

ZSFG JOINT CONFERENCE COMMITTEE MEETING

June 23, 2025

MEDICAL STAFF Report

Contents:

1. Chief Staff Report
2. Chief of Staff Action List
 - a. Revised Radiology Privilege List
 - b. Revised OB/Gyn Standardized Procedures
 - c. Revised Pediatric Privilege List

ZSFG CHIEF OF STAFF ACTION ITEMS
Presented to the JCC-ZSFG June 23, 2025
May and June 2025 MEC Meetings

Clinical Service Rules and Regulations: None

Credentials Committee:

1. Revised Radiology Privileges List
2. Revised OB/Gyn Standardized Procedures
3. Revised Pediatric Privileges List



Department of Public Health

Daniel Lurie
Mayor

Summary of Revision / Addition of Privilege

Revision	
SP Title Privilege:	36.50 ANGIOGRAPHY/VASCULAR INTERVENTIONAL PROCEDURES (Non-Neurologic Procedures Only — Neurologic Procedures Covered Under Section 37)
Description:	Admission, work up, diagnosis, provision of endovascular and non-endovascular care for adult patients undergoing interventional radiologic procedures. Admission applies only to patients scheduled for elective procedures. Includes performance and interpretation of diagnostic and therapeutic vascular interventional procedures. Will be trained on site in setting-specific workflows by a privileged provider
Prerequisites:	Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology. Must meet the training requirements for board eligibility by the American Board of Vascular and Interventional Radiology.
Proctoring:	Supervision of 3 procedures by a credentialed radiologist in the department. Trainees of the g Graduates of the UCSF Radiology Training Program hired onto to the faculty require supervision of a single one (1) procedure.
Reappointment:	Performance of at least 25 angiography/vascular interventional procedures within the past two (2) years.
Revision	
SP Title Privilege:	37.00 INVASIVE NEURORADIOLOGY
Description:	Performance and interpretation of diagnostic and therapeutic invasive neuroradiology procedures.
Prerequisites:	Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology. Must meet the training requirements for neuroradiology certificate of additional qualification (CAQ) eligibility by the American Board of Radiology. Alternatively, Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology at ZSFG.
Proctoring:	Supervision of 3 procedures by a credentialed radiologist in the department. Graduates of the UCSF Radiology Training Program hired to the faculty require supervision of one (1) procedure.
Reappointment:	Performance of at least 20 invasive neuroradiology procedures within the past two (2) years.
Revision	

SP Title Privilege:	37.10 CAROTID ARTERY STENTING
Description:	Performance and interpretation of therapeutic carotid artery stenting procedures.
Prerequisites:	Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology and Neuroradiology or Interventional Radiology. Must have performed at least 25 carotid stenting procedures. Alternatively, Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology of ZSFG.
Proctoring:	Supervision of one (1) procedure by a credentialed radiologist in the department.
Reappointment:	Performance of at least 2 carotid stenting procedures in the past two (2) years.
New	
SP Title Privilege:	37.20 NEUROLOGIC ANGIOGRAPHY
Description:	Performance and interpretation of neurologic angiography procedures.
Prerequisites:	Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology. Must meet training requirements for neuroradiology certificate of additional qualification (CAQ) eligibility by the American Board of Radiology. Alternatively, Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology of ZSFG and 50 performed neuroangiography cases..
Proctoring:	Supervision of one (1) procedure by a credentialed radiologist in the department.
Reappointment:	Performance of at least 2 neurologic angiography procedures in the past two (2) years.

Delineation Of Privileges
Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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Rad RADIOLOGY AND NUCLEAR MEDICINE 2022
(05/2023 MEC)

FOR ALL PRIVILEGES

All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

CORE PRIVILEGES

36.10 GENERAL DIAGNOSTIC RADIOLOGY

36.10A PLAIN FILM INTERPRETATION

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department.

Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 100 general diagnostic procedures in two years.

36.10B FLUOROSCOPIC PROCEDURES

Performance of fluoroscopic procedures, including contrast studies of the GI and GU tract.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology and a current fluoroscopy license.

PROCTORING: Double reading of 2 studies by a credentialed radiologist in the department.

Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 4 general fluoroscopy procedures in two years.

SPECIAL PRIVILEGES

36.20 COMPUTED TOMOGRAPHY

Interpretation of computed tomographic procedures of any or all organ systems.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 100 computed tomography procedures in the past two (2) years

36.30 MAGNETIC RESONANCE IMAGING

Interpretation of magnetic resonance imaging procedures of any or all organ systems.

Delineation Of Privileges
Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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<u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology. <u>PROCTORING:</u> Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure. <u>REAPPOINTMENT:</u> Performance of at least 50 magnetic resonance imaging procedures in the past two years.	
36.40 GENERAL SONOGRAPHY (EXCLUDES OBSTETRIC AND GYNECOLOGY) Interpretation of non-OB/GYN ultrasound imaging procedures of any or all organ systems. <u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology. <u>PROCTORING:</u> Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure. <u>REAPPOINTMENT:</u> performance of at least 100 sonography procedures in the past two (2) years.	_____
36.41 OBSTETRIC AND GYNECOLOGICAL SONOGRAPHY	_____
36.41A Obstetric And Gynecological Sonography <u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology; AND 1) formal obstetrical ultrasound training in Radiology Residency program; OR 2) 3 month's post residency experience to include: a) 1 month: basic physics, technique, performance and interpretation b) 2 months of practical experience with at least 200 examinations <u>PROCTORING:</u> Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure. <u>REAPPOINTMENT:</u> performance of at least 100 sonography procedures in the past two (2) years.	_____
36.41B Obstetric And Gynecological Sonography <u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Obstetrics and Gynecology. 1) Completion of Maternal Fetal Medicine subspecialty training or Perinatal Genetics subspecialty training with a minimum of 6 months of training in ultrasound. 2) Joint appointment in the Department of Radiology. <u>PROCTORING:</u> Total studies satisfactorily proctored: 500** abnormal studies satisfactorily proctored: 25** (**subspecialty training included.) <u>REAPPOINTMENT:</u> performance of at least 100 sonography procedures in the past two (2) years.	_____

Delineation Of Privileges
Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
36.50 ANGIOGRAPHY/VASCULAR INTERVENTIONAL PROCEDURES (Non-Neurologic Procedures Only — Neurologic Procedures Covered Under Section 37) <u>Scope of Practice:</u> Admission, work up, diagnosis, provision of endovascular and non-endovascular care to patients of all adults presenting with illnesses, injuries and disorders who have or will for adult patients undergoing interventional radiologic procedures. Admission pertains- applies only to patients undergoing- scheduled for elective procedures. Includes Pperformance and interpretation of diagnostic and therapeutic vascular interventional procedures. <u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology. -and currently Must meets the training requirements for board eligibility by the American Board of Vascular and Interventional Radiology. Alternatively the applicant may be Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery at the discretion of the Chief of Radiology of ZSFG. <u>PROCTORING:</u> Supervision of 3 procedures by a credentialed radiologist in the department. Trainees of the gGraduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single one (1) procedure. <u>REAPPOINTMENT:</u> Performance of at least 25 angiography/vascular interventional procedures within the past two (2) years.		—
36.60 NON-VASCULAR INTERVENTIONAL PROCEDURES Performance and interpretation of diagnostic and therapeutic non-vascular interventional procedures <u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology. <u>PROCTORING:</u> Supervision of 3 procedures by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure. <u>REAPPOINTMENT:</u> Performance of at least 20 non-vascular interventional procedures in the past two (2) years.		—
36.65 IMAGE-GUIDED TUMOR ABLATION Performance of radiofrequency, microwave, or cryoablation of solid organ, lung and soft tissue tumors. <u>PREREQUISITES:</u> Currently Board Admissible or Board Certified by the American Board of Radiology and completion of an accredited Interventional Radiology Fellowship training program. <u>PROCTORING:</u> Supervision of 2 procedures by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure. <u>REAPPOINTMENT:</u> Performance of at least 2 procedures in the past two (2) years.		—
36.70 MAMMOGRAPHY Performance and interpretation of diagnostic and interventional mammographic procedures. <u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology. <u>PROCTORING:</u> Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure. <u>REAPPOINTMENT:</u> Performance of at least 240 mammography procedures in the last six months or at least 960 performed in the last two (2) years.		—

Delineation Of Privileges
Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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36.80 NUCLEAR MEDICINE BASIC PRIVILEGES

Performance and interpretation of diagnostic and therapeutic radionuclide procedures in any and all organ systems.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Nuclear Medicine and must attain Board Certification in Nuclear Medicine within two (2) years of completion of residency.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 20 nuclear medicine procedures in the last 2 years.

36.90 PROCEDURAL SEDATION

PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or the American Board of Neurological Surgery and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association

PROCTORING: Review of 5 cases (completed training within the last 5 years)

REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year for the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association

37.00 INVASIVE NEURORADIOLOGY

Scope of Practice: Performance and interpretation of diagnostic and therapeutic invasive neuroradiology procedures.

Delineation Of Privileges
Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology, ~~and currently Must~~ meets the training requirements for board eligibility by the American Board of Neuroradiology. Alternatively, ~~the applicant may be~~ Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology ~~of at~~ ZSFG.

PROCTORING: Supervision of 3 procedures by a credentialed radiologist in the department. ~~Trainees of the g~~Graduates of the UCSF Radiology Training Program hired ~~onto~~ the faculty require supervision of ~~a single one (1)~~ procedure.

REAPPOINTMENT: Performance of at least 20 invasive neuroradiology procedures within the past two (2) years.

37.10 CAROTID ARTERY STENTING

Scope of Practice:
Performance and interpretation of therapeutic carotid artery stenting procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology and Neuroradiology or Interventional Radiology, ~~and Must have performance performed of at least~~ 25 carotid stenting procedures. Alternatively, ~~the applicant may be~~ Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology of ZSFG.

PROCTORING: Supervision of one (1) procedure by a credentialed radiologist in the department.

REAPPOINTMENT: Performance of at least 2 carotid stenting procedures in the past two (2) years.

37.20 NEUROLOGIC ANGIOGRAPHY

Scope of Practice:
Performance and interpretation of neurologic angiography procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology. Must meet training requirements for neuroradiology certificate of additional qualification (CAQ) eligibility by the American Board of Radiology ~~board eligibility by the American Board of Neuroradiology~~. Alternatively, Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology of ZSFG and 50 performed neuroroangiography cases.

PROCTORING: Supervision of one (1) procedure by a credentialed radiologist in the department.

REAPPOINTMENT: Performance of at least 2 neurologic angiography procedures in the past two (2) years.

37.30 EDUCATIONAL INTERPRETATION OF STUDIES ONLY

The physician shall interpret studies for teaching purposes for fellows, residents or medical students. The physician will have no involvement in the clinical care of patients.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Observation of 2 teaching sessions.

REAPPOINTMENT: Observation of 2 teaching sessions

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Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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90.00 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH

RESEARCH
Admit and follow adult patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by one of the boards of the American Board of Medical Specialties. Approval of the Director of the CTSI (below) is required for all applicants.

PROCTORING: All OPPE metrics acceptable

REAPPOINTMENT: All OPPE metrics acceptable

CTSI Medical Director

Date _____

I hereby request clinical privileges as indicated above.

Applicant

Date _____

APPROVED BY

Division Chief

Date _____

Service Chief

Date _____

Delineation Of Privileges

Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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Rad RADIOLOGY AND NUCLEAR MEDICINE 2022
(05/2023 MEC)

FOR ALL PRIVILEGES

All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

CORE PRIVILEGES

36.10 GENERAL DIAGNOSTIC RADIOLOGY

36.10A PLAIN FILM INTERPRETATION

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department.

Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 100 general diagnostic procedures in two years.

36.10B FLUOROSCOPIC PROCEDURES

Performance of fluoroscopic procedures, including contrast studies of the GI and GU tract.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology and a current fluoroscopy license.

PROCTORING: Double reading of 2 studies by a credentialed radiologist in the department.

Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 4 general fluoroscopy procedures in two years.

SPECIAL PRIVILEGES

36.20 COMPUTED TOMOGRAPHY

Interpretation of computed tomographic procedures of any or all organ systems.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department.

Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 100 computed tomography procedures in the past two (2) years

36.30 MAGNETIC RESONANCE IMAGING

Interpretation of magnetic resonance imaging procedures of any or all organ systems.

Delineation Of Privileges

Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department.
Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 50 magnetic resonance imaging procedures in the past two years.

36.40 GENERAL SONOGRAPHY (EXCLUDES OBSTETRIC AND GYNECOLOGY) _____
Interpretation of non-OB/GYN ultrasound imaging procedures of any or all organ systems.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department.
Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: performance of at least 100 sonography procedures in the past two (2) years.

36.41 OBSTETRIC AND GYNECOLOGICAL SONOGRAPHY _____

36.41A Obstetric And Gynecological Sonography _____

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology; AND

- 1) formal obstetrical ultrasound training in Radiology Residency program; OR
- 2) 3 month's post residency experience to include:
 - a) 1 month: basic physics, technique, performance and interpretation
 - b) 2 months of practical experience with at least 200 examinations

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department.

Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: performance of at least 100 sonography procedures in the past two (2) years.

36.41B Obstetric And Gynecological Sonography _____

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Obstetrics and Gynecology.

- 1) Completion of Maternal Fetal Medicine subspecialty training or Perinatal Genetics subspecialty training with a minimum of 6 months of training in ultrasound.
- 2) Joint appointment in the Department of Radiology.

PROCTORING: Total studies satisfactorily proctored: 500** abnormal studies satisfactorily proctored: 25** (**subspecialty training included.)

REAPPOINTMENT: performance of at least 100 sonography procedures in the past two (2) years.

36.50 ANGIOGRAPHY/VASCULAR INTERVENTIONAL PROCEDURES _____
(Non-Neurologic Procedures Only — Neurologic Procedures Covered Under Section 37)

Scope of Practice:

Admission, work up, diagnosis, provision of endovascular and non-endovascular care for adult patients undergoing interventional radiologic procedures. Admission applies only to patients scheduled for elective procedures. Includes performance and interpretation of diagnostic and therapeutic vascular interventional procedures.

Delineation Of Privileges

Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology.
Must meet the training requirements for board eligibility by the American Board of Vascular and Interventional Radiology.

PROCTORING: Supervision of 3 procedures by a credentialed radiologist in the department. Graduates of the UCSF Radiology Training Program hired to the faculty require supervision of one (1) procedure.

REAPPOINTMENT: Performance of at least 25 angiography/vascular interventional procedures within the past two (2) years.

36.60 NON-VASCULAR INTERVENTIONAL PROCEDURES

Performance and interpretation of diagnostic and therapeutic non-vascular interventional procedures

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Supervision of 3 procedures by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 20 non-vascular interventional procedures in the past two (2) years.

36.65 IMAGE-GUIDED TUMOR ABLATION

Performance of radiofrequency, microwave, or cryoablation of solid organ, lung and soft tissue tumors.

PREREQUISITES: Currently Board Admissible or Board Certified by the American Board of Radiology and completion of an accredited Interventional Radiology Fellowship training program.

PROCTORING: Supervision of 2 procedures by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 2 procedures in the past two (2) years.

36.70 MAMMOGRAPHY

Performance and interpretation of diagnostic and interventional mammographic procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 240 mammography procedures in the last six months or at least 960 performed in the last two (2) years.

36.80 NUCLEAR MEDICINE BASIC PRIVILEGES

Performance and interpretation of diagnostic and therapeutic radionuclide procedures in any and all organ systems.

Delineation Of Privileges

Radiology And Nuclear Medicine 2023

Provider Name:

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PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Nuclear Medicine and must attain Board Certification in Nuclear Medicine within two (2) years of completion of residency.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 20 nuclear medicine procedures in the last 2 years.

36.90 PROCEDURAL SEDATION

PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or the American Board of Neurological Surgery and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association

PROCTORING: Review of 5 cases (completed training within the last 5 years)

REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year for the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association

37.00 INVASIVE NEURORADIOLOGY

Scope of Practice:

Performance and interpretation of diagnostic and therapeutic invasive neuroradiology procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology.

Must meet the training requirements for board eligibility by the American Board of Neuroradiology.

Alternatively, Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology at ZSFG.

PROCTORING: Supervision of 3 procedures by a credentialed radiologist in the department. Graduates of the UCSF Radiology Training Program hired to the faculty require supervision of one (1) procedure.

REAPPOINTMENT: Performance of at least 20 invasive neuroradiology procedures within the past two (2) years.

Delineation Of Privileges

Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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37.10 CAROTID ARTERY STENTING

Scope of Practice:

Performance and interpretation of therapeutic carotid artery stenting procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology and Neuroradiology or Interventional Radiology.

Must have performed at least 25 carotid stenting procedures. Alternatively, Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology of ZSFG.

PROCTORING: Supervision of one (1) procedure by a credentialed radiologist in the department.

REAPPOINTMENT: Performance of at least 2 carotid stenting procedures in the past two (2) years.

37.20 NEUROLOGIC ANGIOGRAPHY

Scope of Practice:

Performance and interpretation of neurologic angiography procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology.

Must meet training requirements for neuroradiology certificate of additional qualification (CAQ) eligibility by the American Board of Radiology
Alternatively, Board Admissible, Board Certified, or Board Re-Certified by the American Board of Neurological Surgery or the American Board of Psychiatry and Neurology, at the discretion of the Chief of Radiology of ZSFG and 50 performed neuroangiography cases.

PROCTORING: Supervision of one (1) procedure by a credentialed radiologist in the department.

REAPPOINTMENT: Performance of at least 2 neurologic angiography procedures in the past two (2) years.

37.30 EDUCATIONAL INTERPRETATION OF STUDIES ONLY

The physician shall interpret studies for teaching purposes for fellows, residents or medical students. The physician will have no involvement in the clinical care of patients.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology.

PROCTORING: Observation of 2 teaching sessions.

REAPPOINTMENT: Observation of 2 teaching sessions

90.00 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH

Admit and follow adult patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by one of the boards of the American Board of Medical Specialties. Approval of the Director of the CTSI (below) is required for all applicants.

PROCTORING: All OPPE metrics acceptable

REAPPOINTMENT: All OPPE metrics acceptable

CTSI Medical Director

Date

Delineation Of Privileges
Radiology And Nuclear Medicine 2023

Provider Name:

Privilege	Status	Approved
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I hereby request clinical privileges as indicated above.

Applicant

Date

APPROVED BY

Division Chief

Date

Service Chief

Date



SFHN Credentials Committee Standardized Procedure and/or Privileges Submission Form

Directions:

1. Summarize the content changes that were made to the SP/protocols or Privileges using the table in Section I
2. Complete Section II: Follow instructions outlined in table
3. Email the revised SP with track changes and this completed form to the Michelle Mai, ZSFG Medical Staff Analyst (michelle.mai@sfdph.org), the CIDP Coordinator (erika.kiefer@sfdph.org), Nursing Manager (Jennifer.Berke@sfdph.org), and CIDP Co-Chairs (vagn.petersen@sfdph.org) (Vanessa.Aspeticueta@sfdph.org).

Section I: Summary of Changes for Committee approval

Date changes to SP/Privileges approved by CIDP:	
Person completing this form: Erika Kiefer	
Standardized Procedure Title:	OBSTETRICS AND GYNECOLOGY Protocols # 17-19: LIMITED OBSTETRIC ULTRASOUND <14 Weeks Gestational Age, LIMITED OBSTETRIC ULTRASOUND: >14 Week Gestational Age Assessment, LIMITED OBSTETRIC ULTRASOUND: Third Trimester Assessment of Cardiac Activity, Presentation, and Amniotic Fluid
Department:	Ob, Gyn, & RS
Dept Chief:	Rebecca Jackson, MD
SP Author(s):	Kara Myers, CNM
Update #1:	prerequisite language revised to exclude privileges at another institution, retaining prior experience by volume
Update #2:	The following specification was added to proctoring language: <i>For clinicians whose prerequisite was training, not documented experience, the proctoring will be consecutive and concurrent.</i> The proctor reviews the images before the patient is discharged. The proctor is no longer required to sign the clinical report.
Update #3:	redundant language removed from protocol's definition

*Include additional rows to table, if needed

Section II: Standardized Revisions

Update the SP as instructed below.

Preamble	 2023 CIDP SP Preamble DRAFT (1). • The Preamble is the portion of the SP that precedes the Protocols, the first pages of the SP, outlined I-VII, includes sections “Policy Statement, ”Functions to be Performed,” etc.. • The Preamble was updated in 2023 to include changes in legislation, regulations, and practice. (CIDP, 10/2023)
Equity	Ensure language within the SP is inclusive. Examples include but are not limited to: • Do not use race/ethnicity descriptors unless necessary • Do not use sex assigned at birth unless necessary • Use “their” rather than “him/her” (CIDP, 8/2022)
ZSFG	Change “San Francisco General Hospital” to “Zuckerberg San Francisco General Hospital” and SFGH to ZSFG (CIDP, 10/2016)
Qualified Provider	Insert the following after every use of words “qualified provider:” who has completed proctoring and subsequently maintained their eligibility for performing the procedure. <i>Example: 2 direct observations of procedure by a qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</i> (Credentials Committee, 11/2023)
Prerequisites	Onsite training no longer to be listed as a prerequisite. Instead, the training to be completed once procedure is approved for the provider and then before the provider initiates proctoring. Update protocols to reflect this change (Credentials Committee, 11/2023)

Protocol # 17: Procedure: LIMITED OBSTETRIC ULTRASOUND <14 Weeks Gestational Age

A. DEFINITION

A limited obstetric ultrasound exam is not intended to replace a basic obstetric ultrasound, which is a well-defined and complex examination that is performed by a physician with specialty training. A limited obstetric ultrasound is a review of certain discrete elements that can be safely performed by a clinician with specific training and experience ~~who has been trained and privileged to perform the exam.~~

1. Location to be performed: all appropriate sites within the OB/GYN service
2. Performance of procedure:
 - a. Indications for limited obstetric ultrasound include a need to identify:
 - b. Intrauterine pregnancy
 - c. Fetal number
 - d. Fetal cardiac activity
 - e. Gestational duration
 - f. Precautions: None
 - g. Contraindications: Previously diagnosed multiple gestation

B. DATA BASE

1. Subjective Data
 - a. Review history of last menstrual period
2. Objective Data
 - a. Review pertinent objective data (prior ultrasounds and/or physical exam)

C. DIAGNOSIS

Diagnosis must be supported by diagnostic images obtained

D. PLAN

1. Review patient identification, procedure to be conducted, adequacy of privacy for exam, readiness and cleanliness of equipment
2. Perform limited obstetric ultrasound
3. Patient conditions requiring Attending or Senior Resident consultation:
 - a. Multiple gestation
 - b. No evidence of cardiac activity
 - c. Gestational age assessment not correlated to other subjective and objective data
 - d. Vaginal bleeding
 - e. Abdominal pain
 - f. Inability to confirm intrauterine location of pregnancy
 - g. Inability to obtain adequate image for diagnostic interpretation
 - h. Unclear or abnormal findings

4. Education

Discuss findings with patient; establish need for follow-up consultation; examination or

referral; give discharge information and instructions

h.i. 5. Follow up

h.j. As indicated by ultrasound findings and clinical condition.

E. RECORD KEEPING

Ultrasound report will be completed using departmentally-accepted format within 24 hours of exam.

F. Summary of Prerequisites, Proctoring and Reappointment Competency

Prerequisites:

Completion of a limited obstetric ultrasound training course, which includes both didactic and hands-on experience, either on-site or outside of the institution; OR

Recent (within 5 years) experience in limited obstetric ultrasound at gestational age <14 weeks (including > 30 ultrasound exams), ~~and/or privileges to perform limited obstetric ultrasound at gestational age <14 weeks granted at another institution.~~ Experience ~~and/or privileges~~ must be verified by a letter from prior institution ~~or from a supervising ZSFG physician who has been designated as an evaluator by the Director of Obstetrics.~~

Proctoring:

Clinicians must perform a minimum of 5 ultrasounds to demonstrate competency before independently performing limited obstetric ultrasonography. These exams must be of gestational sacs, embryos, or fetuses at <14 weeks' gestation and must include assessment of the location and dating of pregnancy, cardiac motion and fetal number. ~~For clinicians whose prerequisite was training, not documented experience, the proctoring will be consecutive and concurrent.~~

Proctoring will be performed by an attending Obstetrician/Gynecologist or an NP/CNM/PA who has been designated as an evaluator by the Director of Obstetrics (i.e., who has demonstrated competence in performance of the clinical skill). This evaluator will review ~~and sign the clinical report~~ the images before the patient is discharged. If the evaluator is an NP/CNM/PA, all reports will additionally be reviewed by the Director of Obstetrics or his/her physician designee(s) within 24 hours.

Reappointment Competency:

Clinicians will be evaluated for continued competency through consultant (as per Preamble section III2b) chart review. Limited obstetric ultrasound images and documentation will be reviewed for accuracy and thoroughness on an ongoing basis given that every ultrasound must be reviewed and co-signed by a physician attending within 24 hours.

Any additional comments:

If proficiency is not achieved in the 5 exams articulated above, individualized plans for achievement of competency may be established as needed.

All ultrasound reports will be reviewed and signed off by the Director of Obstetrics or his/her physician designee(s) within 24 hours of the exam.

Protocol #18: Procedure: LIMITED OBSTETRIC ULTRASOUND: >14 Week Gestational Age Assessment

A. DEFINITION

A limited obstetric ultrasound exam is not intended to replace a basic obstetric ultrasound, which is a well-defined and complex examination that is performed by a physician with specialty training. A limited obstetric ultrasound is a review of certain discrete elements that can be safely performed by a clinician with specific training and experience ~~who has been trained and privileged to perform the exam.~~

1. Location to be performed: all appropriate sites within the OB/GYN service
2. Performance of procedure:
 - a. Indications for limited obstetric ultrasound include a need to identify:
 - i. Gestational age (>14 weeks gestation)
 - ii. Placental location
 - b. Precautions: None
 - c. Contraindications: Previously diagnosed multiple gestation

B. DATA BASE

1. Subjective Data
 - a. Review of history of last menstrual period
2. Objective Data
 - a. Review pertinent objective data (prior ultrasounds and/or ~~physical exam~~)

C. DIAGNOSIS

Diagnosis must be supported by diagnostic images obtained

D. PLAN

1. Review patient identification, procedure to be conducted, and adequacy of privacy for exam, readiness and cleanliness of equipment
2. Perform limited obstetric ultrasound
3. Patient conditions requiring Attending or Senior Resident consultation:
 - a. Multiple gestation
 - b. No evidence of cardiac activity
 - c. Gestational age assessment not correlated to other subjective and objective data
 - d. Inability to confirm intrauterine location of pregnancy
 - e. Vaginal bleeding
 - f. Abdominal pain
 - g. Increased risk for accreta (previa and previous cesarean delivery at >16 weeks' gestation)
 - h. Inability to obtain adequate image for diagnostic interpretation
 - i. Unclear or abnormal findings
 - j. BPD close to 58 mm or when inconsistent measurements between the BPD and FL might allow or disallow a pregnancy termination (6G only)

4. Education

- a. Discuss findings with patient, establish need for follow-up consultation, examination or referral, and give discharge information and instructions

5. Follow-up

1. As indicated by ultrasound findings and clinical condition.

E. RECORD KEEPING

Ultrasound report will be completed using departmentally-accepted format within 24 hours of exam.

F. Summary of Prerequisites, Proctoring and Reappointment Competency

Prerequisites:

- a. Completion of a limited obstetric ultrasound training course, which includes both didactic and hands-on experience, either on-site or outside of the institution; OR
- b. Recent (within 5 years) experience in limited obstetric ultrasound for >14 weeks' gestational age assessment (including > 30 ultrasound exams), ~~and/or privileges to perform limited obstetric ultrasound for >14week gestational age assessment granted at another institution.~~ Experience ~~and/or privileges~~ must be verified by a letter from prior institution ~~or from a supervising ZSFG physician who has been designated as an evaluator by the Director of Obstetrics.~~

Proctoring:

Clinicians must perform a minimum of 5 ultrasounds to demonstrate competency before independently using limited obstetric ultrasonography to date a >14week pregnancy. ~~For clinicians whose prerequisite was training, not documented experience, the proctoring will be consecutive and concurrent.~~

Proctoring will be performed by an attending Obstetrician/Gynecologist or an NP/CNM/PA who has been designated as an evaluator by the Director of Obstetrics (i.e., who has demonstrated competence in performance of the clinical skill). This evaluator will review ~~and sign the clinical report~~ the images prior to the patient's discharge. If the evaluator is an NP/CNM/PA, all reports will later also be reviewed by the Director of Obstetrics or his/her physician designee(s) within 24 hours.

Reappointment Competency Documentation:

Clinicians will be evaluated for continued competency through consultant chart review. Limited obstetric ultrasound images and documentation will be reviewed for accuracy and thoroughness on an ongoing basis given that every ultrasound must be reviewed and co-signed by a physician attending within 24 hours.

Any additional comments:

If proficiency is not achieved in the 5 exams articulated above, individualized plans for achievement of competency may be established as needed.

All ultrasound reports will be reviewed and signed off by the Director of Obstetrics or his/her physician designee(s) within 24 hours of the exam.

Protocol #19: Procedure: LIMITED OBSTETRIC ULTRASOUND: Third Trimester Assessment of Cardiac Activity, Presentation, and Amniotic Fluid

A. DEFINITION

A limited obstetric ultrasound exam is not intended to replace a basic obstetric ultrasound, which is a well-defined and complex examination that is performed by a physician with specialty training. A limited obstetric ultrasound is a review of certain discrete elements that can be safely performed by a clinician with specific training and experience ~~who has been trained and privileged to perform the exam.~~

1. Location to be performed: all appropriate sites within the OB/GYN service
2. Performance of procedure:
 - a. Indications for limited third trimester obstetric ultrasound include a need to identify:
 - b. Fetal cardiac activity
 - c. Fetal presentation
 - d. Deepest vertical pocket (DVP) of amniotic fluid
 - e. Precautions: None

B. DATA BASE

1. Subjective Data
 - a. Review history of last menstrual period
2. Objective Data
 - a. Review pertinent objective data (prior ultrasounds and/or physical exam)

C. DIAGNOSIS

Diagnosis must be supported by diagnostic images obtained

D. PLAN

1. Review patient identification, procedure to be conducted, adequacy of privacy for exam, readiness and cleanliness of equipment
2. Perform limited obstetric ultrasound
3. Patient conditions requiring Attending or Senior Resident consultation:
 - a. No evidence of cardiac activity
 - b. Fetal position other than cephalic (if >35 weeks gestation)
 - c. Deepest vertical pocket <2 or >8
 - d. Fetal heart rate of <110 beats per minute
 - e. Inability to obtain adequate image for diagnostic interpretation
 - f. Unclear or abnormal findings
4. Education
 - a. Discuss findings with patient, establish need for follow-up consultation, examination or referral, give discharge information and instructions
5. Follow-up

1. As indicated by ultrasound findings and clinical condition.

E. RECORD KEEPING

Ultrasound report will be completed using departmentally-accepted format within 24 hours of exam.

F. Summary of Prerequisites, Proctoring and Reappointment Competency

Prerequisites:

- a. Completion of a limited obstetric ultrasound training course, which includes both didactic and hands-on experience, either on-site or outside of the institution; OR
- b. Recent (within 5 years) experience in limited obstetric ultrasound in the third trimester (including > 30 ultrasound exams), ~~and/or privileges to perform limited obstetric ultrasound in the third trimester granted at another institution.~~ Experience ~~and/or privileges~~ must be verified by a letter from prior institution ~~or from a supervising ZSFG physician who has been designated as an evaluator by the Director of Obstetrics.~~

Proctoring:

Clinicians must perform a minimum of 5 ultrasounds (including fetal presentation and DVP) to demonstrate competency prior to independently performing limited third trimester obstetric ultrasonography. For clinicians whose prerequisite was training, not documented experience, the proctoring will be consecutive and concurrent.

Proctoring will be performed by an attending Obstetrician/Gynecologist or an NP/CNM/PA who has been designated as an evaluator by the Director of Obstetrics (i.e., who has demonstrated competence in performance of the clinical skill). This evaluator will review the ~~clinical report~~ images prior to the patient's discharge.

Reappointment Competency Documentation:

Clinicians will be evaluated for continued competency through 1 peer chart review every 2 years.

Any additional comments:

If proficiency is not achieved in the 5 exams articulated above, individualized plans for achievement of competency may be established as needed.

Zuckerberg San Francisco General Hospital and Trauma Center
STANDARDIZED PROCEDURES INITIAL AND REAPPOINTMENT CRITERIA

PROVIDER NAME: _____

Major site: _____

CLINICAL SERVICE: OBSTETRICS AND GYNECOLOGY

Other sites: _____

STANDARDIZED PROCEDURES	INITIAL PROCTORING	REAPPOINTMENT CRITERIA	MET/UNMET*	MEDICAL RECORD NUMBER (for proctoring only)
CORE				
1. HCM: Acute/Urgent Care	3 months in length. 3 observations and associated chart reviews representing each core procedure, with no less than 10 observations/chart reviews in total	Performance of 1 chart review every 2 years, which may represent multiple core procedures.		
2. HCM: Well Person? Care	As noted in Acute/Urgent Care Proctoring	As noted in Acute/Urgent Care Reappointment Criteria		
3. HCM: Prenatal Care	As noted in Acute/Urgent Care Proctoring	As noted in Acute/Urgent Care Reappointment Criteria		
4. Furnishing Medications and Drug Orders	As noted in Acute/Urgent Care Proctoring	As noted in Acute/Urgent Care Reappointment Criteria		
5. Postpartum Discharge of Inpatients	As noted in Acute/Urgent Care Proctoring	As noted in Acute/Urgent Care Reappointment Criteria		
6. RESTRICTED to Breast Clinic NPs: Management of Benign and Malignant Breast Conditions	Direct observation of 3 cases and 5 chart reviews	Performance of 5 chart reviews every 2 years.		
6a. eConsult for above protocol	Concurrent review of the first 20 consultations	Review of 5 eConsults every 2 years.		
SPECIAL				
6b. eConsult	Concurrent review of first 20 consultations.	Review of 5 eConsult consultations every 2 years.		
7. Colposcopy and Cryotherapy	Direct observation of 25 procedures for a new provider including 10 examinations that include a biopsy and 3 cryotherapy procedures. Experienced provider must show proof of doing 25 procedures elsewhere and be observed doing 5 colposcopies and 1 cryotherapy procedure at ZSFG.	Perform 4 procedures and 2 chart reviews every 2 years.		

Zuckerberg San Francisco General Hospital and Trauma Center
STANDARDIZED PROCEDURES INITIAL AND REAPPOINTMENT CRITERIA

PROVIDER NAME: _____

Major site: _____

CLINICAL SERVICE: OBSTETRICS AND GYNECOLOGY

Other sites: _____

STANDARDIZED PROCEDURES	INITIAL PROCTORING	REAPPOINTMENT CRITERIA	MET/UNMET*	MEDICAL RECORD NUMBER (for proctoring only)
8. Endocervical Polyp Removal	Direct observation of 1 procedure for both a new and experienced provider. Chart review of all observed procedures.	Perform 2 procedures and 2 chart reviews every 2 years.		
9. Endometrial Biopsy	Direct observation of 3 procedures for a new provider and 1 procedure for an experienced provider with independent endometrial biopsy. Chart review of all observed cases.	Performance of 6 procedures and 2 chart reviews every 2 years.		
10. Episiotomy and Perineal Laceration Repair	Concurrent observation of 3 vaginal deliveries including episiotomy and/or laceration repair with chart review of all observed cases.	5 procedures and 1 chart review every 2 years.		
11. Contraceptive Implant Insertion	3 successful insertions for a new provider and 2 insertions for an experienced provider. Chart review of all observed cases. Proctor must be a qualified provider	Perform 6 insertions and 1 chart review every 2 years.		
12. Contraceptive Implant Removal	3 successful removals for a new provider and 2 removals for an experienced provider. Chart review of all removals. Proctor must be a qualified provider.	Perform 6 removals and 1 chart review every 2 years.		

Zuckerberg San Francisco General Hospital and Trauma Center
STANDARDIZED PROCEDURES INITIAL AND REAPPOINTMENT CRITERIA

PROVIDER NAME: _____

Major site: _____

CLINICAL SERVICE: OBSTETRICS AND GYNECOLOGY

Other sites: _____

STANDARDIZED PROCEDURES	INITIAL PROCTORING	REAPPOINTMENT CRITERIA	MET/UNMET*	MEDICAL RECORD NUMBER (for proctoring only)
13. Intrauterine Device Insertion	Direct observation of 3 insertions for a new provider and 2 insertions for an experienced provider with independent IUD insertion. Observation of 3 cervical and 3 intrauterine blocks for a new provider and 2 cervical and 2 intrauterine blocks for a provider who has prior experience with independent cervical blocks. Chart review of all observed cases.	Performance of 6 procedures and 1 chart review every 2 years.		
14. Intrauterine Device Removal: Non-visualized Strings	Direct observation of 6 IUD removals of non-visualized strings. Chart reviews of all observed cases.	Perform 6 procedures and 1 chart review every 2 years		
15. Pre-op Evaluation for Second Trimester Abortion	Direct observation of 5 procedures and 3 chart reviews. If proficiency is not demonstrated after 5 procedures, the NP/CNM/PA will continue to be proctored until competence achieved. Proctoring should be completed within the first 6 months of initial granting of new privileges and must be completed within the first year of initial granting of new privileges.	Perform 5 procedures and 2 chart reviews every 2 years.		
16. Trigger Point Injections for Pelvic Pain	Observation of 2 injections for each site for a new provider and 1 injection for each site for an experienced provider. Chart review of all observed cases.	Minimum 2 procedures and 1 chart review every 2 years.		

Zuckerberg San Francisco General Hospital and Trauma Center
STANDARDIZED PROCEDURES INITIAL AND REAPPOINTMENT CRITERIA

PROVIDER NAME: _____

Major site: _____

CLINICAL SERVICE: OBSTETRICS AND GYNECOLOGY

Other sites: _____

STANDARDIZED PROCEDURES	INITIAL PROCTORING	REAPPOINTMENT CRITERIA	MET/UNMET*	MEDICAL RECORD NUMBER (for proctoring only)
17. Ultrasound < 14 Weeks Gestational Age	Perform 5 ultrasound procedures. These exams must be of gestational sacs, embryos, or fetuses at <14 weeks' gestation and must include assessment of the location and dating of pregnancy, cardiac motion and fetal number. For clinicians whose prerequisite was training, not documented experience, the proctoring will be consecutive and concurrent.	Chart review on an ongoing basis with ultrasound images reviewed by the evaluator before patient discharge. If evaluator is not an attending OBGYN, the reports must be additionally reviewed by the Director of Obstetrics or physician designee within 24 hours		
18. Ultrasound ≥14 Weeks Gestational Age Assessment	Perform 5 ultrasound procedures.	Chart review on an ongoing basis with ultrasound images reviewed by the evaluator before patient discharge. If evaluator is not an attending OBGYN, the reports must be additionally reviewed by the Director of Obstetrics or physician designee within 24 hours		
19. Limited Obstetric Ultrasound: Third Trimester Assessment of Cardiac Activity, Presentation, and Amniotic Fluid	Perform 5 ultrasound procedures (including fetal presentation and DVP). For clinicians whose prerequisite was training, not documented experience, the proctoring will be consecutive and concurrent.	1 peer chart review every 2 years.		
WAIVED TESTING				

Zuckerberg San Francisco General Hospital and Trauma Center
STANDARDIZED PROCEDURES INITIAL AND REAPPOINTMENT CRITERIA

PROVIDER NAME: _____

Major site: _____

CLINICAL SERVICE: OBSTETRICS AND GYNECOLOGY

Other sites: _____

STANDARDIZED PROCEDURES	INITIAL PROCTORING	REAPPOINTMENT CRITERIA	MET/UNMET*	MEDICAL RECORD NUMBER (for proctoring only)
20. Waived Testing a. Fecal Occult Blood b. Vaginal pH testing c. Urine Pregnancy d. Urine Dipstick	Completion of quizzes for each test practitioner is performing with a score of at least 80%.	Completion of required quizzes for each test and received a score of at least 80% every 2 years.		
21. First Trimester Aspiration Abortion	30 procedures under direct observation	10 procedures every 2 years. 3 chart reviews every year.		
22. Procedural Sedation	Direct observation of 30 procedures for new provider and 10 for an experienced provider. Review of 30 procedure notes.	3 procedures observed by Medical Director or designee every 2 years. Completion of Procedural Sedation education module with a passing score of 80%.		
23. Vulvar Skin Biopsy (Excision, Punch)	Direct observation of 5 procedures, at least 2 of each type. Review of 3 charts.	2 chart reviews every 2 years.		

Zuckerberg San Francisco General Hospital and Trauma Center
STANDARDIZED PROCEDURES INITIAL AND REAPPOINTMENT CRITERIA

PROVIDER NAME: _____

Major site: _____

CLINICAL SERVICE: OBSTETRICS AND GYNECOLOGY

Other sites: _____

STANDARDIZED PROCEDURES	INITIAL PROCTORING	REAPPOINTMENT CRITERIA	MET/UNMET*	MEDICAL RECORD NUMBER (for proctoring only)
24. CNM First-Assist for Cesarean Section	New practitioner to procedure: 3 cases in which there are two surgeons present, including the OB attending who is available to directly assist the CNM. More than 3 cases may be needed per OB attending discretion. These will be followed by 3 cases in which the CNM acts independently as the first-assist. Experienced practitioner must show documentation of 1 st assist privilege held at another facility within the past 2 years: 3 cases in which the CNM acts independently as the first-assist. Proctor must be an OB attending physician.	4 procedures every 2 years. Ongoing feedback will be provided by the OB attending physician as well as through the departmental quality review process.		

 Chief of Service or designee

 Date

* Clinical data relevant to privileges or performance evaluation of standardized procedures including Medical records, is available for review in the provider's file located in the Clinical Service office.

MEMORANDUM

DATE: 05/05/2025
TO: ZSFG Credentials Committee
FROM: Shonul Agarwal Jain, MD
Chief of Service, Pediatrics
RE: Request for Agenda Inclusion – Addition of New Privilege & Pediatric Core Privilege Revision

Dear Credentials Committee,

On behalf of the Pediatric Department, I would like to respectfully request that the following items be added to the agenda for the upcoming Credentials Committee meeting in June for review and approval:

Add New Privilege

Privilege Title: Contraceptive Implant Insertion/Removal

Prerequisites: Currently Board Admissible, Certified, or Re-Certified by the American Board of Pediatrics. Proof of completion specialized course in insertion/removal of device.

~~**Proctoring Requirements:** Direct observation of 2 insertions by a qualified provider.~~

~~**Reappointment Criteria:** Review of 2 cases~~

Proctoring Requirements: Direct observation of 1 insertion and 1 removal by a qualified provider.

Reappointment Criteria: Review of 2 insertion and 2 removal cases

2. Revision of Pediatric Core Privileges

We would also like to take this opportunity to propose updates to our Pediatric Core Privilege statement. Updates are noted in red for committee review:

Admit, work up, and provide treatment and consultative services to pediatric patients and transitional-age youths. We propose specifying age ranges as follows:

Inpatient: 0 to ≤21 years

Outpatient: 0 to ≤24 years

This includes care in ambulatory and inpatient (non-ICU) settings, including performing lumbar punctures.

Prerequisites: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics

Proctoring Requirements: Review of 5 cases

Reappointment Criteria: Review of 3 cases
