

Title: ENDOVENOUS (SUPERFICIAL AND DEEP) PRIVILEGE CRITERIA

Document Owner: Teresa Onken	PI Team: N/A	Date Created: 12/18/2018
Approver(s): Karyn Delgado, Teresa Onken	Date Approved with no Changes: 12/18/2018	Date Approved: 12/18/2018
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PROCEDURE:

1. Providers currently performing endovenous procedures will be allowed to maintain their privileges to perform these specific procedures. This document does not allow providers to expand their practice without fulfilling the requirements herein. This criteria was developed referencing the American Board of Venous and Lymphatic Medicine. This privilege is core for Interventional Radiologists.

Endovenous privileges for Superficial and Deep defined as:

1. Superficial includes: saphenous and tributary ablation, sclerotherapy, ambulatory phlebectomy
2. Deep includes: stenting, angioplasty, thrombolysis, thrombectomy, IVC filter placement/removal, embolization
3. Catheter directed thrombolysis for pulmonary embolism will have separate and unique credentialing criteria.
4. This policy does not include intracranial procedures.
5. Providers may seek privileges for any or all of the procedural components listed herein.

POLICY:

1. Education: M.D. or D.O.
2. ACGME or AOA Residency/Fellowship Including Endovenous Training
 - a. Qualification by recent training must meet the following criteria:
 - i. Fellowship and residency must have been completed within 2 years of application, and
 - ii. Training core curriculum must have included venous disease, venous intervention and venous ultrasound verified by documented volumes.

OR

- b. Qualification by experience must meet the following criteria:
 - i. Case number requirements over three consecutive year review:
 1. Saphenous/tributary ablation (thermal, mechanochemical) – 75
 2. Sclerotherapy (not including "spider veins") – 75
 3. Ambulatory Phlebectomy – 75
 4. Venous stenting – 5
 5. Venous angioplasty – 15
 6. Thrombectomy/thrombolysis (arterial or venous procedures qualify) – 20
 7. IVC filter placement – 20
 8. IVC filter removal – 5
 9. Embolization (arterial or venous procedures qualify) – 2

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3. Ultrasound experience:
 - a. ACGME, RCPSC or AOA accredited residency with didactic and clinical vascular laboratory/ultrasound as integral part,
Or
 - b. Active RVT, RVS, RPVI,
And
 - c. Documentation of a minimum 100 cases diagnostic venous duplex ultrasound examination performed in the last three years.
4. Current Competency Requirements
 - a. Case number requirements over two consecutive year review:
 - i. Saphenous/tributary ablation (any means) – 50
 - ii. Sclerotherapy (not including "spider veins") – 50
 - iii. Ambulatory Phlebectomy – 50
 - iv. Venous stenting – 3
 - v. Venous angioplasty – 10
 - vi. Thrombectomy/thrombolysis (arterial or venous procedures qualify) – 14
 - vii. IVC filter placement – 14
 - viii. IVC filter removal – 3
 - ix. Embolization (arterial or venous procedures qualify) – 1
 - b. CME requirement: 15 hours of venous and lymphatic related Category 1 within last two years.
5. Proctoring:

If physician does not meet required initial procedure volume requirements, then proctoring can be considered to confirm the applicant's procedural competency.

References/Standards:

- Policy Origin Date: May 2016
- Review Date: December 2018
- Revised Date:
- Effective Date: September 2016
- Reviewed/Recommended By: Medical Executive Committee
- Policy 213