

# Privileges for Zuckerberg San Francisco General

\_\_\_\_\_, MD

## ANESTHESIA & PERIOPERATIVE CARE 2016

(09/16 MEC)

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

Applicant: Please initial the privileges you are requesting in the Requested column.

Service Chief: Please initial the privileges you are approving in the Approved column.

Requested    Approved

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### 6.10 CORE PRIVILEGES

Preoperative evaluations of patients at all levels of American Society of Anesthesiologists classification including emergencies (inclusive of anesthesia privilege 6.11). Management of procedures for rendering these patients insensible to pain and emotional stress before, during and after surgical, obstetric and certain medical interventions. These procedures include all anesthetic and sedative techniques inducing local infiltration, regional anesthesia and general anesthesia. They also include special skills necessary for support of life functions during an anesthetic, in the post anesthesia care unit, and elsewhere in the hospital. These include airway management, including direct laryngoscopy and fiberoptic laryngoscopy; hemodynamic monitoring, including insertion of arterial lines, central lines, and pulmonary artery catheters; and mechanical ventilation and resuscitation.

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

PROCTORING: 5 observed cases

REAPPOINTMENT: Review of a minimum of 50 anesthetics

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### 6.11 Preoperative Evaluation Privileges

Perioperative evaluation of patients at all levels of American Society of Anesthesiologists classification, inclusive of emergencies, to include:

Assessment of, consultation for, and preparation of patients for anesthesiologist;

Determination of the patient's mental status, development of a plan and obtaining consent for anesthetic care.

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

PROCTORING: 5 reviewed cases

REAPPOINTMENT: Review of 5 cases

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## 6.20 SPECIAL PRIVILEGES

### 6.21 Intensive Care

Evaluation and management of Critical Care Unit patients

**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Anesthesiology with special qualifications in Critical Care Medicine. Under special circumstances, the recommendation of the Chief of Anesthesia and Perioperative Care may be required

**PROCTORING:** 5 observed cases

**REAPPOINTMENT:** Review of a minimum of 30 patients

### 6.22 Transesophageal/Transthoracic Echocardiography for Perioperative Monitoring

Transesophageal echocardiography (TEE)/Transthoracic echocardiography (TTE) for perioperative monitoring of wall motion, volume status and pericardial fluid

**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Anesthesiology and documentation of competency from a residency or fellowship program.

**PROCTORING:** Proctoring will consist of three (3) direct observations by a medical staff member who has either 6.22 or 6.23 privilege and has successfully completed proctoring. A minimum of one each, TEE/TTE, is required for proctoring. A summary monitoring report will be sent to the Clinical Service Chief at the completion of successful proctoring.

**REAPPOINTMENT:** Performance of a minimum of 5 (five) TEE or TTE exams for monitoring of wall motion abnormalities, volume status, or pericardial fluid every two (2) years is required for reappointment. A minimum of one each, TEE/TTE, is required for reappointment. Physician specific peer review data must include information regarding cases in which transesophageal or transthoracic echocardiography was utilized for perioperative monitoring.

### 6.23 Transesophageal/Transthoracic Echocardiography for Perioperative Comprehensive Examination

Transesophageal/Transthoracic echocardiography monitoring of perioperative patients for comprehensive examination.

**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Anesthesiology. Successful completion of the Perioperative Transesophageal Echocardiography Certification Examination administered (PTEeXAM) by the National Board of Echocardiography (NBE testamur status).

**PROCTORING:** Proctoring will consist of five (5) direct/observations by a medical staff member who has 6.23 privilege and has successfully completed proctoring. A minimum of one each, TEE/TTE, is required for proctoring. A summary monitoring report will be sent to the Clinical Service Chief at the completion of successful proctoring.

**REAPPOINTMENT:** Performance of a minimum of 5 (five) complete TEE/TTE exams every two (2) years is required for reappointment. A minimum of one each, TEE/TTE, is required for reappointment. Physician specific peer review data must include information regarding cases in which transesophageal or transthoracic echocardiography was utilized for a comprehensive examination.

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\_\_\_\_\_    \_\_\_\_\_    6.24 CTSI (Clinical and Translational Science Institute) - CLINICAL RESEARCH

Admit and follow adult patients for the purpose of clinical investigation in the inpatient and ambulatory UCSF 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 provider's Service Chief and Director of CTSI is required if Board Admissible, Certified, or Re-Certified in a specialty other than Internal Medicine or one of its subspecialties

PROCTORING: Review of 3 cases

REAPPOINTMENT: Review of 3 cases.

\_\_\_\_\_    \_\_\_\_\_    6.25 Pain Medicine

Interventional procedures for the management of acute or chronic pain syndromes

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified in Anesthesiology with special qualifications in Pain Medicine by the American Board of Anesthesiology and documentation of competency from a residency and fellowship program accredited by the Accreditation Council on Graduate Medical Education.

PROCTORING: Proctoring will consist of direct observations by a medical staff member who has 6.25 privilege and has successfully completed proctoring. A minimum of two (2) direct observations of each of three categories of interventional pain procedures listed below is required for proctoring.

REAPPOINTMENT: Performance and peer review of a minimum of four (4) cases in each of the three categories of procedures listed below every two (2) years is required for reappointment. Physician specific peer review data must include information regarding case in which interventional procedures were used for management of acute or chronic pain syndromes.

PRIVILEGE DESCRIPTIONS:

- Fluoroscopy based injections/neuromodulation/neurolysis of the spinal column, peripheral nerves, ganglia, joints, or bursa sacs
- Ultrasound based neuromodulation/neurolysis of the spinal column or peripheral nerves an injection/neuromodulation/neurolysis of the ganglia, joints, or bursa sacs
- Chemodenervation (botulinum toxin) or local anesthetic injection of trigger points, scar, pericranial muscles (for migraine), or neuroma

\_\_\_\_\_    \_\_\_\_\_    6.26 Diagnostic Radiology:

Fluoroscopy

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Anesthesiology. A current x-ray/Fluoroscopy Certificate is required.

PROCTORING: Presentation of valid California Fluoroscopy certificate

REAPPOINTMENT: Presentation of a valid California Fluoroscopy certificate.

I hereby request clinical privileges as indicated above.

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Applicant

Date

## 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:

\_\_\_\_\_  
Division Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Chief

\_\_\_\_\_  
Date