DELINEATION OF CLINICAL PRIVILEGES - CARDIOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

NOTE: This document is to be used in conjunction with DA Form 5440-3, Delineation of Clinical Privileges - Internal Medicine.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Categories of privileges. Privileges are granted to provide Cardiology health care and services based on patient acuity and for specific diagnostic and interventional procedures.

Category I.

Uncomplicated illnesses or problems which have low risk to the patient. Non-specialists with little or no residency training but with experience in the care of these conditions.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.

Major illnesses, injuries, conditions, or procedures with no substantial threat to life. Significant graduate training in the specialty related to the conditions, or considerable experience in the care of the conditions.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.

Major illnesses, injuries, conditions, or procedures with substantial threat to life. Extensive training and experience to include completion of a certified Cardiology residency training program and board eligibility are required.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II, and III.

Unusually complex or critical diagnoses or treatments with serious threat to life. Board certification in Cardiovascular Diseases is required.

Requested	Approved	
		Category IV clinical privileges

Echocardiography/Special Echocardiographic Procedures:

Requested	Approved		Requested	Approved	
		a. Exercise stress echocardiography			g. Read and interpret arteriograms
		b. Transesophageal echocardiography			h. Perform Thallium/Persantine nuclear studies
		c. Transthoracic echocardiography, including M-mode two-dimensional echocardiography and Doppler techniques			i. Other *(Specify)*
		d. Pharmacologic stress echocardiography			
		e. Intravascular ultrasound, interpretation only			
		f. Read and interpret coronary/pulmonary cineangiogram			

Cardiac Catheterization/Interventional Procedures:

Requested	Approved		Requested	Approved	
		a. Diagnostic right and left heart catheterization, coronary angiography, ventriculography			d. Aortography (ascending)
					e. Endomyocardial biopsy
		b. Pulmonary angiography			f. Coronary angioplasty
		c. Temporary transvenous pacemaker insertion			g. Directional atherectomy - coronary

Cardiac Catheterization/Interventional Procedures: ***(Continued)***

		h. Rotational coronary atherectomy			(3) Pulmonic
		i. TEC catheter insertion			(4) Tricuspid
		j. Coronary stent placement			(5) Coarctation
		k. Peripheral arterial angiography			p. Electrophysiologic study (EPS) radiofrequency ablation
		l. Peripheral balloon angioplasty and atherectomy/Urokinase installation			q Permanent pacemaker insertion
		m. Greenfield/inferior vena caval filter placement			r. AICD *(Implant)*
		n. Peripheral intravascular stent insertion			s. Other *(Specify)*
		o. Valvuloplasty			
		(1) Aortic			
		(2) Mitral			

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - CARDIOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	Echocardiography/Special Echocardiographic Procedures:			
	a. Exercise stress echocardiography			
	b. Transesophageal echocardiography			
	c. Transthoracic echocardiography, including M-mode two-dimensional echocardiography and Doppler techniques			
	d. Pharmacologic stress echocardiography			
	e. Intravascular ultrasound, interpretation only			
	f. Read and interpret coronary/pulmonary cineangiogram			
	g. Read and interpret arteriograms			
	h. Perform Thallium/Persantine nuclear studies			
	i. Other *(Specify)*			
	Cardiac Catheterization/Interventional Procedures:			
	a. Diagnostic right and left heart catheterization, coronary angiography, ventriculography			
	b. Pulmonary angiography			
	c. Temporary transvenous pacemaker insertion			
	d. Aortography (ascending)			
	e. Endomyocardial biopsy			
	f. Coronary angioplasty			
	g. Directional atherectomy - coronary			
	h. Rotational coronary atherectomy			
	i. TEC catheter insertion			
	j. Coronary stent placement			
	k. Peripheral arterial angiography			
	l. Peripheral balloon angioplasty and atherectomy/Urokinase installation			
	m. Greenfield/inferior vena caval filter placement			
	n. Peripheral intravascular stent insertion			
	o. Valvuloplasty			
	(1) Aortic			

CODE	**Cardiac Catheterization/Interventional Procedures:** ***(Continued)***	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	(2) Mitral			
	(3) Pulmonic			
	(4) Tricuspid			
	(5) Coarctation			
	p. Electrophysiologic study (EPS) radiofrequency ablation			
	q Permanent pacemaker insertion			
	r. AICD *(Implant)*			
	s. Other *(Specify)*			

SECTION II - COMMENTS ***(Explain any rating that is "Unacceptable".)***

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*