Privileges in Radiology

Name: _________________________________________________

To be eligible to request clinical privileges, the applicant must meet the following threshold criteria:

<table>
<thead>
<tr>
<th>Basic Education:</th>
<th>MD, DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Formal Training:</td>
<td>Successful completion of an ACGME or AOA-accredited residency in Radiology.</td>
</tr>
</tbody>
</table>

**Board Certification:**

- **New Applicant:** Current certification in the above noted specialty by a recognized ABMS or AOA member board or attain certification directly following completion of training program within the time frame specified by your specialty board.
- **Reappointment:** Maintenance of Board Certification required. *Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in the ineligibility to apply for reappointment.*

**Experience:**

- **New Applicant:** Documentation of the performance of radiologic procedures on at least 30 inpatients or outpatients during the past 12 months.
- **Reappointments:** Continued performance of privileges requested with acceptable outcomes. Please be prepared to provide a list of cases (case log) performed at facilities other than BCH if requested.

### CORE PRIVILEGES

- **Performance, supervision and interpretation of noninvasive diagnostic radiology includes,** but is not limited to:
  - Plain film
  - Ultrasound
  - Fluoroscopy
  - Computerized tomography
  - MRI
  - PET scan
  - Diagnostic and Therapeutic nuclear medicine
  - Cardiac Calcium Scoring Interpretation
  - CT Coronary Artery Angiography Interpretation

- **Performance, supervision and interpretation of invasive diagnostic radiology includes,** but is not limited to:
  - Imaging-guided percutaneous needle biopsies
  - Aspirations
  - Drainage procedures for abscesses
  - Stereotactic large core breast biopsy
  - Hysterosalpingography
  - Myelogram
  - Injections (epidural, facet, joints, nerve, etc.)
  - Percutaneous biliary and nephrostomy procedures
  - Contrast injected procedures (arthrography, venography, etc.)

### ADDITIONAL PRIVILEGES REQUESTED

*Do not request if you do not intend to perform in a hospital setting*

<table>
<thead>
<tr>
<th>Request</th>
<th>Procedure</th>
<th>Additional Credentialing Criteria</th>
</tr>
</thead>
</table>
| Moderate Sedation (in accordance with Hospital Sedation Policy) | Sedation packet is located on the Scoop click on the Medical Staff Tab | **Initial and Reappointment:**
  - Completion of the sedation self-study packet, including post-test with a passing score of 85%. Provide evidence of current ACLS certification, which included an airway management module **OR** Completion of an approved Airway Management Skills Lab, including hands on practice with OPAs, LMA and ET intubation on airway simulators.
  - Provide evidence of current PALS certification if practice will include children/infants/newborns. |
| Mammography | | **Initial:** Meets ACR qualifications for mammography accreditation. **Reappointment:** Maintenance of qualifications, verified by the mammography manager. |
| Vascular and Interventional Radiology – privileges | | **Initial:** Subspecialty certification in Interventional |
Request | Procedure | Additional Credentialing Criteria
--- | --- | ---
Include, but are not limited to admission, consultation, work-up and provision of care to patients requiring vascular and non-vascular interventions. Procedures include, but are not limited to:
- Radiofrequency ablation of bone, lung and solid organs
- Advanced percutaneous genitourinary interventions: (stone extraction, uterine artery embolization, ureteral and biliary stenting)
- Phlebectomy, sclerotherapy and vein ablation
- Uterine Fibroid Embolization, fallopian tube catheterization
- Vertebroplasty
- Balloon Kyphoplasty
- Aortic Stent-Graft Deployment
- Interventional Neuroangiography including stroke lysis and embolization
Radiology.
**Reappointment:** Maintenance of subspecialty certification in Interventional Radiology (effective 6/1/2010)

- Radioembolization with Microsphere Brachytherapy
  - Initial: Completion of manufacturers course or additional training or experience

- Diagnostic Peripheral Angiography includes pulmonary, carotid and cerebral angiography. Does NOT include coronary angiography.
  - **Initial:** Subspecialty certification in Interventional Radiology AND performance of 100
  - **Reappointment:** Maintenance of subspecialty certification in Interventional Radiology (effective 6/1/2010) AND Performance of 20

- Peripheral transluminal interventions: includes atherectomy, angioplasty, cryoplasty, stenting and lysis. Includes carotid and vertebral arteries. Does NOT include coronary angioplasty.
  - **Initial:** Subspecialty certification in Interventional Radiology AND performance of 50
  - **Reappointment:** Maintenance of subspecialty certification in Interventional Radiology (effective 6/1/2010) AND Performance of 10

- Fluoroscopy
  - **Initial:** Successful completion of radiation safety self-study module

**In an emergency,** a physician is permitted to exercise clinical privileges to the extent permitted by his or her license, regardless of that individual’s department status or specific grant of clinical privileges. An emergency is defined as a condition which could result in serious or permanent harm to a patient and for which any delay in administering treatment would add to that harm or danger.

**ACKNOWLEDGMENT OF PRACTITIONER:**
I have requested only those privileges for which, by education, training, current experience and demonstrated performance I am qualified to perform, and expect to perform at Boulder Community Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested. I attest by signature that I have met the minimum criteria for procedures/diagnoses management within the past 24 months, and have provided documentation where specifically requested. I agree to provide any additional documentation if requested. I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules. I understand that performing procedures outside of my privileges may result in immediate suspension and/or loss of privileges.

Applicant Signature: __________________________________________ Date: _______________

*Please Sign Your Name*

Radiology Privileges
Revised: June 2012, 12/4/2013