
Privileges for San Francisco General Hospital

Requested Approved

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.

ED EMERGENCY MEDICINE 2015 (08/15 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.

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12.10 Core Privileges

Responsible for all transfers into and out of the emergency services as well as supervision of all biotelemetry operations. Renders care to adults and children in all areas of emergency services. Provides patient management, including diagnostic and therapeutic treatments, as well as procedures and interventions. Supervises house staff and students.

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

PROCTORING: 5 observed cases

REAPPOINTMENT: Review of a minimum of 50 cases

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12.20 Procedural Sedation

Provides procedural sedation of all forms for patients undergoing procedures in Emergency Services

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 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

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12.30 Acute Trauma Care

Comprehensive emergency management of the acutely injured trauma patient, providing initial resuscitation and management of acutely injured trauma patients

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

1. Completion of ACGME-approved residency with Board certification/eligibility in Emergency Medicine, Internal Medicine, or Family Practice
2. Availability, clinical performance and continuing medical education consistent with current standards for Emergency Medicine physicians at Level One Trauma Centers specified by the California Code of Regulations (Title 22) and the American College of Surgery

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 5 cases

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12.40 Airway Management

Comprehensive management to control, protect and intubate the airway including medications, adjuncts and cricothyroidotomy.

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

PROCTORING: Review of 6 intubation cases and demonstration of proficiency in the Seldinger technique emergency cricothyroidotomy on a standardized model

REAPPOINTMENT: Review of 3 intubations cases. Either review of one cricothyroidotomy or demonstration of proficiency in the Seldinger technique emergency cricothyroidotomy on a standardized model

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12.50 Thoracotomy

Perform emergency thoracotomy in the absence of a Surgery Attending or Surgery Senior Resident when the conditions outlined in the Emergency Department policy--Thoracotomy - Emergency Care of the Patient Requiring Thoracotomy are met

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

PROCTORING: One peer-reviewed procedure performed or first-assisted or, participation in a thoracotomy cadaver training session in the previous 5 years

REAPPOINTMENT: One peer-reviewed procedure performed or first-assisted on or, participation in a thoracotomy cadaver training session in the previous 5 years

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12.60 Ultrasound**12.61 FAST (Focused Abdominal Sonography in Trauma)**

Detection of pericardial or peritoneal fluid

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation of 25 studies or membership of the Clinical Service prior to 7/1/08 is required. If evidence of 25 documented and reviewed studies from residency or another institution with completion of proctoring is provided, then the requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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12.62 Pregnancy

Detection of intrauterine pregnancy or peritoneal fluid

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

_____ _____

12.63 Focused Echocardiography

Detection of pericardial effusion, detection of any cardiac activity, and evaluation of global left ventricular systolic function.

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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12.64 Aorta

Detection of abdominal aortic aneurysm

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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12.65 Abdomen Right Upper Quadrant

Detection of gallstones, sonographic Murphy's Sign, pericholecystic fluid and gallbladder wall thickening

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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12.66 Renal

Detection of hydronephrosis and intrarenal calculi

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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12.67 Deep Venous Thrombosis

Detection of compressibility in the common femoral and popliteal veins

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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12.68 Pneumothorax

Detection of pneumothorax

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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12.70 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.

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.

_____ _____

- A. Fecal Occult Blood Testing (Hemoccult)
- B. Vaginal pH Testing (pH Paper)
- C. Urine Chemistrip Testing
- D. Urine Pregnancy Test (SP Brand Rapid Test)

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12.80 Evoked Potentials

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified By the American Board of Emergency Medicine. At initial request of this privilege, mandatory training and minimum of 12 CME hours by the American Society of Electroencephalographic Technicians (ASET) or the American Academy of Audiology.

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

REAPPOINTMENT: Review of 3 cases.

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13.00 Pediatric Emergency Medicine

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13.10 Core Privileges

Responsible for preventive medical services and medical care of patients under the age of 21. Provides patient management, including H&Ps and diagnostic and therapeutic treatments, as well as procedures and interventions, including the areas described below and similar activities. Supervises house staff and students.

PREREQUISITES: Currently Board Admissible, Board Certified or Re-certified in Pediatric Emergency Medicine by the American Board of Pediatrics or American Board of Emergency Medicine.

PROCTORING: 5 observed cases

REAPPOINTMENT: Current demonstrated competence and documentation of successful treatment of a minimum of 50 patients for the past 24 months based on the result of quality assessment – improvement activities and outcomes.

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13.20 Procedural Sedation

Provides procedural sedation of all forms for pediatric patients under the age of 21, undergoing procedures in Emergency Services.

PREREQUISITES: 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 in Pediatric Emergency Medicine by the American Board of Pediatrics or American Board of Emergency Medicine.

Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine, American Board of Pediatrics 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 last 5 years).

REAPPOINTMENT: Completion of 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, American Board of Pediatrics 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.

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13.30 Acute Trauma Care

Comprehensive emergency management of the acutely injured pediatric trauma patient up to age 15, providing initial resuscitation and management of acutely injured pediatric trauma patients

PREREQUISITES: Currently Board Admissible, Board Certified or Re-certified in Pediatric Emergency Medicine by the American Board of Pediatrics or American Board of Emergency Medicine.

Availability, clinical performance and continuing medical education consistent with current standards for Pediatric Emergency Medicine physicians at Level One Trauma Centers specified by the California Code of Regulations (Title 22) and the American College of Surgery

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 5 cases

_____ _____

13.40 Airway Management

Comprehensive management to control, protect and intubate the airway including medications, adjuncts and cricothyroidotomy in pediatric patients under the age of 21

PREREQUISITES Currently Board Admissible, Board Certified or Re-certified in Pediatric Emergency Medicine by the American Board of Pediatrics or American Board of Emergency Medicine.

PROCTORING: Review of 6 intubation cases and demonstration of proficiency in the Seldinger technique emergency cricothyroidotomy on a standardized model.

REAPPOINTMENT: Review of 3 intubations cases. Either review of one cricothyroidotomy or demonstration of proficiency in the Seldinger technique emergency cricothyroidotomy on a standardized model.

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13.60 Ultrasound

Perform ultrasound in pediatric patients under the age of 21 as follows:

13.61 FAST (Focused Abdominal Sonography in Trauma)

Detection of pericardial or peritoneal fluid

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation of 25 studies or membership of the Clinical Service prior to 7/1/08 is required. If evidence of 25 documented and reviewed studies from residency or another institution with completion of proctoring is provided, then the requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

_____ _____

13.62 Pregnancy

Detection of intrauterine pregnancy or peritoneal fluid

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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13.63 Focused Echocardiography

Detection of pericardial effusion, detection of any cardiac activity, and evaluation of global left ventricular systolic function.

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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13.64 Aorta

Detection of abdominal aortic aneurysm

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution with completion of proctoring, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

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13.65 Abdomen Right Upper Quadrant

Detection of gallstones, sonographic Murphy's Sign, pericholecystic fluid and gallbladder wall thickening

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PEER REVIEW: Documentation and review of 3 studies

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13.66 Renal

Detection of hydronephrosis and intrarenal calculi

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

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PEER REVIEW: Documentation and review of 3 studies

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13.67 Deep Venous Thrombosis

Detection of compressibility in the common femoral and popliteal veins

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

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13.68 Pneumothorax

Detection of pneumothorax

PREREQUISITES: Currently board admissible, certified or recertified by the American Board of Emergency Medicine and didactic instruction in ultrasound technology and imaging 16 hours

PROCTORING: Documentation and review of 25 studies is required. If evidence of 25 documented and reviewed studies from residency or at another institution, then requirement is documentation and review of 3 studies at SFGH

PEER REVIEW: Documentation and review of 3 studies

_____ _____

13.70 Waived Testing (Under the age of 21)

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 in pediatric patients under the age of 21. By obtaining and maintaining waived testing privileges, providers satisfy competency expectations for waived testing by The Joint Commission.

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.

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- A. Fecal Occult Blood Testing (Hemoccult)
- B. Vaginal pH Testing (pH Paper)
- C. Urine Chemistrip Testing
- D. Urine Pregnancy Test (SP Brand Rapid Test)

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I hereby request clinical privileges as indicated above.

_____ date
Applicant

FOR DEPARTMENTAL USE:

- _____ Proctors have been assigned for the 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 prescribed by this provider.
- _____ CPR certification is required.
 - _____ CPR certification is not required.

APPROVED BY:

_____ date
Division Chief

_____ date
Service Chief