

St. David's South Austin Medical Center

Division of Cardiology

Rules and Regulations

I. Name and Purpose

- A. The division shall be designated **Division of Cardiology under the Department of Medicine.**
- B. The division shall carry out the functions and directives specified in the medical staff bylaws concerning purposes and function of the division insofar as applicable to the practice of Cardiology at St. David's South Austin Medical Center.

II. Functions and Responsibilities

- A. The division shall:
 - 1. assist the Department of Medicine in the granting and delineation of medical privileges;
 - 2. monitor and assess the quality of Cardiology care at the St. David's South Austin Medical Center by conducting continuous, ongoing evaluation of the quality of patient care. Periodically, the division 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 division, nursing service, hospital employees and the administration;
 - 4. coordinate patient care activities and responsibilities with other departments and divisions;
 - 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 St. David's South Austin Medical Center;
 - 10. provide for emergency 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 division 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 St. David's

South Austin Medical Center. This interaction will be for the purpose of jointly addressing issues related to interventional cardiology and cardiac surgical management of patients at St. David's South Austin Medical Center. 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 Division 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 division will meet as needed.
- C. Participation in the cardiology emergency on-call panel is not a right or privilege of division 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 chairperson of the Medicine Department will appoint a Division Director.
- B. The Division Director will preside over division meetings and represent the division at the Medicine Department meetings.
- C. The Division Director will serve as chairperson of the Cardiology QA Committee.
- D. Only division members of active staff status will be eligible to hold division office.
- E. No division 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 division members of active staff status are eligible to vote at division meetings.
- G. A quorum of voting members (as defined in the Bylaws) has to be present for approval of division matters and to amend these rules and regulations with concurrent approval of the department, Medical Executive Committee, and Board of Trustees.

V. Specific Division 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.
- C. Handwritten post-cath orders are prohibited with the exception of the medication reconciliation form for home meds (effective March 1st, 2017).

VI. Privileges

A.

- B. Credentialing Criteria - The following will be considered when evaluating division members for clinical privileges:

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 with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or division 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 FPPE 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 FPPE 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, see Appendix 1

VI. **Performance Improvement and Peer Review**

A. The division 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/Division: June 2017
Approved by Medical Executive Committee: 2/9/18
Approved by Board of Trustees: 2/15/18