



Carolinus HealthCare System Union  
PERIPHERAL ENDOVASCULAR PRIVILEGES

Name: \_\_\_\_\_

SECTION I. THESE PROCEDURES MAY BE APPLIED FOR BY PHYSICIANS IN THE SPECIALTIES OF INTERNAL MEDICINE (CARDIOLOGY), GENERAL SURGERY, RADIOLOGY

Applicants or Appointees in the above listed specialties, sub-specialized privileges in Peripheral Endovascular procedures shall present documentation that they possess the training, experience, and ability necessary to perform the procedures competently and also that their training included emphasis on quality control and procedural techniques involved in performing special procedures. It should be noted that the documentation for these sub-specialized privileges should include letters from the Chief of the Department in which they took their residency and from the Chief of the Section of Endovascular, Angiography, or other appropriate section or laboratory in which they received their angiographic, invasive procedure, or Doppler training. In addition, the applicant must present evidence that he/she has completed the required number of satisfactory procedures as indicated below in each requested category.

The Applicant or Appointee must also have approval by his/her Chief/Chairman/Section Chief of the Department/Section, Carolinus Medical Center-Union, that he/she is qualified for the procedures requested.

CMC-UNION		CORE PERIPHERAL ENDOVASCULAR PRIVILEGES
	PEV-1*	Privileges to admit; evaluate; diagnose; consult; provide pre-operative; intra-operative and post-operative care; and perform procedures for patients of all ages, except where specifically excluded from practice and except for those special privileges listed below for management of peripheral vascular disease via catheter manipulation into secondary or tertiary branches.

**PLEASE NOTE- THESE PRIVILEGES - (PEV-4) LISTED BELOW ARE INTENDED FOR PHYSICIANS WHO ARE NOT APPLYING FOR PERIPHERAL ENDOVASCULAR “CORE” PRIVILEGES (PEV-1). (THESE PROCEDURES ARE CONSIDERED TO BE A PART OF THE CORE PRIVILEGES FOR PEV-1.)**

THESE PROCEDURES MAY BE APPLIED FOR BY PHYSICIANS IN THE SPECIALTIES OF INTERNAL MEDICINE (CARDIOLOGY), GENERAL SURGERY, RADIOLOGY

CMC-UNION		NUMBER	YEAR	LOCATION
	PEV-4 *	Venous Filter		
	PEV-4 A	Placement		
	PEV-4 B	Removal		

*PLEASE NOTE: If you are granted privileges in PEV-1 you are not required to apply for PEV-4A OR PEV-4B separately.*

## **PEV-4A VENOUS FILTER PLACEMENT**

### **Definition of Privileged Procedure:**

Percutaneous placement of a venous filter by access of the appropriate vein, the ability to cannulate and pass a catheter through the venous system, ability to use and interpret x-ray equipment and contrast studies of the target vein and ability to use the filter delivery system.

### **Specific Skills and Training Required:**

1. In order to perform venous filter placement 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 their respective American Specialty Board (ABMS) or their respective American Osteopathic Association (AOA) in Radiology, Internal Medicine (Cardiology), Surgery (General) or ; **AND**
2. Successfully completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited twelve (12) month Surgical Critical Care fellowship training program;  
**OR**  
Successfully completed an ACGME or AOA accredited twelve (12) month Interventional Radiology fellowship training program; **OR**  
Successfully completed an ACGME or AOA accredited twelve (12) month Cardiology fellowship training program; **AND**
3. Verified by the Director of their training program or his/her designee to have demonstrated the sufficient experience in venous filter placement procedures to include documentation as the primary interventionist that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, in at least five (5) venous filter placements on five (5) separate patients;

All cases performed will be screened against quality indicators (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 venous filter placement procedures.

## **PEV-4 B VENOUS FILTER REMOVAL**

### **Definition of Privileged Procedure:**

Percutaneous **removal** of a venous filter by access of the appropriate vein, the ability to cannulate and pass a catheter through the venous system, ability to use and interpret x-ray equipment and contrast studies of the target vein and ability to use the filter delivery system.

### **Specific Skills and Training Required:**

3. In order to perform venous filter **removal** 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 their respective American Specialty Board (ABMS) or their respective American Osteopathic Association (AOA) in Radiology, Internal Medicine (Cardiology), Surgery (General) or ; **AND**
4. Successfully completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited twelve (12) month Surgical Critical Care fellowship training program;  
**OR**  
Successfully completed an ACGME or AOA accredited twelve (12) month Interventional Radiology fellowship training program; **OR**  
Successfully completed an ACGME or AOA accredited twelve (12) month Cardiology fellowship training program; **AND**
4. Verified by the Director of their training program or his/her designee to have demonstrated the sufficient experience in venous filter **removal** procedures to include documentation as the primary interventionist that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, in at least five (5) **venous filter removals** on five (5)

separate patients;

All cases performed will be screened against quality indicators (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 venous filter placement procedures.

**SECTION II. THESE PROCEDURES MAY BE APPLIED FOR BY PHYSICIANS IN THE SPECIALTIES OF INTERNAL MEDICINE (CARDIOLOGY), GENERAL SURGERY, RADIOLOGY AND .**

CMC-UNION			NUMBER	YEAR	LOCATION
	PEV-5 *	Insertion of Aortic Endograft			

**SECTION III. THESE PROCEDURES MAY BE APPLIED FOR BY PHYSICIANS IN THE SPECIALTIES OF INTERNAL MEDICINE (CARDIOLOGY) AND RADIOLOGY.**

CMC-UNION			NUMBER	YEAR	LOCATION
	PEV-13*	Peripheral Diagnostic Angiographic Procedures			

CMC-UNION	<b>TELEMEDICINE PRIVILEGES</b>
	<p>Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to evaluate, diagnose, treat and provide consultation to adult and young adult patients for common medical conditions.</p> <p>PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.</p>

**PRIVILEGES REQUESTED BY:**

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 Medical Center-Union, 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.

\_\_\_\_\_, M.D.  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_, M.D.  
Printed Name

**PERIPHERAL ENDOVASCULAR CASE LOG**

Physician's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>DATE</b>	<b>MEDICAL RECORD NUMBER</b>	<b>PROCEDURE TYPE</b>	<b>PEV - _____ (enter the requesting PEV # )</b>
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			<b>TOTAL</b>	

PEV-1 PERIPHERAL ENDOVASCULAR PRIVILEGES

To be eligible for CORE PRIVILEGES in Peripheral Endovascular, the applicant must select one of the options below and satisfy all of the requirements listed for that option:

- If the applicant does not hold a General Specialty Certificate in Vascular Surgery by the American Board of Surgery or certification by the American Osteopathic Association, the applicant must:
1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program commissioned by the American Board of Surgery or the American Osteopathic Association, which renders the physician eligible for certification examination for a General Specialty Certificate in Vascular Surgery; **OR**
  2. Physicians who were fellowship trained prior to 1984 would be considered eligible for Certification of Special Qualification in General Vascular Surgery;
- AND**
3. Apply for and meet the necessary criteria to be granted privileges for Peripheral Vascular Surgery (SUR-2) (Provide evidence and statements from the director of my training in peripheral vascular surgery or from the American Board of Surgery or the American Osteopathic Association, to substantiate my statements that I have performed at least 70 major procedures upon the peripheral arterial system, including at least 20 procedures upon the abdominal aorta and excluding hemo-access vascular procedures); **AND**
  4. Demonstrate sufficient experience in Peripheral Endovascular skills to safely undertake the full spectrum of Endovascular diagnostic and therapeutic procedures. Experience must include:
    - a. senior-level participation in at least one-hundred (100) catheterizations performed under \*Direct Supervision, (fifty {50} percent should be selective to specific first order vessels or greater and at least seventy-five {75} percent should be arterial with no more than twenty-five {25} percent being venous or no more than twenty-five {25} percent being cerebral); **AND**
    - b. Fifty (50) therapeutic interventions; **AND**
    - c. Must have served as primary interventionist on at least seventy-five (75) percent of the procedures and have been no less involved than a first assistant on the remainder of procedures; **OR**
- If the applicant does currently hold a certificate in General Vascular Surgery by the American Board of Surgery or certification by the American Osteopathic Association, the applicant must:
1. Present documentation of certification of a General Vascular Surgery Certificate by the American Board of Surgery or certification by the American Osteopathic Association, the applicant must (Documentation of a Certification of Special Qualification in General Vascular Surgery for those physician fellowship trained prior to 1984 shall satisfy this requirement); **AND**
  2. Apply for and meet the necessary criteria to be granted privileges for Peripheral Vascular Surgery (SUR-2) (Provide evidence and statements from the director of my training in peripheral vascular surgery or from the American Board of Surgery or the American Osteopathic Association to substantiate my statements that I have performed at least 70 major procedures upon the peripheral arterial system, including at least 20 procedures upon the abdominal aorta and excluding hemo-access vascular procedures); **AND**
  3. Demonstrate sufficient experience in Peripheral Endovascular skills to safely undertake the full spectrum of Endovascular diagnostic and therapeutic procedures. Experience must include:
    - a. senior-level participation in at least one-hundred (100) catheterizations performed under \*Direct Supervision, (fifty {50} percent should be selective to specific first order vessels or greater and at least seventy-five {75} percent should be arterial with no more than twenty-five {25} percent being venous or no more than twenty-five {25} percent being cerebral); **AND**
    - b. Fifty (50) therapeutic interventions; **AND**
    - c. Must have served as primary interventionist on at least seventy-five (75) percent of the procedures and have been no less involved than a first assistant on the remainder of procedures;

**OR**

## **PEV-1 PERIPHERAL ENDOVASCULAR PRIVILEGES**

- If the applicant is not currently certified by their respective American Specialty Board (ABMS) or their respective American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Radiology, , Internal Medicine (Cardiology) or ; **AND**
  2. Demonstrate sufficient experience in Peripheral Endovascular skills to safely undertake the full spectrum of Endovascular diagnostic and therapeutic procedures. Experience must include:
    - a. senior-level participation in at least one-hundred (100) catheterizations performed under \*Direct Supervision, (fifty {50} percent should be selective to specific first order vessels or greater and at least seventy-five {75} percent should be arterial with no more than twenty-five {25} percent being venous or no more than twenty-five {25} percent being cerebral); **AND**
    - b. Fifty (50) therapeutic interventions; **AND**
    - c. Must have served as primary interventionist on at least seventy-five (75) percent of the procedures and have been no less involved than a first assistant on the remainder of procedures; **OR**
  
- If the applicant is is currently certified by certification by their respective American Board of Medical Specialties (ABMS) or their respective American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of certification from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) in Radiology, , Internal Medicine (Cardiology) or ; **AND**
  2. Demonstrate sufficient experience in Peripheral Endovascular skills to safely undertake the full spectrum of Endovascular diagnostic and therapeutic procedures. Experience must include:
    - a. senior-level participation in at least one-hundred (100) catheterizations performed under \*Direct Supervision, (fifty {50} percent should be selective to specific first order vessels or greater and at least seventy-five {75} percent should be arterial with no more than twenty-five {25} percent being venous or no more than twenty-five {25} percent being cerebral); **AND**
    - b. Fifty (50) therapeutic interventions; **AND**
    - c. Must have served as primary interventionist on at least seventy-five (75) percent of the procedures and have been no less involved than a first assistant on the remainder of procedures

\* DIRECT SUPERVISION SHALL MEAN THE PHYSICAL PRESENCE OF THE SUPERVISING PHYSICIAN IN THE ROOM DURING THE MAJOR PORTION OF THE PROCEDURE.

## **PEV-2 EXTRACRANIAL CAROTID ANGIOGRAPHIC PROCEDURES**

**PLEASE NOTE- THESE PRIVILEGES - (PEV-2) LISTED BELOW ARE INTENDED FOR PHYSICIANS WHO ARE NOT APPLYING FOR PRIVILEGES TO PERFORM CEREBRAL DIAGNOSTIC INTRACRANIAL ANGIOGRAPHIC PROCEDURES (PEV-10). (If you are granted privileges to perform PEV-10 you are not required to apply for PEV-2 separately).**

**Definition of Privileged Procedure:** Any procedure in which percutaneous passage of a catheter is made into an artery or vein communicating with the extracranial vascular structures using needles, guidewires, and fluoroscopic guidance with subsequent contrast injection and serial filming over the anatomic distribution of the vessel injected. The filming may be done using conventional film 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 Angiographic Capabilities Required:** High quality digital subtraction angiography equipment is required for Extracranial Carotid Angiographic procedures.

**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.

### **Credentials Required:**

1. Apply for and meet the necessary criteria to be granted privileges for Peripheral Endovascular Surgery (PEV -1); AND
2. 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 twenty (20) carotid arteriograms on twenty (20) separate patients;

### **OR**

- If the applicant is not currently certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:

1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Radiology, , Internal Medicine (Cardiology) or ; **AND**
2. Demonstrate sufficient experience in extracranial carotid angiographic procedures to include documentation as the primary interventionist 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) separate patients;  
**OR**

- If the applicant is is currently certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:

1. Provide documentation of certification from their respective American Board of Medical Specialties (ABMS) or their respective American Osteopathic Association (AOA) in Radiology, , Internal Medicine (Cardiology) or ; **AND**
2. Demonstrate sufficient experience in extracranial carotid angiographic procedures to include documentation as the primary interventionist 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) separate patients.

**It is acknowledged that Extracranial Carotid Angiographic procedure also results 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.**

### **PEV-2 EXTRACRANIAL CAROTID ANGIOGRAPHIC PROCEDURES**

### **PEV-3 CAROTID STENTING INTERVENTIONS**

#### **Definition of Privileged Procedure:**

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. Stenting of the carotid were approved for use in patients who have had symptoms of a stroke or whose carotid artery is at least eighty percent blocked, and who are not good candidates for the surgical alternative.

### **Credentials Required:**

1. Apply for and meet the necessary criteria to be granted privileges for Extracranial Carotid Angiographic (PEV-2); 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 at least twenty (20) carotid stents on twenty (20) separate arteries; AND
3. Submit documentation of successful completion of an industry sponsored training module



OR

1. Apply for and meet the necessary criteria to be granted privileges for Extracranial Carotid Angiographic (PEV-2); AND
2. Apply for and meet the necessary criteria to be granted privileges for Neuro Endovascular Interventional Procedures (PEV-11)

It is noted that maintenance criteria for continued privileges will be to maintain current privileges in both PEV-2 and PEV-11.

If the physician does not have current privileges to perform Intracranial procedures and you are performing Carotid Stenting Interventional procedures that you have a physician available (either a Neurosurgeon or an Interventional Radiologist) to assist you should the patient require an Intracranial procedure.

#### **PEV-5 INSERTION OF AORTIC ENDOGRAFT**

Insertion of aortic endograft is the procedure for endovascular repair of AAA or aortoiliac aneurysmal 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.

1. Board Certification by the American Board of Surgery or the American Osteopathic Association, with an ACGME or AOA accredited fellowship training program in General Vascular Surgery or Board certification by the American Board of or the American Osteopathic Association (AOA) in ; AND
2. Apply for and meet the necessary criteria to be granted privileges in core peripheral endovascular privileges (PEV-1); AND
3. Documentation from the training program director of completion of five (5) cases being performed during fellowship training.

Note: This procedure may be performed independently only by General Surgery and 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 and all members of the team must be present during the major portion of the case.

OR

1. Board certification by the American Board of Radiology or the American Osteopathic Association (AOA) in radiology, with an ACGME or AOA accredited fellowship training program in Cardiovascular/Interventional Radiology or Board certification by the American Board of Internal Medicine or the American Osteopathic Association, with an ACGME or AOA accredited fellowship training program in Cardiovascular/Interventional Cardiology; AND
2. Have been granted privileges to perform Vascular and Interventional Radiology procedures
3. Documentation of successful completion of a course in for 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: This procedure must be done with a team. The procedure is done in the operating room or O.R. compatible angiography suite under general or regional anesthesia and all members of the team must be present during the major portion of the case. The Team Shall Include:

- Peripheral Vascular Surgeon - who has current privileges to perform Peripheral Vascular Surgery (The surgeon will be available to perform the cutdown and/or the ability to convert the procedure to an open procedure, if necessary. *It is noted that the Peripheral Vascular surgeon is not required to have privileges to perform Insertion of Aortic Endograft to serve on this team.*
- Interventional Radiologist OR Cardiologist
- Anesthesiologist
- Technologist - Radiology or Cardiac Catheterization Laboratory
- Operating Room Personnel

## **PEV-13 PERIPHERAL DIAGNOSTIC ANGIOGRAPHIC PROCEDURES**

### **Definition of Privileged Procedure:**

Procedures in which percutaneous passage of a catheter is made into an artery or vein using needles, guidewires and fluoroscopic guidance with subsequent contrast injection and serial filming over the anatomic distribution of the vessel selectively injected. The filming may be done using conventional film 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. Intravascular pressures are a useful adjunct, and may be necessary to help assess the physiologic significance of vascular disease and physiologic function in selected cases.

### **Qualifications:**

If the Physician holds current privileges to perform one of the following, it is recommended that he/she be granted PEV-13 at the respective facility where he/she currently holds privileges.

It is acknowledged that Peripheral Diagnostic Angiographic procedures may 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.

1. 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 guidewires under the supervision; **AND**
2. Demonstrate sufficient experience in interpretation of Cerebral CT Angiography / Cerebral Perfusion in at least ten (10) separate patients; **AND**
3. 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**
4. Provide documentation that you were proctored by a physician who is currently credentialed to perform treatment of acute ischemic stroke procedures for at least eight (8) stroke interventions.