

RADIOLOGY CLINICAL PRIVILEGES

Name: _____

Effective From ____/____/____ To ____/____/____

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)
- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.
- If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s) regardless of education, training, and experience.

QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in diagnostic radiology.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in radiology or interventional radiology/diagnostic radiology by the American Board of Radiology or diagnostic radiology by the American Osteopathic Board of Radiology.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the performance and interpretation of at least 500 general radiology examinations consisting of a variety and scope, reflective of the scope of privileges requested, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	<p>Diagnostic Radiology:</p> <ul style="list-style-type: none"> • 500 cases for initial • 1000 cases for renewal <p>Demonstrated current competence and interpretation of at least 1000 general radiology examinations with acceptable results, reflective of the scope of privileges requested, in the past 24 months.</p>

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
BHIP = Broward Health Imperial Point; BH North = Broward Health North

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<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.
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CORE PRIVILEGES – DIAGNOSTIC RADIOLOGY

Requested **BHMC** **BHCS** **BHIP** **BHN**

Perform general diagnostic radiology (x-ray, radionuclides, ultrasound, CT, mammography, and MRI) to diagnose and treat diseases of patients of all ages. Responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Performance of history and physical exam
2. Angiography / arteriography
3. Arthrography
4. Bone densitometry
5. Computed tomography (CT) of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures
6. Cardiovascular magnetic resonance (CMR)
7. Cardiac CT angiography (CCTA)
8. Carotid Duplex
9. Diagnostic nuclear radiology of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures.
10. Image guided biopsy, cyst aspiration, and procedures
 - a. lumbar puncture
 - b. paracentesis
 - c. thoracentesis
 - d. hysterosalpingogram (HSG)
 - e. venograms
 - f. percutaneous nephrostomy (PCN)
 - g. percutaneous transhepatic cholangiography
11. Insertion and management of central venous and dialysis access line/port
12. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest including the heart, abdomen, and pelvis, extremity and their associated vasculatures
13. Mammography (in accordance with MQSR requirements)
14. Myelography and cisternography
15. Nonvascular interventional procedures including soft-tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, biliary procedures, ablation of neoplasms and cysts, and ureteral stents
16. Noninvasive diagnostic vascular radiology, including ultrasonography, pulse volume recordings, CT, and MRI
17. Placement of inferior vena cava filter
18. Positron emission tomography (PET)
19. Routine imaging, e.g., interpretation of plain films, intravenous pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal, and genitourinary diagnostic and therapeutic procedures
20. Stereotactic core cut breast biopsy

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- 21. Transcranial Doppler (TCD) ultrasonography
- 22. Ultrasound
- 23. Venography

QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY

Education and training	Successful completion of an ACGME- or AOA-accredited residency in diagnostic radiology followed by completion of a one-year accredited fellowship in vascular and interventional radiology.
Certification	Initial applicants must have current subspecialty certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology or Certificate of Added Qualifications in vascular and interventional radiology by the American Osteopathic Board of Radiology.
Required current experience – initial	Demonstrated current competence and evidence of at least 100 vascular and interventional radiology procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Interventional Radiology: <ul style="list-style-type: none"> • 100 cases for initial • 200 cases for renewal Demonstrated current competence and evidence of at least 200 vascular and interventional radiology procedures with acceptable results, reflective of the scope of privileges requested, in the past 24 months.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – VASCULAR AND INTERVENTIONAL RADIOLOGY

Requested **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat patients of all ages by various radiologic imaging modalities (fluoroscopy, digital radiography, computed tomography, sonography, and magnetic resonance imaging). May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

- 1. Perform history and physical exam
- 2. Angiography / arteriography
- 3. Angioplasty

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4. Arthrography
5. Balloon Kyphoplasty
6. Coil occlusions of aneurysms
7. Endovenous laser therapy
8. Endovascular repair of thoracic and abdominal aortic aneurysm (in conjunction with qualified surgeon)
9. Insertion and management of central venous and dialysis access line / port
10. Lymphography
11. Myelography and cisternography
12. Neuro interventional procedures for pain including epidural steroid injection, nerve blocks and discography
13. Nonvascular interventional procedure, including soft tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, biliary procedures, and ablation of neoplasms and cysts, ureteral stents
14. Non-invasive diagnostic vascular radiology to include ultrasonography, pulse volume recordings, CT and MRI
15. Placement of catheter for tumor treatment
16. Placement of inferior vena cava filter
17. Percutaneous lumbar discectomy (PLD)
18. Percutaneous thrombolysis / thrombectomy
19. Therapeutic infusion of vasoactive agents
20. Therapeutic vascular radiology including balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation includes transarterial chemoembolization (excludes carotid and intracranial intervention)
21. Transcervical fallopian tube recanalization
22. Transjugular intrahepatic portosystemic shunt (tips)
23. Uterine artery embolization for leiomyoma
24. Venography and venous sampling
25. Vertebral augmentation

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QUALIFICATIONS FOR ENDOVASCULAR SURGICAL NEURORADIOLOGY

Education and training	Successful completion of an ACGME or CAST-accredited fellowship in endovascular surgical neuroradiology
Certification	Initial Applicants must have current subspecialty certification or be board-eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in vascular neurology by the American Board of Psychiatry and Neurology or in neuroradiology by the American Board of Radiology.
Required current experience – initial	Demonstrated current competence and evidence of at least 25 endovascular surgical neuroradiology treatments, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience (50 endovascular surgical neuroradiology treatments) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
Ability to perform (health status)	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – ENDOVASCULAR SURGICAL NEURORADIOLOGY

Requested **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, and treat children, adolescent, and adult patients with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise to include integration of endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Angiography and embolization of spinal arteriovenous malformations
3. Catheter directed intra-arterial stroke therapy
4. Cavernous sinus sampling
5. Cerebral and spinal digital subtraction angiography
6. Embolization of brain arteriovenous malformations
7. Endovascular embolization of head and neck tumors
8. Endovascular treatment of intracranial aneurysms
9. Extracranial angioplasty and stenting

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- 10. Extracranial endovascular procedures
- 11. Integration of endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures
- 12. Interpreting diagnostic studies
- 13. Intra-arterial thrombolysis and mechanical thrombectomy
- 14. Intracranial angioplasty and stenting
- 15. Intra-cranial/Intra-arterial chemotherapy
- 16. Participating in short- and long-term post procedure follow-up care, including neurointensive care
- 17. Pre- and postoperative management of endovascular patients
- 18. Preoperative tumor embolization
- 19. Provocative and occlusion tests
- 20. Treatment of epistaxis
- 21. Venous embolization of fistulas/thrombosis

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

STEREOTACTIC BREAST BIOPSY

Requested BHMC BHCS BHIP BHN

Criteria: Qualified as an interpreting physician under MQSA. Successful completion of an ACGME- or AOA-accredited diagnostic radiology residency that included training in the stereotactic and ultrasound guided technique of breast biopsy or have at least three hours of Category I CME in stereotactic breast biopsy and 15 hours of Category I CME in breast imaging and disease and have performed at least three hands-on stereotactic breast biopsy procedures under the supervision of a qualified radiologist. **Required**

Current Experience: Demonstrated current competence and evidence of the performance of **12** image guided breast biopsies in the prior **12** months; at least **6** of which must be stereotactic breast biopsies or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of **24** image guided breast biopsies in the prior **24** months; Obtain at least **10** hours (half of which are Category I) in the previous **24** months, specific to the imaging modality or organ system. **Source:** ACR Stereotactic Breast Biopsy Physician Qualifications for Stereotactic Breast Biopsy 2016

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ADMINISTRATION OF SEDATION AND ANALGESIA

Requested BHMC BHCS BHIP BHN

See Broward Health’s Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested Level 1 – Deep Sedation

Requested Level 2 – Moderate Sedation

Criteria: Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) that included sedation training and completion of Broward Health’s online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician’s certification expires.

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ACKNOWLEDGEMENT OF PRACTITIONER

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):*

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes:

Department Chairperson Signature _____ **Date** _____

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Credentials and Qualifications Committee Action **Date** _____

Medical Executive Committee Action **Date** _____

Board of Commissioners Action **Date** _____

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