

I am requesting the specific privileges marked below. I understand that I may request additional privileges, or privileges in another Clinical Department, at any time. I also understand that the granting of these privileges is subject to verification of proficiency by the Chair of the Department, the Credentials Committee of the Medical Staff, and/or any other person or body appropriately designated under the Bylaws, Rules and Regulations of the Medical Staff.

I understand that in an emergency (any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient), I am authorized to treat any medical disease and/or perform any medical or surgical procedure indicated that is within the scope of my license.

Basic education: MD or DO

Minimal formal training: Successful completion of an ACGME- or AOA-accredited residency in a primary medical specialty and a 12-month ACGME affiliated fellowship in HPM or the equivalent in practice experience and/or current certification or active participation in the examination process (with achievement of certification in accordance with UCSF Medical Staff Bylaws) leading to certification in HPM by the ABMS or the AOA, or current certification in HPM by the ABHPM, or foreign training and board equivalency

ADMITTING SERVICES

| Requested | Privilege Description | Initial Criteria | Renewal Criteria | Proctoring |
|-----------|-----------------------|------------------|------------------|------------|
| | GM Medicine | N/A | | N/A |

CATEGORY 1

Core Privileges in Hospice and Palliative Medicine (DPM)

| Requested | Privilege Description | Initial Criteria | Renewal Criteria | Proctoring |
|-----------|--|--|---|--|
| | <p>A - Core Privileges in Hospice and Palliative Medicine (DPM)</p> <p>Core privileges for HPM include the ability to admit, evaluate, diagnose, and provide primary care or consultative services to all patients with life-threatening illness who require, or may require, specialist-level palliative care services. Core privileges may include the ability to provide care to patients in the intensive care setting in conformance with unit policies. Candidates must assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privileges list and such other procedures that are extensions of the same techniques and skills.</p> <p>This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/ privileges that the majority of practitioners in this specialty perform at this organization and inherent activities /procedures/privileges requiring similar skill sets and techniques.</p> <p><input type="checkbox"/> Performance of history and physical exam</p> <p><input type="checkbox"/> Assessment of pertinent diagnostic studies</p> | <p>Required current experience: Palliative medicine services for at least 50 patients during the past 36 months (with at least 16 in the past 12 months), reflective of the scope of privileges requested, or successful completion of an accredited HPM</p> | <p>Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism.</p> <p>To be eligible to renew privileges in palliative medicine, the applicant must display current demonstrated competence and an adequate volume of experience (32 terminally ill or severely/chronically</p> | <p>(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring</p> |

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| <ul style="list-style-type: none"> <input type="checkbox"/> Direct treatment and formation of a treatment plan that includes patient's wishes and goals of care <input type="checkbox"/> Management of palliative care emergencies (e.g., spinal cord compression and suicidal ideation) <input type="checkbox"/> Management of psychological, social, and spiritual issues of palliative care patients and their families <input type="checkbox"/> Management of symptoms, including various pharmacologic and non-pharmacologic modalities and pharmacodynamics of commonly used agents <input type="checkbox"/> Provision of appropriate advanced symptom control techniques, such as parenteral infusional techniques | | <p>fellowship program within the past 12 months.</p> | <p>ill patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p> <p>In addition, continuing education related to HPM should be required.</p> | |
| <p>B - Special Noncore Privileges in Hospice and Palliative Medicine (DPM)</p> | | | | |
| <p>B1 - Palliative Sedation (limited to Adult Palliative Care Attending)</p> | | <p>Completion of palliative care fellowship, review of DPM and hospital policies, approval of the Division of Palliative Medicine Associate Division Chief for Inpatient Palliative Care</p> | <p>Report at least one case performed OR demonstrate knowledge of the details of the procedure, review of Division of Palliative Medicine and hospital policies, approval from Division of Palliative Medicine Associate Division Chief for Inpatient Palliative Care.</p> | <p>(The supervision of a physician with full Hospice and Palliative Medicine privileges is required when performing the procedure for the first time in this institution)</p> |
| <p>B2 - Intravenous Ketamine Infusion</p> | | <p>Completion of palliative care fellowship,</p> | <p>Report at least one case performed OR demonstrate</p> | <p>(The supervision of a physician with full</p> |

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| | | review of DPM and hospital policies, approval of the Division of Palliative Medicine Associate Division Chief for Inpatient Palliative Care | knowledge of the details of the procedure, review of Division of Palliative Medicine and hospital policies, approval from Division of Palliative Medicine Associate Division Chief for Inpatient Palliative Care. | Hospice and Palliative Medicine privileges is required when performing the procedure for the first time in this institution) |
| | B3 - Performance of pain-relieving procedures | Completion of relevant training program, review of DPM and hospital or clinic policies, approval of Division of Palliative Medicine Associate Division Chief for Inpatient Palliative Care or Associate Division Chief for Outpatient Palliative Care AND of the Director of the Anesthesia Pain Service as indicated | | |

**CATEGORY 2
DEPARTMENT SPECIAL PRIVILEGES**

| Requested | Privilege Description | Initial Criteria | Renewal Criteria | Proctoring |
|-----------|-----------------------|--|--|--|
| | A - Acupuncture | Criteria: 220 hours of CME in acupuncture training | Documentation of 10 procedures in the past 24 months | (5) encounters with satisfactory outcomes for each requested procedure |

must be submitted to complete proctoring

**CATEGORY 3
LIMITED PRIVILEGES**

| Requested | Privilege Description | Initial Criteria | Renewal Criteria | Proctoring |
|-----------|---|--|------------------|------------|
| | <p>A - End of Life Option Act</p> <p>A physician who has specific training to ensure compliance with the UCSF protocol on End of Life Option Act. This medical practitioner can accept referrals from other UCSF credentialed providers to assess patient suitability for this option</p> | <p>- Completion of "Consultant of End of Life Option Act" module on UC Learning Center website</p> <p>- Read the UCSF Consultant of End of Life Option Act policy and sign the attestation to acknowledge reading and understanding the policy</p> | | |

APPLICANT'S SIGNATURE: _____

Date: _____

DEPARTMENTAL REVIEW AND RECOMMENDATION

I am not aware of any physical or mental health status issue that could in any way impair this individual's abilities to practice within the privileges requested.

UCSF Division Chief Signature

Date

UCSF Department Chair Signature

Date