**Surgicore**

of Jersey City LLC

DELINEATION OF PRIVILEGES: ***INTERVENTIONAL CARDIOLOGY***

I am requesting Interventional cardiology privileges for:

***General category I***

***Core Privileges***

Privileges are based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

* ***Work-up, admission, evaluation, diagnosis, consultation, and/or provision of treatment to patients presenting with cardiovascular disease or disorders and related internal medicine disorders.***

***General Category II***

***Special Cardiology Procedures***

Privileges are granted to members qualified to perform specific procedures.

**a. \**NON-INVASIVE TESTING***

Request Granted

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ EKG interpretation

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Echocardiography interpretation

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Nuclear cardiac testing

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Graded exercise stress testing

**b. \**BASIC CARDIAC INTERVENTIONAL TESTING AND TREATMENT***

Request Granted

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Swan Ganz catheterization

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Transesophageal echocaridography

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Endomyocardial biopsy

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Pericardiocentesis

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Percutaneous pericardiotomy

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Cardiac catheterization

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Coronary angiography

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Thrombolytic therapy

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Non-selective aortic, iliac and renal flushes associated with cardiac

 catheterization

***c. \*BASIC CARDIO-ELECTROPHYSOLOGY TESTING/TREATMENT***

Request Granted

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Cardioversion-medical & electrical

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Temporary pacer

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Permanent pacer

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***General Category III***

***Advanced Cardiology Procedures***

Privileges are granted to members qualified to perform specific procedures

***a. \*ADVANCED CARDIAC INTERVENTIONAL PROCEDURES***

Request Granted

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Intra-aortic balloon pump placement

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Balloon valvuloplasty

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Percutaneous transcoronary angioplasty

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Coronary Stent placement

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Coronary artherectomy

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Stenting

**\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_ -Arterial

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ -Coronary

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ -Carotic

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ -Femoral

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ -Iliac

***b. \*ADVANCED CARDIO-ELECTROPHYSIOLOGY TESTING/TREATMENT***

Request Granted

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** Electrophysiology studies

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Radiofrequency ablation

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Lead extraction

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ ICD placement

***General Category IV***

***Critical Care Privileges***

Privileges are granted to members qualified to perform specific procedures

Request Granted

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Patient management in the PACU while awaiting Acute Transport to higher

 level

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Arterial cannula placement

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Endotracheal intubation

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_CVP line placement

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Ventillatory support management

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Chest tube insertion

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Cut down

 ***\*OTHER PRIVILEGES (PLEASE SPECIFY)***

Request Granted

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_:

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_:

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_:

I agree to admit patients, perform histories and physicals, order diagnostic tests, request consultations, provide consultations within the scope of my privileges, use all skills normally learned during medical school and residency, and render any care in a life-threatening emergency or as requested by the Clinical Administration should there be a physician crisis in the facility.

I will practice within the bounds of my training and competence and will not attempt to treat cases which are not in my scope of practice. I understand that any newly developed treatment modalities are not included in this request and must be cleared by the Medical Executive Committee and Governing Board before their performance. I will become familiar with the capabilities and limitations of this Facility.

I understand that in making this request I am bound by the applicable Bylaws and/or Policies & Procedures of Surgicore of Jersey City LLC, and hereby stipulate that I meet the threshold criteria for this request. I also certify that I have knowledge to operate all the equipment necessary to carry our requested procedures.

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| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Name Printed |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature |
|  |  |  |
|  |  |  |

Above privileges, as requested, are recommended to the Board of Directors for formal approval to work at the center.

 **Granted \_\_\_\_\_\_\_ Deferred \_\_\_\_\_\_\_\_ *Medical Director* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Granted \_\_\_\_\_\_\_ Deferred *\_\_\_\_\_\_\_\_ Administrator* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**