

# Privileges for Zuckerberg 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.

## MedCardio CARDIOLOGY 2017 (0209 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.

### 50.00 CORE PRIVILEGES

Work-up, diagnose, consult, treat and interpret clinical findings of adolescent and adult patients in the ambulatory and inpatient settings with cardiovascular disease; and electrocardiography interpretation including signal averaged ECG. Core privileges also include cardioversion, treadmill testing, holter testing and clinical interpretation of transthoracic and stress echocardiography.

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology.

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 3 cases

### 50.05 CORE PRIVILEGES IN INTERVENTIONAL CARDIOLOGY

Under these core privileges, the interventional cardiologist will be able to perform interventional cardiology procedures that are now considered routine and basic in this field. The Core Privileges category should include the following: Right and left heart catheterization; Diagnostic coronary angiography; Percutaneous coronary interventions, including coronary angioplasty, coronary stent implantation, thrombectomy, intravascular ultrasound, fractional flow reserve measurements; Valvuloplasty; Intra-aortic balloon pump placement; Temporary transvenous pacemaker insertion; Central venous line placement; Placement of intravenous cooling catheters; Pericardiocentesis; Myocardial biopsy.

PREREQUISITES: Currently Board Admissible, Certified or Re-certified in Interventional Cardiology.

PROCTORING: Review of 5 cases that include any of the elements listed under core privileges.

REAPPOINTMENT: Review of 3 cases that include any of the elements listed under core privileges.

### 50.10 SPECIAL PRIVILEGES

#### 50.15 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 Cardiology 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

50.21 TRANSESOPHAGEAL ECHOCARDIOGRAPHY

(Color Doppler, Spectral Doppler, and Two Dimensional modalities)

PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. Moderate sedation privileges, Level 2 American Society of Echocardiology training, 3 additional months to Level 1 American Society of Echocardiology training fellowship or equivalent including 50 supervised transesophageal studies.

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 2 cases

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_____	_____	50.22 CENTRAL VENOUS LINE PLACEMENT PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. 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.
_____	_____	50.23 PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 5 cases REAPPOINTMENT: Review of 2 cases
_____	_____	50.24 INTRA-AORTIC BALLOON PLACEMENT PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 5 cases REAPPOINTMENT: Review of 2 cases
_____	_____	50.25 PERMANENT PACEMAKER INSERTION PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 5 cases REAPPOINTMENT: Review of 2 cases
_____	_____	50.26 PERICARDIOCENTESIS WITH OR WITHOUT BIOPSY PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 5 cases REAPPOINTMENT: Review of 2 cases
_____	_____	50.27 CARDIAC CATHETERIZATION WITH ANGIOGRAPHY PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 4 cases REAPPOINTMENT: Review of 2 cases
_____	_____	50.28 MYOCARDIAL BIOPSY PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 4 cases REAPPOINTMENT: Review of 2 cases
_____	_____	50.29 TRANSVENOUS PACEMAKER INSERTION, TEMPORARY PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 3 cases REAPPOINTMENT: Review of 2 cases
_____	_____	50.30 PA LINE PLACEMENT PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology. PROCTORING: Review of 2 cases REAPPOINTMENT: Review of 2 cases

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50.31 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY  
 PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology and current X-Ray/Fluoroscopy Certificate.  
 PROCTORING: Presentation of valid California Fluoroscopy certificate;  
 REAPPOINTMENT: Presentation of valid California Fluoroscopy certificate

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50.32 THORACENTESIS  
 PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology.  
 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.

\_\_\_\_\_    \_\_\_\_\_

50.33 PARACENTESIS  
 PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Medical Specialties in Cardiology.  
 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.

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50.34 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 (Hemocult®)
- \_\_\_\_\_ B. Vaginal pH Testing (pH Paper)
- \_\_\_\_\_ C. Urine Chemistrip® Testing
- \_\_\_\_\_ D. Urine Pregnancy Test (SP® Brand Rapid Test)

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## 50.50 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

## Privileges for **Zuckerberg San Francisco General Hospital**

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I hereby request clinical privileges as indicated above.

\_\_\_\_\_  
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