



# Banner Good Samaritan Medical Center

Phoenix, Arizona

## Cardiovascular Services Department

Rules and Regulations

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### **ARTICLE I**            **Organization**

#### **Section 1**

In accordance with the Medical Staff Bylaws of Banner Good Samaritan Medical Center (BGSMC), the Cardiovascular Services Department is organized as a department of the Medical Staff.

#### **Section 2**

The Cardiovascular Services Department will be directed by the Cardiovascular Services Department Committee.

#### **Section 3**

The Cardiovascular Services Department includes one Section Chief from each Section. The Section Chiefs will be appointed by the Chief of Staff for a two-year term, in accordance with Article 8 of the Medical Staff Bylaws. One Section Chief will be appointed by the Chief of Staff to serve as the Department Chair to oversee and manage administrative matters relating to the Department for a term of two (2) years.

#### **Section 4**

- a) The Cardiovascular Services Department Committee includes all physicians granted privileges in the following specialties:
  - 1) Cardiology
  - 2) Cardiothoracic Surgery
  - 3) Vascular Surgery
  - 4) Interventional Radiology
- b) Members may participate in one or more Sections of the Department in which they have privileges.
- c) Cardiovascular anesthesiologists may attend Section meetings as non-voting members, as requested by the applicable Section Chief, to provide input regarding privileging criteria, equipment, supply needs, policies and procedures, and to participate in peer review of procedures in which they were involved.

#### **Section 5**

The Cardiovascular Services Department will include three Sections:

- 1) Cardiology
- 2) Cardiothoracic Surgery
- 3) Endovascular Services

All members of a Section may vote on all matters presented to the Section with the exception of the Endovascular Services Section. Voting members for the Endovascular Services Section shall consist of two (2) members who are vascular surgeons, two (2) members who are interventional radiologists, and four (4) members who are interventional cardiologists. Voting members must be engaged in practice at BGSMC. Voting members will be nominated and confirmed by the Chief of Staff for a two (2) year term. If any of these individuals cannot attend a Section meeting, they may designate another physician in their specialty (who meets all other requirements for the Section) to attend and vote in their place.

## **ARTICLE II                    Functions, Duties and Responsibilities**

### **Section 1**

The designated appointees' functions, duties, and responsibilities are outlined in Section 8.3 of the Medical Staff Bylaws.

### **Section 2**

- a) The Department Chair will be responsible for the professional and administrative duties within the Department.
- b) The Department Chair will chair the Cardiovascular Services Department Committee.

## **ARTICLE III                    Miscellaneous Provisions**

### **Section 1 – Meetings**

- a) Meetings of the Department and Sections will be conducted in accordance with Section 10.2 of the Medical Staff Bylaws.
- b) Cardiovascular Services Department Committee meetings are open to all members of the Cardiovascular Services Department.
- c) The Cardiovascular Services Department Committee will meet once per year, or more frequently as determined by the Department Chair.
- d) Section meetings are open to all members of the Section.
- e) The Cardiology and Cardiothoracic Surgery Sections will meet every other month. The Endovascular Services Section will meet four (4) times per year.

### **Section 2 – Committee Assignment**

Members of the Department are expected to fulfill obligations created by membership on this and other medical staff committees.

### **Section 3 – Appointment and Privileging Procedures**

#### **a) Membership**

Physicians applying for department membership and privileges will apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

#### **b) Application**

Applicants must have satisfactorily completed a post graduate training program in accordance with Article 3 of the Medical Staff Bylaws and the Delineation of Privileges for his/her specialty.

#### **c) Board Certification Requirements**

In accordance with Article 3 and Article 5 of the Medical Staff Bylaws, applicants must be board certified or currently qualified by, as applicable, the American Board of Internal Medicine in Cardiovascular Medicine, the American Board of Surgery for the surgical subspecialty for which privileges are requested, the American Board of Radiology, the American Osteopathic or Canadian Board, or another appropriately approved Board for the specialty and/or subspecialty for which privileges are requested. Exceptions may be granted where a particular field or specialty of the department does not have a board certification or where the applicant's privileges are limited to surgical assisting only.

Applicants who are granted privileges on the basis of admissibility to take the appropriate Board examination must do so with the time period designated by the applicable Board. Applicants who fail to obtain certification within this time period will lose their privileges within the Cardiovascular Services Department. They may reapply for privileges when they become certified by the appropriate Board.

d) **Privileging Requirements** - Privileging will be granted by the corresponding Section.

**Requirements for Cardiothoracic Surgery Privileges:**

- 1) A letter of recommendation from the program director of applicant's cardiothoracic surgery program.
- 2) A letter of recommendation from a surgeon who has been responsible for applicant's training and who has recognized competence in cardiothoracic surgery.
- 3) If cardiothoracic surgery privileges, including cardiopulmonary bypass, are requested, applicant must submit copies of operative reports, listing supervisors involved and results of procedures in which applicant was the operating surgeon.
- 4) As noted in the cardiac surgery checklist, sharp distinctions are made with reference to closed heart procedures, open heart procedures in adults and open heart procedures for congenital heart disease. The applicant should not apply for privileges for which his/her experience is lacking.
- 5) Applicant must have privileges in thoracic surgery.

**Requirements for Vascular Surgery Privileges:**

- 1) Vascular Surgery Fellowship from an ACGME approved program.
- 2) Documentation of training in a Peripheral Vascular Surgery Fellowship.
- 3) A letter of recommendation from the program director of applicant's vascular surgery fellowship program.
- 4) A surgical case log as authenticated by program director.

A physician seeking Vascular Surgery privileges based on vascular surgery experience during Cardiothoracic or General Surgery Residency must supply the following:

- 1) Evidence of satisfactory completion of an ACGME approved residency in general or cardiothoracic surgery having performed no less than 70 defined category vascular cases required for a vascular fellowship.
- 2) A letter of recommendation from a surgeon who has been responsible for applicant's vascular training to include surgical experience, as well as training in diagnostic evaluation of vascular disease and interpretation of angiographic studies.
- 3) A surgical case log as authenticated by program director.
- 4) If privileges for invasive diagnostic or therapeutic endovascular techniques are also requested, documentation of experience must be submitted in the form of individual operative procedures or a statement of confirmation from the program director.

**Requirements for Cardiology Privileges:**

- 1) Satisfactory completion of an accredited U.S or Canadian allopathic or osteopathic fellowship in cardiology and Board admissible or certified in cardiology. Cardiologists applying for interventional procedural privileges must be board admissible or certified in interventional cardiology. Cardiologists applying for electrophysiology privileges must be board admissible or certified in clinical cardiac electrophysiology.
- 2) Applicants who have recently completed training must submit a letter from the program director confirming ability to perform procedures independently. Applicants out of a training program over five (5) years must provide documentation of current experience or course attendance.

e) **Non-Physician Practitioners**

Privileges may be granted to non-physician practitioners. This will be in accordance with Article 13 of the Bylaws "Allied Health Professionals" and the Allied Health Professionals Rules and Regulations.

f) **Surgery Assisting Privileges**

Consulting staff that have surgery assisting privileges only will not be allowed to perform any surgical procedures and will limit their participation in surgical procedures as assistants only. Other limitations are delineated in the Medical Staff Bylaws.

**Section 4 – Peer Review**

- a) Each Section will conduct peer review of cases involving privileges granted by that Section.
- b) Initial peer review is performed by two physicians privileged to perform procedure in question. For Endovascular Services cases, one reviewer will be from the physician's specialty and one reviewer will be from another specialty, with privileges to perform the procedure in question.
- c) Peer review scores of I or II by both reviewers will not routinely be forwarded for further review. Peer Review scores of III or IV by either reviewer will automatically be forwarded to the corresponding Section(s) for further review.
- d) Unresolved peer review issues from any Section within the Department must be forwarded for resolution to a subcommittee of the Cardiovascular Services Department Committee consisting of all Cardiovascular Services Department Section Chiefs, the Chief Medical Officer and the Vice Chief of Staff.

**Section 5 – Clinical Review**

- a) A retrospective review of satisfactorily performed major cases at BGSMC must be completed before consideration is given to granting unsupervised privileges. Cardiothoracic surgery requires a minimum of 10 cardiac and 10 thoracic cases for unsupervised privileges. Vascular surgery requires a minimum of 10 vascular cases for unsupervised privileges. The requirements for unsupervised cardiology and interventional radiology criteria are specified in the delineation of privileges checklist. Physicians are required to submit a broad presentation of major cases in their specialty, with not more than three (3) cases of the same procedure.
- b) The Cardiovascular Services Department Committee can modify or increase requirements to assist in determining clinical competency. Following review of the complete retrospective review forms, additional cases may be required if deemed necessary by the Committee.

**Section 6 – Emergency Coverage**

- a) In order to participate in the Cardiology Section Emergency Room call rotation, physicians must be Active Staff members with privileges in cardiology and must have attended 50% of the Cardiology/Cardiothoracic Surgery Section meetings in the prior year.
- b) In order to participate in the Vascular Surgery and Cardiothoracic Surgery Emergency Room call rotation, physicians must have unsupervised privileges. As long as a sufficient number of physicians are available to cover Emergency Room call, taking call will be optional based on requests submitted to the applicable Section Chief. Emergency Room call coverage is for emergency center patients, "no doctor" patients, and clinic patients.

**Section 7 – Out of State Consultants**

Out-of-state physicians with a valid license in another state (e.g., distinguished consultants, university professors) may only perform or assist with a procedure in the presence of an Arizona licensed attending surgeon, and after obtaining an Arizona license and following the procedures outlined in the Medical Staff Bylaws for temporary privileges. Arrangements need to be made two (2) weeks in advance in order to allow sufficient time for temporary privileges to be properly processed.

**APPROVALS:**

Cardiology/Cardiothoracic Surgery Sections  
Endovascular Services Section  
Medical Executive Committee  
Board of Directors

Date 07-19-2011  
Date 09-08-2011  
Date 10-24-2011  
Date 12-08-2011

**Revised:**

Bylaws Committee  
Executive Committee  
Board of Directors

Date 04-12-12  
Date 04-23-12  
Date 06-14-12