

UNMH Pediatric Cardiology Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective August 18, 2017:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

Applicant: Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PEDIATRIC CARDIOLOGY:

Initial Privileges: To be eligible to apply for privileges in pediatric cardiology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics, followed by successful completion of an ACGME accredited fellowship in pediatric cardiology; **AND**
2. Current certification in, or active participation in the examination process leading to certification in, pediatric cardiology by the American Board of Pediatrics; **AND**
3. Required current experience: Inpatient or consultative services for an acceptable volume of patients, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

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Renewal of Privileges: To be eligible to renew privileges in pediatric cardiology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Pediatric Cardiology

Admit, evaluate, diagnose, consult, and provide comprehensive care to newborns, infants, children, and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. Care may also include adult patients with congenital heart disease or pregnant mothers with fetal diagnosis of congenital heart disease. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures in the below procedure list and such other procedures that are extensions of the same techniques and skills

Requested

Pediatric Cardiology Core Procedures List

This list is a sampling of procedures included in the pediatric cardiology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Ambulatory ECG monitoring studies
3. Cardioversion
4. Diagnostic right and left heart cardiac catheterization
5. Echocardiography interpretation; fetal: transthoracic, and transesophageal (excluding intracardiac)
6. Electrocardiography: ambulatory monitoring and exercise testing (with ECG monitoring)
7. Intra-cardiac electrophysiologic studies
8. Pericardiocentesis and thoracentesis
9. Programming and management of automatic implantable cardiac defibrillators and pacemakers in collaboration with industry representatives
10. Transthoracic echocardiography
11. Rhythm issues (excluding intracardiac procedures)

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QUALIFICATIONS FOR PEDIATRIC INTERVENTIONAL CARDIOLOGY:

Initial Privileges: To be eligible to apply for privileges in pediatric interventional cardiology, the applicant must meet the following criteria:

1. Be granted core privileges in pediatric cardiology and successful completion of an accredited fellowship in pediatric cardiology that included at least twelve (12) months advanced training in pediatric cardiac catheterization; **AND/OR**
2. Required current experience: An acceptable volume of diagnostic and therapeutic catheter/ interventional procedures, reflective of the scope of privileges requested, in the past twelve (12) months, or successful completion of an accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in pediatric interventional cardiology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Pediatric Interventional Cardiology

Admit, evaluate, treat and provide consultation to newborns, infants, children, and adolescent patients with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. Privileges include percutaneous non-coronary intervention. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Pediatric Interventional Cardiology Core Procedures List

This list is a sampling of procedures included in the pediatric interventional cardiology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Aortic valve dilation
2. Balloon septostomy
3. Coarctation dilation
4. Coarctation stent

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5. Collateral occlusion
6. Diagnostic right and left heart cardiac catheterization
7. Ductus arteriosus occlusion
8. Endomyocardial biopsy
9. Intra-cardiac echocardiography
10. Intra-cardiac foreign body removal
11. Management of mechanical complications of percutaneous intervention
12. Pulmonary valve dilation
13. Pulmonary artery dilation
14. Pulmonary artery stent
15. Selective angiocardiology
16. Transseptal puncture

QUALIFICATIONS FOR PEDIATRIC CLINICAL CARDIAC ELECTROPHYSIOLOGY (CCEP)

Initial Privileges: To be eligible to apply for privileges in pediatric clinical cardiac electrophysiology, the applicant must meet the following criteria:

1. Successful completion of an accredited advanced fellowship in pediatric intracardiac procedures which included training in pediatric clinical cardiac electrophysiology; **AND**
2. Required current experience: An acceptable volume of intracardiac procedures, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in pediatric clinical cardiac electrophysiology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Pediatric Clinical Cardiac Electrophysiology

Admit, evaluate, treat, and provide consultation to newborns, infants, children, and adolescent patients with heart rhythm disorders, including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same technique and skills.

Requested

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Pediatric Clinical Cardiac Electrophysiology Core Procedure List

This list is a sampling of procedures included in the pediatric clinical cardiac electrophysiology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Intracardiac electrophysiology studies
2. Performance of therapeutic catheter ablation procedures

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN PERCUTANEOUS ATRIAL SEPTAL DEFECT (ASD) / PATENT FORAMEN OVALE (PFO) CLOSURE:

Criteria:

1. Successful completion of an ACGME or AOA accredited post-graduate training program in interventional cardiology or pediatric cardiology that included the performance of at least ten (10) ASD/PFO procedures, three (3) to five (5) of which were proctored, or demonstrated equivalent practice experience; **AND**
2. Applicants must have successfully completed a training course in ASD or PFO device for which privileges are requested, and will agree to restrict their practice to the device(s) type(s); **AND**
3. Required Current Experience: Demonstrated current competence and evidence of the successful performance of an acceptable volume of percutaneous ASD or PFO closure procedures in the past 12 months or completion of training in the past 12 months.

Reappointment Requirements: Demonstrated current competence and evidence of the successful performance of an acceptable volume of percutaneous ASD or PFO closure procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to percutaneous ASD/PFO closure should be required.

NON-CORE PRIVILEGES: Percutaneous Atrial Septal Defect (ASD) / Patent Foramen Ovale (PFO) Closure

Requested

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QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN PERCUTANEOUS ATRIAL SEPTAL DEFECT (ASD) / TRANSCATHETER DEVICE CLOSURE (TDC):

Criteria:

1. Successful completion of an ACGME or AOA accredited post-graduate training program in interventional cardiology or pediatric cardiology that included the performance of at least ten (10) ASD/TDC procedures, three (3) to five (5) of which were proctored, or demonstrated equivalent practice experience; **AND**
2. Applicants must have successfully completed a training course in ASD or TDC device for which privileges are requested, and will agree to restrict their practice to the device(s) type(s); **AND**
3. Required Current Experience: Demonstrated current competence and evidence of the successful performance of an acceptable volume of percutaneous ASD or TDC closure procedures in the past 12 months or completion of training in the past 12 months.

Reappointment Requirements: Demonstrated current competence and evidence of the successful performance of an acceptable volume of percutaneous ASD or TDC closure procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to percutaneous ASD/TDC closure should be required.

NON-CORE PRIVILEGES: Percutaneous Atrial Septal Defect (ASD) / Transcatheter Device Closure (TDC)

Requested

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE):

Criteria:

1. Successful completion of an accredited residency in cardiology, anesthesiology, radiology, or cardiothoracic surgery that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of an acceptable volume of supervised TEE cases; **OR**
2. National Board of Echocardiography certification in TEE; **AND**
3. Applicants must have successfully completed a training course in ASD or TDC device for which privileges are requested, and will agree to restrict their practice to the device(s) type(s); **AND**
4. Required Current Experience: Demonstrated current competence and evidence of the successful performance of an acceptable volume of TEE procedures in the past 12 months or completion of training or NBE certification in the past 12 months.

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Reappointment Requirements: Demonstrated current competence and evidence of the successful performance of an acceptable volume of TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Transesophageal Echocardiography (TEE)

Requested

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN VALVULOPLASTY:

Criteria:

1. Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology; if valvuloplasty training was not included in the fellowship program, the applicant must have completed training with a physician who has these privileges, and training must have included five (5) proctored procedures; **AND**
2. Required Current Experience: Demonstrated current competence and evidence of the successful performance of an acceptable volume of cases in the past 12 months or completion of training in the past 12 months.

Reappointment Requirements: Demonstrated current competence and evidence of the successful performance of an acceptable volume of cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Valvuloplasty

Requested

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QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN MELODY TRANSCATHETER PULMONARY VALVE PLACEMENT:

Criteria:

1. Successful completion of an ACGME or AOA accredited post-graduate training program in interventional cardiology or pediatric cardiology that included the performance of at least ten (10) transcatheter pulmonary valve placement procedures, three (3) to five (5) of which were proctored, or demonstrated equivalent practice experience; **AND**
2. Applicants must have successfully completed a peer to peer training course in Melody transcatheter pulmonary valve placement, and agree to restrict their practice to the Melody device type; **AND**
3. First three (3) cases performed under the supervision of a proctor with documented experience in Melody transcatheter pulmonary valve placement; **AND**
4. Required Current Experience: Demonstrated current competence and evidence of the successful performance of an acceptable volume of Melody transcatheter pulmonary valve placement procedures in the past 12 months or completion of training in the past 12 months.

Reappointment Requirements: Demonstrated current competence and evidence of the successful performance of an acceptable volume of Melody transcatheter pulmonary valve placement procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Melody Transcatheter Pulmonary Valve Placement

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Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. I understand that: a) in exercising any clinical privileges granted I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on August 18, 2017