

**General Information**

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on [www.methodistmd.org](http://www.methodistmd.org)

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

**\*Definition of a preceptor:** Provider who has clinical privileges or device representative.

**Evaluating Current Clinical Competence at time of Reappointment:**

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.

**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<b>Cardiology Core</b>	<p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine AND subspecialty certification in Cardiology</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine AND completion of an ACGME or AOA accredited post-graduate training program in Cardiology AND board certification within 5 years of completion.</p> <p><b><u>In order for Moderate Procedural Sedation to be a Cardiology Core privilege, the applicant must:</u></b>  <u>Provide her/his Program Director's verification of successful performance of, and clinical competency in providing moderate procedural sedation</u></p> <p><b><u>AND</u></b></p> <p><u>Successfully complete the MLH Cornerstone module Moderate Sedation For Non-Anesthesia Staff</u></p> <p><b><u>OR</u></b></p> <p><u>Cardiologists who currently hold the Moderate Procedural Sedation privilege and successfully met the maintenance requirement for this privilege during their previous credentialing cycle are eligible to have moderate procedural sedation added as a core Cardiology privilege.</u></p>	<p>Case logs and procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>FPPE: First 5 cases</p>
<b>Cardiac MRI</b>	<p>1. If CMR training was completed &lt; 2 years prior to application for privileges: A letter from the fellowship program director or MRI lab director documenting satisfactory completion of Level 2 or level 3 COCATS 4 cardiac MRI training is obtained.</p> <p><b>OR</b></p> <p>2. If CMR training was completed 2 or more years prior to the time of application for privileges and the physician has been performing the procedure/interpretation at a facility outside the MLH system: A letter from the external facility's MRI laboratory director attesting to the successful interpretation of at least 30 CMR studies over the previous two years is obtained.</p>	<p>1. If CMR training was completed &lt; 2 years prior to application for privileges: Case log or hard copy report documentation of at least 150 mentored CMR interpretations (mentor must have been a level 2 or 3 qualified CMR physician) and documentation of involvement in the performance of at least 50 CMR studies.</p> <p><b>OR</b></p> <p>2. If CMR training was completed 2 or more years prior to the time of application for privileges: Case log or hard copy report documentation of interpretation of at least 20 CMR studies performed in the previous 24 months.</p>	<p>FPPE: First 5 cases</p> <p>Case log of at least 20 CMR studies over the past 24 months.</p>

## Delineation of Clinical Privileges Specialty of Cardiology - Adult

### Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
CCTA	<p>CBCCT Board Certification and documentation of continuing education: 6 hours category I CME relevant to CCTA in the previous two year period.</p> <p>Or</p> <p>Completion of a SCCT sponsored or endorsed Level 2 or Level 3 CCT (CCTA) training course with documentation or letter from course director.</p> <p>Or</p> <p>Completion of an ACGME or AOA approved postgraduate training program in Cardiology that included cardiac CT angiography including education in cardiac anatomy, physiology, pathology and cardiac CT imaging for a time equivalent to at least 20 hours of CME</p> <p>If credentialed to read CCTA, then you will receive Calcium Score privileges</p>	<p>If CBCCT Board Certified, submission of a case log documenting 20 contrast CCT exams interpreted within the previous 24 months, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file.</p> <p>Or</p> <p>If completing a SCCT sponsored or endorsed Level 2 or Level 3 CCT (CCTA) training course, submission of a case log documenting 50 contrast CCT exams interpreted during training, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file.</p> <p>Or</p> <p>If completing an ACGME or AOA approved postgraduate training program in Cardiology that included cardiac CT angiography documentation indicating interpretation, reporting, and or supervised review of at least 150 cardiac CT examinations (in which 50 cases the physician is physically involved in the acquisition and interpretation of the case) excluding coronary artery calcium scanning</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting 20 contrast CCT exams interpreted within the previous 24 months, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file. <u>Documentation of continuing education: 6 hours category I CME relevant to CCTA per 2 year period.</u></p>
<i>Stress Echo (Dobutamine Stress Echo and Treadmill Echo)</i>	<p>Must currently have or be concurrently applying for Trans Thoracic Echocardiogram privilege</p> <p><b>AND</b></p> <p>1. If cardiology training was completed less than 2 years prior to the time of application for the privilege: A letter from the cardiology training program director or echocardiography lab director documenting successful performance and interpretation of at least 100 stress echocardiograms must be provided.</p> <p><b>OR</b></p> <p>2. If cardiology training was completed 2 or more years prior to the time of application for privileges: A letter from the director of echocardiography at a current or previous echocardiography laboratory attesting to the applicant's successful performance and interpretation of at least 50 studies over the previous 2 years.</p>	<p>Must currently have or be concurrently applying for Trans Thoracic Echocardiogram</p> <p><b>AND</b></p> <p>1. If cardiology training was completed less than 2 years prior to the time of application for the privilege: Case log or hard copy reports of performance and interpretation of 25 stress echocardiograms.</p> <p><b>OR</b></p> <p>2. If cardiology training was completed 2 or more years prior to the time of application for privileges: Case log or hard copy reports of performance and interpretation of 25 Stress Echocardiograms</p>	<p>FPPE: First 5 cases</p> <p>Case log of at least 10 stress echocardiograms over the past 24 months.</p> <p><b>AND</b></p> <p>Maintain TTE privileges</p>
<i>Trans Thoracic Echocardiogram (TTE)</i>	<p>1. If cardiology fellowship training was completed &lt; 2 years prior to application for the privilege:</p> <p><b>Either</b></p> <p>A letter from the fellowship program director or echocardiography lab director documenting satisfactory completion of a minimum of 6 months of COCATS level 2 echocardiography training during</p>	<p>1. If cardiology fellowship training was completed &lt; 2 years prior to application for the privilege: Case log or hard copy report of at least 300 successfully mentored TTE interpretations during training</p> <p><b>OR</b></p>	<p>FPPE: First 3 cases</p> <p>Case log of at least 200 TTE interpretations over the past 24 months</p>

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
	<p>fellowship is obtained <b>Or</b> National Board of Echocardiography (NBE) certification in TTE</p> <p><b>OR</b></p> <p>2. If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician.</p> <p><b>Either</b> A letter from the facility's director of echocardiography attesting to the successful interpretation of at least 300 studies during the previous 24 months. <b>Or</b> National Board of Echocardiography (NBE) certification in TTE</p>	<p>2. If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation: Case log or hard copy report of at least 300 TTE interpretations over the previous 36 months</p>	<p>In adult MLH echo laboratories that have achieved IAC accreditation, physicians who interpret more than 10 studies per year performed in that laboratory, are required to meet the minimum annual attendance requirements for IAC quality meetings.</p>

**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Trans Esophageal Echocardiogram (TEE)</i>	<p>1. If cardiology fellowship training was completed &lt; 2 years prior to application for the privilege:</p> <p><b>Either</b> A letter from the fellowship program director or echocardiography lab director documenting satisfactory completion of COCATS level 2 echocardiography training during fellowship was obtained that also included at least 50 successfully mentored TEE's.</p> <p><b>Or</b> National Board of Echocardiography (NBE) certification in TEE (testamur status is insufficient).</p> <p><b>OR</b></p> <p>2. If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation:</p> <p><b>Either</b> A letter from the facility's director of echocardiography attesting to the successful interpretation of at least 50 studies during the previous 24 months.</p> <p><b>OR</b></p> <p>A case log or hard copy reports of 50 TEE's within the previous 24 months prior to application</p>	<p>1. If cardiology fellowship training was completed &lt; 2 years prior to application for the privilege: Case log or hard copy report of 50 successfully mentored TEEs during training.</p> <p><b>OR</b></p> <p>2. If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation: Case log or hard copy report of 50 TEEs within the previous 36 months.</p> <p><b>Special Circumstance Exemption:</b> Initial applicants who recently completed 1 or 2 contiguous years of additional cardiology training beyond general cardiology fellowship are eligible for special circumstance credentialing criteria: - Applicants must meet all criteria required for initial applicant whose general cardiology training was completed &lt; 2 years prior to the time of application. -If the applicant performed at least 50 TEE's during general cardiology fellowship, but cannot document 50 over the course of the last 3 years prior to their application, they are eligible for mentored TEE credentialing. - The medical director of the laboratory or their designee and the applicant will be responsible for documenting the mentored performance of at least 10 TEE prior to the granting of unrestricted TEE privileges. At the director's discretion, additional mentored studies may be required.</p>	<p>FPPE: First 3 cases</p> <p><b>OR</b></p> <p>5 mentored studies at medical director discretion for those applying under special circumstance.</p> <p>For Adult Cardiology Practitioners: Case log documenting 10 procedures within the previous 24 months</p>
<b>Invasive Cardiology Core</b>		<p>Procedure list from primary practice facility for the previous 12-month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	FPPE: First 5 Cardiac Cath cases
<b>Interventional Cardiology Core</b>	<p>Completion of an additional one year program in interventional cardiology.</p> <p>A. For applicants who completed subspecialty training after January 1, 1995 requires program in interventional cardiology documented/certified by the training institution through its Chief of Cardiology or Director of Training Program or subspecialty certification.</p> <p>B. For applicants who completed subspecialty training before January 1, 1995 requires documentation of performance of</p>	<p>Procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>FPPE: First 5 PTCA cases</p> <p>50 cases every two years</p>

[illegible]

**Delineation of Clinical Privileges  
Specialty of Cardiology - Adult**

**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<b>Clinical Cardiac Electrophysiology Core</b>	Must maintain both Cardiology and Invasive Cardiology Core privileges.  Documentation of successful completion of an accredited training program in CCEP.	Case log documenting the performance of at least 150 intracardiac procedures, 50 primary permanent pacemaker implantations, 20 pacemaker system revisions or replacements, 100 pacemaker follow up visits, 25 primary ICD implantations, 10 ICD revisions or replacements, and a minimum of 50 ICD follow up visits Case log documenting 100 procedures within the previous 24 months	FPPE: First 5 AICD cases, and First 5 RFA cases  Case log documenting 100 intracardiac procedures over previous 24 months
<i>AF Ablation</i>	Must maintain CCEP Core privileges. Demonstrate completion of training in the difference in technique of AF Ablations,  If fellowship training included AF Ablations, demonstrate competency by training director recommendation.  If not trained during fellowship, current practicing electrophysiologists—should provide documentation of special training course in AF ablations. <b>Or</b> Observation/preceptee of 5 AF ablation cases.	Case log documenting 30 successful ablations for AF during fellowship.  If not trained during fellowship, current practicing electrophysiologists will provide 5 concurrently proctored AF ablations with successful outcomes.	FPPE: first 5 procedures  Case log documenting 10 successful AF ablations over the previous 24 months.
<i>Left Atrial Appendage Closure (LAAC) Device Placement (Watchman, Amplatzer Amulet)</i>	Maintain current clinical privileges in Clinical Cardiac Electrophysiology Core or Interventional Cardiology Core,  <b>And</b> Successful completion of didactic and laboratory training in LAA Closure device as documented by a certificate of completion from an approved training program such as Boston Scientific and/or Abbott Structural Heart program.	Certificate validating successful completion of Watchman training program or Abbott Structural Heart program  <b>And</b> Case log documenting 25 interventional cardiology procedures involving transseptal puncture through an intact septum with at least 10 of the 25 procedures being performed within the most recent 12 months.  <b>And</b> Two (2) successfully proctored cases as evidenced by proctor evaluation forms  <b>OR</b> Case log documenting performance of 25 interventional cardiology procedures that involve transseptal puncture through an intact septum, 12 of which were LAAC placements performed within the past 24 months.	FPPE: first 5 procedures  Case log documenting 12 LAAC (Watchman and/or Amplatzer Amulet) placements performed within the past 24 months per device available at specific MLH hospital

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Specialty of Cardiology - Adult**

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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Leadless Pacemaker</i>	Maintain Clinical Cardiac Electrophysiology Core privileges	Certificate validating successful completion of Medtronic Implantation didactic and hands-on procedural training program	FPPE: First case  Case log documenting the performance of 2 cases within the previous 24 months.
<i>-Lead Extraction</i>	Maintain Clinical Cardiac Electrophysiology Core privileges  If fellowship training included laser lead extractions, provide training director recommendation.  <b>Or</b> If not trained in laser lead extraction during fellowship, provide certificate documenting completion of didactic and laboratory training course in laser lead extraction.	If CCEP Fellowship was completed in the last 12 months, provide a case log of 30 lead extractions as primary operator under the direct supervision of a qualified physician.  <b>Or</b> If applying as an initial applicant with laser lead extraction experience at an external facility, provide a case log of 20 cases in the previous 12 months.  <b>Or</b> If the applicant cannot provide the number of cases from fellowship or current practice as indicated above, five (5) successfully proctored cases as evidenced by proctor evaluation forms.	FPPE: First 5 cases  Case log documenting the performance of at least 10 leads over the previous 24 months
<i>Permanent Pacemaker</i>  <b>As of Board approval on 4/15/2020, this special privilege is no longer available to new applicants. Non EP Cardiologists who were granted the privilege prior to 4/15/2020 may maintain the privilege if they meet the maintenance requirement.</b>	For those cardiology trainees who elect to obtain proficiency in the surgical aspects of transvenous bradycardia device implantation (pacemakers), previous or concurrent Level 2 training is required. The pacemaker implantation training includes: <ul style="list-style-type: none"> <li>- developing expertise in permanent atrial &amp; ventricular lead placement</li> <li>- threshold testing and programming of devices</li> <li>- principals of surgical asepsis</li> <li>- surgical techniques of implantation and management of implant-related complications.</li> </ul> Individuals receiving qualifying training in pacemaker implantation are required to participate as the primary operator (under direct supervision) in at least: <ul style="list-style-type: none"> <li>- 50 primary implantations of transvenous pacemakers</li> <li>- 20 pacemaker system revisions or replacements.</li> <li>- At least half of the implantations involve dual chamber pacemakers.</li> </ul> The trainee also participates in the follow-up of at least 100 pacemaker patient visits and is expected to acquire proficiency in advanced pacemaker electrocardiography, interrogation and programming of complex pacemakers.  Level 2 training (6 months) with the option of training in pacemaker implantation (6 months) requires a total of one year of	Case log documenting 50 primary implantations of transvenous pacemakers and 20 pacemaker system revisions or replacements. At least half of the implantations should involve dual chamber pacemakers.	FPPE: First 5 cases  Case log documenting 20 procedures within the previous 24 months

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	advanced training beyond the cardiology core Level 1. This may be obtained within a 3 year cardiology program if 1 of the 3 years is dedicated to acquiring pacemaker implantation skills plus related management and follow up skills. This training does not meet the ABIM requirements for admission to the CCEP Examination.		

**Delineation of Clinical Privileges  
Specialty of Cardiology - Adult**

**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

<b>Privilege</b>	<b>Initial Application: Required Education or Training</b>	<b>Initial Application: Current Clinical Competence:</b>	<b>Reappointment: Retrospective review of cases performed at MLH facility (FPPE)</b>
Structural Heart Core	Maintain current clinical privileges in Interventional Cardiology  <b>AND</b>  Documentation of successful completion of a one year Structural Heart fellowship	Case log of: <ul style="list-style-type: none"> <li>15 valvuloplasties -any combination of mitral, aortic, pulmonary and tricuspid,</li> <li>15 percutaneous valve replacements – any combination of aortic, mitral, and tricuspid valves (specifically excluding pulmonary transcatheter valve replacement),</li> <li>5 ASD, PFO, PDA, AVM or VSD closures <b>OR</b> documentation of successful completion of a Congenital heart fellowship</li> </ul>	FPPE: Total of 5 cases to include: <ul style="list-style-type: none"> <li>First 2 valvuloplasties,</li> <li>First 2 percutaneous valve replacements</li> <li>First ASD, PFO, PDA, AAVM or VSD closure.</li> </ul> Case log of 10 valvuloplasties and percutaneous valve replacements (any combination) within the previous 24 months
<i>Chemical or electrical ablation for structural heart disease</i> (Structural Heart Core only)	Maintain current clinical Structural Heart privileges	Case log of 10 chemical or electrical ablations for structural heart disease	Maintain Structural Core Privileges
<i>Paravalvular leak closure</i> (Structural Heart Core only)	Maintain current clinical Structural Heart privileges	Case log of 5 paravalvular leak closures	FPPE: First 3 cases  Maintain Structural Core Privileges
<i>Carotid filter placement prior to TAVR procedure</i> (Structural Heart Core only)	Maintain current clinical Advanced Aortic Trans Catheter Valve Placement privileges and Structural Heart privileges <b>AND</b> Validation of successful completion of training program as documented by a Certificate of Completion from Edwards LifeSciences or other carotid filter vendor.	Case log of 2 successful carotid filter placements  <b>OR</b>  2 successfully proctored cases as evidenced by proctor evaluation forms	FPPE: First 2 cases  Maintain Structural Core Privileges
<i>Percutaneous Mitral / Tricuspid Valve Device-based Repair</i>	Maintain current clinical privileges in Interventional Cardiology  <b>AND</b>  <b>For applicants who have MLH privileges as of 8/15/2018:</b> EITHER  Documentation of successful completion of a one year Structural Heart fellowship  OR  Letter from training director that percutaneous mitral valve device-based repair training was included in the Interventional Cardiology fellowship program  OR	If applicant is experienced in percutaneous mitral valve or Tricuspid device-based repair: Provide a case log of 6 cases performed in the past 12 months.  <b>OR</b>  Certificate validating successful completion of percutaneous mitral valve or Tricuspid device-based repair training program  <b>AND</b>  Five (5) successfully proctored cases as evidenced by proctor evaluation forms	FPPE: First 5 cases  Case log of at least 12 cases of percutaneous mitral valve or Tricuspid device-based repair in the past 24 months.

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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
	<p>If percutaneous mitral valve device-based repair training was not part of Interventional Cardiology fellowship program, then successful completion of an acceptable training program as evidenced by Certificate of Completion.</p> <p><b>For applicants who are granted MLH privileges after 8/15/2018:</b> Documentation of successful completion of a one year Structural Heart fellowship</p>		
<i>Percutaneous Pulmonary valve replacement</i> (Structural Heart Core only)	Maintain current clinical Structural Heart privileges	Case log of 5 successful percutaneous pulmonary valve replacements	FPPE: First 2 cases  Maintain Structural Core Privileges
<i>Impella Percutaneous Cardiac Support System for Right or Left Heart support</i> (Interventional Core)	Maintain current clinical Structural Heart privileges	Case log of 2 successful insertions of Impella for right heart support.	

## **Core Privileges**

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The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

### **Cardiology Core**

Admit, evaluate, diagnose, treat and provide consultation to patients 18 and above presenting with diseases of the heart, lungs, and blood vessels. Manage complex cardiac conditions such as heart attacks, and life threatening abnormal heartbeat rhythms.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

#### **Privileges include but are not limited to:**

- Internal Medicine Core
- Cardioversion
- Insertion and management of pulmonary artery catheters
- Pericardiocentesis
- Holter monitor interpretation
- Arterial line placement
- Chest tube placement
- Infusion and management of (GP) glycoprotein iib/iiia inhibitor
- Intravenous thrombolytic therapy
- Loop Recorder Implantation
- EKG-treadmill stress test supervision and interpretation
- Tilt Table Testing
- Moderate Procedural Sedation (when criteria are met)

## **Additional Core Privileges:**

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The physician requesting an additional core privilege must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

## **Invasive Cardiology Core**

### **Privileges include but are not limited to:**

- Cardiology Core
- Angiographic injections and interpretation
- Cardiac catheterization – Left and right heart catheterization
- Exercise right heart Cath
- Coronary and ventricular angiography
- Graft angiography
- Peripheral angiography
- Intra-aortic balloon pump insertion
- Pericardiocentesis
- Temporary Transvenous pacemaker insertion
- Myocardial biopsies

## Interventional Cardiology Core

Admit, evaluate, treat and provide consultation to patients of all ages except as specifically excluded from practice with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and technical procedures and medications to treat abnormalities that impair the function of the heart. Care of patients in the cardiac care units, emergency department or other intensive care units.

***The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.***

- Cardiology Core
- Invasive Cardiology Core
- Angiojet thrombectomy
- Atherectomy (Rotablator and Directional Cutting) for coronary arteries or grafts.
- Brachytherapy
- EkoSonic System (EKOS)
- Manual & Mechanical
- PTCA
- Stent implant
- Impella RP
- IVUS (intravascular ultrasound)
- **Impella® Percutaneous Cardiac Support System:** Device is to be used in accordance with the following patient selection criteria:
  - Elective use in high risk PCI cases
  - Emergent use in AMI, STEMI, viral myocarditis and cardiogenic shock patient
  - Chronic heart disease class III & IV

***All cases will be retrospectively reviewed***

**Peripheral Interventional Procedures:** Silverhawk Atherectomy Catheter, Spectranetics Turbo Catheter, and Diamondback Catheter, IVC Filter placement

## Clinical Cardiac Electrophysiology Core

Admit, evaluate, treat and provide consultation to acute and chronically ill patients, with a variety of heart rhythm disorders; including but not limited to sinus node dysfunction, atrioventricular (AV) and intraventricular block, supraventricular and ventricular tachyarrhythmia; clinical conditions of unexplained syncope, aborted sudden cardiac death, palpitations, Wolff-Parkinson-White (WPW) syndrome, and long QT syndrome, care of patients in the cardiac care unit, emergency room, intensive care or other invasive settings; before and after an electrophysiological procedure; with temporary and permanent pacemakers; with postoperative arrhythmias and care of patients with ICDs

*The core privileges in this specialty include the procedures listed below:*

- Internal Medicine Core
- Cardiology Core
- Invasive Cardiology Core
- Signal average ECG
- Ablations, transcatheter radiofrequency (SVT, VT, AVN)
- AICD/PCD implantation
- Diagnostic electrophysiology studies
- Implantation of left ventricular leads
- ICE - Intracardiac Echocardiography
- Intraoperative ICD testing
- Intraoperative mapping
- Permanent pacemaker insertion
- Tilt table testing
- Cryoablation

**Adult Congenital Heart Disease Core**

Admit, evaluate, diagnose, treat, and provide comprehensive care to adolescents and adults presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels.

Assess, stabilize, and determine disposition of congenital heart patients with emergency conditions.

***Privileges include but are not limited to:***

- Cardiology core or Pediatric Cardiology core
- Electrocardiography interpretation
- Echocardiography interpretation
- Cardioversion
- Care of critically ill patients with congenital and acquired heart disease in the special care units
- Cardiac monitoring interpretation
- Exercise testing supervision and interpretation

**Structural Heart Core**

Admit, evaluate, diagnose, treat, and provide comprehensive care to adolescents and adults presenting with structural heart conditions.

Assess, stabilize, and determine disposition of structural heart patients with emergency conditions.

***The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills:***

- Valvuloplasty (Mitral, aortic, pulmonary, and tricuspid)
- Percutaneous valve replacement - aortic, mitral, tricuspid-excluding pulmonary transcatheter valve replacement.
- Transcaval access and closure
- Caval valve implantation
- Use of ICE catheter
- ASD, PFO, PDA, AVM and VSD closures
- Pericardial interventions

## **Special Privileges:**

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

### **CCTA**

Privilege includes all aspects of examination performance and interpretation.  
Privileges are limited to adult hospitals.

This includes but is not limited to:

- scanning parameters
- reconstructed images
- beta blocker administration
- nitroglycerine administration
- contrast reaction treatment

### **Nuclear Cardiology**

Nuclear cardiology involves evaluation and diagnosis of acutely and chronically ill patients presenting with confirmed or suspected cardiovascular disease. Criteria stated below are specific to cardiologists practicing in adult hospitals and for adult patients. Nuclear cardiology privileges are to supervise and interpret cardiac nuclear studies on patients with confirmed or suspected cardiovascular disease.

Procedures include:

- SPECT with technetium agents and thallium
- Planar with technetium agents and thallium
- ECG gating of perfusion images for assessment of global and regional ventricular function (imaging protocols and stress protocols)
- Viability assessment, including reinjection and delayed imaging of thallium and metabolic imaging where available

### **Moderate Sedation Administration**

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification

### **Carotid Stents**

Requires Separate DOP, ACLS, NRP or PALS certification

## **Interventional Cardiology Core Special Procedures:** **Inari, EKOS, CardioMems**

Board approved: March, 2011

Revised: 10/19/11, 6/17/13, 1/15/14, 4/16/14, 8/17/16, 12/20/17, 1/25/18, 2/21/18, 7/18/18, 8/15/18, 9/19/18, 10/17/18, 12/19/18, 2/20/19, 5/15/19, 7/17/19, 8/21/19, 9/18/19, 11/20/19, 4/15/20, 10/21/20, 1/20/2021, 2/17/2021, 7/21/2021, 06/15/2022, 2/15/23, 2/21/24, 10/23/25

**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

## Cardiology Clinical Privileges

*Check below the particular privileges desired in Cardiology for each facility:*

**Please check (✓) applicable age categories for each privilege requested.**

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Cardiology Core					
Invasive Cardiology Core					
Interventional Cardiology Core					
Peripheral Interventional Procedures					
Clinical Cardiac Electrophysiology Core					
Clinical Pediatric/Congenital Cardiac Electrophysiology Core					
Structural Heart Core					
<b>Special Privileges</b>					
AF Ablations (CCEP Core only)					
CCTA					
Laser Lead Extraction (CCEP Core only)					
Leadless Pacemaker					
Nuclear Cardiology					
Permanent Pacemaker – as of 4/15/2020 this privilege is not available for new applicants					
Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above unless noted otherwise)	Adults & Adolescents (13 & Above unless noted otherwise)
<b>Special Privileges (continued)</b>					

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Stress Echo (Dobutamine and Treadmill) (Cardiology Core)					
TEE (Cardiology Core)					
Trans Thoracic Echocardiogram (TTE) (Cardiology Core)					
Cardiac MRI (Cardiology Core)					
CCTA (Cardiology Core)					
Left Atrial Appendage Closure (LAAC) Device Placement (Watchman, Amplatzer Amulet) (CCEP)					
Leadless Pacemaker (CCEP)					
Lead Extraction (CCEP)					
Permanent Pacemaker (CCEP)					
AF Ablation (CCEP)					
Percutaneous Mitral/Tricuspid Valve Device-based Repair (Structural Heart Core)					
Chemical or electrical ablation for structural heart disease (Structural Heart Core only)					
Paravalvular leak closure (Structural Heart Core only)					
Carotid filter placement prior to TAVR procedure (Structural Heart Core only)					
Percutaneous Pulmonary valve replacement (Structural Heart Core only)					
Impella Percutaneous Cardiac Support System for Right or Left Heart support (Interventional Core only)					
Inari (interventional cardiology core)					
EKOS (interventional cardiology core)					
CardioMems (interventional cardiology core)					
Peripheral Venous Intervention (Peripheral Interventional)					
Robotic surgery					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.				

**Note: Privileges for administration of moderate sedation and carotid stent placement require completion of a separate Delineation of Privilege form.**

**Acknowledgement of practitioner**

Board approved: March, 2011

Revised: 10/19/11, 6/17/13, 1/15/14, 4/16/14, 8/17/16, 12/20/17, 1/25/18, 2/21/18, 7/18/18, 8/15/18, 9/19/18, 10/17/18, 12/19/18, 2/20/19, 5/15/19, 7/17/19, 8/21/19, 9/18/19, 11/20/19, 4/15/20, 10/21/20, 1/20/2021, 7/21/2021, 06/15/2022, 2/15/23, 2/21/24, 10/23/25

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I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by facility 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name