

**OCHSNER CLINIC FOUNDATION  
DELINEATION OF CLINICAL PRIVILEGES  
DEPARTMENT OF CARDIOLOGY**

**CATEGORY I**

Physicians with these privileges have had formal training in Cardiology, but have not yet fulfilled every requirement for board certification by the American Board of Internal Medicine – Cardiovascular Disease. They may render emergency care of limited clinical care of uncomplicated illness posing no serious threat to life and expected to require only a short period of hospitalization. When doubt exists as to the diagnosis, or in cases where expected improvement is not apparent, consultation must be obtained.

**CATEGORY II**

Physicians with these privileges have completed formal training and are eligible for American Board of Internal Medicine Cardiovascular Disease sub-certification. They are privileged to admit and treat all cases and perform all procedures for which an individual would be expected to be competent at the completion of residency training in Cardiology. Individuals granted Category II privileges would be expected to request consultation in cases in which doubt exists as to diagnosis, or expected improvement is not apparent, and when specialized therapeutic or diagnostic techniques are indicated.

**CATEGORY III**

Physicians with these privileges have completed formal training and are certified by the American Board of Internal Medicine in Cardiovascular Disease. They are privileged to admit and treat without limitation and act as consultants to others. They are privileged to perform all diagnostic and therapeutic procedures for which an individual would be expected to be competent at the completion of residency training in Cardiology. Individuals granted Category III privileges would be expected to request consultation whenever needed, such as when unexpected complications arise which are outside the physician's scope of expertise, or when specialized treatments or procedures are contemplated with which the physician is not familiar.

**Please indicate below the number of the category requested:**

\_\_\_\_\_ **Internal Medicine**

\_\_\_\_\_ **Cardiology**

**A. GENERAL PRIVILEGES (Expertise acquired through a normal training program. By applying for general privileges, all procedures and privileges indicated in the categories above are included, unless indicated in Section B.)**

**B. PRIVILEGES NOT APPLIED FOR: (List those general privileges which you do not wish to apply for.)**

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**C. SPECIAL PROCEDURES: (List those privileges requiring expertise acquired through additional training exclusive of the usual training in your specialty - attach documentation of special competency.)**

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**PLEASE ANSWER THE FOLLOWING QUESTION:**

**Will you use radioactive materials or x-ray producing equipment in any of the procedures you plan to perform?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE CHECK APPROPRIATE HOSPITAL STAFF:**

\_\_\_\_\_ **ACADEMIC-ACTIVE STAFF WITH ADMITTING PRIVILEGES** - I request full Academic-Active Medical Staff admitting privileges, with authorization to furnish care as indicated.

\_\_\_\_\_ **ACADEMIC-ACTIVE STAFF** - I request Academic-Active Medical Staff privileges, with authorization to furnish care as indicated.

\_\_\_\_\_ **CONSULTING-TEACHING STAFF** - I request Consulting Medical Staff privileges, with authorization to furnish care as indicated.

\_\_\_\_\_ **COURTESY STAFF** - I request Courtesy privileges only in the areas indicated on this form.

\_\_\_\_\_ **CONSULTING STAFF** - I request Consulting privileges only in the areas indicated on this form.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**I RECOMMEND APPROVAL OF THE DELINEATION OF CLINICAL PRIVILEGES REQUESTED:**

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT CHAIR

\_\_\_\_\_  
DATE

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DEPARTMENT OF CARDIOLOGY**

GENERAL PRIVILEGES

**SPECIAL PROCEDURES**

- Transesophageal echocardiography
- Peripheral vascular Doppler ultrasound
- MRA/CTA supervision and interpretation
- Nuclear cardiology supervision and interpretation
- Cardiopulmonary support system (CPS) and/or IABP placement
- Percutaneous valvular and cardiac interventional procedures
- Left heart catheterization, including coronary and cardiac angiography
- Percutaneous coronary interventional procedures (PCI)
- Carotid, cerebrovascular and peripheral vascular interventional procedures
- Non-cardiac angiography: Pulmonary, peripheral vascular, cervico-cerebral.
- Permanent cardioverter/defibrillator device implantation and management
- Electrophysiologic testing/ conduction pathway ablation
- Permanent pacemaker implantation and management

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I RECOMMEND APPROVAL OF THE DELINEATION OF CLINICAL PRIVILEGES REQUESTED:

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD

\_\_\_\_\_  
DATE

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***GENERAL PRIVILEGES***

The applicant for general privileges in adult cardiology at the Main Campus must demonstrate professional competence, obtained through a normal training program or other experience, to provide comprehensive and specialized medical care, consultative services, diagnostic and therapeutic skills in the field of cardiovascular diseases.

The American Board of Internal Medicine (ABIM), defines clinical competence as possessing the following skills: clinical judgment, medical knowledge, clinical skills (medical history taking and performing a physician examination), humanistic qualities, professional attitudes and behaviors, ability to integrate the preceding skills into excellent medical care, commitment to scholarship, and high moral and ethical behavior. Procedural skills require technical proficiency and familiarity with the indications, interpretation, contraindications and complications of the procedure.

Basic procedural skills required include those required for ABIM certification in Cardiology, such as critical life saving procedures and basic procedures necessary for obtaining additional diagnostic information. These skills are as follows:

- Advanced cardiac life support (ACLS), including cardioversion, and emergency pericardiocentesis.
- Electrocardiography, including ambulatory ECG monitoring, telemetry and exercise testing
- Insertion of arterial lines
- Right heart catheterization, including insertion and management of temporary pacemakers
- Hemodynamic monitoring

An individual's procedural skills may vary depending upon his or her experience while in training and/or following training. The request for privileges will be evaluated and granted on the basis of actual skills and experience. This may be verified in writing by the training program director or by an experienced credentialed staff physician. Many of these procedural skills are regarded as special procedural skills at Ochsner Clinic Foundation, and require specific granting of privileges. Applicants who do not meet the minimum requirements for a specific procedure may be granted privileges when the Director or Section Head and Department Chairman determine that the applicant is qualified by experience. Privileges will be re-evaluated on a biennial basis and are renewed when an applicant demonstrates continued competency in the performance of a procedure.

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Those special procedural skills include the following:

1. Transesophageal echocardiography
  - 1.1. Applicants must possess the cognitive and technical skills to perform transesophageal echocardiography in adults as identified in the Guidelines for Physician Training in Transesophageal Echocardiography: Recommendations of the American Society of Echocardiography Committee for Physician Training in Echocardiography.
  - 1.2. The applicant must complete the following training components as recommended by the American Society of Echocardiography:
    - 1.2.1. General echocardiography, Level II
    - 1.2.2. Esophageal intubation
    - 1.2.3. TEE examination
    - 1.2.4. Ongoing education
  - 1.3. Training in TEE examination, as recommended by the American Society of Echocardiography, must include:
    - 1.3.1. Understanding of indications and contraindications to TEE.
    - 1.3.2. Introduction of the probe
    - 1.3.3. Manipulation of the TEE transducer
    - 1.3.4. Optimization of instrument controls
    - 1.3.5. Interpretation of study findings
  - 1.4. General guidelines for practical experience are based upon the recommendations of the American Society of Echocardiography as follows:
    - 1.4.1. Cardiology Fellowships
      - 1.4.1.1. Minimum Level II experience in general echocardiography
      - 1.4.1.2. Satisfactory performance of esophageal intubations under supervision
      - 1.4.1.3. Satisfactory performance of TEE examinations under the direct supervision of an experienced (Level III) echocardiographer who also is expert at TEE procedures
    - 1.4.2. Practicing Cardiologists with Level II General Echocardiography Training
      - 1.4.2.1. Actively involved in general echocardiography
      - 1.4.2.2. Intensive block of training in active TEE training program, or
      - 1.4.2.3. Series of training sessions under the tutelage of an experienced (Level III) echocardiographer who is also skilled in TEE
  - 1.5. The Section Head of Non-invasive cardiology and the Department Chairman will credential all operators.
  - 1.6. Credentialing for clinical privileges must be renewed biennially.

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2. Cardiopulmonary exercise (CPX) interpretation
  - 2.1. Training and experience in cardiopulmonary stress testing and interpretation.
  - 2.2. The Section Head of Non-invasive cardiology and the Department Chairman will credential all operators.
  - 2.3. Credentialing for clinical privileges must be renewed biennially.
  
3. Peripheral vascular Doppler ultrasound/ ABI/ SPLEX
  - 3.1. The applicant for privileges must meet the following criteria:
    - 3.1.1. Board eligible or certified in a relevant field (cardiology, internal medicine, vascular medicine, neurology, vascular surgery, or radiology).
    - 3.1.2. Possess certification from ARDMS as either Registered Vascular Technologist or Physicians Vascular Interpretation
  - 3.2. The Section Head of Non-invasive cardiology and the Department Chairman will credential all operators.
  - 3.3. Credentialing for clinical privileges must be renewed biennially.
  
4. MRA/CTA supervision and interpretation
  - 4.1. The applicant for privileges must meet the following criteria:
    - 4.1.1. Board eligible or certified in a relevant field (cardiology, vascular medicine, vascular surgery, neurology or radiology).
      - 4.1.1.1. Completion of a formal one-year training program dedicated to cross-section imaging including cardiac and vascular CT or MR or;
      - 4.1.1.2. Documented proficiency in interpretation of at least 100 MRA and/or 100 CTA studies.
    - 4.1.2. Possesses the knowledge needed for designing scanning protocols.
  - 4.2. The Section Head of Non-invasive cardiology and the Department Chairman will credential all operators.
  - 4.3. Credentialing for clinical privileges must be renewed biennially.
  
5. Nuclear cardiology supervision and interpretation
  - 5.1. Privileges in nuclear cardiology may be granted to cardiologists on the basis of either of the following:
    - 5.1.1. Certification in Nuclear Cardiology
    - 5.1.2. Training and experience in Nuclear Cardiology
      - 5.1.2.1. Level II or III experience defined in COCATS and attested to by a NRC licensed proctor.
      - 5.1.2.2. Proof of radiation safety training (200 hrs) for NRC licensure requirements.
  - 5.2. The Section Head of Non-invasive cardiology and the Department Chairman will credential all operators.
  - 5.3. Credentialing for clinical privileges must be renewed biennially.

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6. Cardiopulmonary support system (CPS) and/or IABP placement
  - 6.1. The basic skills necessary include the completion of minimum of 12 months of training in the catheterization laboratory with active hospital privileges to perform diagnostic left heart catheterization, right heart catheterization, transeptal catheterization and the cognitive and technical skills specific to the intra-aortic counterpulsation system, CPS and LVAD systems.
  - 6.2. The Section Head of Invasive cardiology and the Department Chairman will credential all operators
  - 6.3. Credentialing for clinical privileges must be renewed biennially.
  
7. Percutaneous valvular and cardiac interventional procedures
  - 7.1. Candidates applying for unrestricted privileges to perform percutaneous valvular and cardiac interventions, ie. transeptal catheterization, valvuloplasty, and valve replacement, intracardiac ultrasound, percutaneous myocardial revascularization, delivery of intracoronary, intramyocardial, or intrapericardial gene therapy products, alcohol ablation, cardiac biopsy, pericardiocentesis, therapeutic embolization, atrial septal defect closure, patent foramen ovale closure, and left atrial appendage closure must meet one of the following two criteria:
    - 7.1.1. Board eligible or certified in Interventional Cardiology (ABIM) and have performed more than 100 valvular and cardiac procedures in the past 5 years.
    - 7.1.2. Performed at least 150 cardiac interventional procedures within the past 24 months (certified in writing by the Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
  - 7.2. The Section Head of Invasive cardiology and the Department Chairman will credential all operators.
  - 7.3. Credentialing for percutaneous valvular and cardiac interventional procedures privileges must be renewed biennially.
  
8. Left heart catheterization, including coronary and cardiac angiography
  - 8.1. Candidates applying for unrestricted privileges to perform left heart catheterization, including coronary and cardiac angiography must meet one of the following two criteria:
    - 8.1.1. ABIM Board Eligible or Certified in Cardiology and have performed more than 300 cardiac catheterization procedures in an accredited cardiology fellowship training program (certified in writing by Physician Director of the Catheterization Laboratory, or the training program Director).
    - 8.1.2. Performed at least 300 cardiac catheterization procedures within the past 24 months (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
  - 8.2. The Section Head of Invasive cardiology and the Department Chairman will credential all operators.
  - 8.3. Credentialing for clinical privileges to perform left heart catheterization must be renewed biennially.

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9. Percutaneous coronary interventional procedures (PCI)
  - 9.1. Candidates applying for unrestricted privileges to perform percutaneous coronary interventions, ie. coronary artery or bypass graft angioplasty, stent placement, coronary stent-graft deployment, atherectomy, laser ablation, thrombolysis, angiосcopy, intravascular ultrasound, intracoronary doppler measurements, and placement of emboli protection devices must meet one of the following two criteria:
    - 9.1.1. ABIM Board Eligible or Certified in Interventional Cardiology and have performed more than 100 coronary interventional procedures in the last 24 months.
    - 9.1.2. Performed at least 200 cardiac interventional procedures within the past 24 months (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
  - 9.2. The Section Head of Invasive cardiology and the Department Chairman will credential all operators
  - 9.3. Credentialing for clinical privileges to perform PCI must be renewed biennially.
  
10. Non-cardiac angiography: pulmonary, peripheral vascular, and cervico-cerebral
  - 10.1. Candidates applying for unrestricted privileges to perform non-cardiac angiography must have demonstrated competency in cognitive, technical and clinical skills needed and met one of the following criteria:
    - 10.1.1. Performed 100 non-cardiac angiograms while in an accredited fellowship training program with one-half as the primary operator (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
    - 10.1.2. Performed 100 non-cardiac angiograms with half as primary operator within the past 24 months (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
  - 10.2. The Section Head of Invasive Cardiology and the Department Chairman will credential all operators
  - 10.3. Credentialing for clinical privileges to perform non-cardiac angiography must be renewed biennially.

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11. Carotid, cerebrovascular and peripheral vascular interventional procedures

- 11.1. Candidates applying for unrestricted privileges to perform percutaneous non-cardiac related vascular intervention procedures i.e.; balloon angioplasty, atherectomy, laser ablation, stent deployment, stent-graft deployment, thrombolysis, mechanical thrombectomy, vena cava filter placement, therapeutic embolization, catheter embolectomy, catheter/device retrieval, angiography, intravascular ultrasound, intravascular doppler measurements, therapeutic embolization, delivery of intravascular gene therapy products, placement of emboli protection devices, and vascular closure devices; must meet the following criteria:
  - 11.1.1. Board eligible or certified in Vascular Medicine (ABVM), Vascular Surgery (ABIM), Radiology or Interventional Cardiology (ABIM).
  - 11.1.2. Performed at least 50 non-cardiac vascular interventions with at least 25 performed as the primary operator while in an accredited fellowship training program (certified in writing by Physician Director of the Catheterization Laboratory, or the training program Director) or Performed at least 50 non-cardiac vascular interventions with at least 25 performed as the primary operator within the past 24 months (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
- 11.2. Candidates applying for unrestricted privileges to perform percutaneous carotid stent placement with emboli protection have demonstrated competency in cognitive, technical and clinical skills needed and met the following criteria:
  - 11.2.1. Performed 25 carotid stents with emboli protection with half as primary operator within the past 24 months (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
  - 11.2.2. Hold unrestricted percutaneous non-cardiac vascular intervention privileges.
- 11.3. Candidates applying for unrestricted privileges to perform cervicocerebral angiography with intracranial intervention must have demonstrated competency in cognitive, technical and clinical skills required in this field and met the following criteria:
  - 11.3.1. Performed 30 diagnostic cerebral angiograms with half as primary operator within the past 24 months (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
  - 11.3.2. Performed 10 intracranial interventions within the past 24 months with half as the primary operator (certified in writing by Physician Director of the Catheterization Laboratory, or the Chief of Cardiology).
  - 11.3.3. Hold unrestricted carotid stent placement privileges.
- 11.4. The Section Head of Invasive Cardiology and the Department Chairman will credential all operators
- 11.5. Credentialing for clinical privileges to perform carotid, cerebrovascular and peripheral vascular interventional procedures must be renewed biennially.

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12. Permanent pacemaker implantation and management

- 12.1. The applicant for these privileges must meet the following qualifications:
  - 12.1.1. Completed an accredited training program and be board eligible or certified in cardiovascular diseases or cardiothoracic surgery.
  - 12.1.2. Documentation of participation in at least 25 implants during training with half as the primary operator and documentation of at least 5 generator changes. The physician should also have had experience with lead revision.
  - 12.1.3. Physicians responsible for follow up of pacemakers and ICD's should have been actively involved with at least 100 patient follow-ups.
- 12.2. Competency for these privileges must be certified by the Director of Electrophysiology, the Director of the Catheterization Laboratory, and the Chairman of the Department.
- 12.3. Credentialing for clinical privileges to perform pacemaker and ICD implantation must be renewed biennially.

13. Permanent cardioverter/defibrillator device implantation and management

- 13.1. The applicant for these privileges must meet the following qualifications:
  - 13.1.1. Completed an accredited training program and be board eligible or certified in cardiovascular diseases or cardiothoracic surgery.
  - 13.1.2. Documentation of participation in at least 25 implants during training with half as the primary operator and documentation of at least 5 generator changes. The physician should also have had experience with lead revision.
  - 13.1.3. Physicians responsible for follow up of pacemakers and ICD's should have been actively involved with at least 100 patient follow-ups.
- 13.2. Competency for these privileges must be certified by the Director of Electrophysiology, the Director of the Catheterization Laboratory, and the Chairman of the Department.
- 13.3. Credentialing for clinical privileges to perform pacemaker and ICD implantation must be renewed biennially.

14. Electrophysiologic testing/ conduction pathway ablation/ tilt table

- 14.1. The applicant for privileges must meet the following criteria:
  - 14.1.1. Board eligible or certified in the sub-specialty of cardiac electrophysiology.
  - 14.1.2. Participation in at least 100 diagnostic electrophysiology studies with half as a primary operator.
  - 14.1.3. Participation in a minimum of 20 ICD implants with half as the primary operator as well as having been actively involved with ICD follow-up.
  - 14.1.4. Participation in at least 20 radiofrequency catheter ablation procedures with half as the primary operator.
- 14.2. Competency for these privileges must be certified by the Director of Electrophysiology, the Director of the Catheterization Laboratory, and the Chairman of the Department.
- 14.3. Credentialing for clinical privileges to perform electrophysiologic testing must be renewed biennially.