

Radiology Privileges (Diagnostic, Nuclear and Interventional) Department of Radiology

Name:

(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (reappointment, on 2 year specialty cycles)
- ' Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training:

- Documentation of the performance and interpretation of a volume of radiologic tests or procedures commensurate with the subspecialty.
- Successful completion of an ACGME or AOA accredited residency in diagnostic radiology or nuclear medicine.
- Current certification or active participation in the examination process leading to certification by the American Board of Radiology or the American Osteopathic Board of Radiology. Board certification must be achieved within 2 years of training completion.
- Current BLS required.
- Current ACLS required, if requesting moderate sedation privileges.

| Facility (Check ALL that are applicable to your request) | | | | | | | | | |
|--|--------------|-------|------|--------------------|--|--|--|--|--|
| Baroness* | Children's** | North | East | Bledsoe/Sequatchie | | | | | |
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* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Radiology Privileges:

Core privileges in radiology including interpretation of imaging modalities including but not limited to radiography, ultrasound, nuclear medicine studies, MRI, CT, mammography and the use of radionuclides for treatment purposes in accordance with current licensure. Core privileges include minor interventional procedures encompassing image guided aspiration, injection and superficial biopsies. Privileges include short-term care of patients of all ages on an inpatient basis or the admission of a patient for planned elective procedures the following day.

Core Radiology Privileges – Telemedicine:

Diagnostic radiology including interpretation of imaging modalities including but not limited to radiography, ultrasound, nuclear medicine studies, MRI, CT and mammography.

Special Non-Core Privileges in Radiology:

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing the procedure consistent with the criteria set forth in the medical staff guidelines governing the exercise of special privileges.

| Procedure | Threshold | Baroness | Children's | North | East | Bledsoe/Sequatchie |
|---|--|----------|------------|-------|------|--------------------|
| Vertebroplasty / kyphoplasty | Initial Appoint: 10 Reappointment: 5 | | | | | |
| Percutaneous aspiration, drainage, biopsy of superficial and deep structures including soft tissues and bone, percutaneous microwave / radiofrequency /cryoblation | Initial Appoint: 25 Reappointment: 10 | | | | | |
| Percutaneous biliary drainage, transhepatic cholangiogram, stone removal, stenting | Initial Appoint: 10 Reappointment: 5 | | | | | |
| Percutaneous urinary drainage/nephrostogram/urogram. Stone removal, stenting, antegrade pyelography | Initial Appoint: 25 Reappointment: 10 | | | | | |
| Body and peripheral venous: access including line placement, venography, IVC filter placement, venous stenting, venous embolization | Initial Appoint: 25 Reappointment: 10 | | | | | |
| Body and peripheral arterial: access including line placement, arteriography, arterial stenting, arterial embolization | Initial Appoint: 25 Reappointment: 10 | | | | | |
| Neurointerventional Radiology Procedures listed below: | | | | | | |
| Carotid/cerebral angiography | Initial Appoint: 25 Reappointment: 10 | | | | | |
| Carotid artery angioplasty, stenting, and mechanical thrombectomy | Initial Appoint: 10 Reappointment: 5 | | | | | |
| Arterial and venous intracranial thrombectomy, stenting, angioplasty, aneurysm coiling/flow diversion, AVM/AVF/tumor embolization | Initial Appoint: 25 Reappointment: 10 | | | | | |
| Administration of Moderate sedation and analgesia (see below for criteria). | 5 per year | | | | | |

Request for Privilege Not Listed in Core or Special Non-Core (please list the privilege and provide justification as well as any accompanying certifications or case logs)

Special Procedures Privileges Criteria Moderate Sedation

CRITERIA - To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD

2. Successful completion of a post-graduate residency training program of at least three years' duration.

3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.

4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.

5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.

6. Current proof of ACLS, PALS, or ATLS

7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments:

Provider Signature

Date

Chief Signature

Date

Rev. 03/24