Department of Cardiology
Rules and Regulations

Reviewed/Revised by Department*
June 15, 2007

Approved by Bylaws Committee
July 18, 2007

Approved by Medical Executive Committee
October 2, 2007

Approved by Board
October 29, 2007

*History prior to 2001 is recorded on the back sheet of these Rules and Regulations
A. Members in the Department of Cardiology shall meet the following criteria:

1. All new members (after January 1, 1987) shall have successfully completed an approved Internal Medicine Residency and be Board Certified by the American Board of Internal Medicine.

2. A physician with consulting privileges in the Department of Cardiology may only bring on a partner as a new member of the Department, if the new partner requests the same subspecialty privileges, unless this requirement is changed in accordance with the Staff Development Policy.

3. Effective 1-1-95, all new members shall have successfully completed an approved Adult Cardiology (or Pediatric Cardiology) training program of at least 3 years duration. For applications received after November 1, 1998, applicants who are board eligible would have 5 years from completion of residency/training program to pass the Subspecialty Board Examination in Cardiology. If a department member has not passed the Cardiology Subspecialty Examination after 5 years, the individual will have to reapply to the department for consultation and invasive privileges.

4. After January 2006, 1) Board Certification or 2) Board eligibility (defined as the five year period following completion of fellowship during which Board Certification must be achieved) in the subspecialty of Interventional Cardiology is required to perform Cardiac and Peripheral Interventional procedures and Board Certification in Electrophysiology is required to perform all Diagnostic and Therapeutic Electrophysiology procedures and ICD Implantations. All members of the Department of Cardiology prior to January 2006 will be allowed to continue to perform these procedures provided they meet other department privileging requirements.

5. All new members of the department credentialed to perform invasive procedures will be supervised for the first five procedures. These procedures include but are not limited to Cardiac and Peripheral Diagnostic and Interventional procedures, Device Implantations and all Diagnostic and Therapeutic Electrophysiological procedures and Transesophageal Echo procedures. When Cardiologists apply for medical staff privileges, they must designate a physician with comparable training to provide both supervision for these first five procedures and medical coverage for their patients in their absence. Written confirmation by the supervisory Cardiologist must accompany the request for privileges. Exemptions for supervision will be at the discretion of the current Chief of Cardiology.
6. To maintain status as a voting member of the Department of Cardiology, members must attend 50% of the Department meetings and of those voting members, 50% must be present at the meeting to have a quorum.

7. a) In order to participate in the Interventional Emergency Call Roster, Non-Interventional Emergency Call Roster, Echo Reading Panel and to participate in the blocks of time for all modalities of Stress Testing, a Cardiologist must attend, in a timely fashion, 50% of all Cardiology Department Business Meetings and weekly quality review/case presentations (i.e., Cath Conferences, Echo Conferences and CV Outcomes Meetings) on an annual basis. Attendance will be monitored and compliance information will be provided on a 6-month basis to physicians. If the attendance requirement is not met at the end of the calendar year (Jan-Dec), the Cardiologist will lose their privileges to participate in these panels for a minimum of six months, or until the attendance criteria has been met.

b) Any Cardiologist requesting to be added to the Interventional Call roster for the Emergency Department must have completed 50 Interventional procedures in the previous year and must participate in the Non-Interventional Emergency Call Roster. Any request to be added to the Interventional Call roster must be submitted in writing to the current Chief of Cardiology to be approved by the Department of Cardiology.

c) In order to maintain status on the Interventional call roster, Cardiologists must perform a minimum of 50 Interventional procedures annually.

d) Cardiologists on Interventional call are expected to respond to call from the Emergency Department physician within 5 minutes and to arrive on site within 30 minutes.

8. The Non-Interventional call roster for the Emergency Department is on a voluntary basis, and is not considered the Emergency On-Call roster for purposes of EMTALA. Requests by any member of the Department of Cardiology to be added to the Non-Interventional call roster must be submitted in writing to the current Chief of Cardiology to be approved by the Department of Cardiology. Cardiologists on the Non-Interventional call roster are expected to respond to calls from the Emergency Department physician in a timely manner.

Non-Interventional Emergency Call Roster will also include coverage to all unassigned Stress Tests, Nuclear Stress Tests and Stress Echoes on Saturdays and Sundays. The assignment will be made per individual Cardiologist and weekend shifts will be split.

If a member of the Department of Cardiology, fails to meet the requirements under
the Medical Staff General Rules and Regulations related to responding to calls from the Emergency Department, occurrences will be brought to the current Chief of Cardiology for review with potential consequences including revocation of privileges.

9. In order to participate in the Echo Reading Panel and the blocks of time for all modalities of Stress Testing, a Cardiologist must also participate in the ER Non-Interventional Call Panel.

10. All physicians reading EKGs must be board certified in Cardiology or have passed the EKG certification exam previously offered prior to May 2000 by the American College of Cardiology.

11. All complications occurring as a result of or during the same hospital stay of any invasive Cardiology procedures will be reviewed by the Cardiology CQI Committee.

12. Cardiologists will provide care and supervision of diagnostic noninvasive and invasive Cardiology procedures for adults only, unless the pediatric patient is an existing patient of the Cardiologist, or the Cardiologist chooses to accept the pediatric referral from the referring physician. Adult patients are defined as those patients 18 years of age or older. Pediatric Cardiology consults will be obtained for all other patients less than 18 years of age.

13. The Chief of Cardiology is to assign members of the Department of Cardiology to Medical Staff Committees and to Department of Cardiology Committees, in accordance with the Bylaws. New committee membership is to be reassigned every two years beginning February 2006. When assigned to a committee, the Cardiologist will attend a minimum of 50% of the scheduled committee meetings.

14. If members of the department do not meet 80% of procedural volume requirements when applying for reappointment, a written request for reappointment must be sent to the Cardiology Credentials Committee for review and approval, prior to review by the Department Chief.

Revised Cardiology Section 4/16/93
Approved by Dept. I.M. 6/93
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Revised Cardiology Department 4/21/06
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