

# CARLSBAD MEDICAL CENTER

## CARDIOLOGY APPLICATION FOR CLINICAL PRIVILEGES

NAME OF APPLICANT: \_\_\_\_\_

BOARD CERTIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Privileges in Cardiology are granted for both clinical cognitive areas and specific procedures. All practitioners requesting privileges are to be board certified in Cardiology by the American Board of Internal Medicine or board certified in Cardiology by the American Osteopathic Board of Internal Medicine or be fully trained by an accredited Cardiology residency program recognized by the American Board of Medical Specialists of the American Osteopathic Association. Two (2) categories of cognitive privileges may be granted for each clinical area listed below. The category of privileges requested, if any, in each area should be specified.

PRIVILEGES CATEGORY	<u>COGNITIVE PRIVILEGES</u>
<b>CATEGORY 1</b>	<p><b>USUAL AND CUSTOMARY INTERNAL MEDICINE PRIVILEGES</b></p> <p>Practitioners with these privileges may admit patients and render emergency care. This category is comparable to the privileges held by practitioners who are board certified by the American Board of Internal Medicine or are board certified by the American Osteopathic Board of Internal Medicine. Practitioners with this category of privileges are expected to request consultations:</p> <ol style="list-style-type: none"> <li>1) When doubt exists as to the diagnosis;</li> <li>2) In cases where expected improvement is not soon apparent.</li> </ol>
<b>CATEGORY 2</b>	<p><b>USUAL AND CUSTOMARY SUB-SPECIALTY PRIVILEGES</b></p> <p>Practitioners must be board certified in Cardiology by the American Board of Internal Medicine or are board certified in Cardiology by the American Osteopathic Board of Internal Medicine or fully trained in Cardiology. Such practitioners may act as consultants to others in the in the area of Cardiology and may, in turn, be expected to request consultation when:</p> <ol style="list-style-type: none"> <li>1) Diagnosis and/or management remain in doubt over an unduly longer period of time, especially in the presence of a life-threatening illness.</li> <li>2) Unexpected complications arise which are outside the practitioner's specialty or level of competence.</li> </ol>

**WRITE THE NUMBER 1 OR 2 TO INDICATE THE CATEGORY OF PRIVILEGE IN EACH AREA THAT YOU ARE REQUESTING PRIVILEGES:**

- |                                       |                           |  |
|---------------------------------------|---------------------------|--|
| _____ Allergy-Immunology              | _____ Hematology/Oncology | _____ Physical Medicine/Rehabilitation |
| _____ Cardiology                      | _____ Infectious Diseases | _____ Psychiatry                       |
| _____ Dermatology                     | _____ Nephrology          | _____ Pulmonary                        |
| _____ Endocrinology/Metabolic Disease | _____ Neurology           | _____ Rheumatology                     |
| _____ Gastroenterology                |                           |  |

**NOTE:** A board certified or fully trained cardiologist would usually request Category 2 privileges in Cardiology. If the cardiologist would also like to admit and treat other types of internal medicine patients, then the practitioner should request Category 1 privileges in the appropriate areas.

NAME OF APPLICANT: \_\_\_\_\_

**R=REQUESTED, G= GRANTED, D=DENIED**

***NOTE: if applying for an asterisked (\*) privilege, enter # and location performed in the last 2 years.***

R            G            D

**# Performed      Location**

**GENERAL COGNITIVE PRIVILEGES**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admitting and Attending Privileges     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assisting in Surgery Only              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation Only                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Critical Care Admission and Management |

<b>PRIVILEGES LEVELS</b>	<b><u>PROCEDURAL PRIVILEGES</u></b>
<b>LEVEL 1</b>	<p><b>USUAL AND CUSTOMARY CARDIOLOGY PROCEDURAL PRIVILEGES</b></p> <p>1) These procedural privileges are usually and customarily performed by board certified or fully trained cardiologists; <b>AND</b></p> <p>2) Documentation of specific training and/or experience in Level 1 procedural privileges <b>MAY</b> be required; <b>AND</b></p> <p>3) Level 1 procedural privileges are unasterisked.</p>
<b>LEVEL 2</b>	<p><b>ADVANCED CARDIOLOGY PROCEDURAL PRIVILEGES</b></p> <p>1) These procedural privileges may be performed by board certified or fully trained cardiologists; <b>AND</b></p> <p>2) Level 2 procedural privileges requires documentation of specific training and/or experience; <b>AND</b></p> <p>3) Individual Level 2 procedural privileges must be proctored as defined in this Application for Privileges form; <b>AND</b></p> <p>2) Level 2 procedural privileges are denoted by * (one asterisk).</p>

R = Requested                      G = Granted                      D = Denied

***NOTE: If applying for an asterisked (\*) privilege, enter the number and location of procedures performed in the last 2 years.***

R            G            D

#  
Performed                      Location Performed

**ANESTHESIA PROCEDURES**

- |                          |                          |                          |  |       |       |
|--------------------------|--------------------------|--------------------------|--|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric (<15 years) Moderate Sedation* | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult Moderate Sedation*                 | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric (<15 years) Deep Sedation*     | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult Deep Sedation*                     | _____ | _____ |

**INTRA-VASCULAR**

- |                          |                          |                          |   |       |       |
|--------------------------|--------------------------|--------------------------|---|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insertion of Swan Ganz Catheter*                  | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intra-Coronary Thrombolytic Therapy               | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Percutaneous Intra-Aortic Balloon Pump Insertion* | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Permanent Pacemaker Insertion *                   | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Temporary Transvenous Pacemaker Insertion         | _____ | _____ |

**CARDIOVERSION**

- |                          |                          |                          |          |
|--------------------------|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Elective |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergent |



## CARDIOLOGY REQUEST FOR CLINICAL PRIVILEGES

Privileges followed by an asterisk are identified in this table. Please submit required documentation when applicable at the time of appointment or reappointment. The numbers indicated in this table represent the minimal number of documented procedures required to be submitted for consideration of the privilege requested. Additional documentation of training, experience and/or current competence may be requested and additional proctoring may be requested at any time by the Department Chairperson or the Medical Executive Committee for any privilege requested.

PROCEDURE	TRAINING/EXPERIENCE	NUMBER OF PROCEDURES FOR INITIAL APPOINTMENT	NUMBER OF PROCEDURES EVERY 2 YEARS	NUMBER OF CASES PROCTORED INITIALLY
Conscious Sedation – Pediatric (<15 years) Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Adult Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Pediatric (<15 years) Deep Sedation or Analgesia	See Attachment C	2	1	4
Conscious Sedation – Adult Deep Sedation or analgesia	See Attachment C	2	1	4
<b>INTRAVASCULAR PROCEDURES</b>				
Insertion of Swan Ganz Catheter	Documentation of Successful Performance	10	2	3
Permanent Pacemaker Insertion	Certification of training and proficiency by residency program or approved course	25	10	3
Percutaneous Intra-Aortic Balloon Insertion	Documentation of Successful Performance	10	2	1
<b>ECHOCARDIOGRAPHY</b>				
Transesophageal Echocardiogram	Documentation of successful performance or certification of training and proficiency by residency program.	20 (Under GI Observation)	6	3
<b>OTHER CARDIAC PROCEDURES</b>				
Coronary Angiography, Cardiac Catheterization	Documentation of successful performance or certification of training and proficiency by residency program.	75	50	2
Percutaneous Intervention	Documentation of Successful Performance	75	40	2
Peripheral Angiography	Documentation of Successful Performance	75	40	2
Peripheral Intervention	Documentation of Successful Performance	75	40	2

## MEDICAL STAFF CREDENTIALING CRITERIA FOR CONSCIOUS SEDATION

### **Moderate Sedation or Analgesia**

Separate privileges are granted for the categories of adult and pediatric (< 15 years) moderate sedation or analgesia, based on documentation of current competency.

**All** medical staff requesting any conscious sedation privilege must complete and document a review of the current medical staff conscious sedation policy. **In addition** to the required review of the conscious sedation policy, practitioners requesting privileges in conscious sedation must meet requirements of either #1 **or** #2 listed below:

1. Documentation of training, experience and current competence related to the use of moderate sedation or analgesia, **and** successful performance of at least (1) moderate sedation/analgesia case in the last (2) years for each category of moderate sedation or analgesia applied for and (2) sedation/analgesia cases at initial appointment  
**OR**
2. Documentation of relevant training and experience **AND**
  - a. Attendance at a Carlsbad Medical Center sponsored CME program on moderate sedation/analgesia **or** review of the videotape of such conference **and** achievement of a score of 85% or higher on the moderate sedation/analgesia post-test, **AND** provisional privileges will be granted pending outcome review.

### ***Deep Sedation or Analgesia***

Separate privileges to be granted for the categories of adult and pediatric (< 15 years) deep sedation or analgesia based on documentation of current competency. **All** medical staff requesting any conscious sedation privilege, must complete and document a review of the current medical staff conscious sedation policy **AND** maintain current ACLS certification (*PALS or NALS as appropriate*); **OR** be Board Certified or fully trained in a Carlsbad Medical Center approved residency training program in Emergency Medicine, Anesthesiology or Critical Care Medicine.

In addition to the required review of the conscious sedation policy, ACLS and board certification or residency requirements above, practitioners requesting privileges in conscious sedation must meet requirements of either #1 **or** #2 listed below:

1. Documentation of training, experience and current competence related to use of deep sedation/analgesia, **and** successful performance of at least (1) deep sedation/analgesia cases in the last (2) years for each category of deep sedation or analgesia applied for **OR**
2. Documentation of relevant training and experience, **AND ALL** of the following:
  - a. Attendance at a Carlsbad Medical Center-sponsored CME program on deep sedation/analgesia or review of the videotape of such conference and achievement of the score of 85% or higher on the deep sedation/analgesia post-test, **AND**
  - b. Provide documentation of successful completion of four (4) deep sedation/analgesia cases, in each category applied for, under the direct supervision of a Carlsbad Medical Center practitioner holding appropriate clinical privileges in deep sedation. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement **AND**
  - c. Successful completion of four (4) intubations in the Operating Room under the direct supervision of a Carlsbad Medical Center credentialed anesthesiologist. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement.

NAME OF APPLICANT: \_\_\_\_\_

**Attachment C**



### **AUTHORIZATION FOR BACKGROUND CHECK**

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

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Print Name

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Signature

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Date