



**DEPARTMENT OF RADIOLOGY - DELINEATION OF PRIVILEGES**  
*Includes Teleradiology, Diagnostic and Interventional*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY**

To be eligible to apply for privileges in diagnostic radiology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) — or American Osteopathic Association (AOA) — accredited residency in diagnostic radiology.

AND

Current certification or active participation in the examination process leading to certification in radiology from the American Board of Radiology or the American Osteopathic Board of Radiology.

**TELERADIOLOGY CORE PRIVILEGES**

**□ Requested**

Perform general diagnostic radiology (X-ray, radionuclides, ultrasound, CT and MRI) to diagnose diseases of the patients of all ages via a teleradiography link. Responsible for communicating critical values and critical findings consistent with medical staff policy.

**TELERADIOLOGY CORE PROCEDURES LIST**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures you do not wish to request and then initial and date.

**Teleradiology**

- CT of the head, neck, spine, body, chest, abdomen, pelvis and extremities and their associated vasculatures
- Diagnostic nuclear radiology of the head, neck, spine, body, chest (including the heart), abdomen, pelvis and extremities and their associated vasculatures
- MRI of the head, neck, spine, body, chest, abdomen, pelvis, extremities and their associated vasculatures, and muscular skeletal structures, etc.
- Positron-emission tomography
- Mammography (in accordance with Mammography Quality System Regulation-required qualifications)

- Routine imaging (e.g., interpretation of plain films)

## **DIAGNOSTIC RADIOLOGY CORE PRIVILEGES**

### **□ Requested**

Perform general diagnostic radiology (X-ray, radionuclides, ultrasound, CT, MRI and mammography) to diagnose and treat disease of patients of all ages. Responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures on the procedures list below and such other procedures that are an extension of the same techniques and skills.

## **DIAGNOSTIC RADIOLOGY CORE PROCEDURE LIST**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request and then initial and date.

### **Diagnostic radiology:**

- Performance of history and physical exam
- Bone densitometry
- CT of the head, neck, spine, body, chest, abdomen, pelvis and extremities and their associated vasculatures
- Diagnostic nuclear radiology of the head, neck, spine, body, chest, abdomen, pelvis and extremities and their associated vasculatures
- Diagnostic nuclear radiology of the head, neck, spine, body, chest (including the heart), abdomen, pelvis and extremities and their associated vasculatures
- MRI of the head, neck, spine, body, chest, abdomen, pelvis and extremities and their associated vasculatures
- PET
- Mammography (in accordance with MQSR-required qualifications)
- Routine imaging (e.g., interpretation of plain films, IV or retrograde pyelography, fluoroscopy, and chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures)
- Image-guided biopsy, cyst aspiration, abscess drainage and procedures (e.g., lumbar puncture, including myelography), paracentesis and thoracentesis, arthrograms, biliary procedures, nephrostomy, ureteral stent placement and exchange, G-tube exchange, gastrostomy, stereotactic breast biopsy, breast needle localizations, ultrasound-guided breast biopsy, ablation of neoplasms and cysts
- Ultrasound

## **QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY**

To be eligible to apply for privileges in vascular and interventional radiology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) — or American Osteopathic Association (AOA) — accredited residency in diagnostic radiology, followed by completion of a one-year accredited fellowship in vascular and interventional radiology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology or completion of a certificate of added qualifications in angiography and interventional radiology by the American Osteopathic Board of Radiology.

## **VASCULAR AND INTERVENTIONAL RADIOLOGY CORE PRIVILEGES**

### **□ Requested**

Admit, evaluate, diagnose and treat patients of all ages by various radiologic imaging modalities (fluoroscopy, digital radiography, CT, sonography and MRI). May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the foregoing procedures list and such other procedures that are extension of the same techniques and skills.

## **VASCULAR AND INTERVENTIONAL RADIOLOGY CORE PROCEDURE LIST**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request and then initial and date.

### **Vascular and interventional radiology:**

- Angiography/arteriography
- Angioplasty
- Insertion and management of central venous and dialysis access lines
- Coil occlusions of aneurysms
- Endovenous laser therapy
- Lymphography
- Neuro-interventional procedures for pain, including epidural steroid injection, nerve blocks and discography
- Placement of catheter for tumor treatment
- Placement of inferior vena cava filter
- Therapeutic infusion of vasoactive agents
- Therapeutic vascular radiology, including balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation, including transarterial chemoembolization (excluding carotid and intracranial intervention)
- Transcervical fallopian tube recanalization
- Transjugular intrahepatic portosystemic shunt (TIPS)
- Uterine artery embolization for leiomyoma
- Venography and venous sampling

**PROCEDURAL SEDATION NONCORE PRIVILEGES**

- Requested**

**NOTE:** *If you require procedural sedation privileges, please complete the Procedural Sedation DOP Request form under "Application Documents" on the hahv.org website.*

**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges that I am qualified to perform by education, training, current experience and demonstrated performance and that I wish to exercise at HealthAlliance Hospitals, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any policies and rules applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/modification/explanation</b>

Notes:

---

---

---

---

DEPARTMENT CHAIR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAMES: \_\_\_\_\_