ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on September 27, 2022
September 2022 MEC Meeting

CLINICAL SERVICE REPORT:

Laboratory Medicine Service – Barbara Haller, MD, Chief

The highlights of the report are as follows:

1. Mission and Scope of the Clinical Service
   a. Mission
      - Mission – To provide accurate, timely, efficient, cost-effective, and high quality laboratory services in a safe and supportive work environment and to further the UCSF/ZSFG academic missions of research, education, patient care, and public service
      - Vision – To excel in clinical laboratory testing and provision of transfusion services, consultation, teaching, training, scholarship, and discovery in laboratory medicine

   b. Clinical Lab Spaces – The clinical lab spaces are located throughout the campus with the Main Laboratory at the 2nd floor of Building 5.
   c. Clinical Services/Programs
      - Clinical Services Provided
        - Comprehensive Laboratory Testing - 24/7, 365 days, > 500 different laboratory tests
        - Transfusion Services for ZSFG and LHH
        - Limited Phlebotomy Services – Outpatients, M-F, 7 am–11:45 am
        - Management of Point-of-Care Testing at ZSFG
        - Oversee Tissue Bank Services – OR and Breast Milk Programs
        - 24/7 Technical and Clinical Consultation by faculty and residents
      - Scope of Services
        - Support Acute Care, LHH, and Outpatient Testing
        - Blood Bank and Transfusion Services
        - Routine Chemistry, Toxicology, Special Chemistry, Endocrinology
        - Hematology, Coagulation, Urinalysis Bone Marrow and Body Fluid Analysis
        - Microbiology, Immunology, Parasitology, Mycology, Mycobacteriology, Virology, Molecular Biology
        - Specimen Collection and Management, Outpatient Phlebotomy
        - Laboratory Support Services
        - Laboratory Information Systems
        - Point-of-Care Oversight and Support
        - Laboratory Consultative Services
        - Referral Services for Esoteric and Genetic Testing
      - Scope of Clinical Work – All categories (Lab Billable Tests, Lab Reportable Tests, ARUP Lab Testing, Blood Components Issued, and Number of Outpatient Phlebotomy Collections) posted increase in volume from FY 2020-2021 to FY 2021-2022. The change is attributed to more people coming to the hospital/clinics after the pandemic. For the Lab Billable Tests, there are about 2M annual tests. About half of the tests relate to ED and Outpatient clinical care, and the other half pertain to Inpatient clinical care.
   d. Clinical Lab Leadership Structure- Dr. Haller is the Director. She is supported by directors and staff in the following areas: Administration, Microbiology, Core Laboratory, and Blood Bank. There are 149.5 FTEs Clinical Lab staff which did not really increase even with much higher volume of tests including COVID testing; 1% of FTEs are paid out of research/recharge funds.

2. Faculty and Residents
   a. Faculty -There are 5.3 FTEs faculty.
      - The Core Laboratory Faculty will be involved in the building of an automation line in the Core Laboratory.
      - Dr. Zane Amenhotep is the Interim Director of the Blood Bank (BB) with the departure of Dr. Jonathan Esensten. Recruitment efforts are ongoing.

   b. Education and Training
      - UCSF Laboratory Medicine/Pathology Residents (MDs)
        - CP (Clinical Pathology) only or AP/CP (Anatomic Pathology/Clinical Pathology) residents- 18/year
        - Chemistry and Toxicology – 1 resident/2 months
        - Microbiology- 1 resident/2 months
        - Heme/BB/Cell Therapy Rotation – 1 resident every other month
        - 1-on-1 supervision by responsible faculty
        - Graded responsibility in test interpretation, approvals, lab management, consultations
      - Clinical Chemistry Fellows (PhDs)
        - Training in Clinical Chemistry/Toxicology
        - Research Projects – new instrumentation evaluations, Mass spectrometry
        - Goal – Director of a Clinical Chemistry Lab
        - 2-3 per year in 2-yr Clinical Fellowship Program accredited by Commission on Accreditation in Clinical Chemistry
        - Supervised by responsible faculty

        A list of former postdoc fellows who were trained at ZSFG and their current positions was presented.
      - Medical Students
        - Lab Medicine - General Lab Med: 2- week course, ≈35-40 students/year (pre-pandemic)
        - Lab Medicine – Microbiology: 2-week course, 1-2 students/year (pre-pandemic)

Unfortunately, with restrictions arising from COVID, along with construction and other factors, the level of students has not been maintained for the past several years. The resumption of which will hopefully occur soon.

- Clinical Lab Scientist Students
  - 1 - 2 /yr on 10-month internships through SF State University, training supervised by Admin Director, lab managers, and lab supervisors
  - Important for CLS (Clinical Lab Scientists) recruitment
- Phlebotomy Trainees – students from community colleges, 4-6 per year

3. Performance Improvement and Patient Safety Initiatives
   a. COVID-19 - From March 2020 to June 2022, over 200K COVID-19 tests were performed. From March 2022 – June 2022, the number of tests stabilized at 200-300 tests a day.
      - Testing methods
        - Hologic Panther and GeneXpert– Majority of testing is performed on the Hologic Panther, a TMA (Transcription Mediated Amplification) method of testing. Testing done with use of GeneXpert takes about 1.5 hours.
        - Rapid ID NOW and BioFire Torch Respiratory Virus Panel – Rapid ID NOW takes about 20-30 minutes to obtain results and is used mainly for ED patients. The BioFire Torch Respiratory Virus Panel detects 22 different virus/bacteria targets that cause respiratory illness, including COVID-19/SARS-CoV-2 virus.
      - Tracking Tests
        - Volume - The number of COVID-19 tests is tracked daily with aforementioned 4 testing methods.
        - Location - Tests are tracked by location to monitor unusual surges/outbreaks that might be happening in a particular area; in so doing, laboratory staffing can be properly managed.
        - Capacity - The laboratory keeps track of its capacity which is sent daily to Department of Public Health Testing Strategy Group; in case of spikes, assistance from the noted group might be needed.
   b. High-Sensitivity Troponin Assay in Chemistry – The Troponin Care Path has been implemented in ED. There is ongoing data collection and monitoring use in close coordination among Cardiology, ED, and Lab.
   c. New Testing Algorithm for Syphilis Testing – This allows more rapid screening for treponeme-specific antibodies right up front. A quick screening of syphilis is really important due to the increased cases of women having syphilis and congenital syphilis over the past years. Then, confirmatory testing for initial positive specimens is performed. There is close coordination with Infectious Diseases and City Clinic.
   d. New C. Difficile Testing Algorithm – First PCR (polymerase chain reaction) is performed on Xpert that detects toxin B gene. The positives are followed by immunoassay to detect GDH antigen and toxin which helps in distinguishing between C. diff disease and colonization. This process will help control C. Diff in the hospital.
   e. Implementation of New GEM 5000 Blood Gas Analyzers – Last June 2022, the POCT (Point-of-Care Team) implemented these new blood gas analyzers to replace aging blood analyzers and software. This involved coordination with RCS, ED, ORs, ICUs, and NICU. The new 5000s are easier to operate and have advance quality control systems.
   f. Other PIPS
      - Introduction of Cystatin C testing with ongoing work on eGFR equations – with Nephrology
      - Expanded HPV Genotype testing access for all women in ZSFG and SF CHN (send out test to reference lab) – with Anatomic Pathology and SFHN
      - Increase quantiferon testing for inpatients and ZSFG clinics – with TB Clinic and SF PHL
   g. Involvement in Hospital/Medical Staff Committees – A list of positions held by the faculty in various committees was presented.

4. Research - The faculty research ranges from original basic research to translational research with much work on the latter. Extensive research was done on SARS-CoV-2 infection and vaccination with looking into immune response and neutralizing antibodies; all researchers had publications in this area. Moreover, the researchers evaluate new biomarkers to diagnose, treat, and monitor disease. Also, new methods were developed for detection of drugs with use of mass spectrometry. In addition, Dr. Jeffrey Whitman has been much involved in measuring antibody responses in patients with Chagas Disease. The publications, presentations, awards, and research by faculty members were highlighted.

5. Financial Report
   a. Revenue vs Expenses – In FY 21-22, the revenues and expenses amounted to about $387M and $27M, respectively. The budget for expenses is usually $32M; there were savings with the departure of many staff members. A new batch of staff members was recently hired which will increase expenses to $32M henceforth.
   b. Clinical Lab Research Report FY 21-22 – The laboratory has offered research testing for 104 researchers over the last year. A large amount of research testing is done for the HIV/ID/PHP groups. Additional groups served are Medicine, Gastroenterology, Cardiology, and others.

6. 2020-2022 Achievements – The most recent Laboratory Joint Commission inspection happened in June 2022. An excellent performance was achieved by the incredible leadership and staff with 99% compliance due to only 8 findings.

7. Summary
   a. Strengths – These include strong leadership, experienced, and hard-working staff. Also, there is extensive lab menu, along with ability to evaluate and adapt new assay methods (i.e., new Blood Gas instruments and testing algorithms). Moreover, there are consultative services by faculty, residents, and lab leadership team. In addition, there are excellent teaching programs and strong research programs. The UCSF affiliation is an advantage with collaboration in research and training. There is also support from ZSFG leadership and staff.
   b. Plan – There is a plan for a Core Lab for Chemistry and Hematology. The current laboratory will be remodeled with the goal of starting the project by the end of the year.
   c. Challenges – These include the following:
      - Chemistry Lab - There is a need to validate new Atellica Chemistry analyzers, along with re-establishing reference ranges for ZSFG patient populations. (The older analyzers are increasingly less reliable.) These validations should be accomplished this fall.
      - Building 5 Retrofit Project – This has greatly impacted Microbiology. Instruments had to be moved and re-validated.

- Others – These include budget management; nationwide shortage of available clinical lab scientists; retention of clinical lab scientists, supervisors, and support staff; hiring of new Blood Bank Director; improvement of life cycle for City Contracts; and LIS projects with DPH (Epic Beaker, Data Innovations, Blood Bank LIS) and setting up automation line with needed connections to report to EPIC.

d. Goals for 2022 - 2024 – They are the following:
   - Recruit new Blood Bank Medical Director and Blood Bank Operations Manager
   - Maintain testing capacity for COVID and routine testing
   - Continue planning for EPIC Beaker and Lab Automation system
   - Continue to support Hospital Joint Commission Surveys
   - Manage Lab testing during retrofitting and Core Lab projects – instrumentation and automation
   - Move Lab Medicine research labs to new UCSF Research Building by 2023

ZSFG CHIEF OF STAFF ACTION ITEMS
Presented to the JCC-ZSFG on September 27, 2022
September 2022 MEC Meetings

Clinical Service Rules and Regulations

- Laboratory Medicine R&R (Copies sent to Commissioners)
- Laboratory Medicine Summary of Changes (attached)

Credentials Committee –

A. Standardized Procedures (Attached)
   - Revised CT Guided Spinal Steroid Injections (From Aug MEC Meeting)
   - Influenza Vaccination RN SP – NO changes

B. Privileges Lists (Attached)
   - Revised Medicine Pulmonary Critical Care Privileges List and Summary of Changes
   - Revised Neurology Privileges List and Summary of Changes

UPDATES TO LABORATORY MEDICINE SERVICE RULES AND REGULATIONS SEPTEMBER 12, 2022

Updated Company name for Lab Information System	B. Haller	9/12/2022
Updated Appendix II, Laboratory Medicine service Organization Chart	B. Haller	9/12/2022
Changed Chief of Service evaluation of Medical Staff will be once per year instead of every 6 months	B. Haller	9/12/2022
Updated Resident Packet received at Orientation to Rotations	B. Haller	9/12/2022
Omit Attachment C. Add text to R+R stating that Orientation and Learning Material is maintained in each Resident rotation site in the Lab.	B. Haller	9/12/2022

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LABORATORY MEDICINE SERVICE RULES AND REGULATIONS ~~2020~~2022

LABORATORY MEDICINE SERVICE RULES AND REGULATIONS

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I. LABORATORY MEDICINE SERVICE ORGANIZATION

A. Scope of Services

The University of California Clinical Laboratory at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) ("Clinical Laboratory" or "Laboratory Medicine Service") performs more than five hundred varieties of diagnostic laboratory procedures on blood ~~and~~ body fluids and tissues, providing routine and emergency (stat) services 24 hours daily, including weekends and holidays. The department has over 150 full- and part-time employees, including physicians, Clinical Laboratory Scientists, specialists and other professional support personnel. Provided services include, but are not limited to the following:

1. Limited phlebotomy services for ZSFG outpatients.
2. Chemical analysis of clinical specimens (routine and special) and clinical consultation.
3. Toxicology testing and clinical consultation.
4. Hematology (routine and special), coagulation studies, urinalysis and clinical consultation.
5. Microbiology studies – including bacteriology, mycobacteriology, mycology, virology, parasitology and molecular diagnostics - and clinical consultation.
6. Immunology and serology testing and clinical consultation.
7. Transfusion services, blood product utilization monitoring and clinical consultation.
8. Point-of-care testing (POCT): training of lead POCT personnel, coordination, oversight and maintenance of interdepartmental programs for POCT at ZSFG, including inpatient wards, designated outpatient clinics, Operating Room, Cardiac Catheterization Laboratory, Interventional Radiology Suite, Nursery and Intensive Care Units. Services include consultation, method development, assay validation and verification, coordination of quality control, performance improvement and patient safety, utilization management programs, and related activities. The Laboratory does not oversee POCT programs at off-campus sites, i.e., San Francisco Department of Public Health (SFDPH) health centers and affiliated clinics but offers consultative services on POCT issues to these facilities if requested.
9. Laboratory reports: electronic reports generated by the Laboratory Information System (~~Sunquest~~Clinisys Inc, Tucson, AZ) are transmitted to the electronic medical record
(EMR) maintained by the San Francisco Department of Public Health. Limited printed cumulative and interim reports for laboratory clients without reliable access to the electronic medical record system are available.
10. Support services, including maintenance of phlebotomy supplies for designated inpatient and outpatient sites, special supplies, sterilization of medical supplies and disinfection of biohazardous waste.
11. Maintenance of an online Laboratory Manual, accessible at https://www.testmenu.com/zsfglab/ , that provides in-depth information on tests and services provided, specimen requirements, laboratory contacts and other helpful information for Laboratory clients.

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Age-Specific Specimen and Collection Techniques

Laboratory tests are performed and interpreted for patients of all ages, as requested by the clinical care provider or other authorized personnel. Phlebotomy is performed only in the outpatient setting and is generally limited to adults and some pediatric patients in their teens. Blood collection techniques may vary according to the age of the patient and/or the ease of obtaining the specimen, as assessed by the phlebotomist.

Patient/Client Needs Assessment

Our clients include patients and health care providers at ZSFG, LHH, city jails and outpatient health centers and clinics operated by, or affiliated with the SFDPH. Modification of existing services or provision of new services is based on suggestions or requests from clinical services, results from periodic client satisfaction surveys, new availability of tests, in response to problems uncovered by unusual occurrence reports or informal complaints, and the availability of funding and other required resources.

Staffing Plan

Each Division within the Clinical Laboratory maintains a standard staffing level based on the type and volume of tests requested. Staffing is flexible in order to accommodate changes in the test workload, clinical practice patterns, patient mix, or other factors.

Standards of Practice

The Clinical Laboratory at ZSFG strives to serve as a model of excellence for clinical laboratories in urban teaching hospitals, by providing accurate, timely, appropriate and cost-effective laboratory services of the highest quality, in support of the mission of SFDPH and ZSFG.

The Laboratory follows the guidelines and standards established by state and federal law and by recognized agencies such as The Joint Commission (TJC), Clinical and Laboratory Standards Institute (CLSI, formerly known as the National Committee for Clinical Laboratory Standards, or NCCLS), and other professional organizations. ZSFG, through the Laboratory Medicine Service, maintains Associate Active Membership in the Clinical and Laboratory Standards Institute (CLSI). This allows the laboratory director and other members of this department to participate directly in the standards-setting processes of this internationally recognized organization.

Reference Laboratories

Reference laboratories used by the Laboratory Medicine Service at ZSFG include the following:

a. ARUP (Salt Lake City, Utah), one of the nation's leading reference laboratories under contract to perform the bulk of reference laboratory work for ZSFG
b. UCSF Clinical Laboratories at Moffitt-Long Hospital , Mission Bay, and China Basin

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c. Laboratories of the San Francisco Department of Public Health and other governmental (City and county, state and federal) laboratories
d. Other reference laboratories as required for special tests and procedures

ZSFG Clinical Laboratory is responsible for assuring the quality of work provided by the laboratories to which it refers specimens for testing. Clinical Staff can recommend to the Laboratory Director alternative reference laboratories based on clinical need. The Laboratory Director will evaluate and approve Clinical Staff recommendation if indicated.

B. Organization of the Laboratory Medicine Service

See Appendix II – Laboratory Medicine Service Organization Chart

II. APPOINTMENTS AND REAPPOINTMENTS

A. Medical Staff Membership Requirements

Membership to 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, Article II, Rules and Regulations and these Clinical Service Rules and Regulations.

B. Staff Categories

Medical staff members on the Laboratory Medicine Service fall into the same two categories, i.e., active and courtesy as described in Article III – Categories of the Medical Staff of the ZSFG Bylaws, Rules and Regulations

C. Process for Appointments and Reappointments

The application process for new appointments and reappointments of Laboratory Medicine practitioners to the ZSFG Medical Staff follows ZSFG Bylaws, Rules and Regulations, and these Clinical Service Rules and Regulations.

Reappointment is dependent on continuing demonstration of professional conduct and competence. Laboratory Medicine will assist the hospital in this responsibility through ongoing professional performance evaluation of its practitioners (OPPE, see below) and summary evaluations by the Chief and Acting Chief of Service.

D. Affiliated Professionals

The process of appointment and reappointment to the Affiliated Professionals of ZSFG through the Laboratory Medicine Service is in accordance with ZSFG Bylaws and Rules and Regulations, as well as these Clinical Service Rules and Regulations.

III. CLINICAL PRIVILEGES

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A. Development of Privilege Criteria

Laboratory Medicine Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V: Clinical Privileges. All requests for clinical privileges will be evaluated and approved by the Chief of Laboratory Medicine. Refer to Appendix I.

B. Review of Privilege Request Form

The Laboratory Medicine Services Privilege Request Form shall be reviewed at least every other year..

C. Change, Addition or Removal of Clinical Privileges

Laboratory Medicine Service privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Article V: Clinical Privileges. All requests for clinical privileges will be evaluated and approved by the Chief of the Laboratory Medicine Service (synonymous with "Director of the Clinical Laboratory").

D. Temporary, Visiting, Emergency or Disaster Privileges

Privileges in these categories shall be authorized in accordance with the ZSFG Medical Staff Bylaws.

IV. PROCTORING AND MONITORING

A. Requirements and Responsibility

Proctoring of newly appointed practitioners and practitioners who acquired new privileges, as well as ongoing monitoring of professional performance of practitioners on the Laboratory Medicine Service shall be in accordance with ZSFG Bylaws, and these service rules and regulations. The Laboratory Medicine Service will assist the medical staff office and credentials committee by proposing relevant indicators, evaluate practitioners and provide evaluations and summary reports, including engaging appropriate evaluators from outside the service, as necessary and required. It is the responsibility of the Chief of Service that proctoring and monitoring requirements are met.

B. Ongoing Professional Performance Evaluation (OPPE)

The Laboratory Medicine Service monitors the professional performance of its practitioners on an ongoing basis using a set of indicators that are developed by the service and approved by the Credentials Committee.

The Chief or Acting Chief of Service will evaluate performance profiles of Lab Medicine practitioners at least once per year and at the time of reappointment.

V. EDUCATION AND RESEARCH

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The Laboratory Medicine Service at ZSFG actively participates in and promotes UCSF's academic mission in medical education and research. Graduate and undergraduate medical education and research is conducted in accordance with applicable UCSF and ZSFG administrative policies and procedures and ZSFG Medical Staff Bylaws. The Laboratory Director is accountable to the UCSF's Associate Dean at ZSFG and the Chair of Laboratory Medicine for establishment, supervision, periodic review, and, if necessary, corrective actions of educational and research programs within the Clinical Laboratory.

The Laboratory Medicine Service also actively supports professional staff training and education through offering a Clinical Laboratory Scientist (CLS) student internship program in partnership with San Francisco State University, and by maintaining a Continuing Education Program, administered by the Department's Continuing Education Committee under the general direction of the Laboratory Director. This program is approved for State of California Continuing Education credits as authorized by the Continuing Education Accreditation Agency of the UCSF Clinical Laboratory at Zuckerberg San Francisco General, for which the Laboratory Director serves as Administrator.

All faculty and staff are encouraged to maintain and enhance their professional skills by attendance at professional meetings and participation in appropriate educational conferences, seminars and courses.

VI. LABORATORY MEDICINE SERVICE RESIDENT TRAINING PROGRAM AND SUPERVISION

Attending faculty shall supervise house staff in such a way that Housestaff assume progressively increasing responsibility for patient care according to their level of training, ability and experience (Refer to CHN Website for Housestaff Competencies). Before starting their rotation residents will be oriented to the Laboratory Medicine Service, provided with a packet of relevant documents including Laboratory Safety Guidelines, and will attest to receipt of these materials (Attachment B: Lab Med Service Resident's Packet)

A. Description

There are 2-3 Laboratory Medicine Residents assigned at all times to individual rotations within the Laboratory Medicine Services at ZSFG. These rotations are in the Microbiology, Clinical Chemistry/Toxicology, and Hematology/Blood Bank Divisions of the Clinical Laboratory.

B. Resident Duties

Resident duties differ on each of the rotations but fall into 3 major categories: test approval, test interpretation, and clinical consultation. Detailed information on resident duties for each of the rotations, guidelines for prospective and retrospective review of blood product usage, the recommended management of issues commonly encountered outside of routine working hours, including when to notify attending faculty, are maintained by the Laboratory Medicine Service, reviewed annually and updated as necessary. Orientation and Learning material for Laboratory Medicine Residents is

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maintained within each laboratory division and reviewed by Division Chiefs and Leadership staff as needed. (Attachment C: ZSFG Laboratory Medicine Rotations).

C. Resident Supervision

Laboratory Medicine (also referred to as Clinical Pathology) residency training is a three year postgraduate program (for Laboratory Medicine only) or two years of a four year combined residency training program in Anatomic Pathology/Clinical Pathology (AP/CP). The UCSF combined AP/CP residency training program or the straight Laboratory Medicine residency training program has flexibility, such that resident competencies and skills are not correlative with year of training. Resident competencies and skills are instead related to type of clinical rotation completed. For example, a resident in his/her final year (4th) year of training may be taking a Clinical Microbiology rotation for the very first time in his/her training. In contrast, another resident may have already completed such a rotation in his/her first year of training.

Laboratory Medicine residency training at ZSFG consists of three core rotations – Microbiology, Chemistry/Toxicology, and Hematology/Blood Bank/Cell Therapy. Microbiology and Chemistry/Toxicology rotations each last two months, the Hematology/Blood Bank rotation lasts one month. Elective rotations are offered in Toxicology and Consultative Hematology / Transfusion Medicine. Each rotation is supervised by the Chief of the respective Clinical Laboratory Division. The Laboratory Director serves as training site coordinator, ensuring orientation of residents at the beginning of the rotation, appropriate handling and resolution of residency-related issues and maintenance of materials and environment for effective education and learning.

Each resident assigned to a rotation in the Clinical Laboratory is closely supervised by the responsible Division Chief during the regular work day. Clinical responsibilities typically consist of test approvals, test interpretations, and clinical consultations. All of these resident functions have direct impact on patient care, as residents make decisions about requests for esoteric testing, interpret laboratory results for diagnostic or therapeutic decisions, and recommend testing strategies for optimum patient management. Initially, all issues and concerns are discussed with and supervised by the respective Division Chief at least daily. The resident assumes more responsibility and independence later in the rotation when s/he has become familiar with the issues unique to each division, is knowledgeable about the policies governing these issues, and the Division Chief has developed confidence in his/her clinical judgment.

Laboratory Medicine residents also participate in a variety of clinical conferences (e.g., Medicine's Morbidity and Mortality report, Infectious Diseases conference, Cardiology conference, Endocrinology Conference, Poison Control rounds, etc.). These conferences provide a feedback mechanism by which the residents (and respective Division Chief) can witness the impact of their decisions. These conferences also provide a feedback mechanism for the Clinical Service in general, in which existing Laboratory Medicine policies can be discussed and modified, if necessary.

In addition to their daily duties, each Laboratory Medicine Service Resident takes call for all Clinical Laboratory Services at the 5 UCSF teaching hospitals (UCSFMC, Mission Bay, Mt. Zion, ZSFG, VAMC) on a rotating basis to provide consultation on laboratory-related issues, approve unusual laboratory tests requests and handle transfusion-related

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problems arriving outside of routine hours (Mon-Fri 5PM – 8AM, Weekends and Holidays). Faculty members provide backup at all times by long range beepers and/or telephone. Disagreements between a clinical service and the Laboratory Medicine Resident are resolved by the faculty member responsible for the service. All situations handled by residents while on-call are logged and reviewed and critiqued weekly via internet video conferencing by Clinical Laboratory faculty from all UCSF teaching sites.

Laboratory Medicine residents do not perform invasive procedures, with the exception of bone marrow aspirates / biopsies which would be performed under direct supervision of a Clinical Hematology Fellow or Attending. Some of their duties regarding test utilization or clinical consultation, however, can have serious impact on the acute clinical management and course of the patient (i.e., blood product use, antimicrobial susceptibility test interpretation, etc.). All major decisions having clinical impact are either discussed immediately or reviewed regularly by the responsible Division Chief.

D. Resident Evaluation

ZSFG Laboratory Medicine residents are evaluated daily by the responsible Division Chief and by all faculty and the Chief of the Service weekly as to their performance while "on-call" (Friday morning conference). Residents are given constant informal feedback on their performance as well as recommendations for improvement, if necessary.

Residents are given a formal in-person evaluation halfway through their rotation, with concrete recommendations for improving their performance if necessary. Residents are formally evaluated at the end of their rotation by the responsible Division Chief. The evaluation is discussed and the discussion documented by checking the appropriate box on the online evaluation form (MedHub).

The UCSF Laboratory Medicine Residency Program Director reviews all final evaluations. Copies of all evaluations are available through the Laboratory Medicine Residency Program Director or the Residency Program Coordinator (contact information: phone: 415-353-7359, 185 Berry Street 1036, Suite 100, University of California, San Francisco, San Francisco, CA. 94143 – 0506).

The Director of the Laboratory Medicine Residency Training Program meets with each resident twice annually to review performance, discuss evaluations, and address concerns.

E. Ability to Write Patient Orders

ZSFG Laboratory Medicine residents do not independently write patient orders.

VII. CLINICAL LABORATORY FELLOWSHIP PROGRAMS

In addition to ~~Housestaff~~ training Laboratory Medicine Residents, the Clinical Laboratory offers accredited postdoctorate fellowship education in Clinical Chemistry/Toxicology. Curriculum development, orientation, supervision and evaluation of fellows is the responsibility of the faculty

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member overseeing the respective programs, observing UCSF and ZSFG administrative policies and ZSFG Medical Staff Bylaws Rules and Regulations.

VIII. LABORATORY MEDICINE SERVICE CONSULTATION CRITERIA

Formal or informal professional consultation will be provided upon request for a member of the Medical Staff, professional or administrative personnel of the SFDPH, or other clients of the Laboratory Medicine Service. Such consultations will be provided by Laboratory Medicine residents, fellows, faculty or Clinical Laboratory Scientists, as appropriate. A consultation may also be initiated by the Laboratory Medicine Service if a potential problem is discovered that may adversely affect patient care.

IX. DISCIPLINARY ACTION

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

X. LABORATORY MEDICINE PERFORMANCE IMPROVEMENT/PATIENT SAFETY (PIPS) AND UTILIZATION MANAGEMENT

A. Goals, Objectives

It is the mission of Zuckerberg San Francisco General Clinical Laboratory to:

- Provide accurate, timely, efficient, cost-effective and high quality laboratory services in a safe and supportive work environment.
- Further the UCSF/ZSFG academic missions of research, education, patient care and public service.

The department conducts periodic surveys to assess staff and client satisfaction and to identify new or changed needs for tests or services. The term “client” is used broadly and includes health care providers, patients (inpatients, outpatients, and those within the primary care network), hospital employees and others who interact with the Clinical Laboratory. The department also provides continuing education to housestaff on a regular basis regarding testing procedures, interpretation and optimal utilization of clinical laboratory services.

B. Responsibility

The Director of the Clinical Laboratory has overall responsibility for the departmental quality management program which includes performance improvement and patient safety activities.

The Director and/or designated representative of the Department of Laboratory Medicine attends meetings of the ZSFG Performance Improvement/Patient Safety Committee and participates in the activities of other ZSFG committees as appropriate, in order to

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promote the performance improvement and patient safety goals of the department and of the hospita1.

The Laboratory Administrator maintains, coordinates, and distributes documents relating to performance improvement and patient safety activities, assures compliance with all laws, rules and regulations, and is responsible for related administrative functions. The Laboratory Administrator maintains an index of all policies and procedures pertinent to the Performance Improvement and Patient Safety process, as well as minutes of relevant staff meetings and committee meetings.

Division Chiefs and Senior Supervising Clinical Laboratory Scientists within each division, as well as other personnel designated, are responsible for the identification of performance improvement and patient safety issues and the implementation and maintenance of performance improvement and patient safety activities within their areas of expertise and supervision, including the biennial review and update of policies and procedures.

C. Reporting

The Director of the Clinical Laboratory or designated representative provides an annual report to the ZSFG Performance Improvement/Patient Safety and a biennial report to the Medical Executive Committees.

D. Clinical Indicators and Components of the Laboratory Medicine Quality Management Plan

The following procedures will be utilized for the evaluation and review of quality and appropriateness of the activities of this department.

1. Quality control results for each test method.
2. Periodic review and update of procedures and policies for special handling, test methods and reports.
3. Quarterly review of reference lab testing for quality and client services at the monthly Clinical Lab leadership meeting.
4. Participation in:
    a. Proficiency testing programs of the College of American Pathologists and/or other providers as appropriate, e.g., the Centers for Disease Control and Prevention, the State of California, and commercial suppliers.
    b. Other quality improvement programs as appropriate, for example Q-Tracks/Q-Probes programs of the College of American Pathologists.
    c. Biennial accreditation surveys by The Joint Commission.
5. Case reviews by faculty and house staff of the Laboratory Medicine Service.

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6. A variety of pre-analytical and post-analytical test variables specific to each testing discipline that have major impact on patient care (e.g., turnaround testing times for key 'stat' tests, relay of critical test results to clinical care providers, specimen rejection rate, readiness and transport time for blood products, etc.)

7. Regular performance evaluations will be conducted for employees, house staff and faculty according to UCSF and ZSFG policies and procedures, as applicable.

E. Monitoring & Evaluation of Appropriateness of Patient Care Services and Response to Unusual Occurrence Reports

The Director of the Clinical Laboratory will conduct an annual review and approval of the Quality Management (Performance Improvement / Patient Safety) Plan and of the professional practices of the department to assure that they are appropriate and consistent with the plan.

Unusual Occurrence Reports (UOs), complaints, or issues are investigated and reported in writing as soon as possible. The Director reviews each such incident and a response is forwarded, when appropriate, to the ZSFG Quality Management Office, other appropriate hospital committee, authority, and/or the complaining party.

UO Summary reports shall be reviewed at regular meetings of the Clinical Laboratory Leadership to identify UOs that require focused additional review. As issues, patterns and trends are identified, further assessment will be performed to determine the cause and extent of specific problems. The procedures to be followed may include audits of patient charts, pilot studies, research protocols, and interviews with clinical staff.

Corrective action may include any of the following, as appropriate:

1. In-service education and training programs for staff, house staff and faculty members.

2. Counseling and proctoring.

3. Staffing changes.

4. Changes in procedures or policies.

5. Changes of reagents and/or equipment.

Appropriate utilization of Clinical Laboratory services by the clinical staff will be promoted by formal and informal interaction between Laboratory Medicine faculty and house staff and members of the clinical departments at departmental rounds, house staff conferences, student lectures and seminars, and individual consultations.

XI. MEETING REQUIREMENTS

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In accordance with ZSFG Medical Staff Bylaws, 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, including weekly call conferences and the annual Medical Staff Meeting. ZSFG Clinical Laboratory faculty who are not physicians are expected to meet the same attendance requirements as medical staff members, with the exception of attendance at the Annual Medical Staff Meeting. For faculty members with part time clinical appointments the expectation for attendance at meetings is reduced in proportion to their appointment.
The leadership of the Laboratory Medicine Service shall meet as frequently as necessary, usually monthly, 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.

As defined in the ZSFG Medical Staff Bylaws, a quorum is constituted by at least three (3) voting members of the Active Staff for the purpose of conducting business. In accordance with the Bylaws, the Laboratory Medicine Service Chief may extend voting rights to non-medical staff members. This will be documented in committee minutes at the beginning of the Medical Staff year and shall remain in effect for one year.

XII. ADOPTION, REVIEW AND AMENDMENT

Adoption of these Laboratory Medicine Service Rules and Regulations, as well as any revisions or amendments require a majority vote of all active medical staff members and faculty of the Laboratory Medicine Service Department at ZSFG. The Service Chief will conduct a review of these Rules and Regulations at least every other year and propose revisions and amendments to the voting members of the Department.

XIII. REVISION HISTORY

Description:	Supervisor Signoff By:	Signoff Date:
Changed review cycle from “annual” to “at least biannual” in sections III B. (Review of Privilege Request Form) and XII (Adoption, Review and Amendment). Clarified the review and voting process on revisions and amendments of these service rules and regulations in section XII.	E. Fiebig	9/25/2012
Placed in new format. Updated Lab Medicine Service Org Chart. Update references to SFGH LMR Rotation Guidelines (attachments)	E. Fiebig	6/21/2013
Updated Lab Medicine Service Org Chart (Core Lab) Deleted reference to “Community Health Network, CHN” in Clin Lab Director’s Job Description Update Attachment B, Resident’s Packet Omit reference to Fellowship education in Public Health Microbiology, section VII.	B. Haller	9/1/2016

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Changed all SFGH to ZSFG Updated Org Chart	B. Haller	9/11/2018
Changed all references to LCR to electronic medical record (EMR) Changed evalue to MedHub (for resident and student evaluations) Changed annual report to MEC to biannual report	B. Haller	5/14/2019
Laboratory Director will recommend annually reference laboratories to the Medical Executive Committee – Changed to the following statement which meets Joint Commission Standards: Clinical Staff can recommend to the Laboratory Director alternative reference laboratories based on clinical need. The Laboratory Director will evaluate and approve Clinical Staff recommendation if indicated.	B. Haller	9/10/2020
Change biannual to "biennial" or "every other year". Minor formatting and grammar changes.	B. Haller	9/10/2020
Updated location of Laboratory On-Line Manual - https://www.testmenu.com/zsfglab/ Updated Org Chart	B. Haller	9/10/2020
Removed Attachment D. ZSFG Laboratory Resident Survival Manual. To be updated and rewritten to include new test methodologies and testing strategies at ZSFG Clinical Laboratory.	B. Haller	9/10/2020
Updated Company name for Lab Information System	B. Haller	9/12/2022
Updated Appendix II, Laboratory Medicine service Organization Chart	B. Haller	9/12/2022
Changed Chief of Service evaluation of Medical Staff will be once per year instead of every 6 months	B. Haller	9/12/2022
Updated Resident Packet received at Orientation to Rotations	B. Haller	9/12/2022
Omit Attachment C. Add text to R+R stating that Orientation and Learning Material is maintained in each Resident rotation site in the Lab.	B. Haller	9/12/2022

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XIV. APPENDIX I – LABORATORY MEDICINE PRIVILEGES

Privileges for Zuckerberg San Francisco General

Applicant: Please initial the privileges you are requesting in the Requested column.
Service Chief: Please initial the privileges you are approving in the Approved column.
FOR ALL PRIVILEGES: All complication rates, problem transfusions, deaths, unusual occurrence reports, patient complaints and sentinel events, as well as any specific Department quality indicators, are monitored semiannually.

Requested	Approved		
		16	**LABORATORY MEDICINE**
_____	_____	**16.10**	**CATEGORY I – CORE PRIVILEGES** **PREREQUISITES**: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pathology in Clinical Pathology or Anatomic & Clinical Pathology. Patient care responsibilities encompass supervision and direction of the specimen collection, selection of laboratory procedures appropriate for patient care, analysis, reporting and interpretation of results of diagnostic tests, including recommendations for patient management based on these results in Blood Banking /Transfusion Medicine/Immunohematology, Clinical Chemistry, Toxicology, Hematology, Immunology, Microbiology/Virology, Molecular Diagnostics, Medical Informatics and Laboratory Management. **PROCTORING**: 1) 6 months by the Chief of the Laboratory Medicine Service or Designee. 2) Review of 10 Case Discussions at weekly Lab Med Service Conferences. 3) 6-month review of QC oversight documentation (incl. proficiency testing and quality test management) **REAPPOINTMENT:** Renewal of privileges requires every 2 years: 1) review of a minimum of 5 Case Discussions at weekly Lab Med Service Conferences 2) review of QC oversight documentation during the evaluation period
_____	_____	**16.11**	**BONE MARROW INTERPRETATION** Review and analysis of bone marrow aspirate and biopsy material for diagnosis or monitoring of conditions affecting the hematopoietic system. **PREREQUISITES**: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pathology in Clinical and/or Anatomic Pathology **and** Hematopathology.

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PROCTORING:
1) 6 months by the Chief of the Laboratory Medicine Service or Designee.
2) Review of 10 Cases by the Anatomic Pathology Service

REAPPOINTMENT: Renewal of privileges requires the review of a minimum of 3 cases by the Anatomic Pathology Service every 2 years.

_____ _____ **16.20** **CATEGORY II – SPECIFIC PRIVILEGES**

Individuals who do not qualify for core privileges covering all aspects of laboratory medicine may indicate their specific areas of privileging from the list of subspecialties below. Patient care responsibilities within the specific area for which privileges are requested are the same as outlined above for core privileges in Laboratory Medicine.

_____ _____ **16.21** **BLOOD BANKING, TRANSFUSION MEDICINE, IMMUNOHEMATOLOGY**

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Medicine, Pediatrics, Obstetrics/Gynecology, General Surgery or Anesthesia **and** Blood Banking / Transfusion Medicine.

PROCTORING:
1) 6 months by the Chief of the Laboratory Medicine Service or Designee.
2) Review of 10 Transfusion Reaction Reports
3) Review of 10 Case Discussions at weekly Lab Med Service Conferences

REAPPOINTMENT: Renewal of privileges requires every 2 years:
1) Review of 5 Transfusion Reaction Reports
2) Review of 5 Case Discussions at weekly Lab Med Service Conferences
3) review of QC oversight documentation during the evaluation period

_____ _____ **16.22** **CLINICAL CHEMISTRY, TOXICOLOGY**

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Chemical Pathology or Clinical Chemistry, Toxicology

PROCTORING:
1) 6 months by the Chief of the Laboratory Medicine Service or Designee.
2) Review of 10 Serum/Urine Protein Electrophoresis Reports
3) Review of 10 Case Discussions at weekly Lab Med Service Conferences
4) review of QC oversight documentation during the evaluation period

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REAPPOINTMENT: Renewal of privileges requires every 2 years:
1) Review of 5 Serum/Urine Protein Electrophoresis Reports
2) Review of 5 Case Discussions at weekly Lab Med Service Conferences
3) review of QC oversight documentation during the evaluation period

_____ _____ **16.24** **HEMATOLOGY** (excluding Bone Marrow Interpretation)
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Clinical Hematology or Hematopathology.
PROCTORING:
1) 6 months by the Chief of the Laboratory Medicine Service or Designee.
2) Review of 10 Blood Smear/Body Fluid Interpretations
3) Review of 10 Hemoglobinopathy Interpretations
4) Review of 10 Case Discussions at weekly Lab Med Service Conferences

REAPPOINTMENT: Renewal of privileges requires every 2 years:
1) Review of 5 Blood Smear/Body Fluid Interpretations
2) Review of 5 Hemoglobinopathy Interpretations
3) Review of 5 Case Discussions at weekly Lab Med Service Conferences
4) review of QC oversight documentation during the evaluation period

_____ _____ **16.25** **MICROBIOLOGY / VIROLOGY**
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Medical Microbiology.
PROCTORING:
1) 6 months by the Chief of the Laboratory Medicine Service or Designee.
2) Review of 10 Broncho-Alveolar Lavage Interpretations
3) Review of 10 Case Discussions at weekly Lab Med Service Conferences

REAPPOINTMENT: Renewal of privileges requires every 2 years:
1) Review of 5 Broncho-Alveolar Lavage Interpretations
2) Review of 5 Case Discussions at weekly Lab Med Service Conferences
3) review of QC oversight documentation during the evaluation period

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Privileges for Zuckerberg San Francisco General

I hereby request clinical privileges as indicated above.

_____ _____
Applicant Date

FOR DEPARTMENTAL USE:

_____ Proctor has been assigned for newly granted privileges.

____ Proctoring requirements have been satisfied.

_____ Medications requiring DEA certification may be prescribed by this provider.

____ Medications requiring DEA certification will not be provided by this provider.

_____ CPR Certification is required.

_____ CPR Certification is not required.

APPROVED BY:

_____ _____
Division Chief Date

_____ _____
Service Chief Date

XVI. APPENDIX II – LABORATORY MEDICINE SERVICE ORGANIZATION CHART

~~XVI.~~

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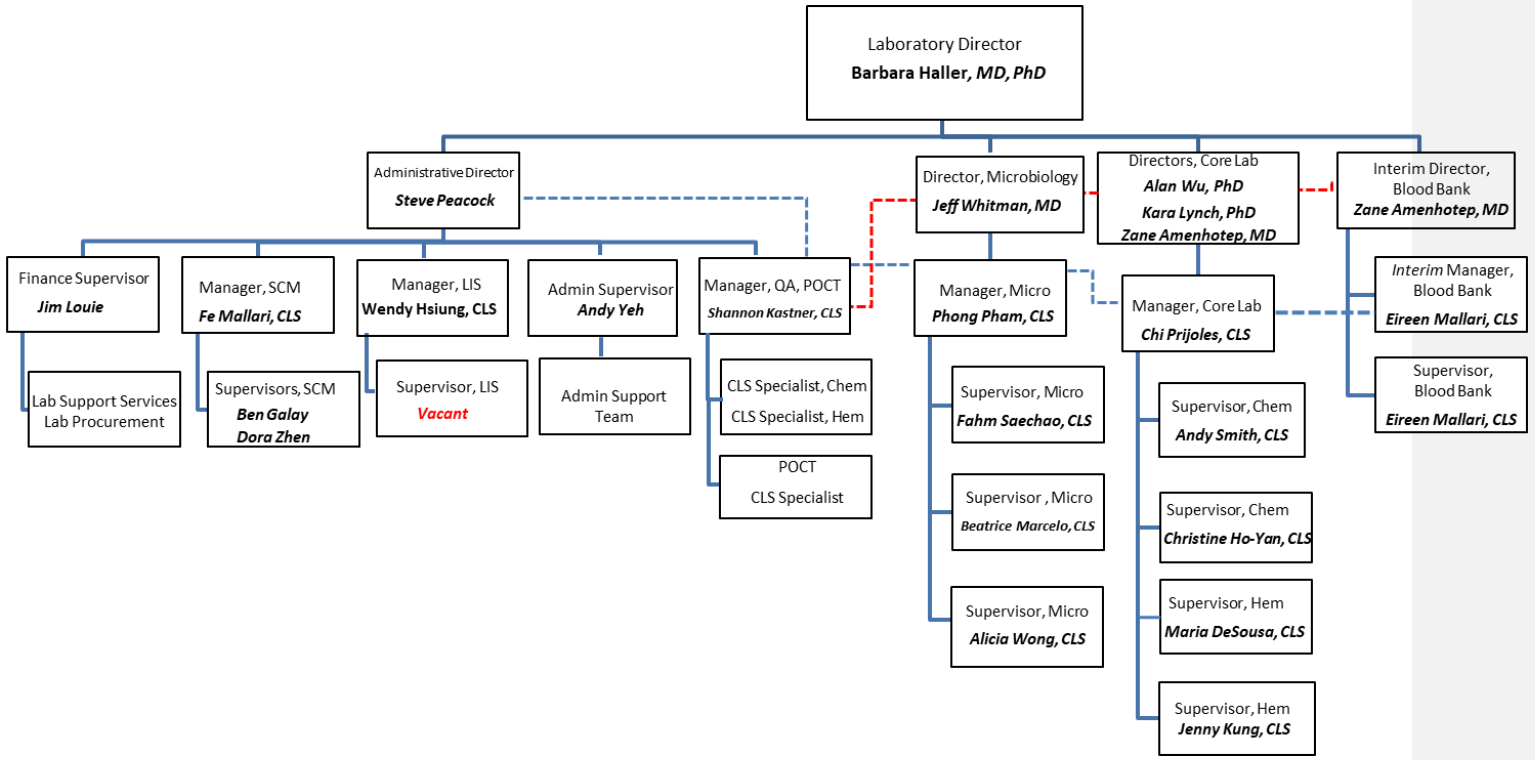

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XVII. ATTACHMENT A – CLINICAL SERVICE CHIEF'S JOB DESCRIPTION

University of California, San Francisco – Department of Laboratory Medicine
Zuckerberg San Francisco General
1001 Potrero Avenue, San Francisco CA 94110

Clinical Laboratory

DIRECTOR OF CLINICAL LABORATORY, ZUCKERBERG SAN FRANCISCO GENERAL

JOB DESCRIPTION:

General:

The Director of the Clinical Laboratory at Zuckerberg San Francisco General is accountable to the Chairman of the UCSF Department of Laboratory Medicine and the Associate Dean of the UCSF School of Medicine at ZSFG. This individual also serves as Chief of the Laboratory Medicine Service at ZSFG and as Vice Chair for the UCSF Department of Laboratory Medicine at ZSFG.

The Director of Clinical Laboratory has overall responsibility for the ZSFG Clinical Laboratory, including direction, planning, implementation and maintenance of all professional and administrative activities, training and educational programs conducted by the Department at ZSFG, as well as any other duties that may be assigned or delegated.

Specific responsibilities include, but are not limited to the following:

Administrative Responsibilities:

- Enforces the Medical Staff Bylaws, Rules and Regulations within the Laboratory Medicine Service.
- Assures compliance with the standards and regulations of the Joint Commission on the Accreditation of Healthcare Organizations, and federal, state and local regulatory agencies.
- Participates in departmental, hospital-wide, and university-wide activities, including staff meetings, committees, and related functions.
- Supervises the development, implementation and maintenance of procedures and policies relevant to departmental responsibilities and activities.
- Assures financial integrity of the department. Directs preparation and justification of annual budgets and assures operation within established budgets.

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Clinical Responsibilities:

- Assures that the Clinical Laboratory provide accurate, timely and appropriate laboratory testing, efficiently and cost-effectively.
- Coordinates and integrates intradepartmental and interdepartmental services with the primary functions of the San Francisco Health Network.
- Develops effective procedures to promote professional interaction between the Laboratory Medicine Service and patient-care services for improved patient care.
- Assures the development, implementation and maintenance of departmental continuing quality improvement programs.
- Assures that all personnel performing work in or for the ZSFG Clinical Laboratories have the necessary qualifications and competence.
- Keeps current with and implements emerging technologies as necessary.

Academic Responsibilities:

- As Vice Chair of the UCSF Department of Laboratory Medicine, supervises academic activities at ZSFG, as authorized or delegated by the Department Chair at UCSF and/or the Associate Dean for ZSFG.
- Assures and provides general supervision for training programs, elective courses and continuing education programs, as appropriate, for house staff assigned to ZSFG, UCSF medical students and technical staff of the ZSFG Clinical Laboratory.
- Promotes opportunities for continuing education and academic activities, where appropriate, for faculty and staff of the Department of Laboratory Medicine at ZSFG.
- Maintains competence and leadership in the field of Laboratory Medicine by participation in programs for continuing medical education, professional organizations and public service activities, as appropriate.

Approved:

_____
Barbara Haller, MD, PhD
Laboratory Director, UCSF Clinical Laboratory at ZSFG

_____
Date

[Division Chiefs' Job Descriptions are held at Laboratory Medicine Service Office]

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XVIII. ATTACHMENT B – RESIDENT'S PACKET

Laboratory Medicine Service
Resident's Packet

STATEMENT OF RECEIPT:

I certify that I have received the Laboratory Medicine Resident's Packet with the following documents enclosed:

Please check off:

_____ ZSFG Laboratory Safety Guidelines
_____ Confidentiality Agreement (Use of DPH Records & Information Systems)
_____ ZSFG Housestaff Orientation Manual ~~/ZSFG Clin Lab Resident's "Survival Manual"~~
_____ Code of Professional Conduct Policy
_____ Application for Leave Request Form
_____ On-Call Schedule
_____ Resident's Weekly Calendar of Conferences
_____ Personal Computer Use by ZSFG Laboratory Medicine Residents

** A copy of the Lab Manual is available on the CHN Intranet @ http://insidechnsf.chnsf.org (left column under Clinical Resources).

Signature: _____ Date: _____

Please complete this form and return to Andy Yeh in the Administration Office as soon as possible~~.~~

~~XIX. ATTACHMENT C ZSFG LABORATORY MEDICINE ROTATIONS~~

~~UCSF Department of Laboratory Medicine at ZSFG Chemistry/Toxicology Rotation Guidelines (See binder at Chemistry LMR Desk.)~~

~~UCSF Department of Laboratory Medicine at ZSFG Hematology/Blood Bank Rotation Guidelines (See Handout, "Clinical Microbiology Laboratory Information," provided by Division Chief at orientation.)~~

~~UCSF Department of Laboratory Medicine at ZSFG Microbiology/Serology Rotation Guidelines (See handout provided by Division Chief at orientation.)~~

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CT Guided Spinal Steroid Injections

Summary of Changes:

The protocol was revised under “A-2 Performance of Procedure” as attached (see bolded text). This is a procedure for the NP’s to do these injections. It includes the *inclusions* and *exclusions* and *contraindications*. This is for refractory back pain and done mainly in Radiology rather than PM&R and there is a backlog of patients. Mark Wilson, MD is in favor of the NPs doing this procedure. The training is done through the Department of Radiology with details in the protocol. They must get the certificate through the credentialed program. There is consecutive/concurrent proctoring for the first 10 cases with chart review of the next 10 cases. The remainder of the details is in the attached Protocol, which was recommended for approval as amended.

TEMPLATE: **Procedures**

TITLE: **CT Guided Spinal Steroid Injections**

A. DEFINITION

Using CT guidance to inject steroid medication near where the nerve root exits the spinal column, the intrathecal sac, or into the facets.

1) Location to be performed: ***Outpatient and In Patient***

2) Performance of procedure:
   i. Indications **Back pain with corresponding imaging findings of transforaminal stenosis, facet arthropathy, or canal stenosis.**
   ii. Precautions **Hypertension < 160/100, hyperglycemia**
   iii. Contraindications **Active infection, Hypertension > 160/100, lack of correspondent imaging findings for target. Anticoagulants contraindicated for intra-laminar (epidural) injections.**

B. DATA BASE

1. Subjective Data
   a. History and review of symptoms relevant to the presenting complaint or procedure /surgery to be performed.
   b. Pertinent past medical history, surgical history, family history, hospitalizations, habits, current medications, allergies.

2. Objective Data
   a. Physical exam appropriate to the procedure to be performed.
   b. The procedure is performed following standard medical technique according to the departmental resources (i.e. specialty guidelines).
   c. Laboratory and imaging evaluation, as indicated, relevant to history and exam.
   d. All Point of Care Testing (POCT) will be performed according to ZSFG POCT policy and procedure 16.20.

C. DIAGNOSIS

Assessment of subjective and objective data to identify disease processes.

D. PLAN

1. Therapeutic Treatment Plan

a. Patient consent obtained before procedure is performed and obtained according to hospital policy.
b. Time out performed per hospital policy.
c. Diagnostic tests for purposes of disease identification.
d. Biopsy tissue is sent to pathology***.(ONLY IF TISSUE IS SENT)***
e. Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
f. Referral to physician, specialty clinics, and supportive services, as needed.

2. Patient conditions requiring Attending Consultation
   a. Acute decompensation of patient situation.
   b. Unexplained historical, physical or laboratory findings
   c. Uncommon, unfamiliar, unstable, and complex patient conditions
   d. Upon request of patient, NP, PA, or physician
   e. Problem requiring hospital admission or potential hospital admission.)

3. Education
   Discharge information and instructions.

4. Follow-up
   As appropriate for procedure performed.

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

F. Summary of Prerequisites, Proctoring and Reappointment Competency

Requirements to be completed prior to initiation of proctoring and direct patient care: **A. Completion of training on site** **B. Observe 10 procedures by qualified provider** **C. Completion of a Pain Management Training and Injection Certification through a credentialed program** **a. Example: Empire Medical Pain Management Training Certification Program, eligible for board certification through the American Academy of Procedural Medicine (AAOPM)** **D. Prior credentialing for Lumbar Puncture**
Proctoring Period: **A. Perform 10 procedures with direct supervision** **B. Chart review and review of referrals for 10 cases** **c. Any qualified provider (MD, NP, PA) can proctor**
Reappointment Competency Documentation: a. **Minimum number of procedures that must be completed in two years or state number of procedures annually: 5** **b. Minimum number of chart reviews needed in a two years or state number of chart reviews annually: 10** **c. No direct observation of procedure is needed for reappointment**
Any additional comments: These are comparable to the standard training protocol for the nurse practitioners performing this procedure at the Connecticut Back Center, which is credentialed by the North American Spine Society.

Approved
9/2019

COMMITTEE ON INTEDISCIPLINARY PRACTICE

STANDARDIZED PROCEDURE - REGISTERED NURSE

TITLE: Influenza Vaccination Screening and Administration

1. Policy Statement

   A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Registered Nurses, Pharmacists, Physician Assistants, Physicians and administrators and other affiliated staff and must conform to the Nurse Practice Act, Business and Professions Code Section 2725.

   B. A copy of the signed procedures will be kept in an operational manual located in the Nurse Manager Office of each unit covered by this protocol and on file in the Medical Staff Office.

2. Functions to be performed

   The Registered Nurse based upon the nursing process determines the need for a standardized procedure. The RN provides health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the RN to seek physician consultation.

3. Circumstances under Which RN May Perform Function

   A. Setting
      The Registered Nurse may perform the following standardized procedure functions in the ZSFG 4A Skilled Nursing Facility, Units H22/25, H24/26, H32/38, H34/36, H42/44, H48, H52, H54/56, H58, H62/64, H66/68, H76/78, PACU, 7B, 7C, 7L and Psychiatric Emergency Service consistent with their experience and training.

   B. Scope of Supervision Required:
      1. The RN is responsible and accountable to the Nurse Manager of the unit and to the Medical Provider for the patient's primary team.
      2. Overlapping functions are to be performed in areas which allow for a consulting physician to be available, at all times, to the RN, by phone or in person, including but not limited to the clinical area.

3. Physician consultation is to be specified in the protocols and under the following circumstances:
    - Questions regarding interpretation of a contraindication
    - Patient questions unable to be addressed by nursing expertise

4. List of Protocols that will be used in the practice area
    - Protocol #1 Influenza Vaccination Screening and Administration

5. Requirements for the Registered Nurse

    A. Experience and Education
        1. Active California Registered Nurse license.
        2. Current Basic Life Support certification from an approved American Heart Association provider.

    B. Special Training
        1. None

    C. Evaluation of the Registered Nurse competence in performance of standardized procedures.
        1. Initial:
        At the conclusion of the standardized procedure training the Nurse Manager or designee will assess the RN's ability to perform the procedure:
            a. Clinical Practice
                - Length of proctoring period will be consistent with the RNs orientation period in their specific unit
                - A minimum of 1 observation will be conducted
                - Evaluator will be the RN preceptor, Charge RN or Nurse Manager

        2. Annual:
        Nurse Manager or designee will evaluate the RN's competence through an annual performance appraisal and skills competency review along with feedback from colleagues, physicians, direct observation or chart review may be used. The standardized procedures will be a required Unit Based Competency for annual review.

        3. Follow-up:
        Areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Nurse Manager, or designee at appropriate intervals until acceptable skill level is achieved. This may include chart reviews.

6. Development and Approval of Standardized Procedures

A. Method of Development
Standardized procedures are developed collaboratively by the registered nurses, nurse managers, physicians and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval
All standardized procedures must be approved by the Committee on Interdisciplinary Practice, Credentials Committee, Medical Executive Committee and the Joint Conference Committee prior to use.

C. Review Schedule
The standardized procedure will be reviewed every three years or as practice changes, by the registered nurses, nurse managers and medical directors.

D. Revisions
All changes or additions to the standardized procedures are to be approved by CIDP accompanied by the dated and signed approval sheet.

Protocol #1
TITLE: Influenza Vaccination Screening and Administration

A. DEFINITION

During the annual flu season, the RN completes influenza screening, provides education and administers the vaccine.

1. Location to be performed: ZSFG 4A Skilled Nursing Facility, Units H22/25, H24/26, H32/38, H34/36, H42/44, H48, H52, H54/56, H58, H62/64, H66/68, H76/78, PACU, 7B, 7C, 7L and Psychiatric Emergency Service

2. Performance of procedure:

a. Adult Indications: Annually during Flu season any patient older than 6 months of age seen at ZSFG will be offered the inactivated influenza vaccine unless there are documented contraindication(s) and/or a documented immunization for that year.

b. Pediatric patient Indications (≥ 6 months old and < 9 years old) initial vaccination requires two doses at least four weeks apart.

c. Adult Contraindications (≥ 18 years old)

- Previous administration of Influenza vaccine during existing Flu season
- Previous adverse reaction to vaccination or component
- Fever >/= 38 degrees Celsius in the last 48 hours
- History of Guillain Barre Syndrome

c. Pediatric Contraindications (≥ 9 years old and < 18 years old)

- Previous administration of Influenza vaccine during current Flu season
- Previous adverse reaction to vaccination or component
- History of Guillain Barre Syndrome

d. Pediatric Contraindications (≥ 6 months old and < 9 years old)

- Previous adverse reaction to vaccination or component
- History of Guillain Barre Syndrome
- Previous administration of Influenza vaccine during current Flu season for patients that have already been vaccinated with 2 doses during a prior season

- Less than 4 weeks since first influenza vaccination in patients who have not been vaccinated with a series of 2 doses during a prior season

B. DATA BASE

1. Subjective Data (Adult ≥ 18 years)
   a. Patient/decision maker declaration of previous administration of Influenza vaccine during existing Flu season.
   b. Patient/decision maker declaration of prior reaction to vaccination or component.
   c. Patient/decision maker declaration of history of Guillain Barre Syndrome

   Subjective Data (Pediatric patients ≥ 9 years old and < 18 years old)
   a. Patient/decision maker declaration of previous administration of Influenza vaccine during existing Flu season
   b. Patient/decision maker declaration of prior reaction to vaccination or component
   c. Patient/decision maker declaration of history of Guillain Barre Syndrome

   Subjective Data (Pediatric patients ≥ 6 months old and < 9 years old)
   a. Patient/decision maker declaration of prior reaction to vaccination or component
   b. Patient/decision maker declaration of history of Guillain Barre Syndrome
   c. Patient/decision maker declaration of prior administration during existing Flu season for a patient that was already vaccinated with a series of 2 doses 4 weeks apart during a prior season
   d. Patient/decision maker declaration of less than 4 weeks since first influenza vaccination in a patient who has not been vaccinated with a series of 2 doses during a prior season

2. Objective Data (Adult ≥ 18 years)
   a. Fever ≥ 38 degrees Celsius in the last 48 hours
   b. Documentation in the medical record of a prior administration of the Influenza vaccine during existing Flu season, prior reaction the vaccination or component, or history of Guillain Barre Syndrome

   Objective Data (Pediatrics ≥ 9 years old and < 18 years old)

a. Documentation in the medical record of a prior administration of the Influenza vaccine during existing Flu season, prior reaction the vaccination or component, or history of Guillain Barre Syndrome

Objective Data (≥ 6 months old and < 9 years old)

a. Documentation in the medical record of a prior reaction to the vaccination or component or history of Guillain Barre Syndrome
b. Documentation of prior administration during existing Flu season for a patient that was already vaccinated with a series of 2 doses 4 weeks apart during a prior season
c. Documentation of less than 4 weeks since first influenza vaccination in a patient who has not been vaccinated with a series of 2 doses during a prior season

C. Determination of Administration

Screening of patient considering subjective and objective data to determine administration qualifications

D. PLAN

1. Screen Patient for Influenza Vaccination on admission to hospital during declared Flu season
   a. Review chart for documented objective contraindications
   b. If no temperature taken within 48 hours, take the patient's temperature
   c. Talk to patient/decision maker for subjective contraindications
   d. For patients that qualify, offer vaccination and document accepts or declines vaccination in the screen.
   e. For patients that are not responsive, unable to engage, the screen may occur later during admission
   f. When a patient qualifies for a vaccination with pending or active transfusion orders (Blood, Platelets, of FFP), delay administration of vaccine to avoid confusion with a possible transfusion reaction.

2. Patient conditions requiring Physician Consultation
   a. Questions regarding interpretation of a contraindication
   b. Patient questions unable to be addressed by nursing expertise

3. Education

Prior to vaccination, patients/decision maker will be provided education via Vaccine Information Sheets (VIS).

4. Administration of Vaccination
    a. RN to enter age appropriate order for Influenza Vaccination using the mode “per protocol no co-sign required” for patients that qualify and accept vaccination and do not require further physician consultation.
        i. Inactivated Influenza vaccine (IIV) is given IM for infants starting at 6 months of age (minimum age) through adulthood. There is no upper age limit. IIV is the preferred inpatient formulation for influenza vaccination.
    b. Timing of administration will occur prior to discharge.
    c. RNs are not authorized to place orders for Live Attenuated Influenza Vaccine.

5. Follow-up
    As appropriate for procedure performed.

E. RECORD KEEPING
Vaccination lot number, expiration date, and location of injection will be documented in the medical record

F. Summary of Prerequisites, Proctoring and Competency Documentation

Prerequisite: a. Completion of a training module on flu vaccination b. For RN staff in orientation: completion of 1 IM injection c. Review of Protocol d. Review of Administrative Policy: Order Entry
Proctoring Period: a. For RNs in orientation: observe placement of order in EHR for “ordered per protocol, no signature required” b. Nurse Manager or RN designee will provide supervision
Annual Competency Documentation: a. Completes annual Flu education module b. Annual performance appraisal c. Nurse Manager or their designee will be the evaluator
Any additional comments:

Summary of changes for Revision of Medicine/Pulmonary/Critical Care Privileges

This is a draft revision (changes tracked) to the Pulmonary Privileges (62.00) document. Critical care has been separated as its own Core Privilege (62.05). The procedures under Pulmonary have been revised to clarify that the Prerequisites are applicable to Pulmonary, Critical Care, or either as appropriate.

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Medicine Pulmonary 2022

Provider Name:

Privilege	Status	Approved

MedPulm PULMONARY 2022
(04/2022 MEC)

FOR ALL PRIVILEGES
All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, sentinel events, as well as Department quality indicators, will be monitored ~~semi~~annually.

62.00 CORE PRIVILEGES: PULMONARY MEDICINE ___
Work-up, diagnose, consult, and treat adult patients on the Inpatient ~~Medicine~~ Wards and ~~ICU~~Pulmonary Outpatient Clinic. Consult on adult patients with pulmonary disease and interpret Pulmonary Function Tests, including Pulmonary Exercise Testing and prescription of immunosuppressive therapies for treatment of pulmonary disorders, in the ambulatory and inpatient settings.

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology and completion of a fellowship in ~~Pulmonology~~Pulmonary and Critical Care Medicine, or Pulmonary Medicine.

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 3 cases

62.05 ~~C~~ORE PRIVILEGES: CRITICAL CARE ___
Work up, diagnosis and care of adult patients in the ~~Medical~~ Intensive Care Unit.

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Critical Care Medicine and completion of fellowship in Pulmonology and Critical Care Medicine, or Critical Care Medicine.

PROCTORING: Review of 3 cases.

REAPPOINTMENT: Review of 2 cases

62.10 SPECIAL PRIVILEGES ___

62.11 BRONCHOSCOPY ___

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology, or Critical Care Medicine and completion of a fellowship in Pulmonology or Critical Care Medicine.~~by the American Board of Medical Specialties in Pulmonology or in Critical Care Medicine, and completion of a fellowship in Pulmonology~~.

PROCTORING: Review of 3 cases

REAPPOINTMENT: Review of 2 cases

62.12 PLEURAL BIOPSY ___

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology and completion of a fellowship in Pulmonology.

PROCTORING: Review of 2 cases

REAPPOINTMENT: Review of 2 cases

62.13 ENDO-TRACHEAL INTUBATION ___

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Delineation Of Privileges

Medicine Pulmonary 2022

Provider Name:

Privilege	Status	Approved
PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified ~~by~~ by the American Board of Medical Specialties in Critical Care Medicine and completion of a fellowship in Critical Care Medicine.~~the American Board of Medical Specialties in Pulmonology and completion of a fellowship in Pulmonology~~.		
PROCTORING: Review of 3 cases		
REAPPOINTMENT: Review of 2 cases		
62.14 CHEST TUBE PLACEMENT		___
PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology, or Critical Care Medicine and completion of a fellowship in Pulmonology or Critical Care Medicine.~~by the American Board of Medical Specialties in Pulmonology and completion of a fellowship in Pulmonology~~.		
PROCTORING: Review of 3 cases		
REAPPOINTMENT: Review of 2 cases		
62.15 PA LINE PLACEMENT AND INTERPRETATION		___
PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in ~~Pulmonology, or~~ Critical Care Medicine~~or a member~~ and completion of a fellowship in ~~Pulmonology or~~ Critical Care Medicine.		
PROCTORING: Review of 3 cases		
REAPPOINTMENT: Review of 2 cases		
62.16 MANAGEMENT OF MECHANICAL VENTILATION		___
PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology, or Critical Care Medicine and completion of a fellowship in Pulmonology or Critical Care Medicine.		
PROCTORING: Review of 3 cases		
REAPPOINTMENT: Review of 2 cases		
62.17 PROCEDURAL SEDATION		___

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Medicine Pulmonary 2022

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 Medical Specialties in Pulmonology or Critical Care 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. Review of 5 cases for UCSF Fellows/Residents (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

62.18 LUMBAR PUNCTURE ___

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Critical Care Medicine, and completion of a fellowship in Critical Care Medicine.~~by the American Board of Medical Specialties in Pulmonology.~~

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.

62.19 THORACENTESIS ___

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology, or Critical Care Medicine, and completion of a fellowship in Pulmonology or Critical Care Medicine.~~by the American Board of Medical Specialties in Pulmonology~~.

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.

62.20 PARACENTESIS ___

Delineation Of Privileges

Medicine Pulmonary 2022

Provider Name:

Privilege	Status	Approved

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Critical Care Medicine, and completion of a fellowship in Critical Care Medicine.~~by the American Board of Medical Specialties in Pulmonology~~.

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.

62.21 CENTRAL VENOUS LINE PLACEMENT ___

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in ~~Pulmonology, or~~ Critical Care Medicine, and completion of a fellowship in Critical Care Medicine.

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.

~~62.23 CRITICAL CARE~~ ___
~~Work up, diagnosis and care of adult patients in the Medical Intensive Care Unit.~~

~~PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology or Critical Care Medicine and completion of fellowship in Pulmonology or Critical Care Medicine.~~

~~PROCTORING: Review of 3 cases.~~

~~REAPPOINTMENT: Review of 2 cases~~

62.25 THORACOSCOPY ___

PREREQUISITES: Current Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonolgy. Documentation of training in fellowship specific privilege granted after completion of proctoring from other hospital medical staff, or training in the procedure at a course approved by the Division Chief followed by proctoring for 5 cases.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 2 cases.

62.26 TUNNELED INDWELLING PLEURAL CATHETER PLACEMENT FOLLOWING THORACOSCOPY ___

PREREQUISITES: Current Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Pulmonology. Documentation of training in fellowship, specific privilege granted from other hospital medical staff, or training in the procedure at a course approved by the Division Chief followed by proctoring for 5 cases.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 2 cases.

62.27 ADULT ALLERGY/IMMUNOLOGY PRIVILEGES ___

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Medicine Pulmonary 2022

Provider Name:

Privilege	Status	Approved

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Allergy Immunology and completion of an accredited Allergy/Immunology fellowship program.

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 5 cases

62.30 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

Summary of changes for Revision of Neurology Privileges

1. Year changed to 2022
2. 18.80 Critical Care, Prerequisites last sentence changed to "…eligible or certified in Neurocritical Care by the American Board of Psychiatry and Neurology or the United Council for Neurologic Subspecialties." I made this change because in October 2021, the ABPN created a new pathway for Neurocritical Care certification. So certification by either UCNS or ABPN is acceptable

Zuckerberg San Francisco General Hospital

Delineation Of Privileges

Neurology 2022~~17~~

Provider Name:

Privilege	Status	Approved

Neuro NEUROLOGY 2022~~17~~

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

CORE PRIVILEGES

18.10 ADULT NEUROLOGY ___
Work up, diagnose, and treat patients on the Neurology Service and consult on patients with neurological problems in the inpatient setting and emergency department. Work up, diagnose, treat, and consult on adult patients (age 17 and older) with neurological problems in the clinics. Core privileges include lumbar puncture.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology (Neurology).

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 3 cases

18.20 CHILD NEUROLOGY ___
Work up, diagnose, treat, and consult on pediatric patients (under age 18 and those patients up to age 30 with neurologic conditions that typically present during childhood) with neurological problems in the inpatient and outpatient settings. Core privileges include lumbar puncture.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology (Neurology with Special Qualification in Child Neurology).

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 3 cases

SPECIAL PRIVILEGES

18.30 PROCEDURAL SEDATION ___

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

18.40 EEG ___

Delineation Of Privileges

Neurology 20222217

Provider Name:

Privilege	Status	Approved

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology (Neurology or Neurology with Special Qualification in Child Neurology).

PROCTORING: Review of 5 cases by an assigned Neurology Service Staff Member with EEG privileges.

REAPPOINTMENT: Review of 3 cases.

18.50 EMG ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology (Neurology or Neurology with Special Qualification in Child Neurology).

PROCTORING: Review of 5 cases by an assigned Neurology Service Staff Member with EMG privileges.

REAPPOINTMENT: Review of 3 cases.

18.60 EVOKED POTENTIALS ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology (Neurology or Neurology with Special Qualification in Child Neurology).

PROCTORING: Review of 5 cases by an assigned Neurology Service Staff Member with evoked potential privileges.

REAPPOINTMENT: Review of 3 cases.

18.70 BOTULINUM TOXIN FOR MOVEMENT DISORDERS, SPASTICITY OR REFRACTORY HEADACHE ___

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology (Neurology or Neurology with Special Qualification in Child Neurology) and training in administration of botulinum toxin for the above indications.

PROCTORING: Review of 5 cases by an assigned Neurology Service Staff Member with botulinum toxin privileges.

REAPPOINTMENT: Review of 3 cases.

18.80 CRITICAL CARE ___
Evaluation and management of critically ill patients, including management of airway, ventilation, hemodynamics, sedation, and analgesia. Staffing of Stroke/Neurocritical Care Follow-Up Clinic and consults outside the ICU that require a neurointensivist.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified in American Board of Psychiatry and Neurology (Neurology or Neurology with Special Qualification in Child Neurology) or American Board of Emergency Medicine and eligible or certified in Neurocritical Care by the American Board of Psychiatry and Neurology or the United Council for Neurologic Subspecialties.

PROCTORING: Review of 5 cases by an assigned Neurology Service Staff Member with Critical Care Privileges

REAPPOINTMENT: Review of 3 cases

18.90 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.

Delineation Of Privileges

Neurology 2022~~17~~

Provider Name:

Privilege	Status	Approved

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