



Carolinan HealthCare System
NorthEast

**Peripheral Endovascular
Delineation of Privileges**

Name: _____

- Initial Appointment**
- Reappointment**
- Updated DOP**

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.

Other Requirements: Note that privileges granted may be exercised only at the site(s) and/or settings(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 and/or department policy.

NOTE 1: Applicant must apply for “CORE” privileges in order to be eligible for special procedure clinical privileges at Carolinas HealthCare System NorthEast (with the exception of Acute Ischemic Stroke).

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

QUALIFICATIONS

Initial Privileges: To be eligible to apply for core privileges in Peripheral Endovascular, the applicant must meet the following criteria:

- MD or DO with successful completion of an ACGME/AOA approved fellowship program in cardiology, vascular medicine, interventional radiology, cardiovascular surgery or vascular surgery;

AND

- **Required current experience:** Demonstration that the applicant has performed 100 diagnostic peripheral angiograms (50 as primary operator), and 50 peripheral interventional cases during the past 12 months. The applicant must have served as primary interventionist in at least 75% of the 50 and have been no less involved than a first assistant on the remainder of procedures.

Renewal of Privileges: To be eligible to renew core privileges in peripheral endovascular, the applicant must meet the following criteria:

- Current demonstrated competence based on results of quality assessment/ improvement activities and outcomes.
- Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
- Attendance or participation in ongoing Category 1 continuing medical education in the areas of peripheral endovascular disease, diagnosis and management and endovascular techniques.



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Core Privileges: Peripheral Endovascular

Requested

Core privileges in peripheral endovascular include the ability to admit, evaluate, diagnose, consult, provide pre-operative, intra-operative and post-operative care and perform procedures for patients for all ages, except where specifically excluded from practice and except for those special requests listed below for management of peripheral vascular disease via catheter manipulation into secondary or tertiary branches. THIS PRIVILEGE EXCLUDES THE CORONARY CIRCULATION AND INTRACRANIAL CIRCULATION.

PERIPHERAL ENDOVASCULAR CORE PROCEDURE LIST

Note: 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.

- arterial and venous balloon angioplasty
- pulmonary angiograms
- arterial and venous stent placement
- venous endograft placement
- venous filter placement
- catheter directed thrombolysis of native arteries, veins, and bypass grafts
- catheter directed thromboembolectomies of native arteries and bypass grafts
- percutaneous diagnostic angiography
- arterial occlusion techniques
- percutaneous thrombectomy
- thrombolysis
- angioplasty
- stenting of and endovascular interventional upon established hemodialysis access grafts
- intravascular ultrasound, intra-operative ultrasound
- atherectomy and vessel closure devices

Special Non-core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-core Privilege: Insertion of Aortic Endograft (to include thoracic aortic stent grafting)

Requested

Insertion of aortic endograft is the procedure for endovascular repair of AAA or aortoiliac aneurismal disease. Utilizing one of the commercially available guidance/placement systems, an endograft is placed into the aortic or aortoiliac position via a femoral artery cutdown.

Criteria:

1. Board Certification by the American Board of Surgery, with an ACGME accredited fellowship training program in General Vascular Surgery or Board certification by the American Board of Thoracic and Cardiovascular Surgery; **AND**
2. Apply for and meet the necessary criteria to be granted privileges in core peripheral endovascular privileges; **AND**
3. Documentation from the training program director of completion of five (5) cases being performed during fellowship training or documentation from a fully credentialed proctor of five cases being performed with satisfactory quality outcomes data within the past 24 months.



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Note: This procedure may be performed independently only by General Surgery and Thoracic and Cardiovascular Surgery or Surgeons who qualify as above. The procedure is done in the operating room or an O.R. compatible angiography suite under general or regional anesthesia with existing technology.

OR

1. Board certification by the American Board of Radiology, with an ACGME accredited fellowship training program in Cardiovascular/Interventional Radiology or Board certification by the American board of Internal Medicine, with an ACGME accredited fellowship training program in Cardiovascular/Interventional Cardiology; **AND**
2. Have been granted privileges to perform Vascular and Interventional Radiology procedures or Vascular and Interventional Cardiology procedures at Carolinas Medical Center NorthEast; **AND**
3. Documentation of successful completion of a course in the application of the endograft system for abdominal aortic aneurysm repair; **AND**
4. Demonstrate sufficient experience in the insertion of aortic endograft procedures to include documentation as the primary operator that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, on five (5) cases within the past twenty-four (24) months.

Note: The procedure is done with a team that includes the interventional radiologist or cardiologist and a peripheral vascular surgeon as currently practiced.

Maintenance Criteria:

- Must perform ten (10) cases over a twenty-four (24) month period to be eligible to reapply for Insertion of Aortic Endograft privileges. This will be reviewed at the time of reappointment.
- 100% of all cases performed will be reviewed by quality assurance (the review will be conducted at least every six (6) months and will include outcome data reviewed by a joint quality assessment committee for all departments authorized to perform Insertion of Aortic Endograft procedures.

Non-core Privilege: Extracranial Carotid Angiographic Procedures

Requested

Extracranial Carotid Angiographic Procedures:

Any procedure in which percutaneous passage of a catheter is made into an artery or vein communicating with the extracranial vascular structures using needles, guide wires, and fluoroscopic guidance with subsequent contrast injection and serial filming over the anatomic distribution of a vessel injected. The filming may be done using conventional filming screen technique or by digital imaging. In addition appropriate selective catheter placement and radiographic technique should be used to minimize contrast dose and radiation exposure, while producing a study sufficient to answer the diagnostic questions.

Minimum Specific Skills and Training Required:

The procedures must be performed by a physician with knowledge and experience in the particular imaging methods, which are utilized for extracranial angiographic studies. Radiation physics and radiation safety training is essential. The complexities of vascular and organ access procedures further mandates extensive training in the disease processes being diagnosed or treated; relevant patient management skills, alternative medical and surgical therapies, and percutaneous procedural techniques.

Criteria:

1. Apply for and meet the necessary criteria to be granted privileges for Peripheral Endovascular Surgery;
AND



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2. Demonstrate sufficient experience in extra cranial carotid angiographic procedures to include documentation as the primary angiographer that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, in at least thirty-five (35) carotid arteriograms on thirty-five (35) patients;

OR

1. In order to perform extracranial carotid angiographic procedures physicians must be board certified or board eligible (the term "board eligible" shall mean those physicians who have completed training requirements for certification) by the American Board of Neurological Surgery;

AND

2. Neurosurgeons must have successfully completed an Accreditation Council for Graduate Medical Education (ACGME) accredited twelve (12) month Neuroendovascular fellowship training program;

AND

3. Demonstrate sufficient experience in extracranial carotid angiographic procedures to include documentation as the primary angiographer that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, in at least one hundred (100) carotid arteriograms on one hundred (100) patients;

AND

4. Verified by the Director of their training program or his designee to have satisfactory skills to perform and interpret angiographic studies using the appropriate imaging techniques, needles, catheters, and guide wires under supervision and present documentation of supervised experience with at least 100 Neuroangiographic procedures;

Maintenance Criteria:

- Must perform five (5) cases over a twenty-four (24) month period to be eligible to reapply for extracranial carotid angiographic privileges. This will be reviewed at the time of reappointment.
- All cases performed will be screened against quality indicators (the review will be conducted at least every six (6) months) and will include indications, short and long term success rates and complications reviewed by a joint quality assessment committee representing all departments authorized to perform extracranial carotid angiographic procedures.

Non-core Privilege: Carotid Stenting Interventions

Requested

Carotid Stenting Interventions

Stents are approved for use in opening blocked arteries in the neck. The stent is intended to prevent stroke by treating blockages in the carotid artery.

Criteria:

1. Apply for and meet the necessary criteria to be granted privileges for Extra-cranial Carotid Angiographic procedures;
AND
2. Demonstrate sufficient experience in carotid stenting interventional procedures to include documentation as the primary interventionist that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, in a least twenty (20) carotid stents on twenty (20) separate arteries; **AND**
3. Submit documentation of successful completion of an industry sponsored training module.

Maintenance Criteria:

- Must perform ten (10) cases over a twenty-four (24) month period to be eligible to reapply for Carotid Stenting intervention privileges. This will be reviewed at the time of reappointment.
- Attendance or participation in ongoing Category I Continuing Medical Education in the areas of carotid intervention.



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- 100% of all cases performed will be reviewed by quality assurance (the review will be conducted at least every six (6) months) and will include indications, short and long term success rates and complications reviewed by a joint quality assessment committee for all departments authorized to perform carotid stenting interventional procedures.

NOTE: It is acknowledged that extra-cranial carotid angiographic procedures also result in the imaging of intracranial vessels. Interpretation of the intracranial portion of the exam must be performed by a physician credentialed to do so, in a timely manner but during the same workday.

Non-core Privilege: Treatment of Acute Ischemic Stroke (Core privileges are not required)

Requested

Definition of Privileged Procedure:

An angiographic case in which either a pharmacologic agent is instilled for therapeutic effect or mechanical revascularization is affected via endovascular methods for the treatment of acute or impending cerebral ischemic symptoms. This entails the use of thrombolytic agents and mechanical thrombectomy devices for acute arterial occlusions, as well as angioplasty and vasodilator agents for cerebral vasospasm. This is intended for those individuals who do not already hold Neuroendovascular Interventional Procedures.

Credentials Required:

If the applicant is not currently certified by the American Board of Medical Specialties or the American Osteopathic Association, the applicant must:

1. Apply for and meet the necessary criteria to be granted privileges for either Core Peripheral Endovascular Privileges; **AND**
 2. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Neurological Surgery, Internal Medicine, or Radiology; **AND**
 3. Neurosurgeons must have successfully completed a twelve (12) month Neuroendovascular fellowship training program; **OR**
 4. Cardiologists must have successfully completed a twelve (12) month Interventional Cardiovascular Medicine (Cardiology) fellowship training program; **OR**
 5. Radiologists must have successfully completed a twelve (12) month Neuroradiology or Interventional Radiology fellowship training program;
- AND**
6. Verification from the Director of their training program or his/her designee to have demonstrated the specific skills and training in the treatment of acute ischemic stroke, including, but not limited to, skills in the evaluation of patients to determine appropriateness for angiographic studies and the inherent and relevant risks, use of the appropriate imaging techniques, needles, catheters, and guide wires under the supervision; **AND**
 7. Demonstrate sufficient experience in interpretation of Cerebral CT Angiography / Cerebral Perfusion in at least ten (10) separate patients; **AND**
 8. Provide documentation of current clinical activity in acute stroke interventional procedures from at least eight (8) stroke interventions within the past twenty-four (24) months; **OR**
 9. Provide documentation that you were proctored by a physician who is currently credentialed to perform treatment of acute ischemic stroke procedures at one of the Carolinas Medical Center-Metro facilities for at least eight (8) stroke interventions.



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OR

- If the applicant is currently certified by the American Board of Medical Specialties or the American Osteopathic Association, the applicant must:
1. Provide documentation of certification from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) in Neurological Surgery, Internal Medicine or Radiology; **AND**
 2. Neurosurgeons must have successfully completed a twelve (12) month Interventional Neuroendovascular fellowship training program; **OR**
 3. Cardiologists must have successfully completed a twelve (12) month Interventional Cardiovascular Medicine (Cardiology) fellowship training program; **OR**
 4. Radiologists must have successfully completed a twelve (12) month Interventional Neuroradiology fellowship training program; **OR**
 5. Radiologists must have successfully completed a twelve (12) month Interventional Radiology Fellowship training program; **OR**
 6. Board certification in Neuroradiology and interventional neuroradiology experience prior to Neurointerventional Radiology formal training and documentation of demonstrated current competence and experience at a facility where neurointerventional procedures are performed;
AND
 7. Demonstrate sufficient experience in interpretation of Cerebral CT Angiography / Cerebral Perfusion in at least ten (10) separate patients; **AND**
 8. Demonstrate certificate of completion of at least twenty-four (24) hours of Category I Continuing Medical Education related to acute stroke intervention; **AND**
 9. Demonstrate sufficient experience in intracranial interventional procedures to include documentation as the primary interventionalist or proctored primary interventionalist in at least eight (8) interventions with a microcatheter, with or without use of TPA or mechanical devices with a minimum of four (4) acute stroke interventions.

Maintenance Criteria for Continued Privileges:

- Attendance or participation in ongoing Category I Continuing Medical Education in the areas of Acute Stroke Intervention;
- 100% of all cases performed will be reviewed by quality assurance (the review will be conducted at least every six months) and will include indications, short and long term success rates and complications reviewed by a joint quality assessment committee for all departments authorized to perform carotid Acute stroke interventional procedures.



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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 Carolinas HealthCare System NorthEast 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

(c) Adverse clinical privilege(s) actions are subject to the reporting requirements of the National Practitioner Data Bank and North Carolina Medical Board.

Signed _____

Date _____

Print Name

Approved by: Credentials: 5/4/16
MEC: 5/9/16
Board: 6/14/16