

**ATRIUM HEALTH
REAPPOINTMENT DELINEATION OF PRIVILEGES
SPECIALTY OF PEDIATRIC CARDIOLOGY**

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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***If the answer is “No”, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Pediatric Cardiology, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Pediatric Cardiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Pediatric Cardiology Fellowship Training Program in Pediatric Cardiology within the past five (5) years; **AND**
 2. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **AND**
 3. Provide documentation of current Pediatric Advanced Life Support (PALS) course completion card.

- If the applicant is currently subspecialty certified in Pediatric Cardiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of subspecialty certification in Pediatric Cardiology from the American Board of Medical Specialties or certification by the American Osteopathic Association in Pediatric Cardiology; **AND**
 2. Documentation of active pediatric cardiology practice in an accredited hospital or healthcare facility for at least two (2) years; **AND**
 3. Provide documentation of current Pediatric Advanced Life Support (PALS) course completion card.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Pediatric Cardiology at any facility within Atrium Health.

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

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		PEDIATRIC CARDIOLOGY CORE PRIVILEGES
										CPED-CAR-1	Privileges to evaluate, diagnose, consult, and provide comprehensive care to patients of all ages, with congenital or acquired diseases which persist into adulthood, presenting with disorders of the heart and blood vessels. Assess, stabilize, and determine disposition of patients with emergent conditions.

Privileges include providing appropriate medical therapy to stabilize the patient; perform history and physical exam; cardioversion; electrocardiography and echocardiography interpretation; exercise testing; pericardiocentesis and thoracentesis; transesophageal echocardiography and transthoracic echocardiography; diagnostic cardiac catheterization and endomyocardial biopsy; balloon atrial septostomy; provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

NOTE: Core privileges extend to the provision of care in the intensive care or critical care settings.

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		Ventricular Assist Device (VAD) Must apply for and maintain Pediatric Cardiology Core Privileges (CPED-CAR-1)
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-1(a)	Provide advanced care and management of complex patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

CPED-CAR-1(a) Ventricular Assist Device (VAD)

Ventricular Assist Device (VAD) is a mechanical circulatory device that is used to partially or completely replace the function of a failing heart. The mechanical pump is used to support heart function and blood flow in patients who have weakened hearts. A VAD can help support the heart during or after surgery until the heart recovers, while waiting for a heart transplant, and for patients who are not eligible for a heart transplant, can be a long-term solution to help the heart work better.

Credentials Required:

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND**
2. Provide documentation from the Pediatric Cardiology or Pediatric Cardiovascular Medicine fellowship program director that the Applicant completed training, within the past two years, to include patient selection, management and care of pediatric patients who are being considered for or who require, device-based heart failure management (e.g. mechanical circulatory support devices).

OR

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND**
2. Provide documentation of successful involvement in the management of Pediatric Ventricular Assist Devices (VAD) patient within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Ventricular Assist Device (VAD). You must provide documentation of proctoring for the care and management of two (2) VAD patients.

Maintenance Criteria for Continued Privileges (CPED-CAR-1(a)):

The Physician must submit documentation that they have participated in the care of Pediatric VAD patients over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

To be eligible for core privileges in Pediatric Interventional Cardiology (CPED-CAR-2), the applicant must meet the following qualifications:

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND** at least one of the following:
2. Successful completion of a pediatric cardiology fellowship program, within the past two (2) years, that included training in interventional pediatric cardiology with verification of competence in the requested procedures by the Director of the fellowship training program; **OR**
2. Provide a minimum number of one hundred and fifty (150) interventional cases performed within the past two (2) years; **OR**
1. Alternatively, for Applicants that do not meet a threshold of one hundred and fifty (150) interventional cases for the past two (2) years; Applicants may submit the total number of cases in a lifetime career for review and consideration of a proctoring process by a high volume interventional pediatric cardiologist with current clinical privileges. This will be at the discretion of the Section Chief for the Cardiovascular Diagnostic Laboratory in conjunction with the Chief of the Department of Pediatrics or his/her designee. The applicant must submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds Pediatric Interventional Cardiology Core privileges.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		PEDIATRIC INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		Must apply for and maintain Pediatric Cardiology Core Privileges (CPED-CAR-1)
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-2	Privileges to evaluate, diagnose, consult, and provide comprehensive care to patients of all ages, with congenital or acquired diseases which persist into adulthood, presenting with disorders of the heart and blood vessels. Assess, stabilize, and determine disposition of patients with emergent conditions.

Privileges include providing appropriate medical therapy to stabilize the patient; perform history and physical exam; balloon septostomy; transseptal puncture; pulmonary valve dilation; aortic valve dilation; pulmonary artery dilation; pulmonary artery stent; coarctation dilation; coarctation stent; collateral occlusion; ductus arteriosus occlusion; atrial septal defect/patent foramen ovale closure; valvuloplasty; transcatheter pulmonary valve; ventricular septal defect device closure; percutaneous non-coronary intervention.

NOTE: Core privileges extend to the provision of care in the intensive care or critical care setting.

Print Name

Maintenance Criteria for Continued Privileges (CPED-CAR-2):

The Physician must submit a minimum of one hundred and fifty (150) over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms. For the Appointee that does not meet the one hundred and fifty (150) representative samples of pediatric clinical cardiac electrophysiology procedures over the two (2) year period consideration of reappointment will be at the discretion of the Medical Director of the Cardiovascular Diagnostic Laboratory in conjunction with the Chief/Section Chief of the Specialty.

The Physician must maintain a cognitive knowledge base, it is recommended that individual operators attend at least twenty (20) hours of invasive and/or interventional cardiology continuing medical education (CME) every two (2) years. This could include catheterization conference and PCI meetings in addition to expanding the use of simulation cases for procedure use and competence.

Print Name _____

To be eligible for core privileges in Clinical Cardiac Electrophysiology Pediatric (CPED-CAR-3), the applicant must meet the following qualifications:

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND** at least one of the following:
2. Successful completion of a pediatric cardiology fellowship program, within the past two years, that included training in clinical cardiac pediatric electrophysiology with verification of competence in the requested procedures by the Director of the fellowship training program; **OR**
2. Provide a minimum number of fifty (50) invasive cases performed within the past two (2) years; **OR**
2. Alternatively, for Applicants that do not meet a threshold of fifty (50) invasive cases for the past two (2) years; Applicants may submit the total number of cases in a lifetime career for review and consideration of a proctoring process by a high volume interventional pediatric clinical cardiac electrophysiology cardiologist with current clinical privileges. This will be at the discretion of the Section Chief for the Cardiovascular Diagnostic Laboratory in conjunction with the Chief of the Department of Pediatrics or his/her designee. The applicant must submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds Clinical Cardiac Electrophysiology Pediatric Core privileges.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		CLINICAL CARDIAC ELECTROPHYSIOLOGY PEDIATRIC CORE PRIVILEGES Must apply for and maintain Pediatric Cardiology Core Privileges (CPED-CAR-1)
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-3	Privileges to evaluate, treat and provide consultation to patients of all ages, with congenital or acquired diseases which persist into adulthood, with heart rhythm disorders, including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. Assess, stabilize and determine disposition of patients with emergent conditions.

NOTE: Privileges include appropriate medical therapy to stabilize the patient; perform history and physical exam; programming and management of automatic implantable cardiac defibrillators and pacemakers; intracardiac electrophysiology studies; and performance of therapeutic catheter ablation procedures.

Print Name

Maintenance Criteria for Continued Privileges (CPED-CAR-3):

The Physician must submit a minimum of fifty (50) of pediatric clinical cardiac electrophysiology procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms. For the Appointee that does not meet the fifty (50) pediatric clinical cardiac electrophysiology procedures over the two (2) year period consideration of reappointment will be at the discretion of the Medical Director of the Cardiovascular Diagnostic Laboratory in conjunction with the Chief/Section Chief of the Specialty.

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 Atrium Health 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name
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CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPED-CAR-1(a))
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