ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on July 26, 2022
July 2022 MEC Meeting

CLINICAL SERVICE REPORT: - NONE

ZSFG CHIEF OF STAFF ACTION ITEMS
Presented to the JCC-ZSFG on July 26, 2022
July 2022 MEC Meetings

Acting ZSFG OB GYN Chief of Service

In accordance with the Medical Staff Bylaws, when a Chief of a Clinical Service is temporarily absent from the position for more than thirty (30) days, prompt notification shall be made to the Chief of Staff. Upon receipt of such notice, the Chief of Staff shall appoint an Acting Chief for the Clinical Service in consultation with the permanent Chief of the Clinical Service. B. Appointment of an Acting Chief of a Clinical Service for more than ninety (90) days shall require the approval of the MEC, the Vice Dean and the Governing Body.

MEC members were informed that Dr. Jody Steinauer was appointed as the Acting Chief of OB GYN at ZSFG effective August 1, 2022. The appointment is expected to last for more than 90 days while Dr. Rebecca Jackson is serving as Acting Chair of OB GYN at UCSF Health.

Clinical Service Rules and Regulations

- Otolaryngology R&R with tracked changes (Copies sent to Commissioners)
- Otolaryngology Summary of Changes (attached)

Credentials Committee –

A. Standardized Procedures
   - Botox SP (NEW) – Copies Sent to Commissioners

B. Privileges Lists Revisions – Copies with tracked changes sent to Commissioners
   Removed the language "to include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient" or "to include but not limited to" for the following privileges lists:
   1. Surgery Privileges List
   2. Family and Community Medicine Privileges List
   3. Orthopaedic Surgery Privileges List

OTOLARYNGOLOGY CLINICAL SERVICE RULES AND REGULATIONS

2022~~2019~~

OTOLARYNGOLOGY CLINICAL SERVICE
RULES AND REGULATIONS
TABLE OF CONTENTS

OTOLARYNGOLOGY CLINICAL SERVICE
RULES AND REGULATIONS
TABLE OF CONTENTS (Continued)

Zuckerberg San Francisco General Hospital and Trauma Center
1001 Potrero Ave
San Francisco, CA 94110

I. OTOLARYNGOLOGY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

The Otolaryngology Head and Neck Surgery Clinical Service offers complete inpatient, outpatient and emergency care for all aspects of diseases that afflict the head and neck. The regular attending staff offers expertise in maxillofacial trauma, otology, laryngology, facial plastic surgery, head and neck surgery and general otolaryngologic procedures. The resident and attending staff work closely with the Audiology and Speech Therapy departments at ZSFG and offer complete audiologic, speech and swallowing evaluation for children and adults. All staff will comply with HIPAA guidelines as per the ZSFG Bylaws and Rules and Regulations.

B. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of Zuckerberg San Francisco General is a privilege which shall be extended only to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

C. ORGANIZATION OF OTOLARYNGOLOGY CLINICAL SERVICE

The Otolaryngology Clinical Service consists of the Otolaryngology Treatment Room, Audiology Service, and Otolaryngology Clinic. Please refer to Appendix ~~I~~ for established guidelines.

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG through the Otolaryngology Clinical Service is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

1. Guidelines for Appointment

a. Certification by the American Board of Otolaryngology, or another specialty board appropriate to the privileges requested, within two years of appointment, is required.

DEA certification is required for active and courtesy staff.

B. REAPPOINTMENTS

The process of reappointment to the Medical Staff of ZSFG through the Otolaryngology Clinical Service is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

1. Practitioners Performance Profiles

Reappointment to the medical staff requires an appraisal of the care given by the practitioner during his or her preceding appointment. This appraisal will be based upon direct observation of patient care when possible; review of the operative reports accrued in the preceding time period, review of the Morbidity and Mortality conference report files, and review of several randomly audited medical records.

2. Modification of Clinical Service

Modification of Clinical Services offered by the Otolaryngology –Head and Neck Surgery at ZSFG will only be made after discussion with the ZSFG Dean's Office and a representative of the ZSFG administration with at least 30 days of written notification.

3. Staff Status Change

The process for Staff Status Change for members of the Otolaryngology Services is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

4. Modification/Changes to Privileges

The process for Modification/Change to Privileges for members of the Otolaryngology Services is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

5. On-Call Oversight

Faculty are expected to meet hospital, departmental, and ACGME requirements for on-call oversight. The call schedule is developed by the Department of Oto/HNS at UCSF School of Medicine and requires 24 hour/day, 7 day/week, 365 days per year coverage of ZSFG.

C. AFFILIATED PROFESSIONALS

The process of appointment and reappointment to the Affiliated Professionals of ZSFG through the Otolaryngology Clinical Service is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

D. STAFF CATEGORIES

Otolaryngology Clinical Service staff fall into the same staff categories which are described in Article III of the ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Otolaryngology Clinical Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Otolaryngology Clinical Service Privilege Request Form shall be reviewed annually in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. CLINICAL PRIVILEGES

Otolaryngology Clinical Service privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations as well as these Clinical Service Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Otolaryngology Clinical Service.

D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

IV. PROCTORING AND MONITORING

A. MONITORING (PROCTORING) REQUIREMENTS

Monitoring (proctoring) requirements for the Otolaryngology Clinical Service shall be the Responsibility of the Chief of the Service. (See II.B.1. & 2 above).

1. Goals and Objectives
The goals and objectives are to provide a one-year observation period following appointment to the medical staff to ensure that privileges which have been applied for are appropriate for the individual practitioner.

2. Participation
All new appointees to the medical staff during the first 6 months~~year~~ of their clinical appointment will be proctored.

3. Appraisal of Patient Care
Evaluation of patient care will be by:

a. Observation of care provided during surgery.

b. Assessment of the appropriateness of care delivered as observed on ward rounds.

c. Review of minimum~~aximum~~ of 5 case files.

d. Review of Morbidity and Mortality Reports relevant to the particular practitioner.

4. Individual Responsibilities

a. Department Chief:

1. Review the above information and make a recommendation either to continue or drop the physician from the medical staff.
2. Make observations of patient care intraoperatively, on ward rounds and by assessment of patient complications or appointment of another physician to do the proctoring.

b. Administrative Assistant:

1. Review list of current hospital staff who require proctoring.
2. Assemble relevant information for review by Chief on an annual basis so that pertinent recommendations can be made.

~~**Reporting**~~
~~Reports will be made on an annual basis to the Chief of Staff and Chairman of the Credentials Committee, either recommending continuation on the medical staff or dropping from the medical staff. By the end of the one year of proctoring, a recommendation to either continue on the medical staff on an unrestricted basis, to undergo further proctoring, or to be dropped from the medical staff will be made.~~

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Otolaryngology Clinical Service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for the Otolaryngology Clinical Service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations.

V. EDUCATION

The Otolaryngology-Head and Neck Surgery Clinical Service at the Zuckerberg San Francisco General is a cornerstone of the Otolaryngology-Head and Neck Surgery residency program at UCSF. Residents in their PGY-2, PGY-3, and PGY-4 years spend three months at ZSFG, or the allotted time as determined by the number of residents in a given class. The majority of their trauma experience, outpatient care, and general otolaryngology-head and neck surgery cases are centered at this site. In addition, medical students regularly rotate on the service as either a mandatory third year clerkship (introduction to Otolaryngology) or as a fourth year sub-intern. Otolaryngology-Head and Neck Surgery faculty at the ZSFG is actively involved in the residency and medical student teaching program at UCSF on many levels. In addition, all members of the staff can attend UCSF department courses for CME credits.

VI. OTOLARYNGOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION ~~*(Refer to CHN Website for Housestaff Competencies link)*~~

A. RESIDENT EVALUATIONS

1. Individual Responsibilities

The Chief of Service and other attending staff are responsible for monitoring care provided by the resident staff. The Chief of Service provides the required reports. Attending faculty supervise house staff in such a way that the house staff assume progressively increasing responsibility for patient care according to their level of training ability and experience.

- Role, r~~R~~esponsibility, and patient care activities of the house staff: The house staff have primary responsibility for the clinical care of patients on the wards, in the clinic, and in the operating room under the supervision of attending staff. It is the goal of the program to have the residents develop a formal therapeutic relationship with the patients and to have patients identify the housestaff as the primary care provider. This includes initial history and physical exams, medical test decision making, procedures, and analysis of care options and therapeutic interventions. This educational environment is consistently monitored by the real-time presence of the attending staff who closely monitor and supervise house staff interactions and decision making. It should be remembered that the house staff are all eligible for California State Licensure to practice independently as physicians and surgeons in the state of California by having completed ACGME approved surgical internships.

- The attending staff and program director make decisions about the extent to which the resident can practice independently by analyzing a variety of factors including in-service scores, home study course scores, rotation evaluations, semi-annual formal performance evaluations, ABO surgical experience data, and also by direct, daily contact and observation.

- Resident Evaluation Process: the residents are evaluated in accordance with ACGME requirements for Otolaryngology/Head and Neck Surgery. The residents participate in Grand Rounds, Morbidity and Mortality conference, regularly scheduled didactic lectures, journal clubs, text book chapter readings, the Home Study Course, the annual in- service examination, and individual rotation evaluations on the MedHub system in accordance with Graduate Medical Education Committee guidelines. American Board of Otolaryngology/Head and Neck Surgery surgical experience reports are examined semi-annually in formal reviews with the Program Director and Chair. Clinical comments and evaluation are made to the house staff on a daily basis by the attending staff and Chief of Service.

- Patient Care Orders: house staff may independently write patient care orders.

2. Activities Reviewed

Observations of resident performance include those made:
- Intraoperatively
- On ward rounds

- During review of patient charts
- Referrals by committee or other departments
- During Grand Rounds
- During conference presentations
- On review of Morbidity and Mortality Reports

3. Reporting

A report of each resident's performance is completed and forwarded to the Chairman and/or program Director, Department of Otolaryngology/Head and Neck Surgery UCSF immediately following completion of each resident's rotation at ZSFG.

VII. OTOLARYNGOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

The Otolaryngology-Head and Neck Surgery Clinical Service consult service will evaluate all patients in consultation within 12 hours of being requested by a ZSFG physician. Urgent consultation (within one hour) and Emergent consultation (immediate) are also available as needed. The senior resident in Otolaryngology-Head and Neck Surgery (the ZSFG Chief Resident) is responsible for all consultation requests. An Otolaryngology-Head and Neck Surgery attending will evaluate all consults within 24 hours of any consultation request.

VIII. DISCIPLINARY ACTION

The Zuckerberg San Francisco General Medical Staff Bylaws, Rules and Regulations and accompanying manuals will govern all disciplinary action involving members of the ZSFG Otolaryngology Clinical Service.

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY & UTILIZATION MANAGEMENT

A. GOALS AND OBJECTIVES

1. To e~~i~~nsure that patients receive appropriate diagnoses and good care with proper medications, treatment and therapy.
2. To avoid unnecessary days of inpatient care.
3. To minimize morbidity.
4. To minimize nosocomial infections.
5. To enhance the value of the clinical service educational programs.

B. RESPONSIBILITY

Service Chief
The Service Chief has the overall responsibility for the PIPS program. Design, initiation, implementation and follow-up of patient care evaluation activities may be delegated to other members of the clinical service. ~~See **ATTACHMENT A**~~

Administrative Assistant:

1. Maintain Performance Improvement & Patient Safety (PIPS) files
2. Search Otolaryngology Clinical Service PIPS database.
3. Assemble information as needed for PIPS review.

C. RESIDENT PARTICIPATION

Residents participate actively in the Morbidity and Mortality Conferences. Residents provide observations to the Service Chief regarding clinical attendings. Observations

regarding the Chief of Otolaryngology/Head and Neck Surgery are made directly to the Chair~~man~~, Otolaryngology/Head and Neck Surgery, UCSF.

D. MONITORING COMPONENTS

Some or all of the following ongoing monitors are utilized to review and evaluate the quality and appropriateness of care provided by the department:

1. Mortality Report records
2. Morbidity and Mortality Conference records
3. Review of non-tissue case referrals
4. Clinical monitors
5. Attending evaluations of housestaff
6. Housestaff evaluations of attendings and rotations and programs
7. Referrals: Utilization Review, incident reports, malpractice cases, transfusion reactions, adverse drug reactions.

E. EVALUATION

1. As clinical service problems, patterns, and trends are identified, appropriate assessments methodologies to determine the cause and extent of the problem will be selected and may include:

   a. Medical audit utilizing predetermined clinically valid criteria
   b. Experimental design and research
   c. Staff discussion
   d. Outside consultation

2. Action: Remedial actions may include:

   a. In-service education and training programs
   b. New/revised policies and procedures
   c. Staffing changes
   d. Equipment changes
   e. Counseling and proctoring
   f. Referral to outside committee for follow-up when appropriate

3. Reevaluation:

   Reevaluation and monitoring will be completed to ensure that certain problems have been eliminated or reduced insofar as possible.

F. ~~ONGOING CLINICAL MONITORS~~PERFORMANCE IMPROVEMENT DRIVER METRICS

1. ~~Post-tonsillectomy Bleeding Rate: Tonsillectomy is one of the most commonly performed procedures in a general Otolaryngology practice. The published rate of bleeding after tonsillectomy is between .5% and 5%. The service rate of post tonsillectomy bleeding is monitored as a quality standard on a yearly basis.~~OR block utilization; moni~~n~~tored on a monthly basis
2. TNAA (third next available appointment), monitored on a monthly basis
~~1.~~3. Outpatient no-show rate, monitored on a monthly basis

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G. REPORTING

Evidence of all Otolaryngology Clinical Service Performance Improvement and Patient Safety activity will be maintained and reported during the monthly Morbidity and Mortality meetings held in conjunction with the rest of the UCSF clinical service as part of the CME-certified Grand Rounds Conference schedule. Summaries of the meetings will be maintained within the department on a monthly basis and are available to the PIPS committee upon request.

The Chief of the Service or designee will be responsible for ensuring the correction of clinical service patient care issues. Assistance from the Performance Improvement and Patient Safety will be requested when certain problems cross clinical service/committee boundaries and/or when the clinical service is unable to correct the problem.

A yearly formal report encompassing ongoing clinical monitors will be submitted to the PIPS committee for review.

H. PEER REVIEW

Appraisal of clinical service and individual patterns of care, as required by reviews and evaluations conducted by the clinical service (e.g., Performance Improvement & Patient Safety, Infection Control) will be completed. This information will be utilized by the Chief of the Service in the medical staff reappointment process and delineation of privileges.

Patterns of care will be discussed during the monthly Mortality and Morbidity Conference meetings.

I. EVALUATION

The clinical service Performance Improvement and Patient Safety Plan will be evaluated annually. Questions to be answered include:

1. Did the program achieve its stated objectives and goals? If not, what goals were not achieved and what changes are necessary to achieve the desired goals?
2. What evidence is there of improved patient care as a result of the clinical service's Performance Improvement and Patient Safety (PIPS) Program?
3. What is needed to make the PIPS program more effective?
4. What components of the plan require alteration or deletion?

J. REVIEW OF PATHOLOGY REPORTS

1. Objective

To ensure that all pathology specimens removed by the Otolaryngology - Head & Neck Clinical Service are followed-up when necessary and result in adequate treatment.

2. Responsibility

a. Service Chief:

The Service Chief or designee reviews all reports submitted to ensure that treatment has been appropriate and complete. Takes action to initiate complete treatment and correct treatment errors when necessary.

3. Operations

Reports of operations performed by the service are maintained in departmental files under each attending's name.

4. Action

Problems with follow-up that are encountered will be discussed with the responsible resident/attending.

K. CLINICAL INDICATORS

Refer to Section IX.D. E., & F. above

L. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Refer to Section IX.D., E., & F. above

M. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Refer to Section IX, D., E., & F., above

N. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Refer to Section IX, D., E., & F., above

X. MEETING REQUIREMENTS

In accordance with ZSFG Medical Staff Bylaws 7.2.I, all Active Members are expected to show good faith participation in the governance and quality evaluation process of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical service meetings and the annual Medical Staff Meeting.

Otolaryngology Clinical Services shall meet as frequently as necessary, but at least quarterly to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients. Staff meetings are often held in conjunction with the UCSF Departmental Faculty meetings which are held approximately monthly. Minutes of the departmental meetings are kept on file in the departmental office.

As defined in the ZSFG Medical Staff Bylaws, Article VII, 7.2.G., a quorum is constituted by at least three (3)-voting members of the Active Staff for the purpose of conducting business.

XI. ADOPTION AND AMENDMENT

The Otolaryngology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all full-time Active members of the Otolaryngology Service as often as necessary but at least every three years.

Zuckerberg San Francisco General Hospital and Trauma Center
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ATTACHMENT A: JOB DESCRIPTIONS

CLINICAL SERVICE CHIEF OF OTOLARYNGOLOGY SERVICE
JOB DESCRIPTION
March 19, 2002

Chief of Otolaryngology Clinical Service

Position Summary:

The Chief of Otolaryngology Clinical Service directs and coordinates the Service's clinical, educational, and research functions in keeping with the values, mission, and strategic plan of Zuckerberg San Francisco General (ZSFG) and the Department of Public Health (DPH). The Chief also insures that the Service's functions are integrated with those of other clinical departments and with the Hospital as a whole.

Reporting Relationships:

The Chief of Otolaryngology Clinical Service reports directly to the Associate Dean and the University of California, San Francisco (UCSF) Department Chair. The Chief is reviewed not less than every four years by a committee appointed by the Chief of Staff. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Associate Dean, the UCSF Department Chair, and the ZSFG Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief maintains working relationships with these persons and groups and with other clinical departments.

Position Qualifications:

The Chief of Otolaryngology Clinical Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at ZSFG.

Major Responsibilities:

The major responsibilities of the Chief of Otolaryngology Clinical Service include the following:

Providing the necessary vision and leadership to effectively motivate and direct the Service in developing and achieving goals and objectives that are congruous with the values, mission, and strategic plan of ZSFG and the DPH;

In collaboration with the Executive Administrator and other ZSFG leaders, developing and implementing policies and procedures that support the provision of services by reviewing and approving the Service's scope of service statement, reviewing and approving Service policies and procedures, identifying new clinical services that need to be implemented, and supporting clinical services provided by the Department;

In collaboration with the Executive Administrator and other ZSFG leaders, participating in the operational processes that affect the Service by participating in the budgeting process, recommending the number of qualified and competent staff to provide care, evaluating space and equipment needs, selecting outside sources for needed services, and supervising the selection, orientation, in-service education, and continuing education of all Service staff;

Serving as a leader for the Service's Performance Improvement and Patient Safety Programs by setting performance improvement priorities, determining the qualifications and competencies of Service personnel who are or are not licensed independent practitioners, and maintaining appropriate quality control programs; and

Performing all other duties and functions spelled out in the ZSFG Medical Staff Bylaws.

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ATTACHMENT B: OTOLARYNGOLOGY CLINICAL SERVICE PRIVILEGE REQUEST FORM ~~(APPROVED 2010 VERSION REPLACED 2007/2009 VERSION)~~

APPENDIX ~~C~~: ORGANIZATION - OTOLARYNGOLOGY CLINICAL SERVICE

1. OTOLARYNGOLOGY TREATMENT ROOM

a. Goals and Objectives

To establish guidelines for the safe and effective completion of procedures in the Otolaryngology Clinic

b. Procedures

All cases done require prior clearance by an otolaryngology attending who will assume responsibility for the case.

Under the guidance of an attending surgeon any case which may be safely accomplished under local anesthesia may be done as long as the attending surgeon has privileges for that type of procedure. Sedation may not be given for these procedures

The following procedures may be performed under these guidelines:

- Removal of intranasal polyps
- Incisional and excisional biopsies of non-vascular nasal masses
- Cauterization of nasal turbinates
- Incisional or excisional biopsies and removal of facial ulcerations, tumors, skin, and skin anomalies.
- Repair of facial lacerations
- Myringotomy and insertion of pressure equalization tubes
- Irrigation of paranasal sinuses
- Removal of intermaxillary fixation, archbars and other oral appliances.
- Closed reduction of nasal fractures

c. Staffing

At least one physician and an attendant will be available for participation in all cases.

Cases will be scheduled during designated clinic time or at other times only if it will not interfere with the normal functioning of the clinic and that adequate nursing staffing can be available.

d. Equipment

Only those procedures for which equipment can be assembled preoperatively for the completion of the entire procedure will be undertaken in the clinic treatment room.

2. AUDIOLOGY SERVICE

a. **Objective**

To establish an audiology service to provide diagnostic evaluation, screening, testing and rehabilitation services for individuals with known or suspected hearing disorders with appropriate staff, space, equipment and supplies.

b. **General Requirements**

Policy & Procedure Manual:
Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with the Chief, Department of Otolaryngology - Head & Neck Surgery and a representative of the Director of Hospitals and Clinics, Zuckerberg San Francisco General .

1. Policies and procedures shall be approved by the Chief, Department Otolaryngology - Head & Neck Surgery and the Director of Hospitals and Clinics, Zuckerberg San Francisco General .

2. Policies and procedures shall be reviewed annually by the Chief, Otolaryngology - Head & Neck Surgery and Director of the Audiology Service and revised as necessary.

c. **Organization**

Director: A qualified audiologist will have overall responsibility for the audiology service.

A qualified audiologist must have at least a Master's Degree in Audiology, a Certificate of Clinical Competence (CCC) from the American Speech, Hearing and Language Association (ASHA) and a California State License in Audiology.

The audiologist who directs the section will be accountable to the Chief, Department of Otolaryngology - Head & Neck Surgery or his or her designee regarding patient care.

The audiologist who directs the section will be accountable to the Director of Hospital and Clinics regarding administrative matters.

d. **Responsibilities of the audiologist shall include:**

1. Development and implementation of pertinent policies and procedures.
2. Coordination of a system of scheduled inpatient and ambulatory care patient services.
3. Recommendation of the type and number of staff needed to perform the required services.
4. Recommendation of the type and amount of equipment and facilities needed to perform the required services.

5. Establishment of continuing educational opportunities for staff personnel.
6. Participation in the review and evaluation of the quality and appropriateness of patient care.
7. Preparation of all required reports.
8. Development of appropriate job description for additional staff personnel as they are available.
9. Insuring that routine maintenance and calibration of equipment is accomplished and properly documented.
10. Teaching audiometric techniques to medical students and housestaff.
11. Participation in multidisciplinary teaching conferences.

e. **Staffing**

Supervision:
All services will be provided by, or under the direction of, an audiologist who meets the qualifications specified above.

Under the direct supervision of a qualified audiologist, audiology services may be provided by an individual who has completed the academic requirements in audiology and is in the process of obtaining the required professional experience necessary for certification.

Audiologists will be provided from the UCSF Audiology Department per the University contract.

The Chief, Department of Otolaryngology - Head & Neck Surgery or his/her designee will be available during the hours which audiology services are provided to provide professional consultation as required by the audiologist.

f. **Equipment and Supplies**

At least the following equipment shall be provided:

Audiometers:
1. One clinical audiometer
2 Immittance audiometer

Additional Diagnostic Tests and Materials:
1. Appropriate toys for play audiometry
2. Loud speakers
3. An otoscope
4 Tape deck

Calibration:
All audiometers will be calibrated to ANSI standards two times a year by an outside contractor. A record of calibrations will be kept in the audiometric test suite.

g. **Physical Plant**

1. Audiologic evaluations will be conducted in an audiometric test suite, which meets ANSI standards for reduction of background noise.

2. The room will be large enough for sound field-testing and be equipped with two speakers.
3. The audiometric test suite will be accessible by wheelchair.
4. Counseling and treatment areas will be provided adjacent to the audiometric test suite by request to the clinic nurse.

h. **Services Provided**

Audiologic services will be provided for total age range population from children to geriatric patients. Specialty consultation for infants and special tests are available at UCSF. Audiologic evaluations appropriate to rule out, establish, or monitor the type and degree of auditory dysfunction in a wide variety of pathologies and conditions will be available. These will include but not be limited to:

1. Pathologies of the auditory system
2. Exposure to ototoxic drugs
3. Exposure to loud noise
4. Head trauma
5. Delayed language development
6. Vertigo of unknown etiology
7. Prenatal, perinatal and neonatal high risk factors

Comprehensive audiologic services will be administered to establish a patient's hearing threshold, to monitor a patient's hearing level, to assist in the identification of site of lesion of hearing loss, to assess communication abilities and disabilities, and to indicate potential benefit from surgery, use of a hearing aid and aural rehabilitation.

i. **Basic Audiometry**:

Baseline or monitoring audiologic evaluations must include but are not limited to the following:

1. Air conduction pure tone audiometry
2. Bone conduction pure tone audiometry

j. **Diagnostic Audiometry:**

Diagnostic audiology evaluations must include, but are not limited to the following:

1. Air and bone conduction pure tone audiometry.
2. Speech reception thresholds
3. Speech discrimination scores.

Site of lesion audiologic evaluations must include but are not limited to the following:

1. Air and bone conduction pure tone audiometry
2. Speech reception thresholds
3. Speech discrimination scores including PB roll-over testing.
4. Immittance audiometry including acoustic reflex decay when possible.

k. **Additional Tests**:

Other audiologic tests may be performed at UCSF at the discretion of the audiologist or physician performing or supervising the test procedure to include:

1. ABR
2. ENG
3. Otoacoustic

emissions.

l. **Hearing Aid Evaluations:**

Hearing aid evaluations and counseling are not provided.

m. **Aural Rehabilitation Services:**

1. Aurally disabled~~handicapped~~ patients shall be referred to any appropriate source for aural rehabilitation services including auditory training, speech reading and hearing aid evaluation.
2. Counseling for parents of aurally disabled~~handicapped~~ children shall be provided.

n. **High Risk Infants**

Screening for high-risk neonatal patients or infants will be provided by referral to the University of California, San Francisco, Department of Otolaryngology, for ABR audiometry.

o. **Case Management**

1. Patients seen for audiologic services may be referred by a physician or outside referral agency.
3. Audiometric test results will be recorded in the patient's medical record.
4. Notation will be made as to the audiologist's impression of the test results and any pertinent audiologic recommendations regarding necessity for further testing, need for amplification and/or aural rehabilitation services.
5. In addition to chart notes, copies of audiometric test results and recommendations will be sent to all outside referring physicians and agencies.

p. **Case Responsibility:**

1. Following audiologic evaluation, the patient will be returned to the referring physician for follow-up and continued medical management.
2. The audiologist will assume primary responsibility for the patient only when the referring physician requests that the audiologist assumes responsibility for a patient whose primary need is amplification and/or aural rehabilitation.
3. Patients for whom the audiologist has assumed primary responsibility will be referred back to his physician for consultation if significant changes are noted in auditory or vestibular status.

3. OTOLARYNGOLOGY CLINIC

a. **Objectives**

To establish guidelines for the safe and effective diagnosis and outpatient treatment of otolaryngologic conditions.

b. **General Requirements**

The otolaryngology clinic will be organized and run in the 4M clinic area. Room 4M14, and rooms 4M50 through 4M59 will be utilized for the otolaryngology clinic.

Room 4M59 will be supplied with an operating microscope and operating table with adequate lighting to be utilized for diagnosis and otolaryngology procedures as itemized in the protocol for the otolaryngology treatment room.

c. **Personnel**

1. DEPARTMENTAL CHIEF: Responsible for the overall management of the physician staff of the otolaryngology clinic. Responsible for setting policy for management of the clinic in consultation with the Nurse Manager.
2. NURSE MANAGER, 4M CLINICS: Responsible for the overall supervision of the nursing staff of the otolaryngology clinic.
3. SENIOR RESIDENT: Responsible for the coordination of resident attendance and resident and medical student teaching in the otolaryngology clinic.
4. JUNIOR RESIDENT/MEDICAL STUDENT: Patient Care as directed by the senior resident.
5. NURSE PRACTITIONER: Responsible for e-referral as needed and other clinical duties as approved by ZSFG Affiliated Professional Staff Standardized Procedures and Protocols.
6. CLINICAL NURSE: Responsible for effective operation of the clinic as indicated below.
7. LICENSED VOCATIONAL NURSE/MEA: Responsibilities as listed below.
8. CLERICAL PERSONNEL: Responsible for making appointments and registering patients into the clinic.

d. **Schedule**

The Otolaryngology Clinic will run on the following schedule:

Monday:	9:30a.m. -5:00 p.m.
Tuesday:	No formal clinic
Wednesday:	8:15a.m.- 5:00 p.m.
Thursday:	8:15-10:30a.m.
Friday:	1:00 - 5:00 p.m.

e. **Appointments**

Patients may be referred by the emergency room or by other clinic/hospital physicians. Patients may also be scheduled in response to e-referral.

f. **Patient Visits**

Patients will be classified into the following categories:

1. NEW PATIENTS: These patients will routinely be scheduled for appointment time slots as indicated by templates approved by the OHNS chief of service.
2. FOLLOW-UP PATIENTS: These patients will routinely be scheduled as above.

3. DROP-IN PATIENTS: These patients do not have previous appointments that have been cleared by the clinic nurse or physicians. These patients will be seen after scheduled patients unless earlier evaluation is required for their condition.
4. INPATIENT CONSULTATIONS: These patients will be scheduled as acuity dictates.
5. OTOLARYNGOLOGY INPATIENTS: These patients will be seen, as required, when treatment requires use of clinic facilities.
6. AFTER HOURS CONSULTATIONS: Clinic rooms will be available for resident and attending evaluation of patients who are seen after normal clinic hours. Only patients who require specific equipment and facilities of the otolaryngology clinic should be seen in these areas.

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G. **Patient Processing**

1. REGISTRATION: All patients will register per the current hospital policy.
2. ORDER OF PATIENT TREATMENT: Patients will be seen in the order of their arrival and based upon appointment time. This may be altered in the event of conditions requiring urgent treatment.
3. LAB AND X-RAY DATA: Prior to the patient being seen, the nursing staff will review the patient's record from the previous visit and ensure that laboratory and x-ray data previously ordered are available for review by the physician. He/she will attempt to locate these results if they are not in the electronic medical record.
4. HEAD AND NECK EXAM: On initial evaluation, patients will have a complete otolaryngology exam. The completeness of the exam will be modified as indicated on subsequent visits.
5. CLINICAL RECORDS: Providers will complete the outpatient clinical record immediately after seeing the patient. All outpatient encounters will be documented medical record system.
   The face sheet will be completed by the provider prior to patient departure and the MEA will schedule other appointments and return visits.

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6. AUDIOMETRIC EXAMS: Audiometric exams will be scheduled as outlined in the chapter on Audiology in the Clinical Service's Policy and Procedure Manual.

Otolaryngology – Head and Neck Surgery Rules and Regulations 2022: Summary of Changes

1. Dates updated as appropriate.
2. Minor updates to Table of Contents for consistency with changes below.
3. Updated hospital name in header.
4. Page 1: reference to Appendix I updated to Appendix.
5. Page 3: updated proctoring timeline to first 6 months, in accordance with Medical Staff Bylaws.
6. Page 3: corrected “maximum” to “minimum.”
7. Page 4: removed the “Reporting” section as this is not done routinely if there are no concerns about the provider.
8. Page 4: resident time spent at ZSFG clarified.
9. Page 5: added that housestaff work under supervision of attending staff.
10. Page 6: reference to attachment removed.
11. Page 7: changed “Ongoing Clinical Monitors” to “Performance Improvement Driver Metrics” and updated this section.
12. Appendix page 19: changed “handicapped” to “disabled.”

Protocol #8: Botox injections

A. DEFINITION
Administration of Botox (Onabotulinum toxin A) for the treatment of chronic migraine.

1. Location to be performed: Neurology Service Clinic

2. Performance of Botox Administration

a. Indications
1. Prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer)

b. Precautions
1. Potency units of Botox are not interchangeable with other preparations of botulinum toxin products.
2. Spread of toxin effects: swallowing and breathing difficulties can lead to death. Seek immediate medical attention if respiratory, speech, or swallowing difficulties occur.
3. Concomitant neuromuscular disorders, including peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (e.g., myasthenia gravis or Lamber-Eaton syndrome) may exacerbate clinical effects of treatment. Patients with known or unrecognized neuromuscular or neuromuscular junction disorders should be monitored when given Botox. They may be at increased risk of clinically significant effects including generalized muscle weakness, diplopia, ptosis, dysphonia, dysarthria, severe dysphagia, and respiratory compromise.
4. Use with cautions in patients with compromised respiratory function.
5. Bronchitis and upper respiratory infections may occur in patients treated for spasticity.
6. Patients receiving concomitant treatment of Botox and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents), or muscle relaxants, should be observed closely because the effect of Botox may be potentiated.

c. Contraindications
1. Allergy or hypersensitivity to Botox or any other botulinum toxin preparation or to any components in the preparation.
2. Infection at proposed injection site.
3. Patient refusal

B. DATA BASE

1. Subjective Data
   a. History and review of symptoms relevant to the presenting complaint or procedure to be performed including but not limited to presence of headache and motor/sensory deficits.
   b. Pertinent past medical history, surgical history, family history, hospitalizations, habits, current medications including aminoglycosides and other agents interfering with neuromuscular transmission, anticholinergic drugs, other botulinum neurotoxin products, and muscle relaxants, and allergies.

2. Objective Data
   a. Physical exam appropriate to the procedure to be performed including detailed neurologic examination and integrity of the skin at the proposed injection site.
   b. The procedure is performed following standard medical technique according to the PREEMPT trial and Manual of Botulinum Toxin Therapy, Second Edition.

C. DIAGNOSIS

Assessment of subjective and objective data to identify disease processes. Differential diagnoses would include but not limited to tension type headache or other primary headache disorders, intracerebral hemorrhage, aneurysmal subarachnoid hemorrhage, meningitis, space occupying lesion, idiopathic intracranial hypertension, cerebral venous thrombosis, spontaneous internal carotid artery dissection, or giant cell arteritis.

D. PLAN

1. Therapeutic Treatment Plan
   a. Patient consent, consistent with hospital policy, obtained before procedure is performed.
   b. Timeout conducted consistent with hospital policy.
   c. Diagnostic tests might include blood work such as C-Reactive Protein (CRP) and Erythrocyte sedimentation rate (ESR); CT or MRI only if patient symptoms do not meet criteria for migraine.
   d. Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
   e. Referral to physician, specialty clinics, and supportive services, as needed.

2. Patient conditions requiring Attending Consultation

Commented [K(1]: Should this be located here? Or under plan?

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a. All patients requiring this procedure will receive Neurology Consultation with attending input confirming the need for the procedure.

3. Education
   a. Discharge instructions and patient education material will be provided.

4. Follow-up
   As appropriate for procedure performed.
   a. Assess for side effects including a sensation of tightness across the forehead, inability to frown, eyebrow asymmetry eyelid ptosis, shoulder weakness or pain. Side effects typically self-resolve within 1-3 months.
   b. Assess for allergic reaction.

E. COMPETENCY ASSESSMENT
   1. Initial Competence
      a. The Nurse Practitioner or Physician Assistant will be instructed on the procedure, efficacy and the indication of this therapy and demonstrate understanding of such.

      b. The Nurse Practitioner or Physician Assistant will receive training and demonstrate competency in the following:
         i. Medical indications and contraindications of the procedure.
         ii. Benefits and potential side effects of the procedure.
         iii. Related anatomy and physiology.
         iv. Consent process (if applicable).
         v. Steps in performing the procedures.
         vi. Documentation of the procedure.

      c. An Allergan certificate of completion of the Professional Education and Injection Paradigm Simulation Training for Botox will be required to certify that training is completed.

      d. The Nurse Practitioner or Physician Assistant will observe the supervising physician/designee perform each procedure three times. The Nurse Practitioner or Physician Assistant will then perform the procedure three times under direct supervision.

      e. The supervising physician will document the Nurse Practitioner or Physician Assistant's competency prior to allowing that individual to perform the procedure without supervision.

f. The Nurse Practitioner or Physician Assistant will ensure the completion of competency sign off documents.

2. Continued Proficiency
    a. The Nurse Practitioner or Physician Assistant will demonstrate competency by successful completion of the initial competency.

    b. Each candidate will be initially proctored and signed off by the supervising physician/designee. The Nurse Practitioner or Physician Assistant must perform this procedure at least three times every two years. In cases where this minimum is not met, the supervising physician or designee must again sign off the procedure for the Nurse Practitioner or Physician Assistant. The Nurse Practitioner or Physician Assistant will be signed off after demonstrating 100% accuracy in completing the procedure.

3. RECORD KEEPING
    a. Patient visit, consent forms, and other procedure specific documents will be recorded in the medical record as appropriate.

F. Summary of Prerequisites, Proctoring and Reappointment Competency Documentation

Prerequisites Completion of standardized procedure training on site
Proctoring Period a. Minimum of 3 successful observed demonstrations b. Minimum of 3 chart reviews
Reappointment Competency a. Evaluation will be performed by Supervising Physician or his/her designee who maintains the Botox privilege. b. Ongoing competency evaluation. 1. Completion of three procedures every 2 years. 2. Three chart reviews needed every 2 years.

References

Allergan (2018). *Allergan Botulinum Toxin package insert*. MBD108116_v3 05/18.

Medscape (2021). *Migraine Headache Differential Diagnoses*. https://emedicine.medscape.com/article/1142556-differential. Retrieved December 15, 2021.

Medscape (2019). *Botulinum Toxin in Pain Management*. https://emedicine.medscape.com/article/325574-overview. Retrieved December 15, 2021.

Truong, D., Dressler, D., Hallett, M., & Zachary, C. (Eds.). (2014). *Manual of Botulinum Toxin Therapy* (2nd ed.). Cambridge: Cambridge University Press. doi:10.1017/CBO9781139178068

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

FCM FAMILY AND COMMUNITY MEDICINE 2008
(10/08 MEC) (03/11 Admin. Rev.) (10/21 MEC)

FOR ALL PRIVILEGES: All complication rates, including problem transfusions, deaths, unusual occurrence reports and sentinel events, as well as department quality indicators, will be monitored semiannually.

Applicant _____

Requested Approved

14.00 OUTPATIENT CARE PRIVILEGES

14.01 Ambulatory Care Privileges for Family Medicine prepared physicians

Perform basic procedures within the usual and customary scope of Family Medicine~~; including but not limited to~~ diagnosis, management, treatment, preventive care, and minor procedures for patients of all ages in the Family Health Center (FHC), FHC satellites, or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service, and may write informational notes in the ZSFG inpatient medical record.

Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.02 Ambulatory Care Privileges for Internal Medicine or Emergency Medicine prepared physicians

Perform basic procedures within the usual and customary scope of Internal Medicine or Emergency Medicine~~, including but not limited to~~ diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Family Health Center (FHC), FHC satellites or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service and may write informational notes in the ZSFG inpatient medical record.

Prerequisite: Currently admissible, certified, or recertified by the American Board of Internal Medicine or the American Board of Emergency Medicine.

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.03 Behavioral Health Center Privileges

Performs basic procedures within the usual and customary scope of Family Medicine or Internal Medicine~~; including but not limited to~~ diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Behavioral Health Center.

Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine or the American Board of Internal Medicine.

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Concurrence of Behavioral Health Center Medical Director required.

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Signature, Behavioral Health Center Medical Director

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

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14.10 INPATIENT CARE PRIVILEGES

Admit and be responsible for hospitalized adults. Admissions may include medical, surgical, gynecological, and neurological problems, and medical complications in pregnant patients with obstetric consultation. May also follow patients admitted to critical care units in a consultative capacity.

14.11 Family Medicine Inpatient Service Privileges

Perform basic procedures within the usual and customary scope of Family Medicine~~; including but not limited to~~ diagnosis, management, treatment, preventive care, and minor procedures for hospitalized adults.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

14.12 Skilled Nursing Facility Care Privileges

Perform basic procedures within the usual and customary scope of Family Medicine or Internal Medicine~~; including but not limited to~~ diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the ZSFG Skilled Nursing Facility (SNF).
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine or the American Board of Internal Medicine.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

Concurrence of Skilled Nursing Facility Medical required.

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Signature, Skilled Nursing Facility Medical Director

14.13 Nursery Privileges

Render care to well newborns, including admitting and performing routine evaluations and management.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.
Proctoring: Case review for 3 newborn admissions.
Reappointment: Case review of 2 newborn admissions.

14.20 PERINATAL PRIVILEGES

Render care to women during the perinatal period, including specific privileges 14.21 – 14.27, if requested and approved below.

14.21 Normal Vaginal Delivery

Including administration of local anesthesia, performance of episiotomy, and repair of lacerations other than those involving the rectal sphincter.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.
Proctoring: Case review and direct observation of a minimum of 3 deliveries.
Reappointment: Review of 3 cases.

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14.22 Vacuum-assisted Delivery (Obstetrics Consultation Required)
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.
Proctoring: For applicants with documentation of prior successful performance of a minimum of 25 vacuum-assisted deliveries: case review and direct observation of a minimum of 2 deliveries using vacuum assistance. For applicants with documentation of fewer than 25 vacuum-assisted deliveries: case review and direct observation of 5 deliveries using vacuum assistance.
Reappointment: Case review of 1 delivery using vacuum assistance.

Concurrence of the Obstetrics and Gynecology Service Chief required.

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Signature, Obstetrics and Gynecology Service Chief

14.23 First Assist in Cesarean Delivery (Obstetrics Consultation Required)
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine and documentation of prior successful performance of a minimum of 25 Cesarean deliveries.
Proctoring: Case review and direct observation of 5 Cesarean deliveries.
Reappointment: Case review of 1 Cesarean delivery.

Concurrence of the Obstetrics and Gynecology Service Chief required.

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Signature, Obstetrics and Gynecology Service Chief

14.24 Ultrasound in Pregnancy
Limited to determination of fetal gestational age, confirmation of presentation, placenta location, amniotic fluid adequacy, and confirmation of fetal heart rate.
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine and documentation of a minimum of 8 hours instruction and didactic training in ultrasound technology and imaging.
Proctoring: For applicants with documentation of satisfactory performance of at least 25 ultrasounds in pregnancy at another institution (Residency or Medical Staff): case review and direct observation of 5 ultrasounds in pregnancy. For applicants without documentation: case review and direct observation of 25 ultrasounds in pregnancy.
Reappointment: Case review of 2 ultrasound images.

_____ _____ **14.25 External Cephalic Version**

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; active FCM Cesarean delivery privileges; and documentation of a minimum of 2 procedures.
Proctoring: Concurrent review of 2 cases.
Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

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Signature, Obstetrics and Gynecology Service Chief

_____ _____ **14.26 Cesarean Delivery**

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of 12 month fellowship including training in operative obstetrics; and documentation of a minimum of 50 Cesarean deliveries or active Cesarean delivery privileges within the last 5 years.
Proctoring: Concurrent review of 5 Cesarean deliveries.
Reappointment: Satisfactory performance of a minimum of 10 Cesarean deliveries in 2 years; case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

_____
Signature, Obstetrics and Gynecology Service Chief

_____ _____ **14.27 Postpartum Sterilization**

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; and documentation of a minimum of 10 procedures within the last 2 years.
Proctoring: Concurrent review of 2 cases.
Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

_____
Signature, Obstetrics and Gynecology Service Chief

_____ _____ **14.30 SPECIAL PRIVILEGES**

Physicians may apply for each of the following procedural privileges separately based on qualifications and scope of practice.

_____ _____ **14.31 Lumbar Puncture**

Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.

Reappointment: Review of 2 cases, one of which may be performed on a simulated model.

Requested Approved

14.32 Paracentesis
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.
Reappointment: Review of 2 cases, one of which may be performed on a simulated model.

14.33 Thoracentesis
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.
Reappointment: Review of 2 cases, one of which may be performed on a simulated model.

14.34 Placement of Central Venous Catheter, including Femoral Venous Catheter
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.
Reappointment: Review of 2 cases, one of which may be performed on a simulated model.

14.35 Intrauterine Procedures
a. Endometrial Biopsy
b. insertion of Intrauterine Device (IUD)

Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases.
Reappointment: Review of 2 cases.

14.36 Surgical Termination of First-trimester Intrauterine Pregnancy
Perform surgical abortions in the first trimester of pregnancy at appropriate facilities at ZSFG.
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of at least 20 hours of formal training in surgical abortion, including first-trimester ultrasound for confirmation of intrauterine pregnancy and determination of gestational age, during residency or a CME program; and documentation of 50 procedures.
Proctoring: Case review of 3 surgical terminations.
Reappointment: Case review of 2 terminations.

14.37 Vasectomy
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine and completion, as a licensed physician, of a minimum of 20 vasectomy procedures under supervision of a privileged and board-certified Urologist or Family Physician.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

Requested Approved

14.40 LIMITED AMBULATORY CARE PRIVILEGES

14.41 Acupuncture

Perform acupuncture, acupressure, and moxibustion in the Family Medicine Inpatient Service, Family Health Center (FHC), Skilled Nursing Facility, FHC satellites, and in the patient's home.
Prerequisites: Successful completion, by a licensed physician of at least 200 hours of instruction and didactic training given by a University of California institution or other nationally recognized university.
Proctoring: 5 direct observations and 5 cases to be reviewed by a medical staff member who maintains unproctored status for Acupuncture Privileges within the DPH/ZSFG system. Direct observations and chart reviews may be on the same patient or on different patients. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for privileging recommendation.
Reappointment: Review of 5 cases by a medical staff member who maintains unproctored status for Acupuncture Privileges within the DPH/ZSFG system. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for reappointment recommendation.

14.42 Dentistry

Provide professional dental services to hospital and clinic patients; instruct patients in correct oral hygiene and dental care; treat mouth diseases; refer cases requiring oral surgery and medical attention to proper department.
Prerequisites: Completion of the curriculum of an approved school of dentistry and possession of the DDS degree and possession of a valid license to practice dentistry issued by the California State Board of Dental Examiners.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

14.43 Clinical Psychology

Provide individual and family counseling and therapy.
Prerequisites: Possession of a doctoral degree in psychology from an approved APA-accredited program and a license on the basis of the doctorate degree in psychology by the State of California, Board of Psychology.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

14.44 Allergy and Immunology

Work up, diagnose, consult, treat, and interpret clinical findings of adult and pediatric patients in the ambulatory setting with allergy or immunologic diseases. Core privileges include allergy skin testing and interpretation.
Prerequisites: Currently admissible, certified, or recertified by the American Board of Pediatrics or American Board of Internal Medicine and the American Board of Allergy and Immunology or special dispensation from the chief of service for equivalent training.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases

Requested Approved

14.50 WAIVED TESTING

Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges, providers satisfy competency expectations for waived testing by The Joint Commission.

a. Fecal Occult Blood Testing (Hemoccult®)
b. Vaginal pH Testing (pH Paper)
c. Urine Chemistrip® Testing
d. Urine Pregnancy Test (SP® Brand Rapid Test)

Prerequisites: Currently admissible, certified, or recertified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics and Gynecology, or General Surgery.
Proctoring: By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.
Reappointment: Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.

14.60 STRAIN-COUNTERSTRAIN MANIPULATIVE MEDICINE PRIVILEGES

Perform manipulation principally for the purpose of relief of primarily muscular pain on the Family Medicine Inpatient Service, Family Health Center (FHC), Skilled Nursing Facility, FHC satellites, and in the patient's home.
Prerequisites: Successful completion, by a licensed physician, of at least 30 hours of instruction and didactic training designed for health care professionals and authorized to provide CME or CE credits. In addition, 5 hours of supervised clinical practice, either during or after residency or completion of training in a Doctor of Osteopathy training program.
Proctoring: 5 direct observations and 5 cases to be0 reviewed by a ZSFG medical staff member who either maintains strain-counterstrain privileges or is a Doctor of Osteopathy who has received training in the strain-counterstrain technique.
Reappointment: Review of five 5 cases.

14.70 CLINICAL AND TRANSLATION SCIENCE INSTITUTE (CTSI) RESEARCH

Admit and follow adult patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.
Prerequisites: Currently admissible, certified, or recertified by one of the boards of the American Board of Medical Specialties.
Proctoring: All Ongoing Professional Practice Evaluation (OPPE) metrics acceptable.
Reappointment: All OPPE metrics acceptable.

Concurrence of the CTSI Director required.

_____
Signature, CTSI Director

Requested Approved

14.80 ADDICTION MEDICINE

Provide addiction medicine consultative services and treatment to patients in the inpatient and ambulatory settings.

Prerequisites: Currently board admissible, certified, or re-certified by the American Board of Addiction Medicine OR by the American Board of Preventative Medicine Addiction Medicine Subspecialty and board admissible, certified or re-certified by the American Board of Internal Medicine, an Internal Medicine Subspecialty, American Board of Family Medicine, American Board of Pediatrics, American Board of Psychiatry and Neurology, or American Board of Emergency Medicine. Approval of the Director of the Addiction Medicine Service required for all applicants.

Proctoring: Review of 5 cases. Review to be performed by Addiction Medicine Service Director or designee.

Reappointment: Review of 3 cases. Review to be performed by Addiction Medicine Service Director or designee.

Concurrence of the Addiction Medicine Service Director or Designee required.

Signature, Addiction Medicine Service Director or Designee

SIGNATURES

, MD Date

Teresa J. Villela, MD, Chief of Service Date

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

APPENDIX: Privileging Criteria Detail

PRIVILEGES	INITIAL PROCTORING CRITERIA	REAPPOINTMENT CRITERIA (every 2 years)
14.00 Outpatient Clinic		
14.01 Ambulatory Care Privileges for Family Medicine prepared physicians	Review of 5 cases	Review of 3 cases
14.02 Ambulatory Care Privileges for Internal Medicine or Emergency Medicine prepared physicians	Review of 5 cases	Review of 3 cases
14.03 Behavioral Health Center Privileges	Review of 5 cases	Review of 3 cases
14.10 Inpatient Care		
14.11 Family Medicine Inpatient Service Privileges	Review of 5 cases	Review of 3 cases
14.12 Skilled Nursing Facility Care Privileges	Review of 5 cases	Review of 3 cases
14.13 Nursery Privileges	Case review of 3 newborn admissions	Case review of 2 newborn admissions
14.20 Perinatal Care		
14.21 Normal Vaginal Delivery	Case review and direct observation of a minimum of 3 deliveries	Review of 3 cases
14.22 Vacuum Assisted Deliveries (OB consultation required)	For applicants with documentation of prior successful performance of a minimum of 25 vacuum assisted deliveries—case review and direct observation of a minimum of 2 deliveries using vacuum assistance. For applicants with documentation of fewer than 25 vacuum-assisted deliveries—case review and direct observation of 5 deliveries using vacuum assistance.	Case review of 1 delivery using vacuum assistance
14.23 First Assist in Cesarean Section (OB consultation required)	Case review and direct observation of 5 Cesarean Section	Case review of 1 Cesarean Section
14.24 Ultrasound in Pregnancy	For applicants with documentation of satisfactory performance of at least 25 ultrasounds in pregnancy at another institution (residency or medical staff): case review and direct observation of 5 ultrasounds in pregnancy. For applicants without documentation: case review and direct observation of 25 ultrasounds in pregnancy.	Case review of 2 ultrasound images
14.30 Special Privileges		
14.31 Lumbar Puncture	Review of 2 cases	Review of 2 cases
14.32Paracentesis	Review of 2 cases	Review of 2 cases
14.33 Thoracentesis	Review of 2 cases	Review of 2 cases
14.34 Placement of central venous catheter, including femoral venous catheter	Review of 2 cases	Review of 2 cases
14.35 Intrauterine Procedure: a) endometrial biopsy; b) insertion of intrauterine device (IUD)	Review of 2 cases	Review of 2 cases
14.36 Surgical termination of first trimester of pregnancy at appropriate facilities	Case of review of 3 surgical terminations	Case review of 2 terminations
14.37 Vasectomy	Review of 5 cases	Review of 3 cases
14.40 Limited Ambulatory Care Privileges		
14.41 Acupuncture	5 direct observations and 5 cases to be reviewed by a medical staff member who maintains unproctored status for acupuncture privileges within the CHN/ZSFG system. Direct observations and chart reviews may be on the same patient or on different patients. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committee recommendations.	Review 5 cases by a medical staff member who maintains unproctored status for acupuncture privileges within the CHN/ZSFG system. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for reappointment recommendations
14.42 Dentistry	Review of 5 cases	Review of 3 cases
14.43 Clinical Psychology	Review of 5 cases	Review of 3 cases
14.44 Allergy and Immunology	Review of 5 cases	Review of 3 cases

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

PRIVILEGES	INITIAL PROCTORING CRITERIA	REAPPOINTMENT CRITERIA (every 2 years)
14.50 Waived Testing		
14.50 Waived Testing: a) fecal occult blood; b) vaginal pH testing; c) urine pregnancy; d) urine dipstick	By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.	Renewal of privileges requires documentation, every two years, of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.
14.60 Strain-Counterstain manipulative medicine		
14.60 Strain-Counterstain manipulative medicine	5 direct observations and 5 cases to be reviewed by a SFGH medical staff member who either maintains Strain-Counterstrain privileges or is a Doctor of Osteopathy who has received training in the Strain-Counterstrain technique.	Review of 5 cases
14.80 Addiction Medicine		
14.80 Addiction Medicine	Review of 5 cases. Review to be performed by Addiction Medicine Service Director or designee.	Review of 3 cases. Review to be performed by Addiction Medicine Service Director or designee.

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Orthopaedic Surgery 2020

Provider Name:

Privilege	Status	Approved

ORTHOPAEDIC SURGERY 2020
(MEC 4/2020)

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.

28.00 GENERAL PRIVILEGES ___
Core privileges directed at the treatment of disorders and injuries of the neck, back, thorax, pelvis, upper extremities, and lower extremities, include the following treatments (other than those outlined for supplemental privileges):

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

PROCTORING: 5 observed operative procedures

REAPPOINTMENT: 10 operative procedures in the previous two years.

a. Amputation, Traumatic And Elective ___
b. Application Of Skeletal Traction ___
c. Arthrodesis ___
d. Arthroscopic Surgery ___
e. Arthrotomy ___
f. Back And Neck Pain; Chronic And Acute ___
g. Biopsy Of The Musculoskeletal System ___
h. Bone Graft ___
i. Contusion, Sprains, And Strains ___
j. External Fixation Of Fractures ___
k. Fractures And Dislocations, Open Or Closed ___
l. Infection (Surgical And Medical Treatment) ___
m. Injections (Joint, Bursa, Trigger Point, Tendon Sheaths) ___
n. Internal Fixation Of Fractures ___
o. Ligament Reconstruction ___
p. Ostectomy ___
q. Osteotomy ___
r. Repair Of Lacerations ___
s. Revision Of Total Hip And Knee Surgeries ___
t. Skin Grafts ___
u. Spinal Surgery (Other Than Supplemental Privileges) ___
v. Sports Medicine And Related Injuries ___

Delineation Of Privileges

Orthopaedic Surgery 2020

Provider Name:

Privilege	Status	Approved
w. Tenotomy And Myotomy		___
x. Total Joint Surgery		___
y. Tumor Surgery		___
z. Wound Debridement		___
aa. Management Of Orthopedic Conditions For Patients In Snf Units		___
bb. Major Tumor Resection		___
28.05 OUTPATIENT PRIVILEGES		___
Outpatient clinic privileges directed at the evaluation and diagnosis of disorders and injuries of the neck, back, thorax, pelvis, upper extremities, and lower extremities		
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Orthopedic Surgery.		
PROCTORING: 2 observed visits by the Chief of Orthopaedic Surgery or designee.		
REAPPOINTMENT: 10 visits in the previous two years.		
28.10 SPECIAL PRIVILEGES: SPINAL SURGERY		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Orthopaedic Surgery and has completed fellowship training in spinal surgery or possesses equivalent experience.		
PROCTORING: 2 observed procedures by the Chief of Orthopaedic Surgery or designee.		
REAPPOINTMENT: 2 procedures in the previous two years.		
Patient management includes the areas specified below:		
a. Complex Anterior And Posterior Cervical, Thoracic, And Lumbar Spinal Surgery		___
b. Open Reduction And Internal Fixation Of Spine Fractures		___
c. Intra-Discal Chemonucleolysis		___
d. Percutaneous Disk Excision		___
28.20 SPECIAL PRIVILEGES: HAND AND MICROVASCULAR SURGERY		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Orthopaedic Surgery or American Board of Plastic Surgery and has completed fellowship training in hand and microvascular surgery or possesses equivalent experience.		
PROCTORING: 2 operative procedures by the Chief of Orthopaedic Surgery or designee.		
REAPPOINTMENT: 2 operative procedures in the previous two years.		
Patient management includes the areas specified below:		
a. Microsurgery And Replacement, Replantation Of Limbs And Parts, Including Adjacent And Free-Tissue Transfer.		___
b. Complex Hand Surgery And Replantation Of Limbs And Parts		___
c. Use Of Operating Microscope, Repair Blood Vessel/Nerve, Digit Replantation		___
d. Free Muscle/Skin Flap Microvascualar Anastamosis		___

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Orthopaedic Surgery 2020

Provider Name:

Privilege	Status	Approved
28.30 GENERAL PODIATRIC PRIVILEGES		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Podiatric Surgery.		
PROCTORING: 5 observed procedures by the Chief of Orthopaedic Surgery or designee.		
REAPPOINTMENT: 10 cases in the previous two years.		
Simple outpatient procedures including:		
a. Nail Avulsion		___
b. Chemical Martisectomies		___
c. Biopsy And Debridement Of Cutaneous Lesions, And Simple Infection Process Relative To Nails And Skin.		___
d. Orthotics		___
28.40 SURGICAL PODIATRIC PRIVILEGES		___
28.41 CATEGORY I: PODIATRIC SURGERY		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Podiatric Surgery.		
PROCTORING: 5 observed procedures by the Chief of Orthopaedic Surgery or designee. (Category I).		
REAPPOINTMENT: 10 cases in the previous two years.		
Superficial procedures including:		
a. Treatment Of Cutaneous Lesions		___
b. Removal Of Foreign Bodies		___
c. Removal Of Superficial Debridements		___
28.42 CATEGORY II: PODIATRIC SURGERY		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Podiatric Surgery.		
PROCTORING: 5 observed procedures by the Chief of Orthopaedic Surgery or designee. Category 2).		
REAPPOINTMENT: 10 procedures in the previous two years (Category 2).		
Deep procedures of the forefoot including:		
a. Excision Of Soft Tissue Lesions		___
b. Intermetatarsal Neuromas		___
c. Bunionectomies		___
d. Capsulotomies		___
e. Tenotomies		___
f. Removal Of Foreign Bodies Of The Forefoot		___

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Orthopaedic Surgery 2020

Provider Name:

Privilege	Status	Approved
g. Amputation		___
h. Osseous Procedures Of The Forefoot Including Sesamoidectomy		___
i. Fusion Of Interphalangeal Joints		___
j. Osteotomies		___
29.00 PHYSICAL MEDICINE & REHABILITATION		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation.		
PROCTORING: 5 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.		
REAPPOINTMENT: 10 procedures in the previous two years. Performs basic procedures within the usual and customary scope of physical medicine and rehabilitation, ~~including but not limited other procedures of similar technical complexity and requiring comparable skill and emergency procedures to protect the safety of the patient.~~to diagnosis, management, treatment, and preventive care for adult and pediatric patients.		
Procedures to include those below ~~and other procedures of similar technical complexity and requiring comparable skill and emergency procedures to protect the safety of the patient.~~:		
a. Intra-Articular Joint Injection		___
b. Intra-Articular Joint Aspiration		___
c. Joint Bursa Aspiration		___
d. Joint Bursa Injection		___
e. Tendon Sheath Injection		___
f. Trigger/Tender Point Injection		___
g. Ganglion Aspiration		___
h. Nerve Block		___
i. Chemical Neurolysis		___
j. Neuromuscular Junction Block		___
k. Autologous Blood Tendon Injection		___
l. Lumbar Puncture		___
m. Intrathecal Pump Management		___
29.10 SPINAL INJECTION TECHNIQUES		___

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Delineation Of Privileges

Orthopaedic Surgery 2020

Provider Name:

Privilege	Status	Approved

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation.

PROCTORING: 2 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.

REAPPOINTMENT: 2 procedures in the previous two years.

Procedures include:

a. Transforaminal Epidural Injection (Selected Nerve Root Block) ___

b. Interlaminar Epidural Injection ___

c. Facet Joint Injection ___

d. Facet Nerve Block ___

e. Discography ___

f. Epidurolysis ___

g. Sympathetic Nerve Block ___

h. Sacroiliac Joint Injection ___

i. Epidural Blood Patch ___

j. Radiofrequency Nerve Ablation ___

29.20 SPINAL TECHNIQUES: SPECIAL PROCEDURES ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation.

PROCTORING: 2 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.

REAPPOINTMENT: 2 procedures in the previous two years.

Procedures include:

a. Spinal Cord Stimulation ___

b. Percutaneous Vertebroplasty/Kyphoplasty ___

c. Implanted Drug Delivery For Pain Or Spasticity ___

d. Intradiscal Electrothermal Therapy ___

29.30 CLINICAL NEUROPHYSIOLOGY ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation. Additional training in Neurophysiological techniques from an AMA-Category 1 certified program (documentation required) or documentation of the type of procedures performed as part of residency training is required.

PROCTORING: 2 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.

REAPPOINTMENT: 2 procedures in the previous two years.

Procedures include:

Delineation Of Privileges

Orthopaedic Surgery 2020

Provider Name:

Privilege	Status	Approved
a. Electromyography		___
b. Nerve Conduction Study		___
c. Somatosensory Evoked Potential Assessment		___
d. Electromyography/Nerve Conduction Guided		___
e. Guided Nerve Block		___
f. Electromyography/Nerve Conduction Guided Junction Nerve Block		___
29.40 EVOKED POTENTIAL TESTING		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified in American Board of Physical Medicine and Rehabilitation. Additional training in Neurophysiological techniques from an AMA-Category 1 certified program (documentation required) or documentation of the type of procedures performed as part of residency training is required.		
PROCTORING: Review of 2 procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.		
REAPPOINTMENT: 2 procedures in the previous two years		
30.00 ACUTE TRAUMA SURGERY		___
SCOPE: On-call trauma coverage for the comprehensive orthopedic management of the acutely injured trauma patient.		
PREREQUISITES: Completion of ACGME-approved residency with Board certification/eligibility in Orthopedic Surgery. Availability, clinical performance and continuing medical education consistent with current standards for orthopedic surgeons at Level One Trauma Centers specified by the California Code of Regulations (Title 22) and the American College of Surgeons.		
PROCTORING: 2 observed operative procedures by the Chief of the Orthopaedic Surgery Service or his designee.		
REAPPOINTMENT: 2 operative procedures in the previous two years		
31.00 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of orthopedic Surgery, Plastic Surgery, Podiatric Surgery, or the American Board of Physical Medicine & Rehabilitation. A current x-Ray/Fluoroscopy Certificate is required.		
PROCTORING: Presentation of valid California Fluoroscopy certificate		
REAPPOINTMENT: Presentation of a valid California Fluoroscopy certificate.		
32.00 PROCEDURAL SEDATION		___

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Orthopaedic Surgery 2020

Provider Name:

Privilege	Status	Approved

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 Orthopedics 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: 5 cases of airway management by a medical staff with these privileges as appointed by the Chief of the Orthopaedic Surgery Service with recommendations made back to the Chief.

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 2 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

33.00 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

I hereby request clinical privileges as indicated above.

_____ _____
Applicant Date

APPROVED BY

_____ _____
Division Chief Date

_____ _____
Service Chief Date

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.00 General Surgery- CORE (pt. 1) ___

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

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.

REAPPOINTMENT - 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patie~~nt

Breast

- Incision and drainage of abscess/cysts
- Excisional biopsy

Skin, Soft Tissue, Musculoskeletal

- Excisional/incisional resection of skin and subcutaneous tissues
- Biopsy of skin and soft tissue lesions, including excisional biopsy
- Debridement of skin and soft tissue
- Hidradenectomy
- Debridement of burn wounds
- Split thickness skin graft
- Full thickness skin graft
- Lymph node biopsy
- Fasciotomy
- Placement of negative pressure dressing devices
- Other emergency procedures not otherwise specified

Head and Neck

- Open Or Percutaneous Tracheostomy
- Cricothyroidotomy
- Biopsy of neck mass
- Biopsy of thyroid nodule/mass
- Other emergency procedures not otherwise specified
- Temporal artery biopsy

Abdomen – Peritoneum

- Exploratory Laparotomy
- Diagnostic Laparoscopy
- Drainage Abdominal Abscess
- Open Repair Inguinal/Femoral Hernia
- Open Repair Ventral Hernia
- Laparoscopic Repair Ventral Hernia
- Insertion Peritoneal Dialysis Catheter
- Other emergency procedures not otherwise specified
- Open repair of diaphragmatic hernia

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.00 General Surgery- CORE (pt. 2) ___

Abdomen - Liver, Biliary, Pancreas, Spleen

- Open cholecystectomy
- Laparoscopy cholecystectomy
- Cholangiogram
- Open Common Bile Duct Exploration
- Choledoscopy
- Repair Common Bile Duct Injury
- Choledochoenteric Anastomosis
- Operation For Gallbladder Cancer (When Found Incidentally)
- Hepatic Biopsy
- Partial Hepatectomy
- Drainage Liver Abscess
- Distal Pancreatectomy
- Pancreatic Debridement
- Drainage of pancreatic Pseudocyst
- Splenectomy
- Other emergency procedures not otherwise specified

Abdomen - GI tract

- Repair/Resection Of Perforated Esophagus
- Partial/Total Gastrectomy
- Open or Laparoscopic Gastrostomy/Jejunostomy
- Repair Duodenal Perforation
- Truncal Vagotomy
- Open or Laparoscopic Enterostomy/Enterectomy
- Open or Laparoscopic Colostomy/Colectomy
- Hemorrhoidectomy
- Banding for Internal Hemorrhoids
- Lateral Internal Sphincterotomy
- Drainage Anorectal Abscess
- Pilonidal Cystectomy
- Anal Fistulotomy/Seton Placement
- Other emergency procedures not otherwise specified

Endoscopy

- Diagnostic Esophagogastroduodenoscopy
- Diagnostic Sigmoidoscopy
- Diagnostic Colonoscopy

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved
38.05 General Surgery - Special Privileges		___
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or experience or Subspecialty Board Certification.		
PROCTORING: INITIAL - 2 observed operative procedures and 10 retrospective reviews per Category of operative procedures.		
REAPPOINTMENT - 2 operative procedures per Category in the previous 2 years. For those procedures that are rarely performed and, as such, there is no frequency or volume of cases required, each case will be reviewed and for each privilege a running evaluation of all cases will be performed after each case		
A. Skin, Soft Tissue, Musculoskeletal		___
1 Wide Local Excision Melanoma		___
2 Sentinel lymph node biopsy		___
3 Axillary, femoral, or cervical lymph node dissection		___
B. Head and Neck		___
1 Cricopharyngeal Myotomy		___
2 Excision Zenker'S Diverticulum		___
3 Excision thyroglossal duct cyst		___
4 Glossectomy		___
C. Abdomen – Peritoneum		___
1 Laparoscopic Repair Inguinal Hernia		___
2 Laparoscopic Repair Femoral Hernia		___
3 Laparoscopic repair of hiatal or other diaphragmatic hernia		___
D. Abdomen - Liver, Biliary, Pancreas, Spleen		___
1 Laparoscopic Common Bile Duct Exploration		___
2 Intraoperative Ultrasound		___
3 Operation for Gallbladder or Bile Duct Cancer		___
4 Elective Liver Segmentectomy/Lobectomy		___
5 Elective Pancreaticoduodenectomy		___
6 Elective Ampullary Resection		___
7 Elective Pancreatectomy		___
8 Longitudinal Pancreaticojejunostomy, Frey Procedure, Beger Procedure		___
E. Abdomen - GI tract		___
1 Total Esophagectomy		___
2 Esophagogastrectomy		___

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved
3 Laparoscopic Anti-Reflux Procedure		___
4 Open Anti-Reflux Procedure		___
5 Laparoscopic Bariatric Procedure		___
6 Laparoscopic Heller Myotomy		___
F. Endoscopy		___
1 Percutaneous Endoscopic Gastrostomy		___
2 Therapeutic Esophagogastroduodenoscopy		___
3 Esophagogastroduodenoscopy with biopsy		___
4 Therapeutic Colonoscopy		___
5 Colonoscopic Biopsy/Polypectomy		___
6 ERCP		___
G. Endocrine		___
1 Thyroidectomy		___
2 Parathyroidectomy		___
3 Open Or Laparoscopic Adrenalectomy		___
4 Pancreatic Enucleation		___
38.10 Breast - Core		___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or experience or Subspecialty Board Certification.

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.

REAPPOINTMENT - 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient~~

- Biopsy breast lesion
- Duct Excision
- Lumpectomy with or without wire liocalization and/or Magseed
- Partial or Simple Mastectomy
- Modified Radical or Radical Mastectomy
- Sentinel lymph node biopsy
- Axillary Lymph Node Dissection
- Stereotactic Breast Biopsy

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.15 Colorectal - Core ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Colon and Rectal Surgery.

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.. .

REAPPOINTMENT - 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient~~

- Stapled Hemorrhoidectomy
- Repair Complex Anorectal Fistulae
- Complex Anal Sphincter Reconstruction
- Excision Of Anal Cancer
- Transanal Resection For Tumor
- Total Proctocolectomy, Ileoanal Pull-Through, Ileal-Pouch Procedures
- Abdominoperineal Resection
- Pelvic Exenteration For Rectal Cancer
- Complex Recto-Vaginal Fistula/Rectocele Repairs
- Open Or Laparoscopic Operation For Rectal Prolapse
- Perineal Repair Rectal Prolapse

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.20 Trauma - Core (pt. 1) ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training.

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.. .

REAPPOINTMENT - 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient~~

Skin, Soft Tissue, Musculoskeletal

- Exploration and Repair of Wounds and Complex Lacerations/Traumatic Injuries
- Repair Tendons
- Major Extremity Amputations
- Hip Disarticulation
- Forequarter Amputation
- Girdlestone Procedure
- Other emergency procedures not otherwise specified

Head and Neck

- Emergency Neck Exploration
- Thyroidectomy/Parathyroidectomy for Trauma
- Repair/Resection of Cervical Tracheal Injury
- Repair/Resection of Cervical Esophageal Injury
- Esophagostomy
- Pharyngostomy
- Other emergency procedures not otherwise specified

GU tract

- Nephrectomy
- Renorrhaphy
- Adrenalectomy
- Ureteral resection/repair
- Ureteral reimplantation
- Repair of bladder
- Cystotomy/Cystectomy
- Placement of supra-pubic tube
- Urethral resection/repair
- Orchiectomy
- Scrotal exploration
- Hysterectomy
- Oopherectomy
- Salpyngectomy
- Cesearan section for trauma
- Other emergency procedures not otherwise specified

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.20 Trauma - Core (pt. 2) ___

Thoracic

- Emergency sternotomy
- Emergency thoracotomy
- Tube thoracostomy
- Thoracentesis
- Bronchoscopy, flexible
- Pericardial window, diagnostic or therapeutic
- Repair of cardiac injury
- Emergency repair of tracheal/bronchial injury
- Emergency pulmonary resection
- Evacuation of hemothorax, open
- Evacuation of hemothorax, thoracoscopic
- Repair of diaphragm via thoracic approach, open
- Emergency repair of chest wall defects
- Emergency esophageal repair/resection
- Other emergency procedures not otherwise specified

Vascular

- Emergency vascular control of hemorrhage
- Emergency arterial ligation, repair and/or bypass, all sites
- Emergency venous ligation, repair and/or bypass, all sites
- Angiography
- Venography
- Percutaneous central venous line placement
- Venous cutdown for vascular access
- Placement of tunneled or implanted venous access devices
- Porto-systemic shunt
- Placement and Management of Resusciative Balloon Occlusion of the Aorta (REBOA)
- Other emergency procedures not otherwise specified

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.25 Plastic Surgery - Core ___

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

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.

REAPPOINTMENT - 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient~~

- Incision and Drainage of Abscess
- Flexor/Extensor Tendon Repair, Tenolysis, Drainage of Tendon Sheath
- Local Skin/ Muscle Rotational Flap, Skin Tissue Rearrangement
- Repair Nailbed Injury
- Release A-1 Pulley, Pulley Reconstruction
- Fasciotomy
- Separation of Digit Syndactyly, Excision of Supranumery Digit
- Carpal/Cubital Tunnel Release
- Completion Amputation Of Digit
- ORIF/CRPP Radius, Ulnar, Carpal, Metacarpal, Phalangeal Fractures
- Removal of Foreign Body
- Placement of Tissue Expander
- Breast Reconstruction With TRAM, Free Perforator Flap
- Breast Capsulotomy/Capsulectomy
- Breast Reconstruction with Saline/Silicone Implant, Removal Saline/Silicone Implants
- Nipple Reconstruction
- ORIF Mandibulomaxillary/ZMC/Nasal/Nasoethmoid/Orbital Floor Fracture
- Full Thickness (FTSP) Or Split Thickness Skin Graft (STSG)
- Abdominal Wall Reconstruction, Components Separation, Mesh Placement
- Lower Extremity Reconstruction with local or free flap
- Head and Neck Reconstruction with local or free flap
- Trunk reconstruction with local or free flap
- Debridement, Skin and Subcutaneous Tissue, Muscle and Bone
- Placement of Negative Pressure Dressing Devices

38.30 Plastic Surgery - Special Privileges ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Plastic Surgery with documented additional training and/or experience or Subspecialty Board Certification.

PROCTORING: INITIAL - 2 observed operative procedures and 10 retrospective reviews per Category of operative procedures.

REAPPOINTMENT - 2 operative procedures per Category in the previous 2 years. For those procedures that are rarely performed and, as such, there is no frequency or volume of cases required, each case will be reviewed and for each privilege a running evaluation of all cases will be performed after each case

A. Microvascular ___

1 Use Of Operating Microscope, Repair Blood Vessel/ Nerve, Digit ___

2 Replantation ___

3 Free Myo/Skin Flap Microvascular Anastamosis ___

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved
B. Hand		___
1 Incision/Drainage Abscess, Finger or Hand		___
2 Palmar Fasciotomy Dupuytren's Contracture		___
3 Palmar Fasciectomy Dupuytren's Contracture		___
4 Closed Capsulotomy		___
5 Open Capsulotomy		___
6 Excision Bone Cysts		___
7 Excision Bone Tumors		___
8 Bone Grafts, Wrist, Hands or Fingers		___
9 Arthrodesis, Wrist, Hand or Finger Joints		___
10 Tenolysis		___
11 Tenorrhaphy		___
12 Tendon Transfer		___
13 Free Tendon Graft, From Arm or Leg		___
14 Arthroplasty with Implant		___
15 Ligament Repair Or Reconstruction		___
16 Reconstruction Hand Deformities		___
17 Amputation, Finger, Hand or Forearm		___
18 Fractures/Dislocations		___
19 Carpal/Cubital Tunnel Release		___
20 Brachial Plexus exploration		___
21 Neurolysis		___
22 Nerve Transfer		___
23 Nerve Tranpositions		___
24 Nerve Repair, Primary		___
25 Nerve Repair, Secondary with Nerve Graft		___
26 Removal of Foreign Bodies		___
26 Replantation of Fingers and/or Hand		___
27 Wrist Arthroscopy		___
28 Carpal Bone Fractures		___
29 Wrist Fractures		___
C. Craniofacial		___

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved
1 Closed Reduction and Mandibulomaxillary (MMF) Fixation of Mandible Fracture		___
2 Open Reduction and Internal Fixation of Mandible Fracture		___
3 Open Reduction and Internal Fixation of Zygoma Fracture		___
4 Open Reduction and Internal Fixation of Orbital Floor Fracture		___
5 Open Reduction and Internal Fixation of Orbital Wall Fracture		___
6 Open Reduction and Internal Fixation of Zygomaticomaxillary (ZMC)		___
7 Complex Fracture		___
8 Open Reduction and Internal Fixation of Noso-Orbital Ethmoid Fracture		___
9 Open Reduction and Internal Fixation of Le Fort I Fracture		___
10 Open Reduction and Internal Fixation of Le Fort II Fracture		___
11 Open Reduction and Internal Fixation of Le Fort III Fracture		___
12 Cleft Lip Repair		___
13 Cleft Palate Repair		___
14 Resection of Arteriovenous Malformation		___
15 Complex Tissue Rearrangement, Scalp		___
D. Gender Affirming Surgery		___
1 Feminizing Mammoplasty, primary		___
2 Feminizing Mammoplasty, revision		___
3 Masculinizing Chest Surgery, primary		___
4 Masculinizing Chest Surgery, revision		___
5 Vaginoplasty, penile inversion		___
6 Vaginoplasty, colon or peritoneum		___
7 Phalloplasty, microvascular		___
8 Phalloplasty, non-microvascular		___

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.31 Plastic Surgery - Laser Surgery ___

PREREQUISITES: Currently Board Eligible, Board Certified, or Re-Certified by the American Board of Surgery. Appropriate training, complete the laser safety module prepared by the ZSFG Laser Safety Committee and baseline eye examination within the previous 1 year.

PROCTORING: 2 observed procedures by a member of the medical staff with laser surgery privileges at ZSFG

REAPPOINTMENT: 2 cases in the previous two years reviewed by a member of the medical staff with laser surgery privileges at ZSFG

- Removal of Congenital and Acquired Lesions (Tattoos, Hemangiomas, Pigmented Lesions)

38.35 Thoracic Surgery - Core ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Thoracic Surgery.

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.

REAPPOINTMENT - 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient~~

- Bronchoscopy
- Open Decortication and/or Pleurectomy
- Thoracoscopic Decortication and/or Pleurectomy
- Thoracotomy for empyema
- Thoracoscopy for empyema
- Repair/resection trachea/bronchus, elective
- Elective thoracotomy for pulmonary resection
- Elective thoracoscopy for pulmonary resection
- Repair of diaphragm via thoracic approach
- Elective repair of chest wall defects/deformities
- Elective thymectomy
- Open Reduction and Internal Fixation Rib Fractures
- Insertion of venous cannula for veno-venous ECMO, open or percutaneous
- Insertion of arterial cannula for veno-arterial ECMO, open or percutaneous.
- Insertion of permanent pacemaker

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.40 Thoracic Surgery - Special Privileges ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Thoracic Surgery.

PROCTORING: INITIAL - 2 observed operative procedures and 10 retrospective reviews of operative procedures.

REAPPOINTMENT - 2 operative procedures in the previous 2 years. For those procedures that are rarely performed and, as such, there is no frequency or volume of cases required, each case will be reviewed and for each privilege a running evaluation of all cases will be performed after each case

- Cardiopulmonary bypass

38.45 Vascular Surgery - Core ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery in Vascular Surgery.

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.

REAPPOINTMENT - 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient~~

- Angiography
- Venography
- Endarterectomy or thrombectomy of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous)
- Surgical bypass of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous)
- Open repair of aneurysms (excluding vessels in the pericardium and intracranial)
- Endovascular repair of the aorta, including the arch, thoracic and abdominal aorta
- Thoracic outlet decompression with rib resection and neurolysis
- Injection and ablation procedures of pseudoaneurysms and venous structures
- Creation or revision of arteriovenous fistula and grafts, open or percutaneous
- Percutaneous vascular access and placement of indwelling vascular catheters (arterial or venous)
- Endovascular treatment of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous, excluding vessels in pericardium and intracranial), including angioplasty, stent deployment, atherectomy, intravascular ultrasound, thrombectomy and thrombolysis.
- Excision, resection or biopsy of artery, vein or graft
- Amputation of the lower extremity
- Debridement of skin, subcutaneous, fascia, muscle, bone
- Tube thoracostomy
- Fasciotomy, upper and lower extremity
- Placement and Management of Resusciative Balloon Occlusion of the Aorta (REBOA)

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.50 Critical Care - Core ___

PREREQUISITES: PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery in Surgical Critical Care.

PROCTORING: INITIAL - 5 observed operative procedures and 15 retrospective reviews of procedures of a sampling of the procedures listed below.

REAPPOINTMENT - 10 core procedures in the previous two years of a sampling of the procedures listed below.

~~To include other procedures of similar technical complexity and requiring comparable skills, and emergency procedures to protect the safety of the patient~~

- Placement of percutaneous central lines
- Placement of arterial lines
- Intubation
- Bronchoscopy
- Placement tube thoracostomy
- Thoracentesis
- Pericardiocentesis
- Paracentesis
- Lumbar puncture
- Insertion of transvenous pacemaker
- Pulmonary artery catheter insertion
- Emergency cricothyroidotomy
- Cardioversion
- Defibrillation
- Placement of esophageal balloon for hemostasis
- Bedside ultrasonography
- Patient Controlled Analgesia

38.55 Cardiothoracic Pre-Operative Evaluation - Core ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training and/or Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Thoracic Surgery.

PROCTORING: INITIAL – 2 retrospective reviews of cases of a sampling of the procedures listed below.

REAPPOINTMENT - 2 retrospective reviews of cases of a sampling of the procedures listed below.

- Evaluate and make recommendations for potential Cardiac Surgery of inpatient and outpatient.

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.60 CTSI (Clinical and Translational Science Institute) – Clinical Research - Core ___

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 and REAPPOINTMENT: All OPPE metrics acceptable

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

_____ _____
CTSI Medical Director Date

38.65 Waived Testing ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics/Gynecology, or General Surgery.

PROCTORING: By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.

REAPPOINTMENT: Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges, providers satisfy competency expectations for waived testing by The Joint Commission.

- Fecal Occult Blood Testing (Hemoccult®)
- Vagnal Ph Testing (Ph Paper)
- Urine Chemstrip® Testing
- Urine Pregnancy Test (Sp® Brand Rapid Test)

38.70 Diagnostic Radiology - Fluoroscopy ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery and current X-Ray/Fluoroscopy Certificate, or a member. ___

PROCTORING and REAPPOINTMENT: Presentation of valid California Fluoroscopy certificate

___

Delineation Of Privileges

Surgery 2022

Provider Name:

Privilege	Status	Approved

38.80 Procedural Sedation ___

PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.08 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 Emergency Medicine 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

- **I hereby request clinical privileges as indicated above.**

_____ _____
Applicant **Date**

_____ _____
Division Chief **Date**

_____ _____
Service Chief **Date**