

Vascular Ultrasound for Non-Radiologists Delineation of Privileges

Name:		
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.

QUALIFICATIONS

To be eligible to apply for vascular ultrasound privileges, the applicant must be a licensed physician and meet one of the following criteria:

a) Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program which includes at least three (3) months of vascular ultrasound training under the supervision of a vascular credentialed physician during which time the physician should have performed and or/interpreted at least 500 diagnostic vascular ultrasound examinations. In addition, the physician should be board certified or eligible for written and oral board examinations including sections pertaining to vascular ultrasound.

OR

b) If training did not include vascular ultrasound, completion of appropriate fellowship or postgraduate training, during which the physician must have been involved with the performance and or/interpretation of at least 500 diagnostic vascular ultrasound examinations. These should be performed under the direct supervision of a vascular credentialed physician.

OR

- C) In the absence of formal vascular ultrasound fellowship, postgraduate, or residency training, the documentation of clinical experience including at least two (2) years of ultrasound experience, during which at least 500 diagnostic vascular ultrasound examinations were performed or supervised and interpreted. During this 2-year clinical experience, the following criteria must also have been met:
 - Generation of film, videotape, or other hard copy records for studies performed with generation of a written report for studies performed
 - Documentation of quality improvement projects performed during the 2-year period in an effort to continuously improve patient care.

AND

Reasonable distribution of vascular ultrasound studies (initial privileges)

There is not a minimum number of vascular ultrasound procedures of the six listed that must be requested; in other words, a physician can request privileges to interpret any single set of studies (e.g., carotid ultrasound only). However, out of the

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500 diagnostic vascular ultrasound examinations required to obtain privileges the following minimum experience levels apply:

VASCULAR ULTRASOUND PROCEDURES:

Procedure Requested	Numbers of Studies	
Carotid Ultrasound	100	
Peripheral Arterial Duplex	100	
Peripheral Arterial Physiologic (PVS)	50	
Peripheral Venous Duplex	100	
Transcranial Doppler (TCD)	50	
Visceral Arterial/Venous Duplex	50	

For example, Dr. Smith is a neurologist who has been trained in carotid ultrasound and transcranial doppler. She requests privileges for these two studies. She must be able to document performance of at least 500 total cases, including a minimum of 100 carotid ultrasound and 50 transcranial dopplers.

AND

Continuing Medical Education

The physician's continuing education must include 15 hours of CME in vascular ultrasound over the last three (3) years.

Renewal of Privileges

In the case of those non-radiologists who have been reading vascular ultrasound studies at Carolinas Medical Center NorthEast prior to adoption of this policy, and any who have met the requirements of Section I, they will be allowed to continue to do so if they meet the standards under this Section II. To be eligible to renew privileges in vascular ultrasound, the applicant must meet the following maintenance of privilege criteria:

- a) Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes;
- b) Minimum case volume during the 24 month re-credentialing cycle is an average of 9 cases per month (216 cases in a 2 year period); **AND**
- c) 10 Hours of Vascular Ultrasound CME in the last 24 months: AND
- d) Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Acceptable documentation includes participation in the Radiology Department's RADPEER QA/QC program

OR

- e) Other acceptable peer review programs must be approved by the credentialing committee and meet all the following criteria:
 - Includes a double reading (2 MDs interpreting the same study) assessment.
 - Allows for random selection of studies to be reviewed on a regularly scheduled basis.
 - Exams and procedures representative of the actual clinical practice of each physician
 - Reviewer assessment of the agreement of the original report with subsequent review (or with surgical or pathological findings).
 - A classification of peer review findings with regard to level of quality concerns (One example is a 4-point scoring scale).

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- Policies and procedures for action to be taken on significant discrepant peer review findings for the purpose of achieving quality outcomes improvement.
- Summary statistics and comparisons generated for each physician by imaging modality and summary data for each facility/practice by modality.

Vascular Ultrasound

□ Requested

Print Name

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

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