

Description of Service

Alberta Health Services (AHS) Medical Staff who are specialists in adult or pediatric Cardiology and have privileges in AHS facilities provide safe, high-quality care for patients across the Province. Cardiology is that branch of medicine concerned with the prevention, diagnosis, management, and rehabilitation of patients with diseases of the cardiovascular system. A Cardiologist is a specialist who is an expert in the diagnosis and management of all aspects of cardiovascular disease. ¹

For a full list of clinical privileges, please refer to the attached Cardiology Clinical Privilege List on page 5.

| Zone | Department(s) | Section(s) |
|----------|-------------------|----------------------|
| South | Internal Medicine | Cardiology |
| Colgony | Cardiac Sciences | Cardiology |
| Calgary | Pediatrics | Pediatric Cardiology |
| Central | Internal Medicine | Cardiology |
| Educator | Cardiac Sciences | Cardiology |
| Edmonton | Child Health | Pediatric Cardiology |
| North | N/A | N/A |

Zone Medical Staff Organization

College of Physicians and Surgeons of Alberta (CPSA) Requirements

The CPSA grants practice permits but does not grant any additional practice approvals for specific procedures or specialties beyond those stated on the practice permit.

A practice permit from the CPSA does not guarantee that an individual will be granted for an AHS Medical Staff appointment or privileges. It is AHS's role and responsibility to screen and evaluate the qualifications of Practitioners in relation to the specific procedures and patient care services they will be providing at specific sites before granting an appointment and clinical privileges.

¹ Royal College of Physicians and Surgeons of Canada – Objectives of Training in the Subspecialty of Cardiology (2010)

Cardiology Clinical Privilege List

Physicians with expertise in a particular area of practice may require a CPSA approval process separate from the CPSA licensure and AHS privileging process for specific services. These services typically fall into the non-invasive diagnostics group. Please refer to the CPSA website for a list of practice areas requiring approval <u>http://www.cpsa.ca/accreditation/physician-approvals/.</u>

Minimum Education and Training Requirements

The "Minimum Education and Training Requirements" set out in the AHS List of Cardiology Clinical Privileges are as follows:

1. Appropriate licensure with the College of Physicians and Surgeons of Alberta,

AND

- 2. Credentials satisfactory to the Zone Clinical Department Head (ZCDH), Zone Application Review Committee (ZARC) and/or the Chief Medical Officer (CMO), including:
 - Successful completion of a Royal College of Physicians and Surgeons of Canada (RCPSC) accredited adult or pediatric Cardiology residency program and fellowship in the RCPSC (FRCPC);

OR

o Equivalent combination of education, training and experience satisfactory to the ZCDH, ZARC and CMO.

These are minimum requirements. The ZCDH, ZARC and the CMO may determine that additional education, training or experience is required. The ZCDH, ZARC and CMO may also determine that an individual has developed competency in a particular area, without having completed a fellowship in that area, through an equivalent combination of education, training and experience. In addition to the minimum requirements listed above, additional education, training, experience and certification may be required to be granted certain clinical privileges. These specifics are identified in the attached clinical privileges list.

Privileges Requiring Additional Education, Training and Experience

The list identifies privileges that require additional specialty training and documentation of evidence that the practitioner has received recognized postgraduate education, training or an appropriate level of experience to safely provide the service.

Clinical Privilege List and Medical Staff Bylaws

The AHS Medical Staff Bylaws state that the clinical privileges granted to a Practitioner define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed

Cardiology Clinical Privilege List

competent to perform, the Facility(ies) and Zone(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified AHS Programs and Professional services...that the Practitioner is eligible to access.²

No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person.³

Nothing in this document or the attached List of Clinical Privileges replaces the processes or requirements set out in the AHS Medical Staff Bylaws and Rules. This document and its attachments are intended to supplement and more fully describe the application of the AHS Bylaws and Rules in the context of Cardiology Clinical Privileges.

The AHS Medical Staff Bylaws and Rules can be found on the AHS website at <u>http://www.albertahealthservices.ca/7086.asp.</u>

Interpretation of the Clinical Privilege List

The following list describes and reflects the categories/types of patient services included in the scope of Cardiology privileges available to members of the AHS Medical Staff with the necessary and required education, training, and experience. When granted, Cardiology privileges include the capability to perform the noted procedure using various techniques and approaches as appropriate for the patient, unless a specific technique or approach is specified. The Zone Clinical Department Head's recommendation regarding specifics of an individual's privileges and any associated techniques will be provided to ZARC and the CMO for their consideration.

The Medical Staff Rules define the minimum review period for the privilege list.⁴

Sites of Clinical Privileges

A delineation of the sites of clinical activity is a required component of clinical privileges (AHS Medical Staff Bylaws, 3.2.1(c) and 3.2.7).

Clinical privileges will reflect the site (or sites) where the Physician physically provides the clinical services. A Physician privileged in the specialty may have clinical privileges at multiple sites if they travel to multiple sites to provide clinical services as approved by the ZCDH, ZARC, and/or the CMO. Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the

² AHS Medical Staff Bylaws 3.0.2

³ AHS Medical Staff Rules 3.4.3(e)

⁴ AHS Medical Staff Rules, 3.4.3(f)(ii)).

privilege.

| | Site A | Site B | Site C | Site D | Site E |
|-------------|--------|--------|--------|--------|--------|
| Privilege 1 | | | | | |
| Privilege 2 | | | | | |
| Privilege 3 | | | | | |
| Privilege 4 | | | | | |

The table above indicates what privileges are available at which sites:

- Privilege 1 is available at all sites
- Privilege 2 is available at sites A, C,D and E
- Privilege 3 is available at sites A and C
- Privilege 4 is available at sites B, D and E

Proctoring Requirements

The Zone Clinical Department Head may determine that a period of proctoring is required in certain situations. Proctoring can be defined as follows:

"The term *proctor* is often used to mean observe, supervise, mentor, monitor, or directly assess...*proctoring* reflects a process by which an individual is reviewed and evaluated over time to ensure competence, and proctor identifies the person performing the assessment." *The Medical Staff Handbook, A Guide to Joint Commission Standards, Second Edition.*

"Proctoring is a process of direct observation that allows for the focused evaluation of current physician competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. If the proctor observes potential or imminent patient harm during the proctoring process, it may be ethically appropriate for him or her to intervene." *Proctoring and FPPE: Strategies for Verifying Physician Competence, Second Edition. Robert J. Marder, MD, CMSL, and Mark A. Smith, MD, MBA, CMSL.*

Clinical Privilege Lists

| Car | Cardiology Privileges | | |
|------|--|--|--|
| Gen | General Privileges | | |
| | Admitting (Admitting (Most Responsible Practitioner MRP), assessment, evaluating, consulting, diagnosing, treating) | | |
| | Consulting (Non-Admitting (not MPR), assessment, evaluating, consulting, diagnosing, treating) | | |
| | Surgical Assist (At the direction of the surgeon, provides aid in technical functions in the OR) | | |
| | Clinical Associate (Assessment, evaluating, consulting, diagnosing, treating in collaboration with a cardiologist) | | |
| Core | e Clinical Privileges | | |
| | Ambulatory blood pressure monitor interpretation | | |
| | Cardioversion and Defibrillation | | |
| | Carotid Doppler Ultrasound | | |
| | ECG Interpretation (ZCDH approval recommended for all but not required for cardiologists – adult/peds) | | |
| | Event monitor Interpretation | | |
| | Exercise/stress testing | | |
| | Holter monitor interpretation | | |
| | Infusion therapy (e.g. thrombolytic, inotopic agents, etc) | | |
| | Insertion and management of arterial lines | | |
| | Insertion and management of central venous catheters/Swan Ganz Catheter | | |
| | Insertion of Chest Tube | | |
| | Intubation | | |
| | Point of care ultrasound for guided vascular access and pericardiocentesis | | |
| | Temporary transvenous and transcutaneous pacing | | |
| | Thoracentesis | | |

| | Ventilator management | | |
|------|---|--|--|
| Elec | Electrophysiology | | |
| | Cardiac Resynchronization therapy | | |
| | Catheter Ablation of Arrhythmogenic Substrates | | |
| | Diagnostic Catheter Electrophysiologic Study | | |
| | Epicardial Access | | |
| | Implanting Pacemakers and Implantable Cardiac Defibrillators | | |
| | Implantable loop recorders (ILR) | | |
| | Intraoperative Electrophysiologic Testing | | |
| | Non-invasive Electrophysiologic Testing | | |
| | Pharmacological drug challenges | | |
| | Removal of Pacing and ICD Wires | | |
| | Testing of Implantable Cardioverter Defribrillator Devises | | |
| | Testing of Permanent Cardiac Pacing Devices | | |
| | Tilt table testing | | |
| Inva | nvasive and Interventional Cardiology (additional subspecialty/fellowship training required) | | |
| | Atrial septostomy | | |
| | Balloon Valvuloplasty | | |
| | Coronary angiograph/physiologic studies | | |
| | Coronary Atherectomy | | |
| | Diagnostic left heart cardiac catheterization | | |
| | Diagnostic right heart cardiac catheterization | | |
| | Flow-Pressure Wire | | |
| | Hemodynamic monitoring with balloon flotation devices | | |
| | Intracoronary lysis and thrombectomy | | |
| | Intravascular Ultrasonography/Optical Coherence Tomography | | |
| | Intra-aortic Balloon Pump Placement | | |
| | Insertion of extracorporeal membrane oxygenation (ECMO) lines and management of ECMO patients | | |
| | Left Atrial Occlusion Device Insertion | | |

| Myocardial Biopsy |
|---|
| PCI – Stent Placement and Removal |
| Percutaneous Aortic Valve Replacement (TAVR) |
| Percutaneous insertion of mitraclip and/or devices to reduce mitral regurgitation |
| Percutaneous non-coronary intervention |
| Percutaneous occlusion of intracardiac and vascular malformations and shunt (s) |
| Percutaneous transluminal septal myocardial ablation |
| Pericardiocentesis and Pericardial Drainage |
| Peripheral Arterial Angioplasty |
| Transeptal Cardiac Catheterization/Puncture |
| Venous angiography |

Extended Privileges: the below listed privileges require education, training and experience in addition to the successful completion of the Fellowship/Residency program.

| Clinical Privilege | | Required additional education, training and experience |
|--------------------|---|---|
| | Cardiac computed tomography (CT) – Cardiac and Coronary Level 2 and 3 | CPSA Certification – level 2 and 3 Successful completion of a Canadian or equivalent cardiology fellowship training and additional training in cardiac CT and demonstrated skill in cardiac CT and adequate experience. |
| | Cardiac MRI | CPSA certification Successful completion of a Canadian or equivalent cardiology fellowship training and additional training in cardiac MRI and demonstrated skill in cardiac MRI and adequate experience and/or demonstrated combination of education, training and/or experience to satisfy the ZCDH. |
| | Echocardiography | Demonstrated combination of education, training and/or experience to satisfy the ZCDH. |
| | Contrast Echocardiography | Demonstrated combination of education, training and/or experience to satisfy the ZCDH. |
| | Intracardiac Echocardiography | Demonstrated combination of education, training and/or experience to satisfy the ZCDH. |
| | Stress Echocardiography (exercise and pharmacological stress) | Demonstrated combination of education, training and/or experience to satisfy the ZCDH. |
| | Transoesophageal Echocardiography – Full/Perioperative | Demonstrated combination of education, training and/or experience to satisfy the ZCDH. |
| | Transthoracic Echocardiography | Demonstrated combination of education, training and/or experience to satisfy the ZCDH. |
| | Nuclear Cardiology (Full/Limited/Restricted) | CPSA certification Successful completion of a Canadian or equivalent cardiology |

| Extended Privileges: the below listed privileges require education, training and experience in addition to the successful completion of the Fellowship/Residency program. | | |
|---|---|--|
| | fellowship training and additional training in nuclear cardiology and demonstrated skill in nuclear cardiology and/or demonstrated combination of education, training and/or experience to satisfy the ZCDH. | |
| Procedural Sedation | Compliance with the AHS Procedural Sedation Policy (PS-21) and Procedure (PS-21-01)5. Demonstrated combination of education, training and/or experience in conscious sedation to satisfy the ZCDH. | |