Privileges are granted for Sutter General Hospital, Sutter Memorial Hospital, Sutter Center for Psychiatry, Sutter Oaks Midtown and the Capitol Pavilion Surgery Center and exercise of privileges is based on the type of care, treatment and services provided at each facility.

*If you plan to use radiology equipment including the fluoroscope, you must provide a current operating permit that is issued by the Radiologic Health Branch of the California Department of Health Services.*

To request Privileges, please place an “X” in the request column. In “Number Performed” box, indicate the number of identified procedures performed in previous 24 months or the past five years if required, from any facility where the procedure has been performed. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

<table>
<thead>
<tr>
<th>Request</th>
<th>Privilege</th>
<th>Appointment Requirements</th>
<th>Proctoring Required</th>
<th>Reappointment Requirements</th>
<th>Number Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I I</td>
<td>Admitting Privileges</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>I I</td>
<td>History &amp; Physical Privileges –A</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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</tbody>
</table>

**General requirements for all new applicants**

- Documentation of experience in the procedures being requested from either a residency or fellowship case listing (if the applicant recently completed training) or a case listing from where the applicant has been practicing. Some procedure specific criteria may also require a letter from the Director or Chief of Service.

- First six (6) cases regardless of type of case or procedure

<table>
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<tr>
<th>Request</th>
<th>Category A.</th>
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<th>Proctoring Required</th>
<th>Reappointment Requirements</th>
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<tbody>
<tr>
<td>I I</td>
<td>Adult continuing care privileges in Critical Care Units</td>
<td>The privilege does not include ventilator management or elective intubation. Those privileges must be requested separately from “continuing care privileges in critical care units.”</td>
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<td>I I</td>
<td>Non-invasive – this includes:</td>
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<td></td>
<td>• EKG interpretation–A</td>
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<td></td>
<td>• Treadmill monitoring/interpretation</td>
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<td></td>
<td>• Two-dimensional echocardiography and doppler</td>
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<td></td>
<td>• Elective cardioversion</td>
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</table>

**Current Clinical Competence**

- In addition to the criteria for privileges as set forth in the Cardiovascular Disease Department Rules and Regulations, Section I. B. 1, 2, and 3, the applicant's current clinical competence will be evaluated using the following guidelines:

- Overall care – first (3) three cases
SUTTER MEDICAL CENTER, SACRAMENTO  
Department of Cardiovascular Disease – Cardiology - Delineation of Privileges

NAME: _____________________________________

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<thead>
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<th>Appointment Requirements</th>
<th>Proctoring Required</th>
<th>Reappointment Requirements</th>
<th>Number Performed</th>
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</thead>
</table>
| 11      | Non-invasive con’t. | **Training and experience requirements:**  
May be granted to cardiologists who are:  
Certified or admissible for certification in Cardiovascular Disease  
by the American Board of Internal Medicine. Cardiologists who  
are not Board certified or admissible for certification in  
Cardiovascular Disease, must document at least five (5)  
years of practice in a Joint Commission accredited hospital  
where he/she exercised Cardiology privileges comparable  
to those being requested at this facility and pass ECG self  
assessment program. | | | |
| 11      | Invasive – this includes:  
• Pulmonary angiography – A  
• Cardiac catheterization including venous and arterial bypass grafts  
• Intra-aortic balloon pump insertion  
• Endomyocardial biopsy | **Current Clinical Competence**  
In addition to the criteria for privileges as set forth in the Cardiovascular Disease Department Rules and Regulations, Section I. B. 1, 2, and 3, the applicant's current clinical competence will be evaluated using the following guidelines:  

1. Board Certified in Cardiovascular Disease by the American Board of Internal Medicine – **OR** – admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine – Applicants will be required to provide documentation from the Director of Fellowship Training including documentation of at least 50 category A invasive procedures during training. | First six (6) cases - unless physician has full privileges in Category B or C | At least 50 category A invasive procedures during previous two years. | |
<table>
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<tr>
<th>Request</th>
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<tr>
<td>1 1</td>
<td>Invasive con’t.</td>
<td>2. In addition, if the applicant has been out of training for two years the applicant must also provide a letter from the Chief of Staff or Chief of Department where applicant has been practicing and again document at least 100 category A invasive procedures performed during the previous two years. Physicians who have completed a Cardiology fellowship but are not Board certified or admissible for certification in Cardiovascular Disease must document at least five (5) years of practice in a Joint Commission accredited hospital where he/she exercised Cardiology privileges comparable to those being requested at this facility. Applicants will be required to provide a letter from the Chief of Staff or Chief of Department where applicant has been practicing including documentation that applicant has performed at least 250 category A invasive procedures during the previous five years.</td>
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</table>
### Peripheral Angiography Procedures – this includes:
- Pulmonary Angiography – A
- Visceral & Bronchial Arterial Diagnostic – A
- Aortography – A
- Renal Arteriography – A
- Pelvic & Extremity Arteriography – A

(This privilege is shared with another department)

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<tr>
<th>Request</th>
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<tbody>
<tr>
<td>1 1</td>
<td>Peripheral Angiography Procedures – this includes:</td>
<td><strong>Training and experience requirements:</strong></td>
<td>First five (5) non-cerebral peripheral angiography procedures.</td>
<td>20 non-coronary, non-cerebral peripheral and visceral arteriography patients during the previous two years.</td>
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<td></td>
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<td>1. Evidence of training and competency by certification, or admissible for certification by the American Board of Radiology, Cardiovascular Disease by the American Board of Internal Medicine or Vascular Surgery by the American Board of Surgery <strong>AND</strong></td>
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<td>2. Documentation from the training program that the training program included concentrated training and experience in angiography including at least 50 non-coronary arteriographic procedures performed proficiently and successfully. <strong>OR</strong></td>
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<td>3. In the absence of residency training in this procedure, documentation of successful completion of 100 non-coronary angiographic procedures from a Joint Commission accredited hospital within the past three years is required. This documentation must also include a letter of reference from a physician who is familiar with the applicant’s experience in arteriography. <strong>OR</strong></td>
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<td>4. Successful completion of an approved In-house Learning and Teaching Program in non-cerebral diagnostic peripheral angiography consisting of at least 50 procedures.</td>
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<td>Request</td>
<td>Special Category A Procedures con’t.</td>
<td>Appointment Requirements</td>
<td>Proctoring Required</td>
<td>Reappointment Requirements</td>
<td>Number Performed</td>
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| 1 1     | Trans-esophageal echocardiography   | **Training and experience requirements:**  
May be granted to Cardiologists who meet qualifications for Category A non-invasive and invasive privileges in addition to the following documentation requirements:  
Documentation of successful performance of at least 50 TEEs (25 of which were in a non-operative setting). Documentation can be either from a cardiology fellowship program or from another Joint Commission accredited hospital or approved in-house learning program. (Note: Prerequisite for Category A invasive privileges is not necessary for TEE privileges.) | One (1) procedure |  |  |
| 1 1     | Nuclear cardiac diagnostic imaging | **Training and experience requirements:**  
May be granted to Cardiologists who meet qualifications for Category A non-invasive and invasive privileges in addition to the following documentation requirements:  
Documentation of Board certifications or admissibility for certification in Nuclear Cardiology. | Three (3) procedures |  |  |
| 1 1     | Placement of permanent pacemaker    | **Training and experience requirements:**  
May be granted to Cardiologists who meet qualifications for Category A non-invasive and invasive privileges in addition to the following documentation requirements:  
Documentation of successful performance of at least 10 permanent pacemaker insertions (both leads and generators). Documentation can be either from a cardiology fellowship program or from another Joint Commission accredited hospital or approved in-house learning program. | One (1) procedure | Documentation of at least three (3) permanent pacemaker insertion during the previous two years. |  |
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<tr>
<th>Request</th>
<th>Special Category A Procedures con’t.</th>
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<th>Reappointment Requirements</th>
<th>Number Performed</th>
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<tbody>
<tr>
<td>11</td>
<td>Lead Extraction</td>
<td><strong>Training and experience requirements:</strong>&lt;br&gt;May be granted to Cardiologists who meet qualifications for Category A non-invasive and invasive privileges in addition to the following documentation requirements:&lt;br&gt;Applicants must hold privileges for placement of permanent endocardial pacemaker and must document successful performance of at least 5 lead extractions. Documentation can be either from a cardiology fellowship program or from another Joint Commission accredited hospital or approved in-house learning program.</td>
<td>One (1) procedure</td>
<td>Documentation of at least one (1) lead extraction during the previous two years.</td>
<td></td>
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<tr>
<td>11</td>
<td>Electrophysiology studies</td>
<td><strong>Training and experience requirements:</strong>&lt;br&gt;May be granted to Cardiologists who meet qualifications for Category A non-invasive and invasive privileges in addition to the following documentation requirements:&lt;br&gt;Board certification or admissible for certification in pacing and electrophysiology or demonstrated equivalent training.</td>
<td>One (1) study</td>
<td>Documentation of 25 electrophysiology studies during the previous two years.</td>
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<td>Request</td>
<td>Category B</td>
<td>Appointment Requirements</td>
<td>Proctoring Required</td>
<td>Reappointment Requirements</td>
<td>Number Performed</td>
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<td>11</td>
<td>Percutaneous/Coronary/Cardiac Interventional Procedures – this includes: • Atherectomy • Laser • Thrombectomy • Angioplasty and/or stent placement • Intra-coronary and intra-cardiac ultrasound • Indwelling intra-coronary and cardiac drug infusion/therapy</td>
<td><strong>Training and experience requirements:</strong> May be granted to Cardiologists who are: 1. Board Certified or admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine and Board certified or admissible for certification in Interventional Cardiology. Applicants will be required to provide documentation from the Director of Fellowship Training including documentation of at least 150 Category B percutaneous/coronary/cardiac interventional procedures (75 as the primary operator) during training. In addition, if the applicant has been out of training for two years the applicant must also provide a letter from the Chief of Staff or Chief of Department where applicant has been practicing and document at least 100 category B interventional procedures during the previous two years. 2. Physicians who are board Certified in Cardiology but are not Board certified or admissible for certification in Interventional Cardiology must document at least five (5) years of practice in a Joint Commission accredited hospital where he/she exercised Cardiology privileges</td>
<td>First five (5) procedures</td>
<td>Document participation as either a primary operator or assistant in at least 100 category B invasive procedures during previous two years to maintain privileges.</td>
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<tr>
<td>Request</td>
<td>Category B con’t.</td>
<td>Appointment Requirements</td>
<td>Proctoring Required</td>
<td>Reappointment Requirements</td>
<td>Number Performed</td>
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<td>Percutaneous/Coronary/Cardiac Interventional Procedures con’t.</td>
<td>comparable to those being requested at this facility. Applicants will be required to provide a letter from the Chief of Staff or Chief of Department where applicant has been practicing including documentation that applicant has performed at least 375 Category B invasive procedures during the previous five years.</td>
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<td>1 1</td>
<td>Alcohol septal ablation</td>
<td><strong>Training and experience requirements:</strong> Physician must hold privileges for Category B Percutaneous/Coronary/Cardiac Interventional Procedures Must provide documentation of training either during residency or fellowship or documentation of course or educational conference that included education on alcohol septal ablation.</td>
<td>First one (1) procedure</td>
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<tr>
<th>Request</th>
<th>Category C</th>
<th>Appointment Requirements</th>
<th>Proctoring Required</th>
<th>Reappointment Requirements</th>
<th>Number Performed</th>
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<tbody>
<tr>
<td>1 1</td>
<td>Peripheral Interventional Procedures – this includes:</td>
<td><strong>Training and documentation requirements:</strong> 1. Disciplines of Vascular Surgery, Radiology and Cardiology are eligible for credentialing. 2. Definitions: Peripheral angioplasty (PTA) is the percutaneous approach to transluminal intervention by dilatation or atherectomy and may include stent placement A diagnostic peripheral angiogram is any</td>
<td>Five (S) interventional procedures</td>
<td>At least 50 therapeutic interventions (counted per patient) in a two-year period.</td>
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<tr>
<td>Request</td>
<td>Category C con’t.</td>
<td>Appointment Requirements</td>
<td>Proctoring Required</td>
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</table>
| 1 1     | Peripheral Interventional Procedures con’t.  
(This privilege is shared with another department) | non-coronary or non-cerebral (intra/extra cranial) angiogram and is one that provides complete imaging of the entire vascular distribution and the runoff of the vessel(s) in question.  
3. Basic understanding of cardiovascular disease should be documented by eligibility or certification by any one of the following:  
- American Board of Radiology  
- American Board of Internal Medicine with special certification in Cardiovascular Medicine fellowship  
- American Board of Surgery with completion of a general vascular surgery one (1) year fellowship  
4. Physicians seeking to qualify by having completed a training program shall have documentation of having performed 100 peripheral angiograms, 50 peripheral interventional procedures (counted per lesion) within the past three years and shall have a letter from the Chief of his/her training program stating that the applicant is competent to perform peripheral vascular interventions as a primary operator.  
-OR- |
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<tr>
<th>Request</th>
<th>Category</th>
<th>Appointment Requirements</th>
<th>Proctoring Required</th>
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<tbody>
<tr>
<td>1 1</td>
<td>Category C con’t.</td>
<td>Documentation of having performed 100 peripheral angiograms, 50 peripheral angioplasties within the past three years at another Joint Commission accredited hospital and documentation of attendance at a dedicated symposium on PTA, which has live case demonstrations, shall be documented. <strong>OR</strong> Documentation of successful completion of an approved in-house learning program under the preceptorship of a senior qualified physician and the performance of at least 100 peripheral angiograms and 50 peripheral angioplasty procedures.</td>
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<tr>
<td>1 1</td>
<td>Category D</td>
<td>Assistance is required by a surgeon who has both open repair of AAA privileges and endovascular AAA repair privileges. <strong>Prerequisites</strong> 1. Privileges to perform peripheral angiography, angioplasty and endoluminal stenting. 2. Participation with physicians with privileges to perform traditional intraoperative repair of Aortic aneurysm and fulfills the Department of Surgery criteria for endovascular repair of abdominal aortic aneurysm.</td>
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<td>First two (2) cases by a Senior Staff member who is credentialed to perform endovascular repair of AAA</td>
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NAME: __________________________________________

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<tr>
<th>Request</th>
<th>Category D con’t.</th>
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<tr>
<td>1</td>
<td>Endovascular repair of abdominal aortic aneurysm con’t.</td>
<td>3. Intensive Care admitting privileges.</td>
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</table>

**Training and documentation requirements:**

1. Completion of a vascular surgery fellowship program where Endovascular AAA repair was an integral part of the training format. This training must have occurred within the previous two years. Verification of this training in the form of a letter from the fellowship Director is required. **OR**

2. Documentation of prior experience in a Joint Commission accredited hospital in Endovascular AAA Repair. This experience must have occurred within the previous two years. Documentation must include a letter from the Chief of the Department or Chief of Staff documenting experience in at least ten (10) cases. **OR**

3. Documentation of successful completion of FDA approved course in Endovascular AAA Repair. The training must include a didactic course, hands-on deployment of the Endovascular devices using C-arm in a model, and live case demonstrations. **OR**

4. Successful completion of an approved in-house teaching program at Sutter Medical Center.
Intracoronary brachytherapy is a procedure that is performed in a team environment utilizing an interventional cardiologist, radiation oncologist, and cardiac catheterization team.

**Prerequisites**

1. Cardiologists: Privileges to perform Coronary Intervention including Angioplasty and Stents at Sutter Medical Center, Sacramento.

2. Radiation Oncologists: Privileges to perform Radiation Oncology at Sutter Medical Center, Sacramento.

**Training and documentation requirements:**

1. Documentation of successful completion of an FDA approved course in Intra-Coronary Brachytherapy. The training must include a didactic course and use of the system in conjunction with other members of the team (i.e., a Radiation Oncologist for the Interventional Cardiologist and an Interventional Cardiologist for the Radiation Oncologist). OR
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<th>Category D con’t.</th>
<th>Appointment Requirements</th>
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</table>
| 1 1     | Intracoronary brachytherapy con’t. | 2. Completion of a fellowship program where Intra-Coronary Radiation procedures were an integral part of the training program. This training must have occurred within the previous two (2) years. Verification of this training in the form of a letter from the Fellowship Director is required. **OR**  
3. Documentation of prior experience in a Joint Commission accredited hospital in Intra-Coronary Brachytherapy. This experience must have occurred within the previous two years. Documentation must include a letter from the Chief of the appropriate department documenting experience in at least eight (8) cases in a two-year period. **AND**  

**Radiation Safety**  
1. Documentation of successful completion of an FDA approved course which included training in radiation protection guidelines/emergency procedures. **OR**  
2. Documentation of attendance at a Radiation Safety course sponsored by Sutter Medical Center, Sacramento with respect to intra-coronary brachytherapy. |
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</table>
| 1 1     | AICD Prophylactic implantation for primary prevention (Patient has not had a sustained ventricular arrhythmia) | **Training and documentation requirements:**
  A. For physicians who have completed an Electrophysiology fellowship and who are Board Certified or admissible for certification in Pacing and Electrophysiology – refer to Electrophysiology Intervention privileges (see below)
  B. Alternate Pathway to Electrophysiology fellowship and board certification
    1) Completion of a Heart Rhythm Society sponsored or endorsed ICD/CRT didactic course – and -
    2) Documentation of successful passage of the NASPExAM within the past ten years (which included ICD knowledge and testing) – and -
    3) Documentation of current experience of 35 pacemaker implantations per year (of which at least 75% should be new “full-system” implants) and 100 implantations over the previous three years. | ICD 10 implantations and 5 revisions (should include upgrades, lead extraction and replacement, pulse generator change and new lead insertion) | 10 ICD and CRT procedures per year (20 in two years) |
| 1 1     | Electrophysiology intervention – this includes:
  - AICD (primary prevention & ongoing therapy)
  - Ablation | **Training and documentation requirements:**
  Board certification or admissible for certification in pacing and electrophysiology or demonstrated equivalent training and documentation of training in AICD implementation in Electrophysiology fellowship. | One (1) procedure | 12 cardioverter defibrillator implants and 50 electrophysiology ablation procedures during previous two years. |
## SUTTER MEDICAL CENTER, SACRAMENTO
Department of Cardiovascular Disease – Cardiology - Delineation of Privileges

### NAME:

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</table>
| 11      | Balloon valvuloplasty | **Training and documentation requirements:**  
Board certified or admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine and Board certified or admissible for certification in Interventional Cardiology.  
Applicants will be required to provide documentation from the Director of the Fellowship Training of at least 15 cases or documentation of successful completing of an in-house program where at least 5 cases were performed. (If fellowship training is provided but there were not a total of 15 cases then the applicant will also need to complete 5 cases under the Sutter In-House Training Program.) | Two (2) procedures | Document at least two valvuloplasty procedures during previous two years. |
| 11      | Cerebral angiography | **Training and experience requirements:**  
1. Documentation of a formal training program in which diagnostic cerebral angiography was part of the training program. Documentation must be provided by the Director of the training program **OR**  
2. Post Residency or Fellowship Training  
   Documentation of prior experience at another Joint Commission accredited hospital within the past three (3) years. Documentation must be provided by the Chief of the Department at the other hospital **OR**  
3. Successful completion of an approved in-house learning and teaching program. Documentation must be provided by the Preceptor at the end of the in-house training program. | First six cerebral angiography | Twelve (12) cerebral angiography procedures must be performed every two years. |

*This privilege is shared with another department*
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| 1 1     | Cerebral angiography con’t. | And meet one of the following:  
Cardiologists who only hold Category A, Invasive procedure privileges are required to provide evidence of training/experience in a minimum of 150 cerebral angiography procedures.  
Interventional Cardiologists who hold Category A, Invasive procedure and Category B, Percutaneous/Coronary/Cardiac Interventional Procedure privileges are required to provide evidence of training/experience in a minimum of 100 cerebral angiography procedures.  
Peripheral Interventional Cardiologists who hold Category A, Invasive procedure and Category B, Percutaneous/Coronary/Cardiac Interventional Procedure privileges and Category C, Peripheral Interventional Procedure privileges are required to provide evidence of training/experience in a minimum of 50 cerebral angiography procedures.  
Interventional Radiologists who hold Peripheral Transluminal Angioplasty privileges are required to provide evidence of training/experience in a minimum of 50 cerebral angiographies. |
SUTTER MEDICAL CENTER, SACRAMENTO  
Department of Cardiovascular Disease – Cardiology - Delineation of Privileges

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<tr>
<td>1 1</td>
<td>Cerebral angiography con’t.</td>
<td>Neuroradiologists with fellowship training in Neuroradiology or admissible for subspecialty Certificate of Added Qualification in Neuroradiology by the American Board of Radiology or evidence of continuous practice in the field in the previous two years.</td>
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| 1 1     | Extra-cranial cerebral revascularization *(This privilege is shared with another department)* | **Cardiology Prerequisites**  
1. Hold privileges for all of the following:  
   - Peripheral Angiography (Special Category A)  
   - Percutaneous/Coronary/Cardiac Intervention (Category B)  
   - Peripheral Transluminal Angioplasty/Stent Placement (Category C)  
   - Cerebral Angiography (Category D) **AND**  
2. Document prior experience in using distal protection devices in at least 20 cases in any vascular territory. | First six extra-cranial cerebral revascularization procedures | Six (6) intra-cranial cerebral revascularization (carotid stent) procedures with use of distal protection devices must be performed every two years. |  |
### Interventional Radiology Prerequisites

1. Hold one of the following groups of privileges:
   - Neuro-Interventional Radiology and Cerebral Angiography Privileges; or,
   - Interventional Radiology Peripheral Transluminal Angioplasty and Cerebral Angiography Privileges.

2. Document prior experience in using distal protection devices in at least 20 cases in any vascular territory.

### Cardiology And Radiology

#### Training and experience requirements:

1. Documentation of a formal training program where extra-cranial revascularization (carotid stenting) was part of the training program. Applicant must have performed at least 10 extra-cranial cerebral revascularization (carotid stent) procedures. Documentation must be provided by the Director of the training program – **OR-**
NAME: 

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| 1 1     | Extra-cranial cerebral revascularization con’t. | 2. Post Residency or Fellowship Training  
- Documentation of successful completion of a post-graduate course (approved by the department) AND  
- Documentation of prior experience at another Joint Commission accredited hospital in at least 10 extra-cranial cerebral revascularization (carotid stent) procedures OR successful completion of an approved in-house learning and teaching program in at least 10 extra-cranial cerebral revascularization (carotid stent) procedures. Documentation must be provided by the Chief of the Department of the other JCAHO accredited hospital or by the Preceptor at the end of the in-house training program. | | | |
| 1 1     | Vascular filter placement | **Training and experience requirements:**  
Board certified or admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine and Board certified or admissible for certification in Interventional Cardiology. Applicants will be required to provide documentation from the Director of the Fellowship Training of at least 2 cases or documentation of successful completing of an in-house program where at least 2 cases were performed. | | | |
### SUTTER MEDICAL CENTER, SACRAMENTO
Department of Cardiovascular Disease – Cardiology - Delineation of Privileges

**NAME:**

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<td>11</td>
<td>Direct left ventricular puncture</td>
<td><strong>Training and documentation requirements:</strong> Board certified or admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine and Board certified or admissible for certification in Interventional Cardiology. Applicants will be required to provide documentation from the Director of the Fellowship Training of at least 2 cases or documentation of successful completing of an in-house program where at least 2 cases were performed.</td>
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<td>11</td>
<td>Permanent indwelling catheter insertion</td>
<td><strong>Training and documentation requirements:</strong> Board certified or admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine and Board certified or admissible for certification in Interventional Cardiology. Applicants will be required to provide documentation from the Director of the Fellowship Training of at least 2 cases or documentation of successful completing of an in-house program where at least 2 cases were performed or experience in pacemaker insertion</td>
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### Transcatheter embolization or occlusion includes:
- Atrial septal defect/patient foramen ovale
- Ventricular septal defect
- Patent ductus arteriosis
- Left atrial appendage

#### Appointment Requirements

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| 1 1     | Transcatheter embolization or occlusion | **Training and documentation requirements:**
1. Board certified or admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine and Board certified or admissible for certification in Interventional Cardiology. Directly out of training: documentation of adequate training for the procedure by letter from director of training program. This documentation must also include information that the applicant has performed at least two procedures as the primary physician or first assistant within the previous two years for each individual transcatheter embolization or occlusion procedure requested; **OR**
2. Practicing physician: documentation of training (from where the applicant learned the procedure) by letter from the director of the training program and documentation of experience from another Joint Commission accredited hospital where the applicant performed at least two procedures within the previous two years **OR**
3. Successful completion of an approved In-House Learning or Advanced Practitioner Training Program for each individual transcatheter embolization or occlusion procedure requested. | Two (2) procedures | Documentation of at least three transcatheter embolization or occlusion procedures during the previous two years. |
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<td>1 1</td>
<td>Transcatheter embolization or occlusion con’t.</td>
<td>Number of cases required for in-house training of any new devices are in accordance with device manufacturer’s recommendation. If more than two years have elapsed since the applicant completed his/her training program or utilized the procedures, then an approved refresher program will be required.</td>
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<td>1 1</td>
<td>Ventilator care/management</td>
<td><strong>Training and documentation requirements:</strong> Board Certified in Cardiovascular Disease by the American Board of Internal Medicine OR Admissible for certification in Cardiovascular Disease by the American Board of Internal Medicine – Applicants will be required to provide documentation from the Director of Fellowship Training or Chair of Department of the primary hospital where he/she has been practicing for the previous two years confirming that the applicant has successfully managed at least 25 ventilator cases.</td>
<td>Three (3) cases</td>
<td>Documentation of at least ten (10) ventilator cases during the previous two years.</td>
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### Appointment Requirements

**Training / Documentation Requirements:**

1. Completion of an interventional cardiology fellowship program where Percutaneous or Surgical VAD placement and management was an integral part of the training format. For those cardiologists requesting management of VAD only privileges, must have completed a cardiology residency where percutaneous or surgical VAD management was part of the training format. All training must have occurred within the previous two years. Verification of this training in the form of a letter from the fellowship Director is required.

**OR**

2. Documentation of prior experience in a Joint Commission accredited hospital in Percutaneous or Surgical VAD Placement and Management. This experience must have occurred within the previous two years. Documentation must include a letter from the Chief of the Department or Chief of Staff documenting experience in at least two (2) cases.

**OR**

3. Documentation of successful completion of FDA approved course in Percutaneous or Surgical VAD Placement and Management.

**OR**

4. Successful completion of an approved in-house teaching program at Sutter Medical Center with a minimum of two (2) cases satisfactorily taught.

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| 1 1     | Placement of percutaneous ventricular assist device (VAD) | Interventional Cardiologists must currently hold:  
1. Category B – Percutaneous/Coronary/Cardiac Interventional Procedure Privileges; and,  
2. Continuing care in critical care unit privileges. | First (1) case | Two (2) VAD cases within the previous 24 months. |   |
| 1 1     | Management of percutaneous ventricular assist device (VAD) | Training / Documentation Requirements:  
1. Completion of an interventional cardiology fellowship program where Percutaneous or Surgical VAD placement and management was an integral part of the training format. For those cardiologists requesting management of VAD only privileges, must have completed a cardiology residency where percutaneous or surgical VAD management was part of the training format. All training must have occurred within the previous two years. Verification of this training in the form of a letter from the fellowship Director is required.  
**OR**  
2. Documentation of prior experience in a Joint Commission accredited hospital in Percutaneous or Surgical VAD Placement and Management. This experience must have occurred within the previous two years. Documentation must include a letter from the Chief of the Department or Chief of Staff documenting experience in at least two (2) cases.  
**OR**  
3. Documentation of successful completion of FDA approved course in Percutaneous or Surgical VAD Placement and Management.  
**OR**  
4. Successful completion of an approved in-house teaching program at Sutter Medical Center with a minimum of two (2) cases satisfactorily taught. | First (1) case | Two (2) VAD cases within the previous 24 months. |   |
<p>| 1 1     | Management of surgical ventricular assist device (VAD) | | | |   |</p>
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| 1 1     | Transcutaneous Cardiac Valve Implantation and/or Repair | Training and experience requirements for initial applicants:  
A. Board Certified or admissible for certification in Interventional Cardiology or Cardiothoracic Surgery.  
– and –  
B. Participation in an FDA approved certification course. If directly out of training, documentation of adequate training in the procedure by letter from Director of training program.  
– and –  
C. Documentation of at least three (3) procedures as primary physician or first assistant.  
– and-  
D. It is understood that procedural devices are approved under FDA and CMS mandated industry restrictions in regards to operator credentialing/inservice. Cath Lab Policy in regards to industry (vendor) credentialing/inservice and certification of operators per FDA/CMS mandates will be followed in the cath lab, hybrid suite and operating rooms. | Proctoring of the physician’s first two (2) cases by an approved proctor is required. | Documentation of at least ten (10) transcutaneous cardiac valve implantation or repair procedures during the previous two years as the primary physician or first assistant. |               |

*These procedures are germane to all cardiologists: tube thoracostomy, venous cutdown, arterial cutdown, hemodynamic line insertion, peripheral vascular drug therapy, thrombolytic therapy and placement of transvenous temporary pacemaker*
NAME: ____________________________

➢ - Indicates assistance is required by a surgeon who has both open repair of AAA privileges and endovascular AAA repair privileges.

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by Medical Staff Policies and Procedures, Rules and Regulations, and (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.

I hereby attest to having performed the stipulated number of procedures as indicated above, thereby meeting the criteria for those privileges I have requested.

COMMITTEE APPROVALS

Cardiovascular QI/Administrative Committee Date: ____________
Or Dept Chief (in lieu of mtg) ____________________________

Credentials Committee Date: ____________
Medical Executive Committee Date: ____________
Board of Directors Date: ____________

Approved by:
Cardiovascular QI/Administrative Committee 11/10/11
Credentials Committee Chair 1/10/12
Medical Executive Committee 1/24/12
Medical Policy Committee 2/2/12
Board of Directors 2/13/12

TEMPORARY PRIVILEGE APPROVAL

Department Chief: ____________________________
Date: ____________