

**Huntington Hospital**

# **Cardiology Section**

**Rules and Regulations**



**June 2017**

**HUNTINGTON MEMORIAL HOSPITAL**  
**CARDIOLOGY SECTION**  
**RULES & REGULATIONS**  
**Table of Contents**

I.	MEMBERSHIP.....	1
II.	SCOPE OF PRACTICE .....	1
III.	RESPONSIBILITIES OF THE SECTION .....	1
IV.	SECTION MEETINGS.....	2
V.	SECTION OFFICERS.....	2
VI.	ELECTION PROCESS.....	2
VII.	SECTION CHAIR .....	2
	<b>A. TENURE OF SECTION CHAIR.....</b>	<b>2</b>
	<b>B. QUALIFICATIONS.....</b>	<b>2</b>
	<b>C. RESPONSIBILITIES.....</b>	<b>3</b>
VIII.	PRIVILEGE DELINEATION.....	3
IX.	PROCTORING.....	3
X.	REQUEST FOR ADDITIONAL PRIVILEGES .....	3
XI.	GENERAL GUIDELINES.....	3
	<b>A. ER BACK-UP PANELS .....</b>	<b>4</b>
	<b>B. INTERPRETATION PANELS .....</b>	<b>4</b>
	<b>C. INTERVENTIONAL CARDIOLOGY PANEL.....</b>	<b>5</b>
XII.	CINE ANGIOGRAMS .....	6
XIII.	FLUOROSCOPY LICENSE REQUIREMENT .....	6
XIV.	FAILURE TO RESPOND TO “ON-CALL POLICY” .....	6

**HUNTINGTON MEMORIAL HOSPITAL**  
**CARDIOLOGY SECTION**  
**RULES & REGULATIONS**

**I. MEMBERSHIP**

The Cardiology Section of the Department of Medicine is composed of those members of the Medical Staff whose primary practice is limited to the field of Cardiology.

**II. SCOPE OF PRACTICE**

The Cardiology Section's delineated scope of practice includes invasive and non-invasive cardiology procedures, cardiology-related diagnostic and therapeutic interventions, cardiology-related testing and interpretation for adult patients.

**III. RESPONSIBILITIES OF THE SECTION**

The Cardiology Section shall be organized within the Department of Medicine and report all business to the Medicine Committee, Quality Management Committee and/or Medical Executive Committee pursuant to Medical Staff Bylaws 11.02

- A. Recommend clinical privileges for each member of the section.
- B. Recommend criteria for granting clinical privileges within the cardiology section.
- C. Provide support to section members in resolving difficult or unusual physician-related credentialing issues.
- D. Ensure Medical Staff compliance with hospital policies and procedures.
- E. Review and prioritize equipment and space requests related to patient care and recommend purchase or non-purchase to Administration.
- F. Continuous surveillance of the professional performance of all individuals in the section who have delineated clinical privileges.
- G. Continuous assessment and improvement of the quality of care and services provided to cardiology patients.
- H. Assure maintenance of quality control programs, as appropriate
- I. Recommend to the Medicine Committee all changes to Section Rules and Regulations.
- J. Participate in staff development activities through provision of inservice education to nursing, CV techs, and physicians.

- K. Provide Specialty-specific ER backup coverage
- L. Assure the same level of care is provided to all patients undergoing cardiac procedures or testing in the hospital.

#### **IV. SECTION MEETINGS**

Regularly scheduled meetings of the Cardiology Section will be held as often as necessary and at the call of its Chair.

The EP Sub-Section is a standing sub-section of the Cardiology Section, which meets at least twice per year, and reports PI findings, conclusions, and actions to the Cardiology Section.

#### **V. SECTION OFFICERS**

The Cardiology Section officers consist of the Chair and include no Chair Elect position. The Medical Director of the Cardiology Department may serve as Section Chair. If the Section Chair is absent temporarily, the designee of the Chair shall function as temporary Chair. If Chair position becomes vacant permanently, the Chair of the Department of Medicine will be in charge until new elections are held.

The EP Sub-Section officers consist of the Chair and include no Chair Elect position. If the Chair is absent temporarily, a designee from one of the EP physicians will function as temporary Chair. If the Chair position becomes vacant permanently, a designee from one of the EP physicians will be in charge until elections are held.

#### **VI. ELECTION PROCESS**

The election process outlined in Section 11.5, 11.6 and 11.7 of the Medical Staff Bylaws for Department Chairs shall be utilized for the election of Section Chairs.

#### **VII. SECTION CHAIR**

##### **A. TENURE OF SECTION CHAIR**

The term of office for Section Chair is two (2) years, eligible for consecutive terms of office.

The term of office for EP-Sub-Section Chair is two (2) years, and eligible for consecutive terms of office.

##### **B. QUALIFICATIONS**

The Chair shall be an Active Staff member of the Section, and shall be certified by an appropriate specialty board or shall affirmatively establish, through the privilege delineation process, that he/she possesses comparable competence.

### **C. RESPONSIBILITIES**

1. The ongoing effective operation of the Section/service and for the assessment and improvement of its activities.
2. All clinically related activities of the Section
3. All administratively related activities of the Section
4. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Section
5. Recommending to the medical staff the criteria for clinical privileges in the Section.
6. Recommending clinical privileges for each member of the Section
7. Conducting meetings of the Section, developing meeting agendas, and reviewing and approving meeting minutes.
8. Spokesperson represents the Section to the Department of Medicine
9. Establishing, together with medical staff and administration, the type and scope of services required meeting the needs of the patients and the hospital
10. Developing and implementing policies and procedures that guide and support the provision of services by the Section

### **VIII. PRIVILEGE DELINEATION**

Clinical privileges shall be divided into “Core Privileges” and “Supplemental Privileges” reflecting increasing training and/or expertise or requirements for special training or certification. Details of privilege delineation are explained in the individual clinical privilege delineation for this Section.

### **IX. PROCTORING**

Proctoring will be conducted in accordance with the Huntington Hospital Medical Staff Proctoring Protocol.

### **X. REQUEST FOR ADDITIONAL PRIVILEGES**

- A. A **written** request for any additions or changes to medical staff privileges must be directed to the Chair of the Section or to the Medical Director, if the Chair is not available.
- B. Approvals can be granted by the Chair of the Section and/or the Chair of the Medicine Department if the Section Chair is not available.
- C. An eligible proctor must proctor all additional privileges granted as outlined in the Medical Staff Proctoring Protocol.

### **XI. GENERAL GUIDELINES**

Cardiology Section members are required to follow the department policy for wait times in invasive and non-invasive areas as stated in the Huntington Hospital

Department Policy & Procedure: Physician Notification of Procedure/Test ECHO  
Physician Reading Schedule EKG Reading Schedule.

**A. ER BACK-UP PANELS**

Participation by the Cardiology Section members in provision of ER call coverage is on a voluntary basis.

**1. Qualifications**

The American Board of Internal Medicine with Certificate of Special Qualifications will certify eligible candidates in Cardiovascular Disease or with demonstrated commensurate qualifications.

**2. Eligibility**

Only those Cardiology Section members who have completed the proctoring requirement for Cardiovascular Disease core privileges are eligible to participate in the provision of ER back-up coverage for patients in the Emergency Department or to participate in provision of referral coverage for post-ER follow-up care. Members are not required to participate in STEMI Call to participate in the Panel Call.

**3. Responsibilities**

It is the responsibility of panel members to provide coverage when scheduled in accordance with the applicable Section protocol including but not limited to:

1. Consulting on unassigned Emergency Room patients
2. timely reading of assigned ECGs
3. Reading all unassigned echocardiograms performed the prior day (within 48 hours)
4. Supervising unassigned stress tests that day (response time within 30 minutes)

**B. INTERPRETATION PANELS**

Participation of Cardiology Section members on these panels is voluntary.

**1. Qualifications**

Eligible candidates will be certified by the American Board of Internal Medicine with Certificate of Special Qualifications in Cardiovascular Disease and will provide documented evidence of specific training in an approved course or program and interpretation experience, or will demonstrate commensurate qualifications.

**2. Eligibility**

Only members of the Cardiology Section who have been granted unrestricted privileges to perform the applicable testing, have been released from Cardiovascular Disease Core privileges and have agreed to participate on the Emergency Call Panel commensurate with the privileges you have been granted are eligible to participate on reader panels.

**3. Responsibilities**

It is the responsibility of panel members to provide interpretation services when scheduled in accordance with the applicable Section reader panel protocol.

Physicians are required to attend two (2) Cardiology Section meetings per year, including Executive Session for continued participation on the panel. If the physician can not attend these meetings, he/she would relinquish reading Echo and EKG privileges for six (6) months to maintain reading privileges

**C. INTERVENTIONAL CARDIOLOGY PANEL**

Membership on the Interventional Cardiology Panel for treatment of patients suspected of acute myocardial infarction will include those cardiologists whose invasive practice is based at Huntington Memorial Hospital and agree to the standards of care and criteria set forth below.

**1. Qualifications and Eligibility**

Members will:

1. Participate in the Cardiology ER Back Up Panel
2. Maintain Board Certification or Board Eligibility in Interventional Cardiology
3. Have been released from proctoring requirements for Interventional Cardiology Core privileges

**2. Responsibilities**

- a. When on-call for acute interventions for myocardial infarction, the cardiologist agrees to a phone response time of less than 10 minutes and a physical response time of less than 30 minutes. If these times cannot be achieved in a given instance, the cardiologist will encourage the caller to immediately contact another member of the interventional panel. If these times cannot be met, the emergency room will have the authority to immediately contact another member of the interventional panel.
- b. Ensure that they are not on STEMI call at any other facility while on STEMI call at Huntington Hospital.
- c. If emergency **PCI** is deemed appropriate, every effort will be made to transfer the patient to the catheterization laboratory (cath lab) as quickly as possible with a target “EKG” to cath lab time: of less than 60 minutes. These efforts will include early notification of the cath lab (even before cardiologist’s arrival to the ER, if appropriate), availability of a FAX machine in the cardiologist’s office and home, as well actually accompanying the patient on transfer to the cath lab.

- c. If the cath lab is in use and a member of the interventional Cardiology Panel requires the lab for direct infarct **PCI**, the cardiologist using the lab will make every effort to clear the lab as quickly as possible as long as it does not jeopardize the well-being of the patient. These efforts may include interruption of the procedure with sheath removal by the cardiologist in the patient's room rather than by the cath lab staff.
- d. To optimize response time by the cath lab team, the physician will make it clear to the page operator that "acute MI" is to be entered on all three pagers as well as patient location. Normally, the cath lab team will not need to contact the physician until patient is ready to transport to lab.
- e. Physicians are required to attend two (2) Cardiology Section meetings per year, including Executive Session for continued participation on the panel. If the physician can not attend these meetings, he/she would relinquish reading Echo and EKG privileges for six (6) months to maintain reading privileges.

**3. Failure to Respond Within 30 Minutes**

All incidents involving the failure of a physician to respond to the Emergency Department within thirty (30) minutes while on the interventional cardiology panel will be referred for peer review. If two cases in any two-year reappointment period are given an assignment of "3" due to failure to respond within the required time periods, the physician will be suspended from all call panels (STEMI, Echo, EKG, unassigned, etc.) for a period of six months.

## **XII. CINE ANGIOGRAMS**

**A. Time-frame for Completion of Dictation of Cine Angiograms**

All Cine Angiograms must be dictated ***immediately*** following the procedure. Failure to complete the dictation immediately following the procedure will result in automatic suspension of cath lab privileges, until all outstanding dictations have been completed.

## **XIII. FLUOROSCOPY LICENSE REQUIREMENT**

It shall be mandatory that all physicians (current or applicant for membership) that perform invasive or non-invasive procedures, that require the use of fluoroscopy equipment, show proof of current Fluoroscopy License. A current copy of the license shall be maintained in the member's credentials file.

## **XIV. FAILURE TO RESPOND TO "ON-CALL POLICY"**

Please refer to the Medical Staff Rules and Regulations and the Administrative



## Policy and Procedure Manual, Policy #020.

### Approved by:

Cardiology Section: 3/18/09, 7/15/09, 1/20/10; 11/21/12; 09/18/13; 05/17/17

Medicine Committee: 4/2/09, 9/03/09, 2/4/10; 01/03/13; 10/03/13; 06/01/17

Executive Committee: 5/4/09, 10/05/09, 3/1/10; 01/14/13; 10/07/13; 06/05/2017

Board of Directors: 5/28/09, 10/22/09, 3/25/10; 01/24/13; 10/24/13; 06/22/2017