DEPARTMENT OF MEDICINE
SECTION OF MEDICAL IMAGING - RULES AND REGULATIONS

I. MEMBERSHIP

The Section of Medical Imaging shall consist of those members of the Medical Staff with privileges in Radiology.

II. CHAIRMAN

The Section Chief of Medical Imaging will be elected by members of the Section of Medical Imaging. The Section Chief will be elected for a two year term and shall be a member in good standing of the Active Medical Staff. The Chairman shall be responsible to the Chief of Medicine for the proper functioning of the Section in accordance with the Bylaws, Rules and Regulations Policy Manual of the Medical and Affiliate Staff of Banner Del E. Webb Medical Center.

III. DUTIES OF SECTION CHAIRMAN

The Section Chairman of Medical Imaging shall:

A. Be elected for a two-year term.
B. Be a member in good standing of the active Medical Staff.
C. Attend Department of Medicine meetings, Medical Imaging Section meetings, and Medical Executive Committee meetings.
D. Assist the Department Chairperson in its bi-annual review of granting Diagnostic Radiology/Interventional Radiology privileges.
E. Assist the Department Chairperson in evaluating the credentials and qualifications of new applicants for membership and privileges in the Medical Imaging Section.

IV. PRIVILEGES

1. All physicians assigned to the Section of Medical Imaging shall be granted general privileges for the examination, diagnosis and treatment of patients, as recommended by the Section Chairman and presented to the Chief of the Department of Medicine, the Medical Executive Committee and approved by the Board.

2. The basis for granting privileges shall include, but not be limited to considerations of education, post graduate training and experience for each of the specific privileges requested.

3. To be eligible to apply for core privileges in Interventional Radiology, the applicant must meet the following criteria:

   - Current certification or active participation in the examination process leading to certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology; and
   - Completion of an approved fellowship in interventional radiology or documentation of training/experience determined appropriate by the Department of Medicine; and

- For initial privileges - documentation of performing five cases in the previous five years (for reappointment – documentation of performing two cases in the past two years).
- Any Radiologist holding interventional radiology privileges prior to October 2008 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

4. To be eligible to apply for core privileges in Interventional Neuroradiology, the applicant must meet the following criteria:

   - As above for Radiology plus successful completion of an ACGME-accredited post graduate training program in Endovascular or Interventional Neuroradiology of 12 months continuous duration; and
   - Applicants for initial appointment must be able to demonstrate that he or she provided Endovascular/Interventional Neuroradiology treatment to at least 40 patients in the past 12 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship or research.
   - Applicants for initial appointment may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
   - Any Radiologist holding Interventional Neuroradiology privileges prior to October 2008 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

5. Three observations each for interventional radiology and interventional neuroradiology procedures. Observation requirements may be fulfilled at either Banner Del E. Webb or Banner Boswell Medical Center. Case observers shall be unobserved for the privilege they are observing. Observation reports will be reviewed by the Section Chairman and presented to the Chief of the Department of Medicine for approval.

6. Additional observed cases may be required with low clinical activity if necessary in the opinion of the Section Chairman of Medical Imaging and the Department Chief of Medicine. Such additional observation is the interest of patient safety, is neither punitive nor disciplinary, does not restrict practice and, therefore, is not reviewable and not reportable to the physician's respective licensing board.

7. DIAGNOSTIC PERIPHERAL ANGIOGRAPHY PRIVILEGES

   DEFINITION: An angiogram is defined as the percutaneous passage of a catheter into an artery using needles, guidewires, and fluoroscopic guidance with subsequent contrast injection and serial filming over the anatomic distribution of the vessel injected. A Peripheral Vessel is all vessels except coronary. The filming may be done using conventional film screen technique or by digital imaging. The sole use of cineradiography or video fluoroscopy is not sufficient for the routine recording of a peripheral or visceral arteriographic study.

   - Applicants must document appropriate "hands-on" training and experience in peripheral angiography and submit either a letter from the director of an accredited training program or Chief of Service from a JCAHO accredited facility where the physician is actively practicing attesting that the applicant is proficient in the performance of peripheral angiography; AND

   - Applicants must document evidence of having performed no less than 100 diagnostic peripheral angiograms as the primary operator with documented success and complication rates within accepted limits. This experience shall be evaluated on an individual basis by the appropriate Department Chief.

- Applicants who have received training for peripheral angiography through an accredited residency and/or fellowship as outlined under #1 above and are unable to provide documentation of performance of 100 peripheral angiography procedures will be observed for a total of twenty (20) cases; ten (10) as the observer with a primary operator and ten (10) as the primary operator. Observations will be performed by a member of the Medical Staff having unobserved peripheral angiography privileges and will be reviewed by the Chief of the Department for granting of unobserved privileges.

- Additional documentation of ongoing experience and continuing education in the field of peripheral angiography may be required.

  Requests for peripheral angiography procedures will be processed through the Department of Medicine or the Department of Surgery as appropriate.

  Physicians granted privileges for peripheral angiography at Banner Boswell Medical Center as of October 20, 1999 will be grandfathered for the same privileges upon written request. All criteria (e.g. practice patterns, competency, participation in and results of quality improvement programs, etc.) for re-granting of privileges will be in effect for subsequent privileging.

8. PERIPHERAL ANGIOPLASTY AND STENTING PRIVILEGES

   DEFINITION: An angioplasty is defined as a percutaneous transluminal balloon angioplasty procedure. Such a procedure would use percutaneous vascular access, passage of an angiographic wire across the segment to be treated, transluminal passage of a balloon catheter, and inflation at appropriate sites. The angioplasty procedure includes appropriate angiographic and hemodynamic documentation of the result. A Peripheral Vessel is all vessels except coronary.

- Applicants must document appropriate "hands-on" training and experience in peripheral angioplasty and stenting procedures and submit either a letter from the director of an accredited training program or Chief of Service from a JCAHO accredited facility where the physician is actively practicing attesting that the applicant is proficient in the performance of peripheral angioplasty and stenting procedures; AND

- Applicants must document evidence of having performed no less than twenty-five (25) peripheral angioplasty cases as the primary operator with documented success and complication rates within accepted limits. This experience shall be evaluated on an individual basis by the appropriate Department Chief.

- Applicants who have received training for peripheral angioplasty and stenting procedures through an accredited residency and/or fellowship or a training course, as outlined under #1 above, and are unable to provide documentation of performance of 25 peripheral angioplasty and stenting procedures, will be observed for a total of ten (10) cases as the primary operator. Observations will be performed by a member of the Medical Staff having unobserved peripheral angioplasty and stenting privileges and will be reviewed by the Chief of the Department for granting of unobserved privileges. Applicants may be requested to provide an outline of the courses attended.

- Additional documentation of ongoing experience and continuing education in the field of peripheral angioplasty and stenting may be required.

Requests for peripheral angioplasty and stenting procedures will be processed through the Department of Medicine or the Department of Surgery as appropriate.

Physicians granted privileges for peripheral angioplasty and stenting at Banner Boswell Medical Center as of October 20, 1999 will be grandfathered for the same privileges upon written request. All criteria (e.g. practice patterns, competency, participation in and results of quality improvement programs, etc.) for re-granting of privileges will be in effect for subsequent privileging.

9. PRIVILEGING CRITERIA FOR PERIPHERAL ATHERECTOMY - A Peripheral Vessel is all vessels except coronary.

- Applicant must provide documentation of interventional fellowship training in peripheral vascular angioplasty and stenting with a letter from the program attesting to training; OR
- Have been previously granted peripheral vascular angioplasty privileges.
- All applicants must provide documentation of successful completion of an educational or vendor training course for catheter atherectomies.

A retrospective review of three cases will be required.

10. PRIVILEGING CRITERIA FOR CAROTID ANGIOGRAMS

- Applicants must meet the privileging criteria for diagnostic peripheral angiography privileges and hold unobserved privileges for these procedures; AND
- Applicants must document evidence of having performed no less than 25 carotid angiograms as the primary operator; OR
- Applicants who are unable to provide the documentation stated in #2 above, will be observed for a total of twenty-five (25) cases; ten (10) as the observer with a primary operator and fifteen (15) as the primary operator. Observations will be performed by designated members of the Carotid Artery Stenting Subcommittee.

Initial requests for carotid angiogram privileges shall be evaluated on an individual basis first by the Carotid Artery Stenting Subcommittee with their recommendation forwarded to the appropriate Department Chairperson for consideration.

Any interventional radiologists holding carotid angiogram privileges prior to July 2006 will be grandfathered for this privilege; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment if applicable.

11. BONE MARROW BIOPSY WITH BONE MARROW ASPIRATION (for hematologic disease)

Interventional Radiology (including: biopsy, drainages, stents, etc.) privileges and submit documentation of performing at least three (3) bone marrow biopsies in the past two (2) years. In addition to the above, the applicant must complete the self teaching module for appropriate handling and processing of the marrow sample.

Reappointment criteria: Applicant must submit documentation of performing at least two (2) procedures in the past two years to meet reappointment eligibility criteria.

12. RADIOFREQUENCY PROCEDURES

Applicant must have completed an approved fellowship training program in interventional radiology which included training in radiofrequency procedures or submit documentation of education and training through an accredited continuing education program determined acceptable by the Department of Medicine. The physician is to be retrospectively reviewed for the first five (5) cases. Retrospective case reports will be accepted from other facilities.

Reappointment criteria: Applicant must submit documentation of performing at least two (2) procedures in the past two years to meet reappointment eligibility criteria.

13. ULTRASOUND, MRI OR CT GUIDED CRYOABLATION OF RENAL, LIVER, LUNG OR BONE TUMORS

Applicant must have completed an approved fellowship training program in interventional radiology which included training in cryoablation procedures or submit documentation of education and training through a continuing education program **prospectively determined acceptable* by the Chief of Medicine. The physician is to be retrospectively reviewed for the first five (5) procedures. Retrospective case reports from other facilities will be accepted.

14. STEREOTACTIC NEEDLE CORE BIOPSY OF THE BREAST PRIVILEGES

Physicians requesting privileges in stereotactic needle core biopsy of the breast must meet the following requirements:

- Applicants who have received training in stereotactic needle core biopsy of the breast through an approved radiology or surgical residency program must provide documentation of their training and experience (surgeons should submit a copy of their surgical case log lists showing experience in this procedure for review); **or**

- Provide documented proof (certificate) of having completed a course in stereotactic needle core biopsy procedures; **or**

- Provide evidence of having received equivalent training in stereotactic needle core biopsy procedures under the direct supervision of a physician who has already obtained privileges in the procedure.

- Radiologists must have documented experience in needle-directed breast lesion wire placement or breast lesion biopsy, and surgeons must have unsupervised privileges in breast surgery (all procedures).

Privilege Request and Recommendation:

Applicants meeting the above criteria must submit their documentation for review by the Department of Medicine or the Department of Surgery as applicable.

Supervision Requirements:

No additional supervision is felt to be necessary for candidates who meet the criteria as listed above. However, the Department of Medicine or Department of Surgery, as applicable, maintains the right to require additional supervision wherein a candidate's qualifications/skills are questioned. The number and type of supervised cases will be determined at that time.

15. DISCOGRAPHY

- Submit a certificate and course outline indicating successful completion at a course in discography which must include hands-on experience; OR

- Verification of training in discography during a radiology residency program or an interventional radiology fellowship; OR

- Radiologists currently holding discography privileges at Banner Del E. Webb Medical Center may proctor another radiologist for discography privileges. The teaching radiologist will submit a statement verifying training which will include the trainee to be directly observed for the first three (3) cases.

16. VERTEBROPLASTY

- Submit a certificate and course outline indicating successful completion at a course in vertebroplasty which must include hands-on experience; OR

- Submit evidence of vertebroplasty training during an interventional neuroradiology fellowship.

17. KYPHOPLASTY

- Physicians requesting kyphoplasty must provide documentation of specific training and/or experience in the use of instrumentation for kyphoplasty including hand-on experience.

18. CLASS I – ANESTHESIA: Moderate (Conscious) Sedation: A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners eligible for the privilege must be qualified to assess and rescue patients from unintended deep sedation including airway management.

    Physicians must submit one of the following to apply for moderate sedation:

- Names of five patients to whom you have given conscious sedation within the past 12 months; *or*

- Completion of the Conscious Sedation Test with passing score (test may be obtained from Medical Staff Services); *or*

- Letter from the Chief of Service at a facility where you are actively practicing attesting to competency in performing moderate sedation on five patients within the past 12 months or a letter from the program director attesting to training and competency if training completed within past two years.

19. DEEP SEDATION PRIVILEGES (limited to use of Propofol, Methohexital and Ketamine): A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. Practitioners eligible for deep sedation privileges must be qualified to assess and rescue patients from any level of sedation including general anesthesia.

Radiologists wishing to request deep sedation privileges must submit the following:

- Documentation of current ACLS certification (must be continuously maintained); AND
- Completion of test questions relating to deep sedation with passing score of 100%; AND
- Must hold moderate sedation privileges.

V. BOARD CERTIFICATION

Physicians recommended for initial appointment to the Medical Staff as of February 8, 1994 should be Board Certified in Diagnostic Radiology or Nuclear Medicine and with an accredited fellowship. Any physician currently on Staff prior to February 8, 1994 with Radiology privileges, who is not Board Certified or Board eligible will be exempt.

Practitioners who complete an accredited residency but are unable to establish eligibility to take the exam for Board Certification, may be eligible to be appointed to the medical staff for a period of time not to exceed six months if:

- the Medical Staff Department is able to confirm with the program director that the applicant has met all of the requirements of the program to be able to apply for board status, or
- if the practitioner is able to confirm that he/she is eligible to sit for the board certification exam and can produce documentation from the respective board.

It is the responsibility of the practitioner to provide evidence of board status to the Medical Staff Services Department. If the appropriate board status is not achieved within six months, the practitioner will have been deemed to have voluntarily resigned from the staff.

APPROVED: Medical Staff Organizing Committee - 11/10/87
DEWMH Board of Directors - 11/19/87
REVIEWED: Department of Medical Imaging - 12/90
REVIEWED: Department of Medical Imaging - 4/16/91 (4.C.D.E.)
Medical Executive Committee - 5/6/91
DEWMH Board of Directors - 5/16/91
REVIEWED: Department of Medical Imaging - 2/92
Medical Executive Committee - 3/92
DEWMH Board of Directors - 3/92
REVIEWED: Department of Medical Imaging - 1/93
Medical Executive Committee - 2/93
DEWMH Board of Directors - 2/93
REVISED: Department of Medical Imaging - 10/93
Medical Executive Committee - 11/93
Operating Board - 11/93
REVISED: Department of Medical Imaging - 4/94
Medical Executive Committee - 5/94
DEWMH Board of Directors - 5/94
REVISED: Department of Medical Imaging - 2/95
Medical Executive Committee - 3/95
DEWMH Operating Board - 3/95
REVISED: Medical Committee – 7/05
Department of Medicine – 9/05
Medical Executive Committee – 10/05
Operating Board – 10/05REVISED: Department of Surgery - 8/2/95 (Stereotactic criteria)
Section of Medical Imaging - 4/14/98
Medical Executive Committee - 8/7/95, 9/14/98

	Operating Board - 9/20/95, 9/16/98
REVISED:	Dept. of Medicine - 12/96
	Medical Executive Committee - 1/97
	DEWMH Operating Board - 1/97
REVISED:	Section of Medical Imaging - 4/98
	Department of Medicine - 6/98
	Medical Executive Committee - 9/98
	DEWMH Operating Board - 9/98
REVISED:	Ad Hoc Committee for Peripheral Vascular Privileges – 6/99
	Department of Medicine – 9/99
	Medical Executive Committee – 10/99
	DEWMH Operating Board – 10/99
REVISED:	Medical Committee – 12/01
	Department of Medicine – 12/01
	Medical Executive Committee – 1/02
	DEWMH Operating Board – 1/02
REVISED:	Medical Executive Committee – 7/05
	DEWMH Operating Board – 7/05
REVISED:	Medical Committee – 3/02
	Department of Medicine – 3/02
	Medical Executive Committee – 4/02
	DEWMH Operating Board – 4/02
REVISED:	Ad Hoc Committee for Deep Sedation – 3/03
	Medical Executive Committee – 4/03
	Operating Board – 6/03
REVIEWED:	Medical Committee—9/03
	Department of Medicine—9/03
	Medical Executive Committee – 10/03
	Operating Board – 10/03
REVISED:	Medical Executive Committee – 7/05
	Operating Board – 7/05
REVISED:	Medical Committee – 11/05
	Department of Medicine – 12/05
	Medical Executive Committee – 1/06
	Operating Board – 1/06
REVISED:	Medical Committee – 5/2006
	Department of Medicine – 6/2006
	Medical Executive Committee – 7/2006
	Operating Board – 7/2006
REVISED:	Medical Committee – 7/2006
	Department of Medicine – 9/2006
	Medical Executive Committee – 10/2006
	Operating Board – 10/2006
REVISED:	Medical Committee – 1/2007
	Department of Medicine – 3/2007
	Medical Executive Committee – 4/9/2007
	Operating Board – 4/18/2007
REVISED:	Carotid Stenting Cmt – 8/2007
	Medical Cmt – 8/2007
	Dept. of Medicine – 9/2007
	Medical Executive Committee – 10/2007
	Operating Board – 10/2007

REVISED: Medical Committee – 08/25/08
Department of Medicine – 09/08/08
Medical Executive Committee – 10/6/08
Board – 10/9/08