



Printed Name

Clinical Privileges Profile Medical Imaging

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Privileges are covered by an exclusive contract. Practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

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.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- 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.
- **Residential Requirement:** if called, all members of the Medical Imaging Clinical Service must be able to respond within 30 minutes or have an alternate who can respond within 30 minutes time. If on call, the same response time (30 minutes) is in effect.
- All members of the Medical Imaging Clinical Service are required to adhere to the educational requirements and quality assurance requirements of the clinical service.

QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY

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 in diagnostic radiology.

AND

Have current certification or active participation in the examination process with achievement of certification within six years leading to certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance and interpretation of at least 200 radiologic tests or procedures reflective of the scope of privileges requested, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in diagnostic radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (400 radiologic tests or procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

DIAGNOSTIC RADIOLOGY CORE PRIVILEGES

- Requested** Perform general diagnostic radiology to diagnose and treat diseases of patients of all ages. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY (VIR)

To be eligible to apply for core privileges in vascular and interventional radiology, the initial applicant must meet the following criteria:

Successful completion of an ACGME- or AOA-accredited residency in diagnostic radiology followed by completion of a one year accredited fellowship in vascular and interventional radiology.

AND/OR

Current subspecialty certification or active participation in the examination process with achievement of certification within 1 year leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology (Certificate of Added Qualifications) or subspecialty certification in angiography and interventional radiology by the American Osteopathic Board of Radiology.

AND/OR

A minimum of 2 years previous VIR experience with documentation of cases subject to review and approval by the Clinical Services Chief.

Required previous experience: Demonstrated current competence and evidence of the performance and/or interpretation of a minimum of 15 percutaneous, image guided needle directed procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance and/or interpretation of at least 15 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES

VASCULAR AND INTERVENTIONAL RADIOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, and treat patients of all ages by percutaneous methods guided by various radiologic imaging modalities. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. 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.

BREAST CRYOABLATION

Criteria: Successful completion of an ACGME- or AOA-accredited residency-training program in general surgery or radiology that included formal training in ultrasound and breast cryoablation.

Required previous experience: Demonstrated current competence and evidence of the performance of at least five breast cryoablation procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least five breast cryoablation procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

CARDIAC COMPUTED TOMOGRAPHY (CCT)* AND COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

Criteria: Must have privileges in Cardiology or Medical Imaging at KMC.

AND

Completed 15 CME hours of training/didactic lectures related to CCT or documented training at an approved program dedicated to coronary CTA or have documented education, training, and experience as evidenced by completion of a residency or fellowship program and as verified by the program director.

AND

Successful evaluation of 25 CCT cases either from completion of criteria as noted above and/or previous hospital affiliation. Must be able to provide copies of cases or a letter of competence from the training director or from the appropriate department chief from previous hospital.

AND

Must complete 2 hours of orientation in the reconstruction laboratory.

Maintenance of privilege: Must maintain a minimum of 30 interpreted CCT exams per two-year reappointment cycle. Must demonstrate 10 hours of Category I CME for CT scanning of cardiovascular disease during the two-year reappointment cycle.

Requested

*Not available at Sycamore Medical Center

COMPUTED TOMOGRAPHY (CT) COLONOGRAPHY (VIRTUAL COLONOSCOPY)*

1. Must have privileges in Medical Imaging at KMC.

and

2. Successful completion of an ACGME/AOA accredited residency training program in diagnostic radiology. If CT colonography examinations were not interpreted in the radiology-training program, applicants must have completed a formal course in CT colonography or have been mentored by an experienced CT colonography practitioner. Training should include review of 50 proven CT colonography cases.

and

3. Demonstrate performance and interpretation of at least 50 CT colonography procedures in the past 12 months.

Maintenance of privileges: Must maintain a minimum of 20 interpreted CT colonography exams per two-year reappointment cycle.

Requested

*Not available at Sycamore Medical Center

IMAGE GUIDED PERCUTANEOUS TUMOR ABLATIVE THERAPY*

Criteria: Successful completion of an ACGME- OR AOA-accredited postgraduate training in vascular and interventional radiology. Applicants must also have completed an approved training course in the specific energy source to be used e.g. radiofrequency, microwave, cryoablation, co ablation, high intensity focused ultrasound or irreversible electroporation. The approved course must include proctoring and training in patient safety.

Required previous experience: Demonstrated current competence and evidence of the performance and/or interpretation of a minimum of 15 percutaneous, image guided needle directed procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance and/or interpretation of at least 15 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

*Not available at Sycamore Medical Center

STEREOTACTIC CORE CUT BREAST BIOPSY

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training program that included training in the stereotactic and ultrasound guided-technique of breast biopsy during residency.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 12 stereotactic breast biopsies in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 24 stereotactic breast biopsies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

ENDOVASCULAR PROCEDURES (SEE ENDOVASCULAR SUPPLEMENT)

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Diagnostic Radiology

1. Computed tomography of the head, neck, spine, body, extremity, CT guided biopsy and drainage procedures
2. Image guided biopsy and cyst aspiration, including any proceduring requiring CT/MRI guidance)
3. Magnetic resonance imaging (MRI) of the head, neck, spine, body, extremity, and major joints-shoulder, knee, ankle, etc.
4. Mammography
5. Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures
6. Spinal puncture, lumbar, or cervical; C1, C2 using image guidance
7. Ultrasound, including carotids, peripheral vascular and all other non-cardiac vascular ultrasounds.

Vascular and Interventional Radiology

1. Perform history and physical exam
2. Angioplasty, carotid, vertebral and intracerebral
3. Arthrography
4. Body or extremity angioplasty or atherectomy
5. Central venous and dialysis access line insertion and maintenance
6. Cerebral arteriography
7. Coil occlusions of aneurysms*
8. Endovenous laser therapy*
9. Head, neck and spine arteriography and venography
10. Intra-arterial thrombolytic therapy
11. Intravenous thrombolytic therapy
12. Myelography and cisternography (*excludes cervical at SMC)
13. Neurointerventional procedures for pain including epidural steroid injection, nerve blocks and discography
14. Non vascular interventional procedure, including soft tissue biopsy, abscess and fluid drainage, nephrostomy, biliary procedures, and tumor ablation
15. Non-invasive diagnostic vascular radiology to include vascular ultrasonography, pulse volume recordings, CT and MRI
16. Placement of catheter for tumor treatment
17. Placement of vena cava filter
18. Pulmonary angiography
19. Therapeutic infusion of vasoactive agents
20. Therapeutic vascular radiology including balloon angiography, stent placement, atherectomy, thrombolytic therapy, and embolization/ablation excludes carotid and intracranial intervention (includes transarterial chemoembolization*)
21. Transcervical fallopian tube recanalization
22. Transjugular intrahepatic portosystemic shunt (TIPS)*
23. Vascular ultrasonography
24. Venography and venous sampling

*Not available at Sycamore Medical Center

ACKNOWLEDGEMENT OF PRACTITIONER

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:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

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:

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

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____