

**Delineation of Privileges Request  
Criteria Summary Sheet**

**Facility: UPMC St. Margaret Harmar Outpatient Center**

**Specialty: MEDICINE**

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	The successful completion of an approved (ACGME/AOA) post graduate residency program in Internal Medicine
<b>CERTIFICATION</b>	See Below
<b>OTHER</b>	<p><b><u>ALLERGY &amp; IMMUNOLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in allergy and immunology, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in allergy and immunology or have successfully completed at least two years of full time residency in allergy and immunology in a training program approved by the Accreditation Council for Graduate Medical Education.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul> <p><b><u>CARDIOLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in cardiology, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine and must be board certified in cardiology or have successfully completed two or more years of full time residency in cardiology in a training program approved by the Accreditation Council for Graduate Medical Education so as to be eligible for the board examination in cardiovascular disease.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul>

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**GUIDELINES FOR CARDIOLOGISTS REQUESTING PRIVILEGES  
IN TRANS-ESOPHAGEAL ECHOCARDIOGRAPHY**

The physician must be a member of the medical staff at UPMC St. Margaret.

The physician must be board certified in Internal Medicine, and be board eligible in Cardiovascular Diseases. He or she must become certified in Cardiovascular Diseases within two attempts or within four years of finishing his or her cardiology fellowship. If this requirement is not met, privileges will be revoked at that time.

1. For physicians who have recently completed cardiology fellowship training, a letter from the Director of the training program should be submitted, outlining the training and experience of the cardiologist in trans-esophageal echocardiography, as well as trans-thoracic echocardiography. This should include training in gastrointestinal endoscopy followed by training and experience in trans-esophageal echocardiography working with a cardiologist fully trained in trans-esophageal echocardiography. It is expected that the physician will have performed at least 25 trans-esophageal echocardiography procedures.
2. For physicians who have been in practice, it is expected that they will submit verification of a course in trans-esophageal echocardiography they have attended, plus what additional training and experience they have had in endoscopy and trans-esophageal echocardiography, and the number of procedures performed. Letters in support of such information are required.

**GUIDELINES FOR THE DETERMINATION OF PRIVILEGES  
IN THE CARDIAC CATHETERIZATION LABORATORY**

The physician must be a member of the medical staff at UPMC St. Margaret.

The physician must be board certified in Internal Medicine, and be board eligible in Cardiovascular Diseases. He or she must become certified in Cardiovascular Diseases within two attempts or within four years of finishing his or her cardiology fellowship. If this requirement is not met, privileges will be revoked at that time.

- a. For the physician who recently completed a fellowship in Cardiovascular Disease, at least twelve months must have been in the catheterization laboratory. During that time, a clear understanding of the indications, limitations, complications, and medical and surgical implications of findings at cardiac catheterization must have been achieved. This includes an understanding of the pathophysiology and the ability to interpret hemodynamic and angiographic data. A basic understanding of radiation safety, fluoroscopy, and radiologic anatomy must be demonstrated.

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	<p>Theoretic and practical aspects of radiation physics and a working knowledge of catheterization laboratory equipment, including physiologic recorders, pressure transducers, blood gas analyzers, image intensifiers, x-ray equipment, cine processing, and quality control of films is requisite. At least three hundred diagnostic procedures must have been performed, including two hundred as primary operator. Documentation of the training, competence, and volumes must be provided by the Chief of Cardiology or the Fellowship Director of the training institution.</p> <p>b. Established practicing invasive cardiologists should submit information as to their length of experience, catheterization volumes, and evidence of unrestricted catheterization privileges at another hospital. In keeping with state regulations, at least one hundred and fifty cases per year must be performed in order to maintain privileges, though not all of these need to be done at UPMC St. Margaret. This number should be reached within two years of the physician entering practice. The physician must participate in the quality assessment program of the catheterization laboratory, including provision of the necessary information needed for the cath lab data base as well as an analysis of things such as catheterization related deaths, complication rates, percent of normal and inadequate studies.</p> <p>If the above criteria are not met, the physician's catheterization privileges will be reviewed by the Director of the Cardiac Catheterization Lab or the Chief of Cardiology for possible reduction or revocation.</p> <p>In considering applications for catheterization privileges, the needs of the hospital, and the capacity of the laboratory will be considered.</p> <p><b><u>CRITICAL CARE MEDICINE</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in Critical Care Medicine, the applicant is required to A) have met the criteria for appointment and delineation of clinical privileges in Internal Medicine, and either be board certified in Critical Care Medicine, or B) have met the criteria for appointment and clinical privileges in Internal Medicine and have successfully completed a one or two year full time fellowship in Critical Care Medicine in a training program approved by the Accreditation Council for Graduate Medical Education, or C) have successfully completed three years of fellowship training in an ACGME approved combined program of subspecialty and Critical Care Medicine (e.g., Pulmonary/Critical Care Medicine) and have achieved board certification in that subspecialty. Critical Care Medicine certification must be obtained within two attempts or within four years of becoming eligible to</li> </ul>
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	<p>take the exam, in order to retain staff privileges in that subspecialty.</p> <p><b><u>DERMATOLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in dermatology, the applicant is required to have successfully completed four years of post graduate training in a program in dermatology approved by the Accreditation Council for Graduate Medical Education.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul> <p><b><u>ENDOCRINOLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in endocrinology, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine and either be board certified in endocrinology or have successfully completed at least two years of a full time residency in endocrinology in a training program approved by the Accreditation Council for Graduate Medical Education.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul> <p><b><u>GASTROENTEROLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in gastroenterology, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in gastroenterology or have successfully completed two years full time residency in gastroenterology in a training program approved by the Accreditation Council for Graduate Medical Education.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul> <p><b><u>HEMATOLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in hematology, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in hematology or have successfully completed at least two years of full time residency in hematology in a program in hematology and oncology approved by the Accreditation Council for Graduate Medical Education.</li> </ul>
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- Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.

**INFECTIOUS DISEASES**

- To be eligible for clinical privileges in infectious diseases, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in infectious diseases or have successfully completed at least two years of full time residency in infectious diseases in a training program approved by the Accreditation Council for Graduate Medical Education.
- Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.

**INTERNAL MEDICINE**

- To be eligible for clinical privileges in internal medicine, the applicant is required to either be board certified in internal medicine or have successfully completed three years of post graduate training in a residency program in internal medicine approved by the Accreditation Council for Graduate Medical Education.
- Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.

**CRITERIA FOR THE PERFORMANCE AND  
INTERPRETATION OF EMG STUDIES**

For quality assurance purposes, the services you perform will be reviewed by the Medical Director of the hospital's Inpatient Physician Rehabilitation Unit, and findings will be reported to the Chairman of the Department of Medicine.

You must obtain and maintain:

- (a) a license without restriction to practice medicine in the Commonwealth of Pennsylvania;
- (b) a Federal DEA registration without restriction, to the extent Necessary for you;
- (c) membership in good standing on the UPMC St. Margaret medical staff;
- (d) good standing with the Medical Board of Pennsylvania;

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	<p>(e) certification in Neurology, or Physical Medicine and Rehabilitation; and</p> <p>(f) proof of 100 Electrodiagnostic evaluations during the past 12 months.</p> <p>You must adhere to a 24-hour turnaround of EMG studies and you must take responsibility for coverage by another authorized physician when you are unavailable.</p> <p>Privileges will be granted for a 12 month period at the end of which you may request authorization for another 12-month period.</p> <p style="text-align: center;"><b><u>CRITERIA FOR THE INTERPRETATION OF EEG STUDIES</u></b></p> <p>For quality assurance purposes, the services you perform will be reviewed by the Medical Director of the hospital's Neurodiagnostic Laboratory, and findings will be reported to the Chairman of the Department of Medicine.</p> <p>You must obtain and maintain:</p> <p>(a) a license without restriction to practice medicine in the Commonwealth of Pennsylvania;</p> <p>(b) a Federal DEA registration without restriction, to the extent necessary for you;</p> <p>(c) membership in good standing on the UPMC St. Margaret medical staff;</p> <p>(d) good standing with the Medical Board of Pennsylvania;</p> <p>(e) certification in Neurophysiology, EEG, or Neurodiagnostic; and</p> <p>(f) proof of 100 Electrodiagnostic evaluations during the past 12 months.</p> <p>In addition you must adhere to a 24-hour turnaround of EEG studies and you must take responsibility for coverage by another authorized physician when you are unavailable.</p> <p>Privileges will be granted for a 12 month period at the end of which you may request authorization for another 12-month period.</p>
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	<p><b><u>MEDICAL ONCOLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in medical oncology, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in oncology or have successfully completed at least two years of full time residency in oncology or three years of a training program in hematology and oncology in a training program approved by the Accreditation Council for Graduate Medical Education.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul> <p><b><u>NEPHROLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in nephrology, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in nephrology or have successfully completed at least two years of full time residency in nephrology in a training program approved by the Accreditation Council for Graduate Medical Education.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul> <p><b><u>NEUROLOGY</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in neurology, the applicant is required to have successfully completed four years of post graduate neurology residency training in a program approved by the Accreditation Council for Graduate Medical Education.</li> <li>▪ Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.</li> </ul> <p><b><u>PHYSICAL MEDICINE &amp; REHABILITATION</u></b></p> <ul style="list-style-type: none"> <li>▪ To be eligible for clinical privileges in physical medicine and rehabilitation, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in physical medicine and rehabilitation or have successfully completed four years full time residency in physical medicine and rehabilitation in a program approved by the Accreditation Council for Graduate Medical Education.</li> </ul>
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- Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.

**PSYCHOLOGY**

To be eligible for clinical privileges as a Medical Associate in Clinical Psychology the applicant is required to:

1. Have successfully completed a full program in clinical psychology accredited by the American Psychological Association and received a Ph.D. degree.
2. Have completed at least a one-year internship in clinical psychology approved by the American Psychological Association.
3. Be licensed to practice clinical psychology in the State of Pennsylvania.
4. Have in effect a full policy of professional liability insurance.

**PULMONARY MEDICINE**

- To be eligible for clinical privileges in pulmonary medicine, the applicant is required to have met the criteria for appointment and delineation of clinical privileges in internal medicine, and either be board certified in pulmonary medicine or have successfully completed two years of full time residency in pulmonary medicine in a training program approved by the Accreditation Council for Graduate Medical Education.
- Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.

**RHEUMATOLOGY**

- To be eligible for clinical privileges in rheumatology, the applicant is required to have met the criteria for the delineation of clinical privileges in internal medicine and either be board certified in rheumatology or have successfully completed two years of full time residency in rheumatology in a training program approved by the Accreditation Council for Graduate Medical Education.
- Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam, in order to retain staff privileges in the specialty or subspecialty.

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**CRITERIA FOR PERIPHERAL AND CAROTID ANGIOGRAPHY**

Requirements for credentialing will include completion of an approved training program in a relevant training field as well as proof of cognitive and technical competency in the respective vasculature field. A letter of endorsement will be required from the proctor, training program, or department chairman that these cognitive and technical skills have been met. It should be noted that interventions count toward total diagnostic procedures.

Approved training programs for credentialing include:

Cardiology  
Diagnostic Radiology  
Interventional Radiology  
Vascular Surgery  
Neurology  
Neuro-Radiology  
Neurosurgery

- I. PERIPHERAL VASCULAR PROCEDURES:** The peripheral vasculature consists of three regions –
1. Aortoiliac and brachiocephalic vessels;
  2. renal and abdominal visceral vessels;
  3. infra-inguinal vessels, as defined in Section D.

To be credentialed, the operator must possess appropriate cognitive skills for the region, perform the appropriate number of procedures, and have a letter of endorsement from the proctor or training program or department chairman once basic requirements are met.

**A. COGNITIVE SKILLS:**

Cognitive skills for each region will be required. It is expected the cognitive skills will be obtained via residency training or CME courses. A list of cognitive skills by no means meant to be totally inclusive follows:

- Clinical evaluation and assessment
- Knowledge of anatomy and physiology of vessels to be tested
- Device training
- Knowledge of appropriate indications for interventions
- Ability to perform catheter directed dilation and thrombectomy

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	<p><b>B. ANGIOGRAPHY:</b></p> <ul style="list-style-type: none"> <li>▪ A physician credentialed in peripheral angiography will perform 100 diagnostic arteriograms with 50 as the primary operator. These procedures will also count for regional privileging</li> </ul> <p><b>C. INTERVENTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Interventions are defined as dilatations or stenting of vessels</li> <li>▪ The operator will be expected to be involved with 50 peripheral interventions; 25 as the primary operator</li> </ul> <p><b>D. REGIONAL CREDENTIALING:</b></p> <ul style="list-style-type: none"> <li>▪ Regional credentialing will also be needed. It is expected that the operator will have done 20 diagnostic arteriograms and 10 interventions as primary operator to be credentialed in each specific region: 1. aortoiliac and brachiocephalic vessels; 2. renal and abdominal visceral vessels; 3. infra-inguinal vessels</li> </ul> <p><b>E. ENDOVASCULAR STENTION:</b></p> <ul style="list-style-type: none"> <li>▪ Endovascular stent grafts of the abdominal or thoracic aorta require the presence of a vascular surgeon and require a minimum number of 5 cases as primary operator</li> </ul> <p><b>II. <u>INTRACEREBRAL ARTERIOGRAPHY:</u></b> For credentialing in cervico-cerebral angiograms, 100 supervised cervico-cerebral angiograms will be required.</p> <p><b>III. <u>CAROTID:</u></b></p> <p><b>A. CAROTID ARTERIOGRAPHY:</b></p> <ul style="list-style-type: none"> <li>▪ If the peripheral angiography criteria are met, a physician has to perform 50 selective carotid arteriograms with 25 as primary operator. If peripheral criteria are not met then to be credentialed the operator needs 100 angiograms with 50 as primary operator.</li> </ul>
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	<p><b>B. CAROTID INTERVENTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Privileges in in carotid stents will require 25 interventions with 15 as primary operator</li> <li>▪ 15 diagnostic carotid studies are required prior to being primary operator on an interventional carotid procedure</li> </ul> <p><b>IV. <u>PROCTORING:</u></b></p> <p><b>A. PROCTOR CRITERIA</b></p> <ul style="list-style-type: none"> <li>▪ To serve as a proctor for any of the activities listed above, an individual must be:             <ol style="list-style-type: none"> <li>1. A member in good standing of the medical staff of UPMC St. Margaret Hospital</li> <li>2. Privileged and credentialed to perform the procedure(s) of which they are being requested to proctor, and have performed twice (2x) the number of cases in the specific procedure required for credentialing</li> <li>3. All proctors must be approved by the Peripheral Vascular Oversight Committee (see below)</li> </ol> </li> </ul> <p><b>B. PROCTORING PROCESS</b></p> <ul style="list-style-type: none"> <li>▪ To proceed with proctoring for any of the procedures covered by this policy, an individual must have a letter requesting credentialing and proctoring from the individual's department chair/service chair</li> <li>▪ At the conclusion of the proctoring period (as specified in numbers I-III above), it is the duty of the proctoree to submit a written report to the Oversight Committee documenting the proctoree's experience and progress, as well as their proctors' recommendations for credentialing and privileging in the particular procedure.</li> </ul> <p><b>V. <u>OVERSIGHT COMMITTEE:</u></b></p> <p>A Peripheral Vascular Oversight Committee will be created for the hospital. The purpose of the committee will be:</p>
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	<ul style="list-style-type: none"> <li>▪ To review the applications for privileging for procedures covered by the policy and make recommendations to each institution’s Credentials Committee</li>   <li>▪ To make recommendations related to re-appointment of individuals for privileging in areas covered by this policy</li>   <li>▪ To monitor outcomes from procedures covered by the policy to assure clinical quality and uniformity of practice</li>   <li>▪ To recommend changes to this policy as appropriate based on their quality assurance role.</li> </ul> <p><b><u>FLUOROSCOPY</u></b></p> <p><b>Certification:</b></p> <p>Physicians applying for fluoroscopy privileges will be required to read the education manual titled “Minimizing Risks from Fluoroscopic X-Rays” by Louis Wagner and Benjamin Archer. They will receive this manual from the medical staff office along with a course Information Sheet, Test, Evaluation Form and CME Registration Form.</p> <p>Following the reading of the manual they will take the written test, complete the course evaluation and CME registration form.</p> <p>The written test, evaluation and CME registration form will be submitted to the medical staff office who issued the manual. <b>All three documents must be submitted in order to meet the requirements for this certification.</b></p> <p>The medical staff office or their designee will then grade the test. An 80% pass rate is required in order to be awarded fluoroscopy certification.</p> <p>If the physician has passed the test, the medical staff office will forward the completed evaluation and CME registration form to the UPMC Center for Continuing Education via fax to 412-647-9732.</p> <p>Within four weeks of receipt, the UPMC Center for Continuing Education will enter the CME credits earned on the physician’s transcript.</p>
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	<p>Physicians may then access their transcript at <a href="http://ccehs.upmc.edu">http://ccehs.upmc.edu</a></p> <p>If the physician has not passed the test, the medical staff office will re-issue the manual, a new written test, course evaluation and CME registration form. The physician may continue to re-test until they have successfully completed the certification process.</p> <p><b>Recertification:</b></p> <p>Recertification for fluoroscopy certification is required prior to the 2 year reappointment cycle.</p> <p>Physicians should be instructed to access the Fluoroscopy Rapid Deployment CME module at the following site: <a href="https://cme.health.pitt.edu/index.asp?MI=000033">https://cme.health.pitt.edu/index.asp?MI=000033</a>. If they have not previously created a user name and password for Rapid Deployment or Research and Practice Fundamentals, they will need to do so using the button entitled “creating a new account” in the left upper corner. When they have completed the module, they should print off the certificate and forward to the medical staff offices (if, for some reason, they forget to do this after completing the module, they can go back into the Rapid Deployment site at any time and re-print a certificate)</p> <p>Following successful completion of the module, CME credit will be awarded within 4 weeks. Physicians may then access their CME transcript at <a href="http://ccehs.upmc.edu">http://ccehs.upmc.edu</a></p>
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