

ELLIOT HOSPITAL

CREDENTIALING CRITERIA FOR CARDIAC CATHETERIZATION AND ALLIED PROCEDURES

All cardiac catheterization procedures listed require board admissibility or certification in Cardiovascular Diseases by the American Board of Internal Medicine and approval by the Director of the Cardiac Catheterization Laboratory.

RIGHT HEART CATHETERIZATION

Right heart catheterization including temporary pacemaker insertion: Board admissibility or certification and approval of Director of Cardiac Catheterization Laboratory as noted above. (*Note: Swan-Ganz pulmonary artery catheterization is credentialed separately and not limited to cardiologists.*)

LEFT HEART CATHETERIZATION

Left Heart catheterization may include selective coronary arteriography and left ventriculography and aortography as well as intra-aortic balloon pump (IABP) insertion.

1. Privileges for right heart catheterization.
2. An ABIM approved three-year Cardiology fellowship to include at least one year dedicated to cardiac catheterization including the performance of at least 250 left heart catheterizations with coronary arteriography as primary operator.
3. **Reappointment:** To maintain privileges for left heart catheterization, a minimum of 50 catheterizations should be performed in the preceding two years.

PERCUTANEOUS CORONARY INTERVENTION (PCI)

Catheter-based intervention may include Percutaneous Transluminal Coronary Angioplasty (PTCA), Intracoronary Stenting, and Intracoronary Ultrasound (ICUS).

All physicians requesting privileges for PCI should meet the following criteria:

1. Privileges for left heart catheterization.
2. All physicians must satisfy (a) or (b) of the following:
 - a) Physicians having completed an ABIM approved interventional cardiology fellowship (four years) must have performed a minimum of 125 coronary interventional procedures including 75 as the primary operator, a letter from the Program Director or Cath Lab Director certifying competency in PTCA and coronary stenting.
 - b) Those cardiologists with experience in percutaneous coronary intervention who have not completed a formal interventional cardiology fellowship must meet all the following requirements:
 - i. Have performed at least 500 cardiac catheterizations (inclusive of training) as primary angiographer.
 - ii. Attend one or more formal courses in PCI for a minimum of 50 hours of CME Category I instruction.
 - iii. Provide written documentation of performance of 150 PCI procedures as the primary operator.
 - iv. Minimum of 100 interventional cases have been performed within the preceding two years.
 - v. Letter from Cath Lab Director or Program Director of those institutions certifying competency in PTCA and coronary stenting.

3. **Reappointment:** To maintain privileges for Percutaneous Coronary Intervention (PCI), the physicians must:
 - a) perform 75 catheter-based coronary interventional cases in the preceding two years.
 - b) Have a primary success rate and incidence of complications consistent with current standards established by the American College of Cardiology.
 - c) Provide an attestation verifying at least 12 hours of AMA category CME I credits specifically related to coronary intervention in a two-year period or provide documentation upon request.
 - d) Present case reports of complications related to any procedure within two weeks of its occurrence at the request of the director.

Experience and competency in Intracoronary ultrasound should be specifically delineated in a letter from cath lab or program director responsible for the individual's training and be reviewed by the Director of the Catheterization Laboratory and Section Chief of Cardiology at Elliot Hospital before privileges are recommended.

Future technological developments in the field of interventional cardiology will impact on how percutaneous coronary interventional procedures are performed. Many of the technologies will be appropriately deemed extensions of current PCI privileges but should be individually reviewed by the Director of the Elliot Hospital Catheterization Laboratory and Section Chief of Cardiology, and where appropriate, by the Chairman of the Credentials Committee.

PERMANENT PACEMAKER INSERTION

1. ABIM Board Certified or admissible in Cardiovascular Disease / Cardiothoracic Surgery.
2. A minimum of 25 permanent pacemaker implantations performed during training with a letter from the Program Director certifying competency. This should include a minimum of 10 dual chamber implantations and 5 pacemaker generator replacements.

Reappointment:

3. To maintain privileges for Permanent Pacemaker Insertion, a minimum of 12 procedures should be performed in the preceding two years.
4. Complications to be reviewed by the Director of the Catheterization Laboratory and the Section Chief of Cardiology.

IMPLANTABLE CARDIAC DEFIBRILLATOR (ICD)

Reference is made to Clinical competency Statement: Implantation and Follow-up of Cardioverter Defibrillators published in Journal of Cardiovascular Electrophysiology, Vol. 12, No. 2, February 2001.

1. For physicians who have completed their cardiac training since 1992, it is recommended that they have done either a dedicated fellowship in clinical electrophysiology or have had extensive experience in the implantation of ICDs in a clinical cardiac training program. They should have completed at least 25 initial ICD implants as the primary operator during their fellowship training, as well as replacement and revision of at least 10 ICDs.

Physicians who completed training prior to 1992 will have more variability in their training experiences than those who finished training more recently. It is important that these physicians possess the same fund of knowledge and set of skills required of the newer trainees. Physicians who have acquired experience outside of a formal fellowship should have comparable experience as determined by the Section Chief of Cardiology and the Chairman of the Credentials Committee.

In some circumstances, an ICD implant may be performed as a joint effort between a physician who possesses surgical skills necessary for creation of the pocket and lead insertion skills, along with a physician who possesses electrophysiology competency in ICD testing and programming. Either member of the team, if qualified, may gain vascular access and position the transvenous lead(s). The physician with electrophysiology competency supervises threshold testing and programming of the device. Clearly, neither physician in this situation must possess all of the skills necessary for the implant. In aggregate, the two must have the competencies described.

Reappointment:

2. A minimum of 20 ICD procedures per reappointment cycle is expected in order to maintain proficiency in ICD implantation. Ongoing medical education is also important to maintain competence.
3. Complications to be reviewed by the Director of the Catheterization Laboratory and the Section Chief of Cardiology.

CARDIAC ELECTROPHYSIOLOGY TESTING (EPS)

Reference is made to the ACC/AHA "Clinical Competence Statement on Invasive Electrophysiology Studies, Catheter Ablation and Cardioversion" published in JACC, November 2000. New applicants for full electrophysiology privileges shall generally have completed an ABIM approved program in Cardiac Electrophysiology and be board eligible/certified in Cardiac Electrophysiology with a letter from the director of the training program stating competency in each area of testing. Physicians who currently hold privileges in electrophysiology testing may have achieved clinical competence through an alternative pathway as outlined in the above-referenced competency statement.

◆ **Categories of Diagnostic EP Testing:**

- a) AV Conduction System
- b) Ventricular Arrhythmias
- c) Supraventricular Arrhythmias

New applicants will be assumed to have competence in AV conduction studies as part of basic training in electrophysiology. Performance of diagnostic studies in ventricular arrhythmia should require performance of 50 VT studies during formal training. Performance of diagnostic studies in supraventricular arrhythmia should require performance of 25 supraventricular tachycardia studies during training.

CATHETER ABLATION

1. Supraventricular Arrhythmias

Applicants must meet the criteria for performance of diagnostic EP testing for supraventricular arrhythmias and document performance of at least 50 ablation procedures for supraventricular arrhythmias including at least 15 accessory pathway ablations.

2. VT Mapping with or without Catheter Ablation

Applicants must meet the criteria for performance of diagnostic EP testing for ventricular arrhythmias as well as criteria for performance of ablation for supraventricular arrhythmias and document performance of at least 25 VT mapping and/or ablation procedures.

Proctoring for new procedures shall be performed by the Director of the Cath Lab or his designee.

All physicians credentialed to perform any of the above procedures are required to abide by and comply with the Quality Assurance Program for cardiac catheterizations and allied procedures at Elliot Hospital.

In some circumstances an experienced operator may perform fewer than the recommended number of procedures while maintaining excellent outcomes and a low complication rate. These individuals should be reviewed by the Director of the Catheterization Laboratory and the Section Chief of Cardiology on a regular basis.

Approved by:

BOT: 04/19/05; 04/18/06; 3/17/09; 8/18/16; 10/17/19

CATH LAB PROCEDURES
Reappointment

PHYSICIAN NAME: _____

ELLIOT HOSPITAL

Minimum Number per Reappointment Cycle	Procedure	Total
50	Left Heart Catheterization	
75	Total Percutaneous Coronary Interventional Procedures	
12	Permanent pacemaker insertion.	
20	ICD procedures per year.	

The above information is true to the best of my knowledge and belief.

Signature Title Date

Print Name

Verified by Cath Lab Director: _____
Signature *Date*

Print Name

NOTE: If performing the procedures at a different hospital, please have the form completed by that hospital.

HOSPITAL: _____

Minimum Number per Reappointment Cycle	Procedure	Total
50	Left Heart Catheterization	
75	Total Percutaneous Coronary Interventional Procedures	
12	Permanent pacemaker insertion.	
20	ICD procedures per year.	

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Signature *Date*

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