- G. Documentation of procedures will be submitted to the Division Chief for final approval.
- H. Review of procedural technique and equipment usage should also be mandatory for all physicians who have not performed ELCA within one year of receiving privileges for the procedure.
- I. The requirements for supervision may be waived in the case of individuals who are known within the Pittsburgh cardiology community and whose prior experience can be verified directly.

RIGHT HEART CATHETERIZATION

- 1. The candidate will provide documentation of the performance of at least twenty-five (25) procedures to include patient identification, date, diagnosis, indication, complications and duration of monitoring.
- 2. The training director in writing should confirm the cognitive and technical skills of the candidate.

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TRANSLUMINAL EXTRACTION CATHETER (TEC) ANGIOPLASTY

1. The physicians must have PTCA privileges at Shadyside Hospital.
2. The physicians will have performed PTCA procedures at a rate of equal to or greater than seventy-five (75) per year.
3. Physicians will retain Directional Coronary Atherectomy privileges.
4. The physicians will perform five (5) cases with a supervising preceptor who has demonstrated competence and Atherectomy techniques. Completion of the cases will be forwarded to the Division Chief for his/her review and approval.
5. The Division Chief will review the request and documentation and grant approval if he/she finds it to be adequate.

ENDOMYOCARDIAL BIOPSY

- A. Physicians must retain cardiac catheterization privileges at Shadyside Hospital.
- B. Physicians will meet total case volumes requirements as outlined in the Division of Cardiology credentialing guidelines, i.e. three (3) cases annually. If an operator does not perform the minimal volume, consideration will be given to prior experience.
- C. New cardiologists must be supervised for their first twenty-five (25) cases.
- D. Physicians will provide evidence in the form of documentation by their fellowship director attesting to individual competency in this procedure. The documentation must include specific case volumes performed by the operator.
- E. Maintenance, clinical judgment and competency in TEC will be monitored and evaluated by the Chief of Cardiology or his/her designee.
- F. Following approval, the Chief will forward the privileges to the

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	<p>Department Chairman for review, approval and submission to the hospital Credentialing Committee.</p> <p><u>PTCA CREDENTIALING REQUIREMENTS</u></p> <p>Training Requirements Justification</p> <p>The training required for competence in the performance of PTCA is in accord with the recommendations of the American College of Cardiology 17th Bethesda Conference on Adult Cardiology Training, “Guidelines for Credentialing and Facilities for Performance of Coronary Angioplasty: from the Committee on Interventional Cardiology of the Society for Cardiac Angiography and Interventions, and the “Clinical Competence in Percutaneous Transluminal Coronary Angioplasty” statement from the American College of Physicians, the American College of Cardiology and the American Heart Association Task Force on Clinical Privileges in Cardiology.</p> <p>Minimal Training Requirements</p> <p align="center">Newly Trained Physicians</p> <p>Candidates will retain board eligibility or board certification in cardiovascular diseases.</p> <p>Candidates should complete a full cardiovascular training program that meets the requirements of the American Board of Internal Medicine for certification in Cardiovascular Disease and conforms to the guidelines outlined in the American College of Cardiology 17th Bethesda Conference on Adult Cardiology Training.</p> <p>The fellowship should include intensive and extensive experience in cardiac catheterization and coronary angiographic techniques. This includes a minimum of 12 months of full-time experience in the cardiac catheterization laboratory. The candidate should have participated in or performed a minimum of three hundred (300) coronary angiographic procedures, with documentation of two hundred (200) as a primary operator.</p> <p>To acquire the specific technical skills required for the</p>
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	<p>performance of PTCA, an additional one (1) year of formal training in a structured fellowship program devoted to PTCA is recommended. During this time, a minimum of one hundred twenty-five (125) coronary angioplasties, including seventy-five (75) as the primary operator, should be documented to attain competence. Certification of experience should be substantiated by the training program director.</p> <p><u>Physicians Already in Practice With Intention to Perform PTCA</u></p> <p>A candidate’s prior training in Cardiology may not have included specific experience with PTCA, but may have provided overall experience in Cardiology that should contribute to eventual competence in the procedure. These individuals should meet the following requirements.</p> <p>A minimum of two (2) years of experience in performing cardiac catheterization without supervision. This experience should include a minimum of five hundred (500) diagnostic catheterization procedures with documentation of complication rates that are within accepted guidelines and with certification of competence with recognition and management of serious cardiovascular complications that may occur with these procedures.</p> <p>Participation in one or more formal angioplasty courses that should include a minimum of fifty (50) hours of CME Category I instruction.</p> <p>Performance of a minimum of one hundred twenty-five (125) PTCA procedures, including seventy-five (75) as the primary operator under the supervision of a recognized expert. Documentation of experience should be provided with the results certified by the laboratory director or recognized expert under whom the candidate trained. Only the laboratory director may certify experience gained prior to 1989.</p>
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	<p>II. <u>Concurrent Evaluation of Physicians with Provisional Privileges</u></p> <p>1. Concurrent Evaluation Will Consist of the Following:</p> <ol style="list-style-type: none"> a. The first twenty-five (25) cases will be performed under the supervision of an evaluator. b. Concurrent periodic monitoring shall be made by the evaluator with a minimum of twelve (12) additional cases over a two (2) year period of the clinical performance of the physician. c. The evaluator has the right and responsibility to intervene at any time if, in his/her opinion, such intervention is in the best interest of the patient. <p>III. <u>Maintenance of Competence</u></p> <ol style="list-style-type: none"> 1. Maintenance of Competence in PTCA requires ongoing performance of the procedure, judged to be a minimum of fifty (50) procedures per year performed as the primary operator. New operators should achieve this caseload within eighteen (18) months of receiving privileges to perform angioplasty. 2. Operators who fail to meet the minimal volume requirements, but perform angioplasty at other institutions are required to submit a statement from the other institution's program director attesting to case volumes as well as morbidity and mortality statistics. 3. Operators who do not meet minimum caseload requirements may have continued certification by the Credentialing Committee, upon recommendation of the Chief of Cardiology and the Chairman of the Department of Medicine. 4. The candidate's clinical judgment and competency will be monitored and evaluated by the Chief of Cardiology and his/her designee. 5. An operator's rate of complications should also be within national standards. 6. The candidate must participate in ongoing CME activities—thirty (30) hours every two (2) years. <p>IV. <u>Institutional Review</u></p> <p>Retrospective audit/medical care evaluation of angioplasty procedures shall be</p>
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	<p>done periodically by the members of the Division Chief and the Department of Medicine Director.</p> <p><u>DIRECTIONAL CORONARY ATHERECTOMY (DCA)</u></p> <ol style="list-style-type: none"> 1. Candidates will retain board eligibility or board certification in Cardiovascular disease. 2. Candidates should complete a full cardiovascular training program that meets the requirements of the American Board of Internal Medicine for certification in Cardiovascular Disease and conforms to the guidelines outlined in the American College of Cardiology 17th Bethesda Conference on Adult Cardiology Training. (attached) 3. Candidates retain coronary angiographic privileges as outlined in the Shadyside Hospital Division of Cardiology's PTCA Credentialing Requirements and will have acceptable morbidity and mortality statistics. 4. To acquire the specific technical skills required for the performance of DCA, attendance at one approved and accredited course dedicated to coronary atherectomy techniques is recommended or approved fellowship training that has included atherectomy experience as documented by a letter from the program director stating that the physician requesting privileges has had adequate training and experience. 5. The physician will perform ten (10) cases with a supervising preceptor who had demonstrated competence in atherectomy techniques. When the physician has completed the ten (10) cases to the satisfaction of the preceptor, the preceptor will document his/her recommendation and forward it to the Division Chief. The physician will forward a list of the cases to the Chief advising him/her of his/her completion of the required caseload. 6. Maintenance of clinical judgment and competence in DCA will be monitored and evaluated by the Chief of Cardiology or his/her designee. 7. The Division Chief will review the request and documentation and grant approval if he/she finds it to be adequate. 8. Following approval, the Chief will forward the privileges to the Department Chairman for review, approval and submission to the hospital Credentialing Committee.
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CARDIAC CATHETERIZATION PRIVILEGES

1. New invasive cardiologists are required to have performed two hundred (200) cardiac catheterizations as the primary operator in order to be eligible for independent catheterization privileges
2. Physicians must have performed at least fifty Coronary Angioplasties prior to receiving these privileges.
3. Prior to receiving privileges to perform unsupervised Angioplasties, all physicians must be supervised for the first twenty-five (25) cases.
4. Relative to the privilege to perform Endo-myocardial Biopsy:
 - a. New cardiologists must be supervised for the first twenty-five (25) cases.
 - b. Physicians must provide evidence in the form of documentation by their cardiology director attesting to individual competency in this procedure. The documentation must include specific case volumes performed by the operator.
5. Relative to the privilege to perform Transseptal Procedures:
 - a. New cardiologists must be supervised for the first twenty-five (25) cases.
 - b. Physicians must provide evidence in the form of documentation by their cardiology director attesting to individual competency in this procedure. The documentation must include specific case volumes performed by the operator.
6. Relative to the privilege to perform Excimer Laser Coronary Angioplasty:
 - a. Physicians must have PTCA privileges at Shadyside Hospital.
 - b. Physicians will adhere to the guidelines established by the Laser Safety Committee and the “Laser Credentialing Process for Shadyside Hospital.”

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	<p>c. The physician should have performed at least two hundred (200) PTCA procedures during the preceding two (2) years.</p> <p>d. The physician should currently be performing PTCA procedures at a rate equal to or greater than one hundred (100) per year.</p> <p>e. The physician will participate in five (5) ELCA cases as first assistant.</p> <p>f. The physician will perform five (5) ELCAs with a credentialed preceptor for Shadyside Hospital's Medical Staff.</p> <p>g. Documentation of procedures will be submitted to the Division Chief for final approval.</p> <p>7. Review of procedural technique and equipment usage should also be mandatory for all physicians who have not performed Endo-myocardial Biopsy, Transseptal Catheterization or Excimer Laser Coronary Angioplasty within one year of receiving privileges for same.</p> <p>8. The requirements for supervision in items 3, 4, 5 and 6 may be waived in the case of individuals who are known within the Pittsburgh cardiology community and whose prior experience can be verified directly.</p> <p><u>RADIOFREQUENCY ABLATION</u></p> <p>Operators requesting privileges to perform Radiofrequency Ablations must:</p> <p>A. Retain electrophysiology testing credentials.</p> <p>B. Participate in the performance and analysis of thirty (30) Radiofrequency Ablation procedures or the equivalent. The Chief of Cardiology or his/her designee will monitor the candidates' clinical judgment and competency.</p> <p>C. An operator's rate of complications should be within national standards.</p> <p>In two (2) years, the Division of Cardiology will review subspecialty board certification as it applies to EP credentialing (expected date of review, October, 1995)</p>
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1. ACC/AHA Guidelines for Cardiac Catheterization & and Cardiac Catheterization Laboratories, JACC Vol. 18, No. 5, November, 1991
2. Clinical competence in Percutaneous Transluminal Coronary Angioplasty. A statement for physicians from the ACP/ACC/AHA Task Force on Clinical Privileges in Cardiology, JACC Vol. 15, No. 7, June, 1990.
3. Division of Cardiology meetings: November, 1993

ROTATIONAL ATHERECTOMY, ROTOBULATOR

1. Physician must attend and provide documentation of attendance at a company sponsored educational seminar, which meets FDA requirements.
2. Physician must have experience performing at least fifty (50) Percutaneous Transluminal Coronary Angioplasty procedures. (PTCA)
3. Physician must perform at least three (3) procedures under the supervision of an approved preceptor.

STRESS ECHOCARDIOLOGY

1. Completion of an acceptable Stress Echocardiology educational program.
2. Two (2) years experience interpreting conventional 2D and Doppler Echocardiograms.
3. Board Certification in Cardiovascular Disease medicine.
4. Willingness to dedicate the time necessary to perform and interpret studies.

INTRACORONARY STENT IMPLANTATION

Newly trained Physicians

Physicians wishing to acquire Intracoronary Stent Implantation privileges are required to submit documentation of training and experience by their training program Director to include total case experience and educational

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	<p>program attendance.</p> <p>Physicians in Practice with the Intent to Perform Intracoronary Stenting</p> <p>Physicians wishing to acquire Intracoronary Stent Implantation privileges are required to submit documentation of training and experience to include total case experience and educational program attendance.</p> <p>Those physicians who are unable to provide documentation will be required to perform five (5) cases with an experienced preceptor. Documentation of clinical expertise must be forwarded to the Division Chief prior to approval</p> <p><u>INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAMS</u></p> <ol style="list-style-type: none"> 1. TEE credentialed cardiologists will perform and interpret Intraoperative Transesophageal Echocardiograms at Shadyside Hospital until such time as a credentialed anesthesiologist will be able to resume the responsibility by mutual agreement. 2. The following indications are provided as guidelines for usage of this service. <ol style="list-style-type: none"> A. Valve Repair B. Double Valve Replacement C. Single Valve Replacement if requested by a cardiac surgeon. D. Repairs of Ventricular Septal Defect, Papillary Muscle Rupture, Atrial Septal Defect, as indicated. E. High-risk patents if requested by cardiac surgeons. 3. Unless the Transesophageal echo is done on an emergency basis, cardiology notification is required at the time the case is scheduled with the operating room. 4. Pre and post operative Transesophageal echoes will be done under the supervision of TEE credentialed cardiologists. 5. Cardiology consultation is recommended for high-risk complex cases prior to Transesophageal Echocardiography. 6. As in the past, cardiologists will be performing Intraoperative Transesophageal Echoes on their own patients as much as possible.
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	<p>Other TEE credentialed cardiologists on a rotational basis will attend unassigned patients. A detailed schedule will be provided in the future.</p> <p>7. The technologists of the Echocardiography Department will be functioning under the guidance and supervision of the cardiologists.</p> <p><u>ANGIOSEAL CREDENTIALING GUIDELINES</u></p> <p>The physician requesting privileges to perform deployment of an Angioseal collagen plug device will be required to submit proof of certification from the manufacturer or will need to comply with the following training guidelines, as established by the Food and Drug Administration:</p> <ol style="list-style-type: none"> 1. Review the Angioseal Hemostatic Puncture Closure Device Physician Training Video. 2. Observe model deployment by the appropriate Angioseal representative to become acquainted with: <ol style="list-style-type: none"> a. The five (5) components of the Angioseal Kit. b. The three (3) step deployment sequence. c. Deployment techniques d. The indications, contraindications, warnings, precautions and adverse events. 3. Perform step-by-step model deployments under the guidance of an authorized Angioseal representative. <p>Perform three (3) diagnostic procedure deployments and three (3) interventional procedure deployments.</p>
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