

South Austin Hospital

Department of Cardiology

Rules and Regulations

I. Name and Purpose

- A. The department shall be designated **Department of Cardiology.**
- B. The department shall carry out the functions and directives specified in the medical staff bylaws concerning purposes and function of the department insofar as applicable to the practice of Cardiology at South Austin Hospital.

II. Functions and Responsibilities

- A. The department shall:
 - 1. assist the Medical Executive Committee and the Board in the granting and delineation of medical privileges;
 - 2. monitor and assess the quality of Cardiology care at the South Austin Hospital by conducting continuous, ongoing evaluation of the quality of patient care. Periodically, the department shall report to the medical executive committee their results and recommendations concerning the implementation, operation and results of quality assurance activities;
 - 3. promote harmonious working relationships among staff members in the department, nursing service, hospital employees and the administration;
 - 4. coordinate patient care activities and responsibilities with other departments;
 - 5. provide for and evaluate continuing education for physicians and nurses;
 - 6. establish and monitor safety rules and regulations in the performance of invasive Cardiology procedures;
 - 7. establish a mechanism to evaluate Cardiology deaths or unexpected complications as deemed necessary;
 - 8. participate and assist in establishing and monitoring safety rules and regulations in the intensive care and cardiac care unit;
 - 9. perform other such functions as may be necessary or appropriate related to Cardiology care at South Austin Hospital;
 - 10. provide for emergency department call coverage as determined by its active voting members;
 - 11. Advise administration and the governing board of the community needs in the specialty of cardiology and assist in strategic planning if required;
- B. The department shall assist in formulation and implementation of medical staff rules relating to Cardiology care.
- C. The department will interact with the departments of Anesthesiology and Surgery to meet jointly

on an as needed basis with cardiovascular surgeons and anesthesiologists practicing at South Austin Hospital. This interaction will be for the purpose of jointly addressing issues related to interventional cardiology and cardiac surgical management of patients at South Austin Hospital. These combined meetings will address policy recommendations relating to physician privileges, nursing care, allied health professionals, continuing education for all personnel, interacting with supporting departments and the organization and direction of the Cath Lab, Cardiovascular Recovery Unit, and the Operating Room.

The Chief of Cardiology may invite and request participation from the Cardiopulmonary Department, Pharmacy, Nursing Department, Cath Lab, Laboratory, Administration, and other hospital departments as necessary to accomplish the above goals. Actions taken by this combined departmental interaction will be reported to the Medical Executive Committee by the Chief of Cardiology and may require the approval of the Medical Executive Committee when policies of multiple departments are involved.

III. Assignments and Membership

- A. Membership in the Department of Cardiology will be limited to physicians who completed a residency fellowship program in Cardiology approved by the Accreditation Council on Graduate Medical Education or as specified in the Medical Staff bylaws and who are board certified in Cardiovascular Diseases or board eligible by the member board of the American Board of Medical Specialists. Physicians must meet the qualifications for membership outlined in the Medical Staff bylaws.
- B. The department will meet every other month. Twice yearly, meetings will be directed at EP issues. At least one EP representative from each practice group must attend the designated EP meeting. All other active staff members will be expected to attend 50% of scheduled departmental meetings, including QA meetings, and other activities as required in the medical staff bylaws; participate on committees and subcommittees; and participate in department functions as required by medical staff bylaws.

A representative from each cardiothoracic surgery group will be invited to attend each department and QA meeting.

Meeting attendance will be reviewed every six months and notice sent to members for failure to meet requirements. A collegial intervention will be conducted by the medical director for compliance problems. If attendance requirements are still not met in the following six months, the physician member's privileges will be suspended for two weeks.

- C. Participation in the cardiology emergency on-call panel is not a right or privilege of department members. Those cardiologists assigned to call must be able to respond to emergent situations and be physically present at the patient's bed side within 30 minutes of being notified by in-hospital nurse or physician.

IV. Officers and Voting

- A. The department shall nominate and elect officers as provided in the medical staff bylaws and/or rules and regulations. Officers shall include the Chairperson of Cardiology (Chief) and Vice Chairperson (Vice Chief).
- B. The chairperson will preside over department meetings and represent the department on the Medical Executive Committee. The chairperson will be responsible for carrying out duties as

specified in the medical staff bylaws.

- C. The vice-chairperson will serve as chairperson of the Cardiology QA Committee.
- D. Only department members of active staff status will be eligible to hold department office.
- E. No department officer may be elected for more than two consecutive terms except otherwise provided by the Board. Removal of the chairperson may be done as stipulated by the medical staff bylaws.
- F. All department members of active staff status are eligible to vote at department meetings.
- G. A quorum of voting members (as defined in the Bylaws) has to be present for approval of department matters and to amend these rules and regulations with concurrent approval of the Medical Executive Committee and Board of Trustees.

V. Specific Department Policies

- A. Members are expected to provide adequate coverage for their patients 24 hrs a day. Therefore, it is expected that anyone who covers call will have the expertise to adequately manage those patients left in their care and any issues that may arise, or will take responsibility for arranging such care without inappropriate delays.
- B. When a non-interventionalist is the initial responder to a consult involving a STEMI:
 - 1. The non-interventionalist is to call an interventionalist as soon as the decision is made to take the patient to the Cath Lab and
 - 2. The interventionalist is to be present at the time of coronary angiography.

VI. **Privileges**

- A. The department and/or department chairperson will make recommendations to the Credentials Committee concerning the granting of Cardiology privileges. The department chairperson may request the assistance of other staff members in evaluating privilege requests.
- B. In recommending and delineating medical cardiology privileges, the department will consider:
 - 1. the degree of patient care complexity, level of risk to the patient and level of training and experience required of the physician;
 - 2. the degree and quality of specialty training in Cardiology.
 - 3. demonstration of appropriate experience and competence;
 - 4. the need for the specified service at the hospital; and
 - 5. the best interest of the hospital.
- C. The application for privileges should provide a reasonable list of procedures performed by various subspecialties of Cardiology and be reviewed in a timely basis for revision.
- D. Credentialing Criteria:
 - 1. **ABILITY TO PERFORM PRIVILEGES REQUESTED:** Must be documented by the applicant's signed statement that no health problems exist which could affect his or her practice. This is documented in the application for appointment or reappointment.

2. **CURRENT LICENSURE:** Documentation of current Texas state medical license must be provided.
3. **TRAINING/EXPERIENCE REQUIREMENTS:** Successful completion of a post-graduate training program in Internal Medicine and evidence of additional subspecialty training or board certification in cardiology as specified in the bylaws. Evidence of experience and competence to manage advanced consultation in cardiovascular medicine. All training must be verified in writing by training directors. Verification must address dates of training and level and extent of experience.
4. **DEMONSTRATED CURRENT COMPETENCE:**

FOR INITIAL GRANTING OF PRIVILEGES: Competence must be documented and verified in writing by individuals personally acquainted with the applicant's professional and clinical performance. For invasive procedures, documentation should address the types of procedures performed, demonstrated skill, appropriateness, and successful outcomes. For non-invasive procedures, types and successful outcomes of medical conditions managed by the applicant should be documented.

- a. **Electrophysiology Credentialing:** For all defibrillator implantations and high-powered resynchronization devices, the physician must either be Board certified in Clinical Cardiac Electrophysiology or pass the Board exam within two years of completion of formal electrophysiology training.

FOR RENEWAL OF PRIVILEGES: Competence must be demonstrated by an adequate volume of experience (as determined by the Department Chief) with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or departmental/clinical service recommendations.

- a. **Re-credentialing Experienced Operators who fail to meet volume requirements for all procedures with volume requirements, at time of reappointment:**
 - In cases of *experienced operators* (practitioner with greater than 500 procedures since fellowship and who has had privileges for the procedure in question at this and / or another facility for the previous five years) *only*:
 - If practitioner has fallen behind the acceptable numbers and fails to recredential due to numbers:
 - Practitioner shall be placed on volume review for one year and be required to get volume back to an acceptable rate during that year. An acceptable rate will be ½ (one-half) the required number for two years.
 - Outcomes and performance must be of acceptable quality in order to continue to have privileges after completion of the review year
 - **For coronary interventions:** Being the secondary operator counts toward the required numbers for credentialing / recredentialing (Secondary operator must be scrubbed in, actively engaged and manually participating in the procedure.)
 - **In all other procedures, practitioner must be the primary operator.**

b. Less Experienced Operators who do not meet criteria:

- Placed on *focus* review for one year (cases will be reviewed)
- During that focus review year, are required to bring volume up to an acceptable rate: ½ (one-half) the required number for two years.

c. If, after one year of volume review, numbers are not up to the acceptable rate, the practitioner will no longer have privileges for that procedure. If privileges are desired, practitioner must re-apply for them.

5. Specific Credentialing Criteria for Special Procedures:

PROCEDURE	TRAINING REQUIREMENT **	INITIAL EXPERIENCE REQUIREMENT	RENEWAL EXPERIENCE GUIDELINES*
INVASIVE NON-INTERVENTIONAL			
Permanent Pacemaker	<p>A. Successful completion of fellowship training within immediate past two years; Training must have included permanent pacemaker training and experience;</p> <p style="text-align: center;">Or</p> <p>B. If training is > 2 years post fellowship, letter of competence from Chief of Service from immediate past hospital affiliation; plus (see next column)</p> <p style="text-align: center;">or</p> <p>C. Without fellowship training, successful completion at an accredited course in permanent pacemaker implantation within past 2 years; plus (see next column)</p>	<p>B. 10 cases performed in last 2 years. First 5 to be reviewed.</p> <p>C. 20 cases as primary operator. Documentation must include:</p> <ul style="list-style-type: none"> • Indication for procedure • Time in lab and fluoroscopy time • Complications such as wound hematomas, wound infections, and lead dislodgment. <p>First five cases to be reviewed.</p>	10 cases within immediate past 2 years
Transesophageal Echocardiography	<p>A. Successful completion of fellowship training within immediate past two years that included performance of 20 procedures, 10 which were intubation of the esophagus.</p> <p style="text-align: center;">Or</p> <p>B. If training is > 2 years post fellowship, letter of competence from Chief of Service from immediate past hospital</p>	<p>B. 10 cases performed in last 2 years.</p>	10 cases within immediate past 2 years

PROCEDURE	TRAINING REQUIREMENT **	INITIAL EXPERIENCE REQUIREMENT	RENEWAL EXPERIENCE GUIDELINES*
	<p>affiliation; plus (see next column)</p> <p style="text-align: center;">Or</p> <p>C. Without fellowship training, successful completion at an accredited course (with 10 hrs of instruction) within past 2 years; plus (see next column)</p>	C. 20 cases performed as primary operator	
Transeptal Ablations		20 Transeptal ablations as primary operator	Performance 10 Transeptal ablations within immediate past two years
Endomyocardial Biopsy	<p>A. Successful completion of fellowship training within immediate past two years that included performance of 20 internal jugular and femoral approaches;</p> <p style="text-align: center;">Or</p> <p>B. If training is > 2 years post fellowship, letter of competence from Chief of Service from immediate past hospital affiliation; plus (see next column)</p> <p style="text-align: center;">Or</p> <p>C. Without fellowship training, successful completion at an accredited within past 2 years; plus (see next column)</p>	<p>B. plus 10 cases performed in last 2 years.</p> <p>C. plus 10 cases performed as primary operator; first 10 cases are to be proctored.</p>	N/a
Diagnostic Heart Cath Procedures	<p>A. Successful completion of fellowship training within immediate past two years that included performance of 300 diagnostic coronary arteriograms;</p> <p style="text-align: center;">Or</p> <p>B. If training is > 2 years post fellowship, letter of competence from Chief of Service from immediate past hospital affiliation that included performance of 300 diagnostic coronary arteriograms; plus (see next column)</p>	<p>B. 50 cases performed within immediate past 2 years.</p>	50 cases performed within immediate past 2 years.
Peripheral Angiography (Diagnostic, non-	A. Successful completion of fellowship training within immediate past two years that included performance of at least 100		50 diagnostic angiograms performed within immediate past 2

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interventional)	<p>diagnostic peripheral angiograms (50% of cases performed as primary operator);</p> <p style="text-align: center;">Or</p> <p>B. If training is >2 years post fellowship, letter of competence from Chief of Service from immediate past hospital affiliation; provide documentation of 25 category I CME plus (see next column)</p> <p style="text-align: center;">Or</p> <p>C. Without fellowship training, demonstrate knowledge of principles of diagnosis and therapy of peripheral and visceral vascular disease, plus provide documentation of 25 category 1 CME credits in diagnostic peripheral angiography plus (see next column)</p>	<p>B. Performance of 50 diagnostic angiograms under direct supervision of qualified preceptor within immediate past 2 years.</p> <p>C. Performance of 50 diagnostic angiograms under direct supervision of qualified preceptor within immediate past 2 years</p>	years.
Renal Arteriography (stand alone)	Must have peripheral intervention privileges.	N/a	N/a
Pericardiocentesis	<p>A. Successful completion of fellowship training within immediate past two years that included performance of 10 procedures;</p> <p style="text-align: center;">Or</p> <p>B. If training is > 2 years post fellowship, letter of competence from Chief of Service from immediate past hospital affiliation.</p>	N/a	N/a
Percutaneous Closure Devices	TO BE DETERMINED	TO BE DETERMINED	TO BE DETERMINED
INTERVENTIONAL			
Note: For all interventional cases, the time from completion of the diagnostic case to the presence of the interventionalist in the Cath Lab should not exceed fifteen minutes.			
Peripheral Stent Graft Procedures (8/02)	<p>Must meet the certification requirements of the FDA & the company.</p> <p>If required by technique, a cardiologist and a vascular surgeon are required (as the surgeon performs the cutdown). At least one of the two must be certified to perform the procedure.</p>	5 proctored cases and rep supervision of 5 cases.	N/a
Peripheral Angioplasty and Other Peripheral Vascular	A. Successful completion of fellowship training within immediate past two years that included performance of 100 diagnostic peripheral angiograms and 50		50 diagnostic angiograms and 25 percutaneous transluminal

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<p>Interventions:</p> <ul style="list-style-type: none"> • PTA • Peripheral Stents • Peripheral Atherectomies 	<p>renal and/or peripheral percutaneous transluminal angioplasties (50% of cases performed as primary operator);</p> <p style="text-align: center;">Or</p> <p>B. If training is > 2 years post fellowship, letter of competence from Chief of Service from immediate past hospital affiliation; plus (see next column)</p> <p style="text-align: center;">Or</p> <p>C. Without fellowship training, demonstrate knowledge of principles of diagnosis and therapy of peripheral and visceral vascular disease, plus provide documentation of 50 category 1 CME credits in diagnostic peripheral angiography and percutaneous peripheral vascular interventional techniques; plus (see next column)</p>	<p>B. 50 diagnostic angiograms and 25 percutaneous transluminal angioplasties within immediate past 2 years.</p> <p>C. Performance of 100 diagnostic angiograms and 50 percutaneous transluminal angioplasties of the peripheral arteries under direct supervision of qualified preceptor within immediate past 2 years.</p>	<p>angioplasties performed within immediate past 2 years.</p>
<p>Percutaneous Coronary Interventions (PCI):</p> <ul style="list-style-type: none"> • PTCA • Stent • Rotational Atherectomy • Atherectomy, Direct • Atherectomy, extract (angiojet rheolytic thrombectomy) • Cutting Balloon 	<p>To initially obtain privileges for the following procedures, a physician is required to meet the criteria for diagnostic heart catheterization and one of the following:</p> <p>A. Successful completion of formal interventional training within immediate past two years verifiable by program director covering (see next column)</p> <p style="text-align: center;">Or</p> <p>B. If training is > 2 years post fellowship, letter of competence from Chief of Service from immediate past hospital affiliation that included performance of (see next column)</p> <p style="text-align: center;">Or</p> <p>C. Without fellowship training, documentation of attendance and successful completion at an accredited course and documentation within the immediate past two years of the performance of: (see next column)</p>	<p>A.</p> <ul style="list-style-type: none"> • 75 PTCA Angioplasties <p>B.</p> <ul style="list-style-type: none"> • 75 PTCA Angioplasties <p>C.</p> <ul style="list-style-type: none"> • 75 PTCA Angioplasties 	<p>Documentation of the combined performance of 75 cases every 2 years</p>

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	For Angioject Rheolytic Thrombectomy: <ul style="list-style-type: none"> • Must have Interventional Cardiology privileges (in the area Angiojet will be used) and • Certificate of completion of manufacturer's required training (video course) 	D. For cutting balloon, performance of 3 supervised cases.	
(PCI) Coronary Laser	Completion of a vendor-sponsored didactic course* and vendor-required proctoring. *Completion of the vendor-sponsored didactic course will constitute eligibility for the purpose of being supervised by a clinical specialist, or appropriately credentialed physician, in 5 cases. Upon provision of proof of this supervision, full privileges will be considered	5 supervised cases	Documentation of the successful performance of 3 procedures per device per year since last reappointment.
(PCI) Silver Hawk Atherectomy System	A. Must have Peripheral Interventional Privileges and B. Company approval to perform the procedure	N/a	N/a
CT Peripheral Angiography	A. If not fellowship trained, must have completed a Level 2 or 3 CCT course.	A. Must have performed 50 or more vascular studies.	Not determined
CT Coronary Angiography	A. If not fellowship trained, must have completed Level 2 or 3 CCT course.	A. Must have performed 50 proctored cases.	Documentation of performance of 100 cases every 2 years
Carotid Angiography (Diagnostic)	A. Successful completion of fellowship within 2 years with verifiable competency by program director or B. Must have interventional and peripheral privileges.	A. Must have performed 30 or more, with 15 as the primary operative including 5 within the previous 12 months	Documentation of the performance of 25 cases every 2 years
Carotid Stenting (Intervention)	A. Successful completion of fellowship with verifiable competency by program director Or B. All of the following: <ol style="list-style-type: none"> 1. Must be performed by an interventional cardiologist and 2. Attend a course on carotid intervention and 3. Must have performed five (5) distal protection cases and 	Not determined.	Not determined.

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	<p>4. First five cases to be reviewed by Director of Cath Lab and Director of CVRU/Telemetry.</p> <p>5. Must have privileges in carotid angiography.</p>		
Transcatheter Closure of Patent Foramen Ovale	Must already have privileges in Interventional Cardiology	Two cases must be monitored by an experienced operator.	Two cases during previous 12 months.
Vertebral Angiography Intervention	<p>A. For elective or stand-alone vertebral intervention w/o subclavian intervention, physician must have privileges in carotid (stent) intervention</p> <p>B. For subclavian intervention and at risk of losing the vertebral, may proceed with intervention on the vertebral without having carotid intervention privileges.</p>	Not determined.	Not determined.
Vascular Studies: <ul style="list-style-type: none"> • Vascular Ultrasound Interpretation • Renal Duplex Exam • Carotid Duplex Exam • Lower Extremity Duplex Exam • Ankle Brachia Index Interpretation • Venous Duplex Exam • Doppler Ultrasound of Carotid & Peripheral Vessels 	<p>A. Successful completion of fellowship with verifiable competency by program director</p> <p style="text-align: center;">Or</p> <p>B. Attendance at an ICAVL* certified accredited course.</p> <p>*Intersocietal Commission for the Accreditation of Vascular Laboratories</p>	N/a	N/a
IVUS (Intravascular Ultra Sound)	<p>August 2003:</p> <p>For the present time, IVUS should be done only with an experienced physician or the rep.</p> <p>(It was agreed that IVUS is technically not difficult to perform, but the ability to interpret the data is what is needed.)</p>	N/a	N/a
IVC (Inferior	Performed in training	Must have peripheral	Three (3) cases in three

PROCEDURE	TRAINING REQUIREMENT **	INITIAL EXPERIENCE REQUIREMENT	RENEWAL EXPERIENCE GUIDELINES*
Vena Cava) Filter Placement	~ OR~ Two (2) cases proctored by an experienced practitioner.	interventional privileges AND Two (2) cases	years
Balloon Cardiac Valvuloplasty • Aortic	If someone wishes to perform this procedure, they will need to discuss with Department members.		
Aortic cardiac valvuloplasty	Must be fellowship trained, with a letter of verification from the program Chief. <i>These are high risk procedures used in very specific circumstances and new practitioners should not be requesting.. Experienced practitioners may be asked for a procedure log.</i>	N/a	N/a
ASD Closure	Must have interventional privileges, PFO closure privileges and three proctored ASD cases. Regarding complications with ASD devices, stroke is the most common. Because loss of the device is also a potential problem, surgical backup is needed. The device can be lost – usually in the atrium, tethered – and when this occurs, patient must be taken to OR for removal of device and surgical ASD closure.	Two (2) cases	Ten (10) PFO/ASD cases in two (2) years
ELECTROPHYSIOLOGY			
Electro-physiologic Studies	A. Successful completion of formal year of cardiac electrophysiologic fellowship training at an ACGME accredited program: (see next column) Or B. If training is > 2 years ago, letter of competence describing experience from Chief of Service from immediate past hospital affiliation; plus (see next column)	A. 100 electrophysiology studies as primary operator, or as assistant involved with acquisition and analysis of data, 50 of which are patients with supraventricular arrhythmias. B. Performance of 50 electrophysiologic studies, 20 of which must be supraventricular tachycardia studies.	Performance of 100 cases per year
ICD Implants	A. Successful completion of formal year of cardiac electrophysiologic fellowship training at an ACGME accredited	A. 50 pacemaker implants as primary operator; 20 pacemaker system	10 system implants per year

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	<p>program; (see next column)</p> <p>Or</p> <p>B. If training is > 2 years ago, letter of competence describing experience from Chief of Service from immediate past hospital affiliation; plus (see next column)</p>	<p>revisions or replacements; follow-up of at least 100 pacemaker patient visits; 20 ICD system implants as primary operator; surgical replacement/revision of 10 ICD systems; follow-up of 50 ICD patient visits</p>	
EP (Radiofrequency) Ablations	<p>A. Physician must meet the criteria for EP Studies</p> <p>Or</p> <p>B. If training is > 2 years ago, letter of competence describing experience from Chief of Service from immediate past hospital affiliation (see next column)</p>	<p>A. 50 catheter ablations as a primary operator; for left-sided mapping/ablation procedures, 15 cases using retrograde aortic approach, or alternatively 10 transeptal caths</p> <p>B. Same as A.</p>	Performance of 50 cases per year
Device-Assisted Lead Extraction	For <u>initial</u> privileges: Cardiac Electrophysiology Fellowship training program	Documentation of the successful performance of 50 device-assisted lead extractions during training.	Performance of 20 cases per year
Laser Lead Extraction:	<p>For initial privileges:</p> <p>A. Cardiac Electrophysiology fellowship training program (can be included in the 50 above)</p> <p>OR</p> <p>B. Documentation of the successful completion of a vendor-sponsored didactic course</p>	<p>A. Documentation of the successful performance of five (5) laser lead extractions accomplished during training.</p> <p>B. Vendor- required proctoring performance of five (5) laser lead extractions.</p>	
Peripheral Laser Privileges:	<p>For <u>initial</u> privileges:</p> <p><input type="checkbox"/> Must have peripheral interventional privileges</p> <p>AND</p> <p><input type="checkbox"/> Documentation of the successful completion of vendor-sponsored didactic course</p>	Vendor-required proctoring performance of five (5) peripheral laser cases.	TBD
New Devices	Attendance at an accredited course; plus	5 Supervised Cases	
OTHER			

PROCEDURE	TRAINING REQUIREMENT **	INITIAL EXPERIENCE REQUIREMENT	RENEWAL EXPERIENCE GUIDELINES*
<p>Nuclear Cardiology</p> <ul style="list-style-type: none"> • Myocardial perfusion imaging • Myocardial infarct avid imaging • Radionuclide angiocardiography 	<p>A. You must be licensed by the State of Texas to dispense radioactive materials. If you are not and are applying for a radioactive material license in conjunction with these hospital privileges, you must provide documentation that you have met the Nuclear Regulatory Commission Physician requirements for authorization to use Radiopharmaceuticals.</p> <p>B. Institutional Nuclear License: If you apply for Nuclear Cardiology privileges, you must be approved by the Texas Department of Health Bureau of Radiation Control for addition to the South Austin Hospital Radioactive Material License prior to the approval of any credentials by the Chair of Radiology. Such application is made via the Director of Radiology to the Division of Occupational Health and Radiation Control, Texas Department of Health. <u>Privileges to perform nuclear medicine at this facility are contingent upon receipt of official notification documenting your addition to the institution's license</u> AND MEETING THE FOLLOWING TRAINING REQUIREMENTS:</p> <p>C. Successful completion of six-month Level II or twelve-month Level III training in Nuclear Cardiology within immediate past two years that included performance of: (see next column) OR</p>	<p>C.</p> <ul style="list-style-type: none"> • Correlating catheterization/angiographic data with radionuclide-derived data in a minimum of 30 patients and a total of 300 cases interpreted under supervision, either from direct patient studies or from a teaching file • Hands-on training to include 50 patients, 25 for myocardial perfusion imaging and 25 for radionuclide angiography • Experience in computer methods for analysis of perfusion 	<p>Documentation of experience with 30 patients for myocardial perfusion imaging and radionuclide angiography within the immediate past two years.</p>

PROCEDURE	TRAINING REQUIREMENT **	INITIAL EXPERIENCE REQUIREMENT	RENEWAL EXPERIENCE GUIDELINES*
	<p>D. If training is > 2 years ago, letter of competence describing experience from Chief of Service from immediate past hospital affiliation; plus (see next column)</p> <p>OR</p> <p>E. Without training, letter of competence describing experience from Chief of Service from immediate past hospital affiliation; plus (see next column)</p>	<p>imaging studies, including single-photon emission computed tomography (SPECT), and ejection fraction and regional wall motion measurements from Radionuclide angiographic studies</p> <ul style="list-style-type: none"> • 200-hour Radiation Safety Course <p>D. experience with 30 patients for myocardial perfusion imaging and radionuclide angiography</p> <p>E. experience with 30 patients for myocardial perfusion imaging and radionuclide angiography and completion of 200 hour Radiation Safety Course.</p>	
Doppler Ultrasound of Carotid & Peripheral Vessels	Must attend an accredited course certified by the ICAVL (International Committee on the Accreditation of Vascular Labs)	Trained in residency/fellowship or ten per year;	Documentation of 25 cases per year (may be hospital or office cases)
Intravascular Brachytherapy	Education: MD, DO Training: 4 years post-graduate Other: 3-part training program by company with Certificate of Completion	5 supervised cases by company	10 during prior 24 months

VI. **Performance Improvement and Peer Review**

- A. The department shall participate in performance improvement and peer review functions in accordance with the processes outlined in the organizational performance improvement plan and medical staff bylaws.

Approved by Department: 8/7/09
Approved by Medical Executive Committee: 8/14/09
Approved by Board of Trustees: 8/20/09