



MEDICAL IMAGING

Kettering Medical Center Kettering Memorial Hospital/Sycamore Hospital

Clinical Privileges Profile

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.

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

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) 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.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- **Residential Requirement:** if called, all members of the Medical Imaging Clinical Service must be able to respond within 30 minutes or have an alternate who can respond within 30 minutes time. If on call, the same response time (30 minutes) is in effect.
- All members of the Medical Imaging Clinical Service are required to adhere to the educational requirements and quality assurance requirements of the clinical service.

QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY

To be eligible to apply for core privileges in diagnostic radiology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in diagnostic radiology.

AND

Have current certification or active participation in the examination process with achievement of certification within six years leading to certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance and interpretation of at least 200 radiologic tests or procedures reflective of the scope of privileges requested, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in diagnostic radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (400 radiologic tests or procedures) with acceptable results, reflective of the scope of privileges requested, for the past 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

DIAGNOSTIC RADIOLOGY CORE PRIVILEGES

- Requested** Perform general diagnostic radiology to diagnose and treat diseases of patients of all ages. 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.

QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY (VIR)

To be eligible to apply for core privileges in vascular and interventional radiology, the initial applicant must meet the following criteria:

Successful completion of an ACGME- or AOA-accredited residency in diagnostic radiology followed by completion of a one year accredited fellowship in vascular and interventional radiology.

AND/OR

Current subspecialty certification or active participation in the examination process with achievement of certification within 1 year leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology (Certificate of Added Qualifications) or subspecialty certification in angiography and interventional radiology by the American Osteopathic Board of Radiology.

AND/OR

A minimum of 2 years previous VIR experience with documentation of cases subject to review and approval by the Clinical Services Chief.

Required previous experience: Demonstrated current competence and evidence of the performance and/or interpretation of a minimum of 15 percutaneous, image guided needle directed procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance and/or interpretation of at least 15 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES

VASCULAR AND INTERVENTIONAL RADIOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, and treat patients of all ages by percutaneous methods guided by various radiologic imaging modalities. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

BREAST CRYOABLATION

Criteria: Successful completion of an ACGME- or AOA-accredited residency-training program in general surgery or radiology that included formal training in ultrasound and breast cryoablation.

Required previous experience: Demonstrated current competence and evidence of the performance of at least five breast cryoablation procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least five breast cryoablation procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

CARDIAC COMPUTED TOMOGRAPHY (CT) AND COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

Criteria: Must have privileges in Cardiology or Medical Imaging at KMC.

AND

Completed 15 CME hours of training/didactic lectures related to CCT or documented training at an approved program dedicated to coronary CTA or have documented education, training, and experience as evidenced by completion of a residency or fellowship program and as verified by the program director.

AND

Successful evaluation of 25 CCT cases either from completion of criteria as noted above and/or previous hospital affiliation. Must be able to provide copies of cases or a letter of competence from the training director or from the appropriate department chief from previous hospital.

AND

Must complete 2 hours of orientation in the reconstruction laboratory.

Maintenance of privilege: Must maintain a minimum of 30 interpreted CCT exams per two-year reappointment cycle. Must demonstrate 10 hours of Category I CME for CT scanning of cardiovascular disease during the two-year reappointment cycle.

Approved:	Credentials Committee	12/12/05
	Medical Executive Committee	12/20/05
	Board	12/20/05

Requested

COMPUTED TOMOGRAPHY (CT) COLONOGRAPHY (VIRTUAL COLONOSCOPY)

1. Must have privileges in Medical Imaging at KMC.

and

2. Successful completion of an ACGME/AOA accredited residency training program in diagnostic radiology. If CT colonography examinations were not interpreted in the radiology-training program, applicants must have completed a formal course in CT colonography or have been mentored by an experienced CT colonography practitioner. Training should include review of 50 proven CT colonography cases.

and

3. Demonstrate performance and interpretation of at least 50 CT colonography procedures in the past 12 months.

Maintenance of privileges: Must maintain a minimum of 20 interpreted CT colonography exams per two-year reappointment cycle.

Requested

Adopted:	Medical Imaging	August 6, 2009
Approved:	Credentials	8/10/09
	Medical Executive Board	8/18/09 9/14/09

IMAGE GUIDED PERCUTANEOUS TUMOR ABLATIVE THERAPY

Criteria: Successful completion of an ACGME- OR AOA-accredited postgraduate training in vascular and interventional radiology. Applicants must also have completed an approved training course in the specific energy source to be used e.g. radiofrequency, microwave, cryoablation, co ablation, high intensity focused ultrasound or irreversible electroporation. The approved course must include proctoring and training in patient safety.

Required previous experience: Demonstrated current competence and evidence of the performance and/or interpretation of a minimum of 15 percutaneous, image guided needle directed procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance and/or interpretation of at least 15 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

STEREOTACTIC CORE CUT BREAST BIOPSY

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate radiology training program that included training in the stereotactic and ultrasound guided-technique of breast biopsy during residency.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 12 stereotactic breast biopsies in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 24 stereotactic breast biopsies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM

These privileges refer to the performance angiography and endovascular graft repair of patients with aortic aneurysm or occlusive disease. Current devices for aortic aneurysm exclusion by Endografts require both **Surgical and Peripheral Vascular Interventions** credentials. It is necessary for the physician of record to assure that individuals with both skills and requisite credentials are present to perform and/or assist in placing aortic endografts.

Minimum requirements for aortic endografting should include a team approach of two physicians meeting the criteria defined below using fluoroscopic imaging, equipment, and personnel as outlined below

CRITERIA FOR PHYSICIAN TRAINING

Non-Surgeons with Peripheral Vascular Interventions credentials must complete an Endovascular Stent Graft training Course(s) provided by the manufacturer and satisfy their minimum proctoring requirements. Surgical consultation/evaluation is **mandatory** prior to case scheduling. Unrestricted privileges can be granted after five (5) cases have been reviewed by the Endovascular Sub Committee of the Credentials committee.

Surgeons with Peripheral Vascular Interventions credentials must complete an Endovascular Stent Graft training Course(s) provided by the manufacturer and satisfy their minimum proctoring requirements. Unrestricted privileges can be granted after five (5) cases have been reviewed by the Endovascular Sub Committee of the Credentials committee.

Surgeons lacking Peripheral Vascular Interventions credentials must have a Aortic Endografting credentialed physician assisting him or her with the Endograft placement.

Approved: Endovascular Sub-committee	May 5, 2005
Credentials Committee	May 9, 2005
Medical Executive Committee	May 17, 2005
Board	May 24, 2005

Requested

ENDOASCULAR DIAGNOSTIC ANGIOGRAPHY

These privileges refer to the performance and interpretation of both the carotid and peripheral angiography.

Application for privileges requirements:

1. Applicants for this procedure must be Board certified or eligible by an appropriate ABMS or AOA approved board, AND
2. Applicants for this procedure must have specific procedural education and training OR experience obtained through one of the following:
 - a. Qualification by Education and Training
 - i. Documented successful completion of an appropriate (ACGME accredited) fellowship training program, for which a case log must be supplied at the time of application for privileges and a letter from the program director attesting to the number of procedures performed and demonstrated clinical competence; and
 - ii. If more than two years out of the fellowship training, documentation of 12 hours of Category 1 CME specific to Diagnostic Angiography within the last two years and submission of 25 de-identified operative notes.

OR

- b. Qualification by Experience
 - i. An applicant may qualify by having previous experience in diagnostic angiography with acceptable, demonstrable complication and success rates as per national standards and/or as per standards as deemed acceptable and applicable by the Endovascular Subcommittee (ESC) and documented completion within the last 2 years of an Endovascular Sub-Committee (ESC) approved CME course dedicated to diagnostic angiography.
 - ii. The applicant must have been the primary operator in a minimum of 25 cases successfully conducted diagnostic angiograms from outside institutions and must submit a comprehensive and sequential case log must at the time of application for privileges.

Requirements for continued privileges:

1. All practitioners must participate in peer review activities as requested by EQC.
2. Once granted privileges, the practitioner must be able to demonstrate maintenance of competence by evidence of the performance of at least 24 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.
3. Failure to maintain this number of cases of participate in required peer review activities will result in automatic expiration of privileges.
4. Documentation of 8 hours of CME over the two-year reappointment cycle.

Requested

PERIPHERAL VASCULAR INTERVENTIONS (EXCLUDING CAROTID STENTING AND AAAS)

ENDOVASCULAR INTERVENTIONS IN THE ILIAC AND INFRA-INGUINAL CIRCULATIONS & ENDOVASCULAR INTERVENTIONS IN RENAL AND SUBCLAVIAN CIRCULATIONS

These privileges refer to the performance and interpretation of angiography and angioplasty in the Iliac and Infra-Inguinal circulations and interventions in the renal and subclavian circulations.

Application for privileges requirements:

1. Practitioners of these procedures must be Board certified or eligible by an appropriate ABMS or AOA approved board or possess credentials for these procedures at KMC as of 6/1/2004. Applicants who after review by the Endovascular Sub-Committee fulfill the criteria below will be forwarded to the Credentials Committee for recommendation for privileges to MEC and to the Board of Directors.
2. New applicants for provisional privileges to perform these procedures must have specific procedural education and training or experience obtained through one of the following:
 - a. Qualification by Education and Training
 - i. Documented successful completion of an appropriate (AGME accredited) fellowship training program that includes training in peripheral vascular angiography and angioplasty, for which a case log must be supplied at the time of application for privileges and a letter from the program director attesting to the number of procedures performed and demonstrated clinical competence; and
 - ii. Documentation of 12 hours of Category 1 CME specific to peripheral vascular angioplasty, within the last two years if more than two years out of the fellowship training and submission of 25 de-identified operative notes.

OR

 - b. Qualification by Experience
 - i. An applicant may qualify by having previous experience in peripheral vascular angioplasty with acceptable, demonstrable complication and success rates as per national standards or as per standards deemed acceptable and applicable by the Endovascular Quality Committee. The applicant must submit at least 75 documented peripheral vascular cases (with at least 50 as the primary operator) including a comprehensive and sequential case log; and
 - ii. If more than two years out of fellowship training, documented completion of 12 hours of Category 1 CME specific to peripheral vascular angioplasty.

Requirements for continued privileges:

1. All practitioners must participate in peer review activities as requested by EQC.
2. Once granted privileges, the practitioner must be able to demonstrate maintenance of competence by evidence of the performance of at least 30 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.
3. Failure to maintain this number of cases and participate in required peer review activities will result in automatic expiration of privileges.
4. Documentation of 8 hours of relevant CME over the two-year reappointment cycle.

Requested

CAROTID STENTING

Criteria:

1. Applicants for this procedure must be Board certified or eligible by and appropriate ABMS or AOA approved board, AND
2. Applicants must have or meet criteria for peripheral vascular intervention privileges, AND
3. Applicants for this procedure must complete an FDA approved Carotid Stenting Course provided by one of the approved vendors, AND
4. Applicants for this procedure must have participated in at least 30 diagnostic cervico-cerebral angiograms with at least half as primary operator, AND
5. Applicants must have performed at least 25 carotid stent procedures with acceptable outcomes and in at least half of these must have been the primary operator.
6. Applicants that have met all the above with the exception of #5 may apply for temporary, provisional privileges while completing this requirement. Determination of granting unrestricted privileges will be made upon fulfilling this volume requirement with acceptable clinical outcomes.

Maintenance of privilege:

Ten (10) cases per year with at least 50% as primary operator.

Participation in Capture II Research study (encouraged that all operators continue with this study).

Mandatory attendance at 50% or more of Endovascular Quality Review meetings (held every other month) with continued monitoring of data.

Documentation of at least 10 hours of category one Continuing Education per year focused on endovascular interventions (required).

Operator collaboration on all cases – would count towards total case count for each operator and could enhance quality of service (strongly encouraged).

Continued multispecialty pre-operative screening of ALL patient candidates as well as post-stent review by Quality Review committee. This stipulation to be reviewed at 6 months following lifting of moratorium to consider lifting this requirement for operators who satisfactorily complete 25 cases.

All credentialed individuals must actively participate in the Endovascular Quality Committee and must attend at least 50% of the bimonthly meetings in order to renew these credentials at the end of the credentialing cycle.

Approved:	Endovascular Sub-Committee	May 5, 2005
	Credentials Committee	May 9, 2005
	Medical Executive Committee	May 17, 2005
	Board of Directors	May 24, 2005

Revised:	Endovascular Sub-Committee	January 22, 2008
	Credentials Committee	February 11, 2008
	Medical Executive Committee	February 19, 2008
	Board of Directors	March 3, 2008

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

This list is a sampling of procedures included in the 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, please strike through those procedures that you do not wish to request, initial, and date.

Diagnostic Radiology

1. Computed tomography of the head, neck, spine, body, extremity, CT guided biopsy and drainage procedures
2. Image guided biopsy and cyst aspiration, including any proceduring requiring CT/MRI guidance)
3. Magnetic resonance imaging (MRI) of the head, neck, spine, body, extremity, and major joints-shoulder, knee, ankle, etc.
4. Mammography
5. Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures
6. Spinal puncture, lumbar, or cervical; C1, C2 using image guidance
7. Ultrasound, including carotids, peripheral vascular and all other non-cardiac vascular ultrasounds.

Vascular and Interventional Radiology

1. Perform history and physical exam
2. Angioplasty, carotid, vertebral and intracerebral
3. Arthrography
4. Body or extremity angioplasty or atherectomy
5. Central venous and dialysis access line insertion and maintenance
6. Cerebral arteriography
7. Coil occlusions of aneurysms
8. Endovenous laser therapy
9. Head, neck and spine arteriography and venography
10. Intra-arterial thrombolytic therapy
11. Intravenous thrombolytic therapy
12. Myelography and cisternography
13. Neurointerventional procedures for pain including epidural steroid injection, nerve blocks and discography
14. Non vascular interventional procedure, including soft tissue biopsy, abscess and fluid drainage, nephrostomy, biliary procedures, and tumor ablation
15. Non-invasive diagnostic vascular radiology to include vascular ultrasonography, pulse volume recordings, CT and MRI
16. Placement of catheter for tumor treatment
17. Placement of vena cava filter
18. Pulmonary angiography
19. Therapeutic infusion of vasoactive agents
20. Therapeutic vascular radiology including balloon angiography, stent placement, atherectomy, thrombolytic therapy, and embolization/ablation excludes carotid and intracranial intervention (includes transarterial chemoembolization)
21. Transcervical fallopian tube recanalization
22. Transjugular intrahepatic portosystemic shunt (TIPS)
23. Vascular ultrasonography
24. Venography and venous sampling

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and 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:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____

Adopted: Credentials 2/9/09
Medical Executive Committee 2/17/09
Board 3/26/09

Revised: 9/14/09