LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOLOGY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,10,11,13,14,15)
☐	☐	☐	☐	Consultation Privileges (1,2,3,5,6,7,8,10,11,13,14,15)
☐	☐	☐	☐	History and Physical (1,2,3,4,5,6,7,8,10,11,13,14,15)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,5,6,7,8,10,11,13,14,15)

R	G	C	N	GENERAL CARDIOLOGY PROCEDURES
☐	☐	☐	☐	Arterial Cannulation (1,2,3,5,6,7,13,14,15)
☐	☐	☐	☐	Cardioversion (1,2,3,5,6,7,10,13,14,15)
☐	☐	☐	☐	Central Venous Pressure (CVP) Monitoring (1,2,3,5,6,7,8,13,14,15)
☐	☐	☐	☐	Electrocardiogram Interpretation* (1,2,3,5,6,7,8,10,13,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Holter Monitoring (1,2,7,8,10,13,14,15)
☐	☐	☐	☐	Pericardiocentesis - Emergency (1,2,3,5,6,7,10,13,14,15)
☐	☐	☐	☐	Swan-Ganz Insertion without Fluoroscopy (1,2,3,5,6,7,10,13)
☐	☐	☐	☐	Temporary Pacemaker Insertion without Fluoroscopy (1,2,3,5,6,7,10,13)
☐	☐	☐	☐	Treadmill Stress Test* (1,2,7,8,10,13,14,15) (*Must satisfy certain credentialing criteria to be approved)

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R	G	C	N	**INVASIVE CARDIOLOGY PROCEDURES**
☐	☐	☐	☐	Assist in Thoracic Endovascular Aortic Repair (TEVAR)* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Fluoroscopy Privileges* (1,2,3,5,6,7,8,10,11,12) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Heart Catheterization - Left* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Heart Catheterization - Right* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Intra-aortic Balloon Pump Insertion* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laser Privileges* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Myocardial Biopsy* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Pericardiocentesis - Elective (1,2,7)
☐	☐	☐	☐	Temporary Pacemaker Insertion w/Fluoroscopy* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Trans-Catheter Aortic Valve Replacement (TAVR)* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Trans-Catheter Defect Closure - Patent Foramen Ovate/Atrial Septal Defect* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Valvuloplasty - Aortic* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Valvuloplasty - Mitral* (1,2) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	**INVASIVE CARDIOLOGY - Peripheral**
☐	☐	☐	☐	Carotid Angiography* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Carotid Angioplasty and Stenting (CAS)* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endoluminal ablation greater or lesser saphenous vein (laser or radiofrequency)* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Excisional phlebectomy, any method (1,2)
☐	☐	☐	☐	Injection sclerotherapy (1,2)

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R	G	C	N	**INVASIVE CARDIOLOGY - Peripheral**
☐	☐	☐	☐	Peripheral Angiography* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Peripheral Angiography and Angioplasty* (excludes carotid and intracranial) (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Radiofrequency ablation of perforator veins (1,2)

R	G	C	N	**INVASIVE CARDIOLOGY - Interventional**
☐	☐	☐	☐	Coronary Rotoblator* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Implanted Loop Recorders** (1,2) (**Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
☐	☐	☐	☐	Mitral Valve Therapy* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Percutaneous Coronary Interventions (PTCA/Stent)* (1,2) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	**NON-INVASIVE STUDIES**
☐	☐	☐	☐	Interpret Nuclear Cardiology Studies* (1,2,7,8,10,13,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Transesophageal Echocardiography (TEE) - Performance and Interpretation * (1,2,7,10,13,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Transthoracic Echocardiography (TTE) (1,2,7,8,10,13,14,15)

R	G	C	N	**ELECTROPHYSIOLOGY PROCEDURES**
☐	☐	☐	☐	Arrhythmia Ablation* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Assist with Convergent Therapy for Atrial Fibrillation* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	BiVentricular Pacemaker (Device) Implantation* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Electrophysiology Studies* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Epicardial Ablation* (1,2) (*Must satisfy certain credentialing criteria to be approved)

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CLINICAL PRIVILEGES IN CARDIOLOGY

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R	G	C	N	ELECTROPHYSIOLOGY PROCEDURES
☐	☐	☐	☐	Implantable Cardioverter Defibrillator (ICD) Implantation* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laser Lead Extraction* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Permanent Pacemaker Insertion* (1,2,7,10,13) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Tilt Table Testing* (1,2,7,8) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	OTHER
☐	☐	☐	☐	Care and management of patient with extracorporeal membrane oxygenation (ECMO) (1,2)
☐	☐	☐	☐	Care and management of the patient undergoing an evaluation for a durable left ventricular assist device and/or implanted with a left ventricular device* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Moderate Sedation - Adult* (13 years or older)*** (1,2,3,5,6,7,8,10,13,14,15) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN CARDIOLOGY

Name_____

Privileges by Location:

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 - LVH-Schuylkill East Norwegian
11 - LVH-Schuylkill South Jackson
13 - LVH-Hecktown Oaks
14 - LVH-Coordinated Health - Allentown
15 - LVH-Coordinated Health - Bethlehem
16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
17 - LVHN East Stroudsburg Ambulatory Surgery Center
18 - LVH-Pocono

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA CARDIOLOGY

Name_____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:_____Date:_____/_____/_____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY)	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date