UC San Diego Health System	MEDICAL STAFF POLICY & PROCEDURE		
Page 1 of 1	Effective Date: **04/17/2008**	Review/Revised: **~~09/02/2~~6/23/2015~~011~~**	Policy No. **MSP – 017**

TITLE: REQUEST FOR TECHNOLOGY / DEVICES / PROCEDURE PRIVILEGES NEW TO UC San Diego Health System (UCSDHS)

REFERENCE: TJC – 06.01.01

POLICY

All requests from the medical staff to perform a new procedure, new technology or new device that requires formal supplemental training shall be subject to a collective assessment by the appropriate department(s) and the Credentials Committee with recommendations forwarded to the Medical Staff Executive Committee and the Governing Board.

PROCEDURE

1. Prior to requesting a privilege for a new procedure, technology or device to be performed at UCSDHS, the practitioner will submit the following evidence to support addition of the privilege. The request will take into consideration the following elements (complete Attachment "A"):
   A. Name and description of procedure
   B. Justification for the need for the procedure, technology or device including:
      a. Indications
      b. Complications
      c. What other medical/surgical specialties may perform this procedure?
      d. At what other area facilities is this procedure already being performed?
      e. What procedure will this be replacing?
   C. Outline of training/education/experience required to perform the new procedure.
   D. Literature supporting the use of the procedure, technology or device that is new to UCSDHS. *Note: any new device/product must be first referred to the Technical/Product Assessment Committee (TAC) for review and approval).*
2. The practitioner will forward to the Department Chair and/or Division Chief the information and supporting documentation requested in 1A-D.
3. Following departmental approval, the requesting practitioner, Department Chair and/or Division Chief will develop privileging and proctoring criteria.
4. The following will be submitted to Medical Staff Administration:
   A. Department recommendation,
   B. Evidence supporting the recommendation , and
   C. Privileging and proctoring criteria.
   D. A new privilege for technology, procedures or devices which may be performed by multiple specialties requires the development of interdepartmental credentialing criteria (all services to perform privilege must be involved in developing minimum hospital-wide criteria).
   E. Medical Staff Administration will forward the request including the supporting documentation, privileging and proctoring criteria, and department recommendation to the Credentials Committee.
   F. Upon approval by the Credentials Committee, the recommendation will be forwarded to the Medical Staff Executive Committee.
   G. After the credentialing criteria has been established and approved by the Credentials Committee, Medical Staff Executive Committee, and the Governing Board, medical staff members are eligible to apply for the privilege(s).

Policy: Request For Technology / Devices / Procedure Privileges New To UCSD Medical Center		
APPROVALS:	**Approved:**	**Reviewed/Revised:**
Credentials Committee	04/02/2008	4/1/09; 09/07/11; 6/3/15
Medical Staff Executive Committee	04/17/2008	4/16/09; 09/15/11; 6/18/15
Governing Body	4/17/2009	4/16/09; 09/15/11; 6/23/15

UC San Diego
HEALTH SYSTEM

APPLICATION TO REQUEST NEW PROCEDURE / DEVICE / TECHNIQUE

Name of Requester: _____ **Date**:_____

Name and description of procedure:_____

1. Indications:_____
2. Complications:_____
3. What other medical/surgical specialties may perform this procedure?_____

_____

4. At what other area facilities is this procedure already being performed?_____

_____

5. What procedure will this be replacing?_____
6. What are the elements of the patient informed consent?_____

_____

7. What training and/or experience should be required to be eligible to perform this procedure?

_____

8. Are there other medical specialties involved in pre- or post-procedure care?_____

_____

9. Is there any training required for post-procedure care for hospital personnel? _____

_____

10. What are there new equipment needs?_____

_____

11. What is the financial impact to the institution and the patient?_____

_____

12. How do you propose proctoring/observation be accomplished? Have you performed this procedure at an area facility? Please list name(s) of possible proctors/observers: _____

_____

13. Performance monitoring: what are the indications for this procedure and what outcomes should be monitored?_____

_____

UC San Diego
HEALTH SYSTEM

APPLICATION TO REQUEST NEW PROCEDURE / DEVICE / TECHNIQUE

Name of Requester: _____ **Date**:_____

Name and description of procedure:_____

***** ATTACH PERTINENT LITERATURE *****

Failure to Provide This Information Will Delay Processing Request

- **Safety and Efficacy Studies**
- **Position Papers**
- **National Society Recommendations**

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