

ATRIUM HEALTH REAPPOINTMENT DELINEATION OF PRIVILEGES PERIPHERAL ENDOVASCULAR PRIVILEGES

Print Name _____

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

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

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.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		PERIPHERAL ENDOVASCULAR CORE PRIVILEGES
			N/A	N/A			N/A	N/A		CPEV-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.

NOTE: Privileges include, but are not limited to, arterial and venous balloon angioplasty, arterial and venous stent placement, venous filter placement and removal, venous endograft placement, catheter directed thrombolysis of native arteries, veins, and bypass grafts, catheter directed thromboembolectomies of native arteries and bypass grafts, percutaneous diagnostic angiography (C02 and liquid contrast), angiography, arterial occlusion techniques, percutaneous thrombectomy, thrombolysis, angioplasty, stenting of and endovascular interventional upon established hemodialysis access grafts, intravascular ultrasound, duplex ultrasonography, Atherectomy and vessel closure devices, pulmonary angiograms, and peripheral laser.

THIS PRIVILEGE EXCLUDES THE CORONARY CIRCULATION AND INTRACRANIAL CIRCULATION.

PLEASE NOTE: If you are granted privileges to perform CPEV-10, CPEV-11 or CPEV14 you are not required to apply for CPEV-2 separately

***PLEASE NOTE: If you are granted privileges in CPEV-1 you are not required to apply for CPEV-4(a)(b) separately.**

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

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PERIPHERAL ENDOVASCULAR SPECIAL PRIVILEGE		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	N/A			N/A	N/A	N/A	CPEV-5 *	Insertion of Aortic Endograft			
			N/A	N/A			N/A	N/A	N/A	CPEV-15*	Thoracic Endovascular Aortic/Aneurysm Repair (TEVAR)			

SECTION V. THESE PROCEDURES MAY BE APPLIED FOR BY PHYSICIANS IN THE SPECIALTIES OF NEUROLOGICAL SURGERY AND RADIOLOGY.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PERIPHERAL ENDOVASCULAR SPECIAL PRIVILEGE		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	N/A			N/A	N/A	N/A	CPEV-10*	Cerebral <u>Diagnostic</u> Intracranial Angiographic Procedures			

PLEASE NOTE: If you are granted privileges to perform CPEV-10 you are not required to apply for CPEV-2 separately.

			N/A	N/A			N/A	N/A	N/A	CPEV-11*	Neuro Endovascular Interventional Procedures			
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PLEASE NOTE: If you are granted privileges to perform CPEV-11 you are not required to apply for CPEV-2 separately.

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

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PERIPHERAL ENDOVASCULAR SPECIAL PRIVILEGE		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	N/A			N/A	N/A	N/A	CPEV-14*	Treatment of Acute Ischemic Stroke			

PLEASE NOTE: If you are granted privileges to perform CPEV-14 you are not required to apply for CPEV-2 separately.

PLEASE NOTE: If you are granted privileges to perform CPEV-11 you are not required to apply for CPEV-14 separately.

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.

Signature

Date

Print Name

CPEV-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 subspecialty certification in Vascular Surgery by the **American Board of Surgery** or the **American Osteopathic Board of Surgery**, 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 on the General Surgery Delineation of Privilege Form; **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). Cases must have been performed within the past two (2) years; **AND**
 - b. Fifty (50) therapeutic interventions within the past two (2) years; **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 subspecialty certification in Vascular Surgery by the **American Board of Surgery** or the **American Osteopathic Board of Surgery**, the applicant must:
1. Apply for and meet the necessary criteria to be granted privileges for Peripheral Vascular Surgery on the General Surgery Delineation of Privilege Form; **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). Cases must have been performed within the past two (2) years; **AND**
 - b. Fifty (50) therapeutic interventions within the past two (2) years; **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 not currently certified by their respective American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in **Radiology, Neurosurgery, Internal Medicine (Cardiology) or Thoracic and Cardiovascular Surgery**, 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, Neurosurgery, Internal Medicine (Cardiology) or Thoracic and Cardiovascular Surgery; **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). Cases must have been performed within the past two (2) years; **AND**
 - b. Fifty (50) therapeutic interventions within the past two (2) years; **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 currently certified by certification by their respective American Board of Medical Specialties (ABMS) or their respective American Osteopathic Association (AOA) in **Radiology, Neurosurgery, Internal Medicine (Cardiology) or Thoracic and Cardiovascular Surgery**, the applicant must:

1. 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). Cases must have been performed within the past two (2) years; **AND**
 - b. Fifty (50) therapeutic interventions within the past two (2) years; **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.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of thirty (30) angiographic cases, including arterial cases, venous cases, and dialysis access cases, fifteen (15) of which must be interventional, defined as angioplasty, angioplasty and stent or atherectomy, embolization or thrombolysis, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must supply documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of Peripheral Vascular disease, diagnosis and management and endovascular techniques. 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.

Clarification of a “case”, for the purposes of documentation can be both intervention and an angiography. Cases counting toward interventions under Peripheral Endovascular Privileges (CPEV-1) can include cases under all other PEV headings, i.e., CPEV-5, etc. These will also count toward the cases required at reappointment for that PEV privilege. Multiple interventions in a single case will count as a single intervention under the applicable PEV privilege.

CPEV-2 EXTRACRANIAL CAROTID ANGIOGRAPHIC PROCEDURES

PLEASE NOTE: CPEV-2 PRIVILEGES ARE INTENDED FOR PHYSICIANS WHO ARE NOT APPLYING FOR PRIVILEGES TO PERFORM CEREBRAL DIAGNOSTIC INTRACRANIAL ANGIOGRAPHIC PROCEDURES CPEV-10.

- If you are granted privileges to perform **CPEV-10, CPEV-11 or CPEV-14** you are not required to apply and maintain **CPEV-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:

- ☐ If the applicant is not currently certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) in **Radiology, Neurosurgery, Internal Medicine (Cardiology) or Thoracic and Cardiovascular Surgery**, 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, Neurosurgery, Internal Medicine (Cardiology) or Thoracic and Cardiovascular Surgery; **AND**
 2. Apply for and maintain privileges for Peripheral Endovascular Surgery (CPEV -1); **AND**
 3. 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 twenty (20) carotid arteriograms on twenty (20) separate patients within the past two (2) years;
- OR**
- ☐ If the applicant is currently certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) in **Radiology, Neurosurgery, Internal Medicine (Cardiology) or Thoracic and Cardiovascular Surgery**, the applicant must:
1. Apply for and maintain privileges for Peripheral Endovascular Surgery (CPEV -1); **AND**
 1. 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 twenty (20) carotid arteriograms on twenty (20) separate patients within the past two (2) years.

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.

CPEV-2 EXTRACRANIAL CAROTID ANGIOGRAPHIC PROCEDURES

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of four (4) Extracranial Carotid Angiographic procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Endovascular Core Privileges (CPEV-1) to continue 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.

CPEV-3 CAROTID STENTING INTERVENTIONS

Definition of Privileged Procedure:

Extra-cranial carotid stent and angioplasty is a procedure to treat atherosclerotic vascular disease, typically adjacent to the carotid bifurcation or origin. It is often used when open surgical procedure is less ideal, such as complicating medical or anatomic factors. Embolic protection devices are often used with this treatment to minimize stroke risk during the procedure. CPEV-3 is not designed to include stents or endografts from the aortic arch that are placed in the carotid as a part of primary thoracic aortic repair.

Credentials Required:

1. Apply for and maintain privileges for Extracranial Carotid Angiographic (CPEV-2) or Neuro Endovascular Interventional Procedures (CPEV-11); **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, with performing at least four (4) carotid stents within the past two (2) years with a lifetime performance of twenty (20) carotid stents on twenty (20) separate arteries. *A physician with Neuro Endovascular (CPEV-11) or Treatment of Acute Stroke (CPEV-14) should be emergently consulted if intracranial thrombectomy or other salvage therapy is necessary.*

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of four (4) Carotid Stenting Interventions over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Extracranial Carotid Angiographic Procedures (CPEV-2) or Neuro Endovascular (CPEV-11) to continue privileges. The Physician must provide documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of carotid intervention. 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.

CPEV-16 TRANSCAROTID ARTERY REVASCULARIZATION (TCAR)

Definition of Privileged Procedure:

Transcarotid Artery Revascularization (TCAR) is performed through a small supraclavicular incision to expose the common carotid artery. The surgeon places a sheath directly into the carotid artery while clamping the artery proximally. The common carotid artery sheath is connected to a Neuro-protection system (NPS) that is secondarily connected to a sheath typically within the patient's common femoral vein, creating a physiologic pressure delta. As a result, blood flow travels away from the brain, which protects against plaque that may come loose reaching the brain during intervention. During the short period of flow reversal, the carotid intervention is performed. After the intervention is done, flow reversal is halted by common carotid artery clamp removal. Sheaths are removed, achieving hemostasis with primary repair of the common carotid artery and manual pressure on the vein.

Credentials Required:

1. Apply for and maintain Peripheral Vascular Surgery Core Privileges (CSUR-6) or Neurosurgery Core Privileges (CNSU-1); AND
1. Demonstrate sufficient experience in TCAR procedures to include documentation as the primary interventionist that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, with performing at least three (3) TCAR within the past two (2) years; AND
2. Submit documentation of successful completion of an industry sponsored training module.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) TCAR over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Vascular Surgery Core Privileges (CSUR-6) or Neurosurgery Core Privileges (CNSU-1) to continue TCAR 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.

CPEV-4(a) VENOUS FILTER PLACEMENT

PLEASE NOTE: CPEV-4(A) PRIVILEGES ARE INTENDED FOR PHYSICIANS WHO ARE NOT APPLYING FOR PERIPHERAL ENDOVASCULAR CORE PRIVILEGES CPEV-1.

- **If you are granted privileges to perform CPEV-1 you are not required to apply and maintain CPEV-4(a) separately.**

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. Provide documentation of board certification or be 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 Thoracic and Cardiovascular Surgery); **AND**
2. Successfully completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited twelve (12) month Surgical Critical Care, Interventional Radiology, or 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 within the past two years; **OR**
3. Provide documentation of at least five (5) venous filter placements on five (5) separate patients within the past two years.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of five (5) cases venous filter placement cases 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.

CPEV-4(b) VENOUS FILTER REMOVAL

PLEASE NOTE: CPEV-4(B) PRIVILEGES ARE INTENDED FOR PHYSICIANS WHO ARE NOT APPLYING FOR PERIPHERAL ENDOVASCULAR CORE PRIVILEGES CPEV-1.

- **If you are granted privileges to perform CPEV-1 you are not required to apply and maintain CPEV-4(b) separately.**

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:

1. Provide documentation of board certification or be 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 Thoracic and Cardiovascular Surgery); **AND**
2. Successfully completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited twelve (12) month Surgical Critical Care, Interventional Radiology, or 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 removals on five (5) separate patients within the past two years; **OR**
3. Provide documentation of at least five (5) venous filter removals on five (5) separate patients within the past two years.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of five (5) cases venous filter removal cases 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.

CPEV-4(c) VENOUS FILTER ADVANCED REMOVAL TECHNIQUES

Definition of Privileged Procedure:

Any technique required to remove an IVC filter in the event of failure to remove said filter by use of standard snare technique.

Specific Skills and Training Required:

1. Provide documentation of board certification or be 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 Thoracic and Cardiovascular Surgery); **OR**
2. Successfully completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited twelve (12) month Surgical Critical Care, Interventional Radiology, or 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 advanced removal techniques 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 advanced removal techniques on five (5) separate patients within the past two years; **OR**
3. Provide documentation of at least five (5) venous filter advanced removal techniques on five (5) separate patients within the past two years.

Applicants who do not hold Peripheral Endovascular Core Privileges (CPEV-1) and have not completed a vascular fellowship can request consideration of a proctoring process. This will be at the discretion of the PEV Committee Chair, in conjunction with, the Chief of the applicant's primary department. Applicants will need to contact the Medical Staff Office for the Permission to be Proctored Policy and Request Form.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of four (4) cases venous filter advanced removal technique cases 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.

CPEV-5 INSERTION OF AORTIC ENDOGRAFT

Insertion of aortic endograft is the procedure for endovascular repair of AAA or aortoiliac aneurysmal disease. This would also include placement of additional stent graft from the aorta to adjacent branch vessels. Utilizing one of the commercially available guidance/placement systems, an endograft is placed into the aortic or aortoiliac position via a femoral artery access.

Credentials Required:

- ☐ If the applicant is currently certified or eligible for certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) in **Vascular Surgery or Thoracic and Cardiovascular Surgery**, the applicant must:

1. Apply for and maintain privileges for Peripheral Endovascular Surgery (CPEV -1); **AND**
2. Provide documentation of at least five (5) cases within the past two (2) years;

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 and all members of the team must be present during the major portion of the case.

OR

- ☐ If the applicant is currently certified or eligible for certifications by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) in **Cardiovascular Disease or Interventional Radiology**, the applicant must:

1. Apply for and maintain privileges for Peripheral Endovascular Surgery (CPEV -1); **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; **AND**
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 two (2) years.

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

CPEV-5 INSERTION OF AORTIC ENDOGRAFT

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of five (5) Insertion of Aortic Endograft procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Endovascular Core Privileges (CPEV-1) to continue privileges. The Physician must provide documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of carotid intervention. 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.

CPEV-10 CEREBRAL DIAGNOSTIC INTRACRANIAL ANGIOGRAPHIC PROCEDURES

PLEASE NOTE: CPEV-10 PRIVILEGES ARE INTENDED FOR PHYSICIANS WHO ARE NOT APPLYING FOR PERIPHERAL ENDOVASCULAR CORE PRIVILEGES CPEV-1.

- **Privileges are diagnostic only, not therapeutic, and do not require CPEV-1.**
- **If you are granted CPEV-10, you are not required to apply for CPEV-2 Cervical Carotid as CPEV-10 includes cervical and cranial circulation.**
- **The diagnostic portion of CPEV-10 is extended to Providers who are granted privileges for CPEV-11 Neuro Intervention and CPEV-14 Acute Stroke Intervention. Providers cannot perform CPEV 11 or CPEV 14 without being able to do an angiogram, the cases count for both CPEV-11 and CPEV14.**

Definition of Privileged Procedure:

Any procedure in which percutaneous passage of a catheter is made into an artery or vein communicating with the intracranial 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 with roadmap capability is required for Neuro Endovascular Interventional 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 intracerebral 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:

- ☐ If the applicant is not currently certified by the American Board of Medical Specialties or the American Osteopathic Association in **Neurosurgery or Radiology**, 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 or Neurosurgery; **AND**
 2. Provide documentation of the successful completion of a twelve (12) month Neuroendovascular or Neuroradiology fellowship training program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Cerebral Diagnostic Intracranial Angiographic Procedures; **AND**
 3. Verified by the Director of their training program or his designee to have satisfactory skills in the evaluation of patients to determine appropriateness for intracerebral angiographic studies and the inherent and relevant risks; **AND**

4. Verified by the Director of their training program or his designee to have satisfactorily performed intracerebral angiographic studies using the appropriate imaging techniques, needles, catheters, and guidewires under supervision and present documentation of supervised experience with at least fifty (50) Neuro-angiographic procedures within the past two (2) years; **OR**
- ☐ If the applicant is currently certified by the American Board of Medical Specialties or the American Osteopathic Association in **Neurosurgery or Radiology**, the applicant must:
1. Provide documentation of a minimum of fifty (50) matched satisfactory readings within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Cerebral Diagnostic Intracranial Angiographic Procedures. You must provide documentation of proctoring for one hundred and fifty (150) procedures.

CPEV-10 CEREBRAL DIAGNOSTIC INTRACRANIAL ANGIOGRAPHIC PROCEDURES

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of five (5) Cerebral Diagnostic Intracranial Angiographic 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.

CPEV-11 NEURO ENDOVASCULAR INTERVENTIONAL PROCEDURES:

PLEASE NOTE

- **If you are granted privileges to perform CPEV-11 you are not required to apply and maintain CPEV-2 separately.**
- **The diagnostic portion of CPEV-10 is extended to Providers who are granted privileges for CPEV-11 Neuro Intervention and CPEV-14 Acute Stroke Intervention. Providers cannot perform CPEV 11 or CPEV 14 without being able to do an angiogram, the cases count for both CPEV-11 and CPEV14.**

Definition of Privileged Procedure:

An angiographic case in which either a pharmacologic agent is instilled for therapeutic effect, or revascularization, devascularization or foreign body removal is effected via endovascular methods within the spinal or cerebral endovascular system.

Minimum Angiographic Capabilities Required:

High quality digital subtraction angiography equipment with roadmap capability is required for Neuro Endovascular Interventional procedures.

Specific Skills and Training Required:

The procedures must be performed by a physician with knowledge and experience in neuro imaging methods which are utilized for intracerebral 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. Training in neuro anatomy and neuro physiology must be part of their training.

Credentials Required:

- ☐ If the applicant is not currently certified by the American Board of Medical Specialties or the American Osteopathic Association in **Neurosurgery or Radiology**, 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 or Neurosurgery; **AND**
 2. In order to perform Neuro Endovascular Interventional 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) in Radiology or Neurosurgery; **AND**
 3. Radiologists must have successfully completed a twenty-four (24) month Neuroradiology fellowship training program, which will include a minimum of twelve (12) months of Neuro Endovascular Interventional Radiology; **OR**
 4. Neurosurgeons must have successfully completed a twelve (12) month Neuroendovascular Interventional Fellowship; **AND**
 5. Verified by the Director of their training program or his/her designee to have demonstrated the specific skills and training listed above; **AND**
 6. Verified by the Director of their training program or his designee to have satisfactory skills in the evaluation of patients to determine appropriateness for intracerebral angiographic studies and the inherent and relevant risks; **AND**
 7. Verified by the Director of their training program or his designee to have satisfactorily performed one hundred (100) Neuro Endovascular interventions that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes; **OR**

CPEV-11 NEURO ENDOVASCULAR INTERVENTIONAL PROCEDURES:

- ☐ If the applicant is currently certified by the American Board of Medical Specialties or the American Osteopathic Association in **Neurosurgery or Radiology**, the applicant must:
1. In order to perform Neuro Endovascular Interventional 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) in Radiology or Neurosurgery; **AND**
 2. Radiologists must have successfully completed a twenty-four (24) month Neuroradiology fellowship training program, which will include a minimum of twelve (12) months of Neuro Endovascular Interventional Radiology; **OR**
 3. Neurosurgeons must have successfully completed a twelve (12) month Neuroendovascular Interventional Fellowship; **AND**
 4. Verified by the Director of their training program or his/her designee to have demonstrated the specific skills and training listed above; **AND**
 5. Verified by the Director of their training program or his designee to have satisfactory skills in the evaluation of patients to determine appropriateness for intracerebral angiographic studies and the inherent and relevant risks; **AND**
 6. Verified by the Director of their training program or his designee to have satisfactorily performed one hundred (100) Neuro Endovascular interventions that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of ten (10) Neuroendovascular Interventional procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must provide documentation of attendance or participation in ten (10) hours of in ongoing Category I Continuing Medical Education in the areas of Neurosurgery or Neuro Radiology. 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.

CPEV-14 TREATMENT OF ACUTE ISCHEMIC STROKE

PLEASE NOTE

- **If you are granted privileges to perform CPEV-14 you are not required to apply and maintain CPEV-2 separately**
- **If you are granted privileges to perform CPEV-11 you are not required to apply for CPEV-14 separately**
- **The diagnostic portion of CPEV-10 is extended to Providers who are granted privileges for CPEV-11 Neuro Intervention and CPEV-14 Acute Stroke Intervention. Providers cannot perform CPEV 11 or CPEV 14 without being able to do an angiogram, the cases count for both CPEV-11 and CPEV14.**

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 also includes emergent angioplasty and/or stenting of extra cranial and cerebral vessels to re-establish cerebral blood flow. Elective carotid stenting will remain in the criteria for Carotid Stenting (CPEV-3). This is intended for those individuals who do not already hold Neuro Endovascular Interventional Procedures (CPEV -11).

Credentials Required:

- ☐ If the applicant is not currently certified by the American Board of Medical Specialties or the American Osteopathic Association in **Internal Medicine, Neurological Surgery, or Radiology**, the applicant must:
1. Apply for and maintain privileges for Peripheral Endovascular Core Privileges (CPEV-1); **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. Provide documentation of the successful completion of a twelve (12) month Cardiovascular Medicine (Cardiology), Neuroendovascular, Interventional Radiology, or Neuroradiology fellowship training program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Treatment of Acute Ischemic Stroke; **AND**
 4. 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**
 5. Demonstrate sufficient experience in interpretation of Cerebral CT Angiography / Cerebral Perfusion in at least ten (10) separate patients within that past two (2) years; **AND**
 6. Provide documentation of current clinical activity in acute stroke interventional procedures from at least eight (8) stroke interventions within the past two (2) years; **OR**

7. 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 Atrium Health facilities for at least eight (8) stroke interventions.

☐ If the applicant is currently certified by the American Board of Medical Specialties or the American Osteopathic Association in **Internal Medicine, Neurological Surgery, or Radiology**, the applicant must:

1. Apply for and maintain privileges for Peripheral Endovascular Core Privileges (CPEV-1); **AND**
2. Provide documentation of the successful completion of a twelve (12) month Cardiovascular Medicine (Cardiology), Neuroendovascular, Interventional Radiology, or Neuroradiology fellowship training; **AND**
3. Demonstrate sufficient experience in interpretation of Cerebral CT Angiography / Cerebral Perfusion in at least ten (10) separate patients within the past two (2) years; **AND**
4. Demonstrate certificate of completion of at least twenty-four (24) hours of Category I Continuing Medical Education related to acute stroke intervention; **AND**
5. Demonstrate sufficient experience in intracranial interventional procedures to include documentation as the primary interventionist or proctored primary interventionist 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:

The Physician must provide documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of Acute Stroke Intervention. 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.

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CPEV-15 THORACIC ENDOVASCULAR AORTIC/ANEURYSM REPAIR (TEVAR):

SHORT DEFINITION - Describe the privilege or procedure succinctly and include a bibliography and/or selected references: Thoracic Endovascular Aortic/Aneurysm Repair (TEVAR) is a minimally invasive approach to repair thoracic aortic aneurysms. The technique and devices were developed to treat patients who could not tolerate open surgical repair because of multiple medical problems. TEVAR stent graft repair is a treatment for aneurysms of the descending thoracic aorta. It is similar to the approach used for a cardiac catheterization of the coronary arteries. This procedure requires only small incisions in the groin. The surgeon inserts a catheter through the femoral artery in the groin and with the use of x-ray guidance and specially-designed instruments, the aneurysm can be repaired from inside the aorta by inserting a tube, called a stent-graft. This is possible because the tube, or stent graft, is delivered through the catheter in a collapsed state and then expanded at the site of the aneurysm. The tube replaces and reinforces the diseased aortic wall, ensuring continuity of blood flow while preventing further expansion of the aorta, aortic rupture, and/or aortic dissection. The potential benefits of the procedure include greatly reduced risk, a shorter hospital stay, and a more rapid recovery.

SKILLS AND TRAINING NEEDED - Describe the skills and training needed to perform this privilege (be specific):

Selective catheterization skills are needed to optimize precise graft deployment and endoluminal intervention skills are needed to restore perfusion to inadvertently covered or embolized vessels. Expertise with fluoroscopic guidance, radiographics technique, acquisition projections, and image postprocessing will ensure optimal endograft placement and recognition of relevant complicating factors. Open vascular access, repair and bypass skills are needed to assure vascular access and maintain perfusion of critical organs in the event of planned or inadvertent coverage.

CREDENTIALS: State the credentials needed to perform the "new" privilege, include alternative methods of credentials and documentation needed to confirm competence. If a "grandfather" clause is appropriate, define the date, names of individuals currently on staff, and any documentation that will be required from those not currently on staff at the facility designated above, who may qualify by virtue of similar privileges at another institution before the "grandfather" clause date:

1. Provide documentation of board certification by:
 - i. Subspecialty certification in Vascular and Interventional Radiology, Cardiovascular Disease, or Interventional Cardiology by the ABMS or AOA; **OR**
 - ii. Certification in Thoracic and Cardiovascular Surgery or Vascular Surgery by the ABMS or AOA; **AND**
2. Apply for and maintain privileges for Peripheral Endovascular Core Privileges (CPEV -1); **AND**
3. Provide documentation of at least ten (10) Thoracic Endovascular Aortic/Aneurysm Repair (TEVAR) Implantations within the past two (2) years.

Note: These implantations should be either as the primary interventionalist or under the direct supervision of a credentialed interventionalist. The Applicant will be required to certify the performance of the planning and sizing, as well as, the imaging and deployment of the procedure; **OR**

4. Provide documentation of at twenty-five (25) Endovascular Aortic Repair (EVAR) Implantations during the Applicant's career and five (5) TEVAR implantations within the past two (2) years.

Note: These implantations should be either as the primary interventionalist or under the direct supervision of a credentialed interventionalist. The Applicant will be required to certify the performance of the planning and sizing, as well as, the imaging and deployment of the endograft.

CPEV-15 THORACIC ENDOVASCULAR AORTIC/ANEURYSM REPAIR (TEVAR)-CONTINUED:

ADDITIONAL CRITERIA:

This procedure may be performed independently only by the peripheral vascular or cardiothoracic surgeon. The procedure is performed in the operating room under an O.R. compatible angiography suite using general or regional anesthesia and all members of the team must be present during the major portion of the case; **OR**

If the procedure is being performed by the interventional radiologist or the interventional cardiologist, this procedure must be performed with a team, in the operating room or O.R. compatible angiography suite using 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 or Cardiothoracic Surgeon
- Interventional Radiologist or Cardiologist
- Anesthesiologist
- Technologist – Radiology or Cardiology
- Operating Room personnel

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of five (5) TEVAR implantation cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Endovascular Core Privileges (CPEV-1) or Cardiovascular (TCV DOP) Core Privileges (CTCV-2) to continue 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.

PEV - DOP Privilege Criteria/Maintenance

Please use this guide to complete the PEV Credentials Worksheet-Maintenance which follows at the end of this document. Privileges will not be approved if the format is not followed as outlined below.

PEV-1 CORE Privileges - 30 (15 interventions) cases

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of thirty (30) angiographic cases, including arterial cases, venous cases, and dialysis access cases, fifteen (15) of which must be interventional, defined as angioplasty, angioplasty and stent or atherectomy, embolization or thrombolysis, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must supply documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of Peripheral Vascular disease, diagnosis and management and endovascular techniques. 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.

Clarification of a “case”, for the purposes of documentation can be both intervention and an angiography. Cases counting toward interventions under Peripheral Endovascular Privileges (CPEV-1) can include cases under all other PEV headings, i.e., CPEV-5, etc. These will also count toward the cases required at reappointment for that PEV privilege. Multiple interventions in a single case will count as a single intervention under the applicable PEV privilege.

PEV-2 Carotid angio – 4 cases

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of four (4) Extracranial Carotid Angiographic procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Endovascular Core Privileges (CPEV-1) to continue 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.

PEV-3 Carotid Stent - 4 cases

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of four (4) Carotid Stenting Interventions over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Extracranial Carotid Angiographic Procedures (CPEV-2) or Neuro Endovascular (CPEV- 11) to continue privileges. The Physician must provide documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of carotid intervention. 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.

PEV-4(a) IVC filter placement – 5 cases

Maintenance Criteria for Continued Privileges CPEV-4 (A):

The Physician must perform a minimum of five (5) cases venous filter placement cases 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.

PEV-4(b) IVC filter removal – 5 cases

Maintenance Criteria for Continued Privileges CPEV-4 (B):

The Physician must perform a minimum of five (5) cases venous filter removal cases 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.

PEV-4(c) Advance removal – 8 cases

Maintenance Criteria for Continued Privileges CPEV-4 (C):

The Physician must perform a minimum of eight (8) cases venous filter advanced removal technique cases 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.

PEV-5 Endo-AAA – 5 cases

Maintenance Criteria for Continued Privileges CPEV-5:

The Physician must perform a minimum of five (5) Insertion of Aortic Endograft procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Endovascular Core Privileges (CPEV-1) to continue privileges. The Physician must provide documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of carotid intervention. 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.

PEV-10 Cerebral Angio – 5 cases

Maintenance Criteria for Continued Privileges CPEV-10:

The Physician must perform a minimum of five (5) Cerebral Diagnostic Intracranial Angiographic 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.

PEV-11 Cerebral intervention – 10 cases

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of ten (10) Neuroendovascular Interventional procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must provide documentation of attendance or participation in ten (10) hours of in ongoing Category I Continuing Medical Education in the areas of Neurosurgery or Neuro Radiology. 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.

PEV-14 Acute Stroke Intervention – CME documentation only

Maintenance Criteria for Continued Privileges:

The Physician must provide documentation of attendance or participation in ongoing Category I Continuing Medical Education in the areas of Acute Stroke Intervention. 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.

PEV-15 TEVAR – 5 cases

Maintenance Criteria for Continued Privileges CPEV-15:

The Physician must perform a minimum of five (5) TEVAR implantation cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Endovascular Core Privileges (CPEV-1) to continue 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.

PEV-16 TRANSCAROTID ARTERY REVASCULARIZATION (TCAR) – 2 cases

Maintenance Criteria for Continued Privileges CPEV-16:

The Physician must perform a minimum of two (2) TCAR over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. The Physician must maintain Peripheral Vascular Surgery Core Privileges (CSUR-6) or Neurosurgery Core Privileges (CNSU-1) to continue TCAR 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.

Example of required case logs format acceptable for Chief approval

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	PRIVILEGE #	SITE
1	02/11/2020	01865099	CHG ANGIO EXTERMITTY BILAT	PEV-1	Union
2	01/22/2019	1367744	CHG ANGIO EXTERMITTY BILAT	PEV-1	Union
3	01/29/2019	494185	CHG ANGIO EXTERMITTY BILAT	PEV-1	Union
4	02/26/2019	634083	CHG ANGIO EXTERMITTY BILAT	PEV-1	Union
5	04/09/2019	0000083796	CHG ANGIO EXTERMITTY BILAT	PEV-1	Union
6	01/18/2019	0005046057	CHG ANGIO PULMON BILAT SELECT	PEV-1	Pineville
7	01/20/2019	0003179636	CHG ANGIO PULMON BILAT SELECT	PEV-1	Pineville
8	03/27/2019	0004259808	CHG ANGIO PULMON BILAT SELECT	PEV-1	Pineville
9	04/26/2019	8287920	CHG ANGIO PULMON BILAT SELECT	PEV-1	Pineville
10	05/15/2019	0004582764	CHG ANGIO PULMON BILAT SELECT	PEV-1	Pineville
11	02/04/2019	4700824	PR PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	PEV-1 interventional	Union
12	02/06/2019	0003056674	PR PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	PEV-1 interventional	Union

PEV Credentials Worksheet- Maintenance

Applicant Name: _____

PEV Credential Requested (Circle all that apply)	Number Required Maintenance (Past 2 yrs)	Number Documented
PEV-1 CORE	30 (15 interventions), CME	_____
PEV-2 Carotid Angio	4	_____
PEV-3 Carotid Stent	4, CME	_____
PEV-4a IVC filter placement	5	_____
PEV-4b IVC filter removal	5	_____
PEV-4c Advance removal	8	_____
PEV-5 Endo-AAA	5, CME	_____
PEV-10 Cerebral Angio	5	_____
PEV-11 Cerebral intervention	10, CME	_____
PEV-14 Acute Stroke Intervention		CME DOCUMENTATION ONLY
PEV-15 TEVAR	5	_____
PEV-16 TCAR	2	_____

Name of reviewing Staff member: _____

Date of review: _____