



## Endovascular Supplement

**Kettering Medical Center  
Kettering Memorial Hospital/Sycamore Hospital**

### Clinical Privileges Profile

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

#### QUALIFICATIONS FOR ENDOVASCULAR PRIVILEGES

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***To be eligible to apply for core privileges in diagnostic radiology, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency and/or fellowship in either Cardiovascular-Thoracic Surgery, Interventional Cardiology, Interventional Radiology or Vascular Surgery.

#### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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If desired, noncore privileges are requested individually in addition to requesting the core or other privileges as outlined on the privilege profile for each respective specialty. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

#### ENDOASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM

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These privileges refer to the performance angiography and endovascular graft repair of patients with aortic aneurysm or occlusive disease. Current devices for aortic aneurysm exclusion by Endografts require both **Surgical and Peripheral Vascular Interventions** credentials. It is necessary for the physician of record to assure that individuals with both skills and requisite credentials are present to perform and/or assist in placing aortic endografts.

Minimum requirements for aortic endografting should include a team approach of two physicians meeting the criteria defined below using fluoroscopic imaging, equipment, and personnel as outlined below

#### CRITERIA FOR PHYSICIAN TRAINING

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**Non-Surgeons with Peripheral Vascular Interventions credentials** must complete an Endovascular Stent Graft training Course(s) provided by the manufacturer and satisfy their minimum proctoring requirements. Surgical consultation/evaluation is **mandatory** prior to case scheduling. Unrestricted privileges can be granted after five (5) cases have been reviewed by the Endovascular Sub Committee of the Credentials committee.

**Surgeons with Peripheral Vascular Interventions credentials must complete an Endovascular Stent Graft training Course(s)** provided by the manufacturer and satisfy their minimum proctoring requirements. Unrestricted privileges can be granted after five (5) cases have been reviewed by the Endovascular Sub Committee of the Credentials committee.

**Surgeons lacking Peripheral Vascular Interventions credentials must have a Aortic Endografting credentialed** physician assisting him or her with the Endograft placement.

|                                      |              |
|--------------------------------------|--------------|
| Approved: Endovascular Sub-committee | May 5, 2005  |
| Credentials Committee                | May 9, 2005  |
| Medical Executive Committee          | May 17, 2005 |
| Board                                | May 24, 2005 |

## □ Requested

### ENDOASCULAR DIAGNOSTIC ANGIOGRAPHY

These privileges refer to the performance and interpretation of both the carotid and peripheral angiography.

#### Application for privileges requirements:

1. Applicants for this procedure must be Board certified or eligible by an appropriate ABMS or AOA approved board, AND
2. Applicants for this procedure must have specific procedural education and training OR experience obtained through one of the following:
  - a. Qualification by Education and Training
    - i. Documented successful completion of an appropriate (ACGME accredited) fellowship training program, for which a case log must be supplied at the time of application for privileges and a letter from the program director attesting to the number of procedures performed and demonstrated clinical competence; and
    - ii. If more than two years out of the fellowship training, documentation of 12 hours of Category 1 CME specific to Diagnostic Angiography within the last two years and submission of 25 de-identified operative notes.

OR

- b. Qualification by Experience
  - i. An applicant may qualify by having previous experience in diagnostic angiography with acceptable, demonstrable complication and success rates as per national standards and/or as per standards as deemed acceptable and applicable by the Endovascular Subcommittee (ESC) and documented completion within the last 2 years of an Endovascular Sub-Committee (ESC) approved CME course dedicated to diagnostic angiography.
  - ii. The applicant must have been the primary operator in a minimum of 25 cases successfully conducted diagnostic angiograms from outside institutions and must submit a comprehensive and sequential case log must at the time of application for privileges.

#### Requirements for continued privileges:

1. All practitioners must participate in peer review activities as requested by EQC.
2. Once granted privileges, the practitioner must be able to demonstrate maintenance of competence by evidence of the performance of at least 24 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluations and outcomes.
3. Failure to maintain this number of cases of participate in required peer review activities will result in automatic expiration of privileges.
4. Documentation of 8 hours of relevant CME over the two-year reappointment cycle.

Approved by Credentials Committee 07/12/04, revised 10/13/08, 02/09/2009, 3/9/09  
Approved by MEC 07/20/04, revised 10/21/2008, 2/17/2009, 3/17/09  
Approved by Board of Directors 07/20/04, 11/13/2008, 3/2/2009, 4/6/09

Requested

**PERIPHERAL VASCULAR INTERVENTIONS (EXCLUDING CAROTID STENTING AND AAAS)**

**ENDOASCULAR INTERVENTIONS IN THE ILIAC AND INFRA-INGUINAL CIRCULATIONS &  
ENDOASCULAR INTERVENTIONS IN RENAL AND SUBCLAVIAN CIRCULATIONS**

These privileges refer to the performance and interpretation of angiography and angioplasty in the Iliac and Infra-Inguinal circulations and interventions in the renal and subclavian circulations.

**Application for privileges requirements:**

1. Practitioners of these procedures must be Board certified or eligible by an appropriate ABMS or AOA approved board or possess credentials for these procedures at KMC as of 6/1/2004. Applicants who after review by the Endovascular Sub-Committee fulfill the criteria below will be forwarded to the Credentials Committee for recommendation for privileges to MEC and to the Board of Directors.
2. New applicants for provisional privileges to perform these procedures must have specific procedural education and training or experience obtained through one of the following:
  - a. Qualification by Education and Training
    - i. Documented successful completion of an appropriate (AGME accredited) fellowship training program that includes training in peripheral vascular angiography and angioplasty, for which a case log must be supplied at the time of application for privileges and a letter from the program director attesting to the number of procedures performed and demonstrated clinical competence; and
    - ii. Documentation of 12 hours of Category 1 CME specific to peripheral vascular angioplasty, within the last two years if more than two years out of the fellowship training and submission of 25 de-identified operative notes.

OR

- b. Qualification by Experience
  - i. An applicant may qualify by having previous experience in peripheral vascular angioplasty with acceptable, demonstrable complication and success rates as per national standards or as per standards deemed acceptable and applicable by the Endovascular Quality Committee. The applicant must submit at least 75 documented peripheral vascular cases (with at least 50 as the primary operator) including a comprehensive and sequential case log; and
  - ii. If more than two years out of fellowship training, documented completion of 12 hours of Category 1 CME specific to peripheral vascular angioplasty.

**Requirements for continued privileges:**

1. All practitioners must participate in peer review activities as requested by EQC.
2. Once granted privileges, the practitioner must be able to demonstrate maintenance of competence by evidence of the performance of at least 30 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluations and outcomes.
3. Failure to maintain this number of cases and participate in required peer review activities will result in automatic expiration of privileges.
4. Documentation of 8 hours of relevant CME over the two-year reappointment cycle.

Approved by Credentials Committee 07/12/04, revised 10/13/08, 2/9/09  
Approved by MEC 07/20/04, revised 10/21/08, 2/17/09  
Approved by Board of Directors 07/20/04, 11/13/08, 3/2/09

Requested

## CAROTID STENTING

### **Criteria:**

1. Applicants for this procedure must be Board certified or eligible by and appropriate ABMS or AOA approved board, AND
2. Applicants must have or meet criteria for peripheral vascular intervention privileges, AND
3. Applicants for this procedure must complete an FDA approved Carotid Stenting Course provided by one of the approved vendors, AND
4. Applicants for this procedure must have participated in at least 30 diagnostic cervico-cerebral angiograms with at least half as primary operator, AND
5. Applicants must have performed at least 25 carotid stent procedures with acceptable outcomes and in at least half of these must have been the primary operator.
6. Applicants that have met all the above with the exception of #5 may apply for temporary, provisional privileges while completing this requirement. Determination of granting unrestricted privileges will be made upon fulfilling this volume requirement with acceptable clinical outcomes.

### **Maintenance of privilege:**

Ten (10) cases per year with at least 50% as primary operator.

Participation in Capture II Research study (encouraged that all operators continue with this study).

Mandatory attendance at 50% or more of Endovascular Quality Review meetings (held every other month) with continued monitoring of data.

Documentation of at least 10 hours of category one Continuing Education per year focused on endovascular interventions (required).

Operator collaboration on all cases – would count towards total case count for each operator and could enhance quality of service (strongly encouraged).

Continued multispecialty pre-operative screening of ALL patient candidates as well as post-stent review by Quality Review committee. This stipulation to be reviewed at 6 months following lifting of moratorium to consider lifting this requirement for operators who satisfactorily complete 25 cases.

**All credentialed individuals must actively participate in the Endovascular Quality Committee and must attend at least 50% of the bimonthly meetings in order to renew these credentials at the end of the credentialing cycle.**

|           |                             |                   |
|-----------|-----------------------------|-------------------|
| Approved: | Endovascular Sub-Committee  | May 5, 2005       |
|           | Credentials Committee       | May 9, 2005       |
|           | Medical Executive Committee | May 17, 2005      |
|           | Board of Directors          | May 24, 2005      |
| Revised:  | Endovascular Sub-Committee  | January 22, 2008  |
|           | Credentials Committee       | February 11, 2008 |
|           | Medical Executive Committee | February 19, 2008 |
|           | Board of Directors          | March 3, 2008     |

Requested

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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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 that I wish to exercise at Hospital, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**ENDOASCULAR COMMITTEE REVIEWER RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

| <b>Privilege</b> | <b>Condition/Modification/Explanation</b> |
|------------------|---|
| 1. _____         | _____                                     |
| 2. _____         | _____                                     |
| 3. _____         | _____                                     |
| 4. _____         | _____                                     |

**Notes**  
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\_\_\_\_\_  
\_\_\_\_\_

**Signature of Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

| <b>Privilege</b> | <b>Condition/Modification/Explanation</b> |
|------------------|---|
| 1. _____         | _____                                     |
| 2. _____         | _____                                     |
| 3. _____         | _____                                     |
| 4. _____         | _____                                     |

**Notes**  
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\_\_\_\_\_  
\_\_\_\_\_

**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee action**

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

**Medical Executive Committee action**

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

**Board of Directors action**

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

Adopted:

November 13, 2008