

JERSEY SHORE UNIVERSITY MEDICAL CENTER

RULES AND REGULATIONS

Cardiology Section

Department of Medicine

Granting of Privileges

Preamble:

The Cardiology Section of the Department of Medicine at JSUMC is responsible for the quality of cardiovascular care and subject to the authority of the Board of Trustees, the Bylaws of the Medical and Dental Staff of the Meridian Hospitals, Inc. (the Bylaws), the Rules and Regulations of the JSUMC Division and the Rules and Regulations of the Department of Medicine at JSUMC. In addition, the members of the Cardiology Section are subject to the Rules and Regulations of the Cardiology Section as set forth below.

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Rules and Regulations

I. Basic Privileges

- A. Granting of Initial Basic Privileges for All Applications Received After August 15, 1992 (This reiterates the Cardiovascular Section rules on basic privileges in place and followed since January 1, 1990).
1. An applicant must first satisfy all requirements of the Department of Medicine.
 2. Applicant must show current active involvement in clinical cardiovascular medicine and have: satisfactorily completed an accredited three year fellowship in cardiology and be eligible to take the Examination in Cardio-vascular Diseases by the American Board of Internal Medicine, or to take The Certification of Special Qualifications in Cardiology of The American Osteopathic Association.
 3. Applicant must have performed the procedures for which he is seeking privileges within 18 months prior to his applying.
 4. Applicant must document case numbers and types, and competence.
 5. Lack of these qualities precludes applying to or practice within the Cardiovascular Section.
- B. The specific privileges granted to the applicant will depend on the specific fellowship training, recent experience and recommendations gathered by the Credentials Committee of the Medical Staff. Initial privileges will be temporarily and provisionally granted to the application by the Hospital Board of Trustees. Provisional Staff Privileges permit first hand assessment of the applicant's competence by the Active Medical Staff in Cardiovascular Diseases. Attaining provisional privileges in no way guarantees that the applicant will be promoted to Active Staff.
- C. Promotion of Provisional Status to Active Medical Staff requires the applicant:
1. To demonstrate satisfactory technical skills in medicine and in his area of expertise, and satisfactory relationships with medical staff and patients. Provisional appointees shall be observed by the Section Chief or his representative to determine the eligibility of such Provisional Members for active staff membership, and whether the clinical and technical privileges provisionally granted have been satisfactory demonstrated. It is the provisional appointee's responsibility to provide sufficient hospital activity so that his/her performance can be judged. Provisional status for a member will continue at least until the Chief of Cardiology recommends promotion to staff to the Chair Department of Medicine. Provisional status cannot be continued for more than 2 years. Failure to demonstrate satisfactory skills by 2 years may result in a recommendation by the Section Chief to reduce or terminate privileges.
 2. Promotion, or reduction of privileges will be granted by the Hospital Board of Trustees, based on the recommendations of the Chief of the Cardiovascular Section and the Director of the Department of Medicine.
- D. Failure to demonstrate acceptable competence in Cardio-vascular Medicine may result in a recommendation to reduce privileges or require further training. Where patient life or safety has been seriously jeopardized, provisional privileges may be immediately suspended or

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withdrawn on the recommendation of the Section Chief pending further investigation. Appeal from this process is as outlined in the Constitution and Bylaws of the Medical Staff.

- E. Failure to pass the examination in Cardiovascular Disease of the American Board of Internal Medicine, or the Certification of Special Qualifications in Cardiology of The American Osteopathic Association will result in loss of privileges within Cardiovascular Section. Immediately after completing Fellowship Training in Cardiology, an individual has three (3) chances or six (6) years, whichever comes first, to pass the examination before losing privileges. Chances to pass do not count if the examination was taken before the applicant had finished his fellowship training. Failure to sit for the examination has the same effect as failure to pass the examination. Thus, if an applicant has completed his fellowship, then sits for the examination twice and fails, and then sits and fails again (or fails to sit), his or her privileges end within the Section of Cardiology. An applicant whose Cardiology Fellowship Training was completed more than 6 years before applying for privileges at JSUMC, and who is not Board certified in Cardiovascular Disease is ineligible to apply for privileges in the Cardiology Section.
- F. The applicant agrees to abide by and conform to the policies of the Department of Medicine and the Cardiovascular Section.
- G. A newly appointed physician shall have three years to attain the minimum case numbers for each area of his credentialing. Volumes for a particular service may be below the minimums set by the Section after the initial three-year start up. In such situations, the Section shall notify the physician of the deficiency and the physician shall respond with what action he/she is taking to correct the deficiency. The physician's privileges shall be made provisional, but only in the deficient area, pending the implementation of the plan. Such provisional status shall be for no more than one year. The provisional status may be upgraded before the year is over if the physician shows the Section Chief and the Director of Medicine that the deficiency has been corrected. If after one year the deficiency remains uncorrected, the physician's privileges shall terminate in the deficient area. If there is no plan forthcoming, or if the plan is inadequate, then the physician's privileges will be adjusted consistent with C2 above.
- H. Performance of procedures requiring privileges in the Cardiovascular Section of the Department of Medicine:
- Electrocardiographic Interpretation
 - Echocardiographic Interpretation: Transthoracic, Transesophageal, Stress, Doppler
 - Stress testing performance & Interpretation: Treadmill, Pharmacologic, Echo
 - Electrophysiologic Testing & Evaluation, Ablation
 - Evaluation of Pacemakers, Defibrillators
 - Cardiovascular Catherization & Angiography
 - Percutaneous Cardiovascular Intervention & Assessment
 - Holter Monitor Interpretation
 - Intra Aortic Balloon Insertion & use
 - Swan Ganz Catheterization (or Critical care or Pulmonary Section privileges)
 - Pacer Insertion
 - Peripheral Vascular Evaluation & Intervention
 - Nuclear Stress Testing

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II. Regional Privileges

Regional Staff privileges are available to physicians whose practice is not in the area immediately served by the hospital, but who wish to make use of the regional services offered by the hospital (i.e. Cardiac Catheterization, Invasive Cardiovascular Service, Interventional Cardiovascular Services, Electrophysiologic Service, and Cardiac Surgery).

- A. Privileges in the Regional Cardiac Staff are granted based on the applicant's training and abilities. The general qualities and characteristics & training requirements are the same as for Active Medical Staff. Initial privileges are granted to Provisional Regional Staff. Credentialing, supervision, applicant obligations, and promotion to full Regional Staff status follow the same rules as for Active Staff applicants. A Regional Staff Physician's patient(s) must be admitted specifically for evaluation and treatment of cardiac diseases.
- I. Non cardiologists, internists, and family practitioners and other medical sub specialists wishing to make use of the Cardiac Surgical Regional Services should apply for appointment to the Department of Medicine Regional Staff, Section of Internal Medicine.
- J. The Regional Attending Physician will manage his/her patient commensurate with his/her credentialing, and seek consultation from active staff physicians as needed. Admission of a patient to the Intensive or Coronary Care Units will require the Regional Medical Staff Attending to obtain consultation from an Active Staff Cardiologist. An active Staff Cardiologist or other consultant from the Department of Medicine active staff, so consulted, may not follow the patient after discharge from the hospital.
- K. Regional Attendings are encouraged to participate in all the Educational & Teaching activities of the Cardiovascular Section & the Department of Medicine, However they are excused from the mandatory requirements to attend Section, Departmental, and Medical Staff Meetings as outlined in the Medical Staff Bylaws and Rules & Regulations. They also may not vote. They shall follow all the other requirements stipulated for Regional Staff in the Bylaws and Rules & Regulations.

III. Maintenance of Privileges

- A. All members of the Section of Cardiovascular Diseases will undergo periodic review of credentials. Review, promotion or reappointment will follow the general Rules & Regulations, Bylaws, & Policies of the General Medical Staff and the Department of Medicine.
- B. Within the Section, basic privileges require that ongoing unsupervised work of Active, Emeritus and Provisional Staff members must meet Section standards for accuracy, completeness, promptness and appropriateness. Active and Emeritus Staff members must show continuing active involvement in clinical cardiovascular medicine, and in the prompt discharge of responsibilities in the Cardiovascular Section including dictation, chart completion, quality assurance maintenance and teaching responsibilities. Performance failing to meet these standards may result in reduction, or loss of privileges.

C. Specific rules for maintenance of specific additional privileges:

1. Invasive Privileges
In addition to "II: A" each member must perform a minimum of 50 cases per year.
2. Interventional PCI Privileges
In addition to III A-B and C1, each physician seeking to continue to perform PCI procedures as the primary operator shall perform a minimum of 75 PCI cases a year, 150 PCI cases over a two-year period (excluding the physician's first two years of clinical practice following completion of training). Other criteria for maintaining privileges are the same as outlined in prior paragraphs.
3. Electrophysiologic Privileges
In addition to "V: A-E" each member must perform a minimum of 50 procedures per year (including a minimum of 25 studies as the primary operator). Other criteria for maintaining privileges are the same as outlined below.
4. Electrophysiologic Study
5. Rules applicable to maintaining Invasive, PCI and Peripheral Privileges:
 - a. The performance of less than 25 cases per year or a six-month lapse without doing any procedures shall result in the physician being returned to Provisional privileges for that procedure. The physician will thus be supervised by the Director of the Cath Lab and/or his designee to determine whether standards of quality, completeness and patient care are being maintained. Upon completion of the supervision, the Director will recommend whether the physician be promoted to Active Staff, require more supervision, require additional training, or have his privileges curtailed.
 - b. A physician who performs no procedures for 24 consecutive months will automatically lose privileges in this area. Before performing these procedures again, the physician must reapply and be subject to the same procedures and stipulations as an initial applicant.
6. Procedures performed elsewhere may be counted toward maintaining privileges as long as there is suitable documentation of the nature and quality of the procedures performed. However, a minimum of 5 cases per year must be performed at JSUMC to maintain familiarity with JSUMC equipment and procedures, and to permit ongoing assessment of competence.
7. Loss or change of privileges in one area does not necessarily mandate or require a change in privileges in another area.

D. Maintenance of privileges for Regional Staff members shall have the same requirements as for Active Staff members. As with Active Staff members, cases performed elsewhere may be counted toward maintaining privileges, as long as there is suitable documentation of the nature and quality of the procedures performed.

IV. Refresher Training

The following regulations pertain to Cardiologists with Invasive, Interventional, or Peripheral training who wish privileges but have not performed these procedures for 18 months or more prior to applying for privileges:

A. For those with fewer than 10 cases in the 18 months prior to application, additional training shall be required either in a fellowship program or a tutorial program.

1. If in a fellowship program:

- a) The applicant must satisfy all requirements in I-A through H, and II A 2a for Invasive, IA-H and III A, B, C 1 & 2 and for Interventional, IV A or B for peripheral privileges, and
- b) complete at least a year in an Invasive Cardiology Fellowship Program focusing on the area in which the applicant seeks privileges and which is approved by the ACGME, or The American Osteopathic Association, and
- c) obtain a letter from the Program Director verifying satisfactory completion of all aspects of the fellowship, and
- d) the fellowship must be completed in 18 months or less.
- e) The fellowship must be completed within 18 months of application for privileges to JSUMC.

2. If in a tutorial program the applicant must:

- a) Satisfy all requirements I-A through I-H, and II A 2a for Invasive, IA-H and III A, B, C 1 & 2 and for Interventional, IV A or B for peripheral privileges, and
- b) obtain prior approval for the Proposed Tutorial Program from the Chief of the Cardiology Section. Activities undertaken prior to obtaining this approval may not be credited to the tutorial. The program requires:
 - i) completion of at least 50 hours of Category I CME training in the area of refresher training and
 - ii) designation of a tutor who is a Cardiologist with full privileges in the area of tutorial in the Cath Lab @ JSUMC, and
 - iii) completion of a sufficient number of cases as a secondary operator under the direct supervision of the tutor, the number to be determined by the tutor, followed by
 - iv) Satisfactory completion of for Invasive at least 200 cases as primary operator (still under the direct supervision of the tutor or his designee), for Interventional or Peripheral at least 50 cases as primary operator, and
 - v) completion of the program within 24 months,
 - vi) Obtain certification by the tutor that all of the above elements have been satisfactorily completed by the applicant and that the applicant has demonstrated satisfactory technical and medical competence in managing the serious cardiovascular complications arising from Invasive procedures.

3. While in the tutorial program, the applicant's privileges will be provisional in the area of the tutorial experience.
 4. Upon completion of the tutorial or fellowship, and subject to the approval of the Chief of Cardiology and the Chair Dept of Medicine the applicant will be recommended for provisional privileges, with subsequent supervision, as in Section I.
 5. If the trainee fails to complete training, provisional privileges in the tutorial area granted under VII A 2 & 3 above will immediately cease. This shall not affect privileges in other areas not included in the tutorial.
- B. For those with fewer than 100 cases but more than 10 cases in the 18 months prior to application, additional training shall be required either in a fellowship or a tutorial program.
1. If in a fellowship program:
 - a) The applicant must satisfy all requirements in I-A through H, and II A 2, and
 - b) complete at least 6 months in Invasive Cardiology Fellowship Program approved by the ACP & ACC, or the AOA, and
 - c) obtain a letter from the Program Director verifying satisfactory completion of all aspects of the fellowship competence to independently perform the relevant procedures, and
 - d) the fellowship must be completed in 1 year or less.
 2. If in a tutorial program the applicant must:
 - a) Satisfy all requirements I-A through I-H, and II A 2, and
 - b) obtain prior approval for the Proposed Tutorial Program from the Chief of the Cardiology Section. Activities undertaken prior to obtaining this approval may not be credited to the tutorial. The program requires:
 - i) completion of at least 25 hours of Category I CME training in the tutored area of Cardiology and
 - ii) designation of a tutor who is a Cardiologist with full privileges in the area of tutorial in the Cath Lab @ JSUMC, and
 - iii) completion of a sufficient number of cases as a secondary operator under the direct supervision of the tutor, the number to be determined by the tutor, followed by
 - iv) satisfactory completion as primary operator of at least 50 cases for Invasive, or 25 cases for PCI, or 25 cases for Peripheral (still under the direct supervision of the tutor or his designee), and
 - v) completion of the program within 12 months, and
 - vi) Obtain certification by the tutor that all of the above elements have been satisfactorily completed by the applicant, that the applicant has demonstrated satisfactory technical and medical competence in managing the serious Cardiovascular complications arising from the tutored procedures, and the trainee is competent to perform the procedures independently.

3. While in the tutorial program, the applicant's privileges will be provisional in the area of the tutorial experience.
4. Upon completion of the tutorial or fellowship, subject to the approval by the Chief of Cardiology and the Chair Dept. of Medicine the applicant will be given provisional privileges, with subsequent supervision, as in Section I.

V. Invasive Privileges

L. Cardiac Catherization and Angiography

1. The general requirements outlined in I-A through H are required for applicants wishing Invasive Privileges in the Cardiology Section.
2. In addition, the applicants will have either:
 - a) Fellowship experience satisfying the characteristics outlined in Task Force III of the Bethesda Conference or,
 - b) Have completed cardiac training before 1986, and be Board Certified in Cardiovascular Diseases, and have ongoing and current expertise in invasive techniques (at least 75 cases in the 18 months prior to granting of Provisional Privileges). Invasive experience more than 18 months prior to application is not considered current, or
 - c) If less than 75 cases in the 18 months prior to application, but more than 10, a refresher course will be required. See Section VII B
 - d) If fewer than 10 cases in the last 18 months, a refresher course will be required. See VII A.
 - e) If no cases in the last 18 months, then not eligible for Invasive Privileges.
3. The provisional member will conform to the policies of the Cardiovascular Section and the Cardiovascular Catheterization Laboratory.
4. The provisional member must observe at least six complete cases performed in the Cath Lab by the Active Staff before performing his/her first case himself.
5. At least the first six cases performed by the provisional member will be performed under the supervision of the Head of the Cath Lab or his designee (who must also be an active medical staff member with invasive privileges) before the applicant may work unsupervised. It is the provisional member's responsibility to arrange for a qualified member of the Cardiology Section. (who must also be an active Cardiology Section member with Invasive Cardiology privileges) to be present during the case requiring supervision. The provisional member is responsible for keeping a log of his supervised cases. The approval of the Head of the Cath Lab must be obtained before the provisional member can work unsupervised.
6. Failure to demonstrate acceptable competence in Cardiovascular Medicine may result in recommendation to reduce privileges or requires further training. Where patient life or safety has been seriously jeopardized, provisional privileges may be immediately suspended or withdrawn on the recommendation of the Section Chief pending further investigation. Appeal from this process is as outlined in the Constitution and Bylaws of the Medical Staff.

VI. Interventional Coronary Privileges

An Interventional Cardiologist uses PCI to treat or change a patient's cardiovascular pathophysiology. An applicant for PCI privileges shall meet the following:

- M. General requirements in I-A through H and II-A pertain for applicants seeking PCI privileges in the Cardiovascular Section.
- B. M.D. candidates must be eligible to sit for the PCI Certification of The American Board of Internal Medicine.
D.O. candidates must be eligible to sit for the Certification of Additional Qualifications in Cardiology of The American Osteopathic Association. The exam must be passed in within 3 attempts over no more than 6 years following completion of training to maintain PCI privileges.
- C. In addition, if an applicant's Interventional Fellowship training was completed after 1/1/95, that fellowship shall include:
 - 1. Satisfactory completion of an additional 12 months of training in an Interventional ACGME (American College of Graduate Medical Education) accredited Cardiology Fellowship, or in an American Osteopathic Association Certified program in PCI. He/she shall have participated in at least 250 PCI procedures, including at least 150 as the primary operator, and
 - 2. A letter from the Fellowship Director attesting the applicant's satisfactory performance and sufficient number of PCI cases as in 1. above, and
 - 3. The documented performance of at least 150 PCI cases in the past 2 years as primary operator.
- D. If Interventional Cardiology Fellowship training was completed prior to 1995, the applicant must provide:
 - 1. Documented performance of at least 150 PCI cases as primary operator in the 2 years just prior to application, and
 - 2. Quality Assurance report from the 2 years prior to application documenting acceptable PCI outcomes and complications, and
 - 3. Letter from each Cath Lab Director where applicant performed PCI attesting to satisfactory PCI performance in Cath Lab.

VII. Peripheral Angiography & Intervention

- A. Any physician wishing unrestricted privileges to perform peripheral angiography and/or interventions must meet the following requirements:
 - 1.
 - a. Be fully privileged to perform cardiac catheterization and coronary angioplasty at JSUMC, and

- b. Have completed a fourth year of cardiovascular fellowship during which time the desired number of procedures were performed: (100) peripheral angiograms, and (50) peripheral angioplasty procedures with greater than 50% performed as primary operator, and
 - c. Have competence attested to by the program director stating that the applicant is adequately trained and should be capable of performing peripheral angioplasty independently, and
 - d. If Peripheral training was completed more than 1 year prior to JSUMC application, the applicant must have performed at least 20 cases as an independent operator in the year prior to application for privileges at JSUMC and,
 - e. The Interventional director must validate that those cases were appropriately selected and performed completely by the applicant or,
- 2.
- a. Be fully privileged to perform cardiac catheterization and coronary angioplasty, at JSUMC, and
 - b. Have attended at least two peripheral angioplasty seminars including one with live case demonstrations, visited a laboratory in which peripheral angioplasty was actively being performed by experienced personnel, and observed at least ten (10) peripheral angioplasty procedures, and
 - c. Have obtained (100) diagnostic peripheral angiograms and 50 peripheral angioplasty procedures performed under the supervision of an experienced peripheral interventionalist (with great than 50% performed as primary peripheral or coronary thrombolytic therapy management), and
 - d. Have performed at least three cases, and have competency in those cases attested to, by the proctor.
- B. Any physician wishing restricted privileges to perform subclavian, iliac, and renal artery angioplasty must meet the following requirements:
1. Be fully privileged to perform cardiac catheterization and PCI at JSUMC, and
 2. Have attended at least two (2) peripheral angioplasty seminars, including one with live demonstrations, visited a laboratory in which peripheral angioplasty was actively being performed and observed at least ten (10) peripheral angioplasty procedures, and
 3. Obtained 100 diagnostic peripheral angiograms and 50 peripheral angioplasty procedures performed under the supervision of a mentor who is an experienced peripheral interventionalist (with greater than 50% performed as primary operator), and
 4. Have experience in ten (10) cases of peripheral thormboylic therapy management, and
 5. Have performed at least three (3) cases proctored by an experienced unrestricted peripheral interventionalist. The proctor must verify that the cases were appropriately selected and satisfactorily completed by the applicant.

(C & D Adopted November 11, 2006)

C. Carotid Angiography

1. The Applicant shall demonstrate and document current Cardiovascular Interventional skills, satisfy all criteria in IA – H and III, and either
2. Be actively performing Carotid Angiography (at least 10 cases in the last 2 years as primary operator), or

3. Document training in Carotid Angiography during fellowship of at least 15 cases, with proficiency verified by fellowship program which was completed within the last 2 years, or
4. In the absence of prior Carotid Angiography training, the Interventionalist shall document attendance at 2 courses reviewing carotid anatomy, physiology, indications and imaging requirements; and document completion of 30 carotid angiograms, including at least 15 as primary operator.

Privileges granted under #2 or 3 above will be provisional, pending the supervision and satisfactory completion of the first 3 cases at JSUMC.

Privileges granted under pp. 4 above will be provisional, pending the supervision and satisfactory completion of the first 5 cases at JSUMC.

D. Carotid Stenting

Credentialing shall require training which satisfies the criteria defined by the Oversight Committee on Carotid Stenting, JSUMC.

VIII. Electrophysiology

- A. The general requirements outlined in I-A through H pertain for applicants wishing Electrophysiology privileges in the Cardiovascular Section, and
- B. The cardiologist has satisfactorily completed an accredited Electrophysiology Fellowship as documented by his program director. The applicant's fellowship experience shall include at least 12 months of training devoted to intracardiac electrophysiology procedures and cardiac arrhythmias in an accredited electrophysiology program. During training the applicant shall have participated in at least 100 Electrophysiology studies in patients with a wide range of supraventricular and ventricular arrhythmias. In the 2 years prior to seeking privileges the applicant must have completed at least 75 Diagnostic Electrophysiology studies. If the applicant seeks privileges in Interventional Electrophysiology procedures, requirements are outlined in D-F below.
- C. The applicant's Electrophysiology experience (Diagnostic EP studies, Ablations, Pacemaker and ICD devices) must extend to within 18 months of his application for privileges (i.e. he/she must have current experience). If no cases performed within 18 months prior to application, privileges cannot be obtained for that procedure in Electrophysiology.
- D. Privileges for Specific EPS procedure requirements: in addition to requirements V A through C above:
 1. For Ablation procedures:
 - a) The applicant requires certification by his EP Program Director of satisfactory competence in Ablation procedures and experience with 75 ablations.
 - b) The applicant must demonstrate subsequent volume of 40 ablations in the two years prior to application for privileges.

- c) Quality assurance report from the 2 years prior to application documenting acceptable Ablation outcomes and complications, and,
- d) Letter from EP Lab Director attesting to satisfactory Ablation performance.
- e) Transseptal Catheter Ablation Procedures (atrial fibrillation, atrial tachycardia, accessory pathways) Any physician wishing unrestricted privileges to perform transseptal catheter ablation procedures must meet the following requirements:
 - i) Be fully privileged to perform electrophysiology studies and catheter ablation procedures at JSUMC.
 - ii) Have completed 12 months of specialty training in an accredited program in Clinical Cardiac Electrophysiology (CCEP) required for admission to the ABIM examination for certification in CCEP after completion of training in Cardiovascular disease. During that training the minimum requirement necessary for competence in catheter ablation are 75 ablations, 50 as the primary operator with a mix of AV nodal reentrant tachycardia, atrial flutter, AV junction ablation, ventricular tachycardia, and at least 20 left sided ablations (10 – 15 retrograde aortic and 5 – 10 transseptal.
 - iii) In the rare instance of a board – eligible or –certified electrophysiologist who desires to learn the techniques required for ablation, mentoring by an electrophysiologist who is trained in ablation should be pursued with a minimum of 75 procedures required.
 - iv) For Electrophysiologist more than 1 year removed from their fellowship documentation of a minimum of 25 ablations (5 transseptal) annually for the two years prior to the year requesting privileging. If transseptal ablations have not been performed over the two years prior to privileging, proctoring for five cases with an electrophysiologist skilled in this technique is required.

2. For Pacemaker Implantation

- a) The applicant requires certification by his EP Program Director of satisfactory competence in pacemaker implantation, understanding of current pacemaker technology and experience with 50 pacemaker implants.
- b) The applicant must demonstrate subsequent volume of 50 pacemaker implants in the 2 years prior to application for privileges.
- c) Quality assurance report from the 2 years prior to application documenting acceptable Permanent Pacemaker Implantation outcomes and complications, and
- d) If an applicant has satisfied all of the criteria above, but has implanted less than 50 pacemakers in the 2 years prior to applying for privileges, then he will require either:
 - i) Supervision for the first 5 cases, as in II. A 5 above; or

- ii) Retraining with a mentor: a physician who is currently Meridian credentialed and actively implanting pacemakers. The retraining must involve participation in at least 25 pacemaker implants (at least 12 as a primary operator) & training must be completed within 1 year. The Mentor or Proctor must then certify whether the trainee is competent to the Chief of the Electrophysiology Services. The EPS Q/A Committee reviews the cases for indication, complications, and length of procedure. All of the information will then be used by the Chief of EPS of recommend whether the trainee is competent to implant Pacemakers.
 - e) An Invasive Cardiologist with “informal training” in pacemaker implantation, not currently implanting pacemakers who wishes to seek credentialing for pacemaker implantation must:
 - i) Take an ACC or NASPE refresher course or equivalent in pacemaker technology, and
 - ii) Participate in performing 50 pacemaker implants (25 as primary operator) under the Director of Electrophysiology Services or his designee (the Mentor). The training must be completed within 1 year. The Mentor must then certify whether the trainee is competent. Selected cases will be reviewed by the EPS Q/A Committee for indication, complications, and length. Upon receipt of this information and at the request of the trainee, the Director of EPS will recommend whether the trainee should be credentialed to the Chief of Cardiology, who will then recommend to the Chief of Medicine. If the recommendation is adverse, it must include the reasons and specific recommendations for remedy.
 - ii) The applicant must submit his plan for retraining to the Director of Electrophysiology for his approval. Approval must be granted by the Director of EP prior to starting the retraining program. Decision regarding the proposed training program must be returned timely, and cannot be unreasonably withheld.
3. For ICD Implantation
- a) The applicant requires certification by his EP Program Director of satisfactorily competence in ICD Implantation and technical knowledge, including experience with at least 25 ICD implants as primary operator.
 - b) The applicant must demonstrate subsequent volume of at least 25 ICD Implantations in the 2 years prior to application for privileges.
 - c) Quality assurance report from the 2 years prior to application documenting acceptable ICD Implantation outcomes and complications, and
 - d) If EPS Fellowship was completed more than 1 year prior to application to JSMC, the applicant must have implanted at least 12 AICD's in the year prior to applying for privileges at Jersey

Shore Medical Center. If he has less than 12 AICD Implants in the prior year, he will require either:

- i. Proctoring for the 1st 5 cases, as in II. A5 above, or
- ii. Retraining with a Mentor: a credentialed physician who is currently actively implanting AICD's. The retraining must involve participation in at least 12 AICD Implants (at least six as primary operator). The retraining must be completed within 1 year. The Mentor or Proctor must then certify whether the trainee is competent to the Chief of the Electrophysiology Services. The EPS Q/A Committee reviews the cases for indication, complications, and length of procedure. All of the information will then be used by the Chief of EPS to recommend whether the trainee is competent to implant AICD's. This report will be forwarded to the Chief of Cardiology and thence to the Chief of Medicine for appropriate action. If the recommendation is adverse, it must include the reasons.

4. Robot Assisted Procedures

Applicant requires satisfactory completion of Level II Hansen training for the Hansen robot. If that training is more than 1 year prior to applying for privileges at JSUMC, applicant must document satisfactory completion, outcomes, and complications of at least 6 cases as primary operator using the robot within the 12 months prior to completion of application.

5. Lead Extraction

- a) Applicant requires verification of competency in this skill from his/her program director, and
- b) Applicant has performed at least 40 lead extractions as primary operator under the direct supervision of a qualified training physician. See Wickoff et al: Transvenous Lead Extraction: Expert Consensus: May 2009: [HRSONline.org/policy/clinical guidelines](http://HRSONline.org/policy/clinical_guidelines).
- c) If applicant is more than 1 year out of Electrophysiology Fellowship, in addition to a) and b), he/she shall have performed at least 20 lead extractions with satisfactory outcomes and complications within the 12 months prior to application.

6. Supervision

Initial supervision will be by Meridian Physicians and Surgeons currently credentialed to perform the procedure. Physician may not supervise himself. The Proctor will then report to the Director of EP as to the physician's competence. These initial cases will also be revised by the EP Q/A Committee for indication, complication, and length of procedure. All of this information will be used by the Director of EP to recommend whether supervision of an individual may cease, or whether other measures (and what specific measures) are needed to protect patient safety and assess competence. This report will be forwarded to the Chief of Cardiology and thence to the Chief of Medicine for appropriate action. Supervision will be under the direction of the Head of the Cath Lab or his designee. It is the provisional member's responsibility to arrange for a qualified member of the Cardiology Section.

(who must also be an active Cardiology Section member with Electrophysiology privileges) to be present during the case requiring supervision. The provisional member is responsible for keeping a log of his supervised cases. The approval of the Head of the Cath Lab must be obtained before the provisional member can work unsupervised.

IX. Transesophageal Echocardiogram

Those physicians wishing privileges to perform Transesophageal Echocardiography (TEE) should:

- a) Have received adequate training in the course of their three year fellowship in Cardiology, and
- b) Have their competence attested to by their Fellowship Program Director, and
- c) If Fellowship ended more than 18 months prior to application have documented current proficiency in TEE. If no procedures have been performed in the 18 months prior to application, the applicant will not be deemed to have current proficiency.

X. Nuclear Privileges

1. The general requirements outlined in IA through H are required for applicants wishing privileges in Nuclear Cardiology who apply after 1/1/06.
2. In addition, the applicant will have:
 - a) completed a 1 year fellowship in Nuclear Cardiology, and competence attested to by the Program Director for Nuclear Cardiology, or
 - b) completed at least 4 months of training in Nuclear Cardiology meeting at least COCHATS2 standards during a cardiology fellowship and competence attested to by the Program Director, or
 - c) Board Certification in Nuclear Cardiology (or Board eligible but within 2 years of completing training), or
 - d) a current certification by the CBNC (Certification Board in Nuclear Cardiology) and
 - e) demonstrate current proficiency in Nuclear Cardiology to include performing and interpreting at least 300 cases in the 2 years prior to application. For proficiency obtained after formal training, attestation of competence by the Director of the Nuclear Lab where the cardiac tests were performed is required.
3. The applicant will be under the supervision of the Director of Nuclear Cardiology or his designee. The Director will judge when supervision is no longer needed and report this to the Chief of Cardiology.
4. Applicants suitably qualified will initially be granted Provisional privileges in Nuclear Cardiology. Promotion to Active Staff in Nuclear Cardiology will require the recommendation of the Chief of Cardiology and the Chair Department of Medicine as per the usual JSUMC Rules and Regulations.

Recommendation for promotion from Provisional status will also require certification by the CBNC. Provisional status cannot be continued for longer than 3 years.

5. Maintenance of privileges in Nuclear Cardiology will follow general ICANL (Intersociety Committee for Accreditation of Nuclear Laboratories) guidelines. Note that this requires at least 15 hours of Category I documented Credits related to Nuclear Cardiology every 3 years.

XI Advanced Cardiac Imaging

A. Computed Tomography (CT)

1. In addition to requirements I A-H, credentialing in Cardiac CT in the Cardiology Section requires completion of at least COCATS Level 2 cardiology training* (see JACC 47, 2006 Task Force 12, p.915-917.
*At least 2 months of training; interpretation of at least 50 non-contrast and 150 contrast studies, the trainee being present for at least 35 of the cases; the trainee's training overseen and competence attested to by a Level 2 or 3 mentor.
2. Recredentialing. Recredentialing in CT requires at least 15 hours/year of CME dedicated to CT and interpretation of at least 30 cases per year or Board Certification in Cardiac CT.

B. Magnetic Resonance Imaging (MR)

1. In addition to requirements I A-H, credentialing in Cardiac Magnetic Resonance Imaging in the Cardiology Section requires completion of at least COCATS level 2 cardiology training** (see JACC 47. 2006 Task Force 12, p.910-913).
** At least 3 months of dedicated MR training under the mentoring of a Level 2 or higher trained physician; at least 150 cases of mentored interpretation. No more than 75 of the 150 cases may be from texts, CME, on-line material, teaching files, journals, etc. In at least 50 of the 150 cases, the trainee must be the primary operator/interpreter.
2. Recredentialing in MR requires at least 15 hours/year of CME dedicated to MR and interpretation of at least 15 cases per year or Board Certification in MR.

XII Health Professional Affiliates

Health Professional Affiliates may provide care within the scope of their license and skill under the supervision of members of the Section in accordance with the Bylaws. See appendix.

Rules and Regulations

Subject: Granting of Privileges

Approved by Cardiology Section, and Adopted September 24, 2009

J.G. Boak, MD, FACC
Chief Cardiology Section

Date

E. Frank, MD
Chair Dept. of Medicine

Date