DERMATOLOGY CLINICAL SERVICE
RULES AND REGULATIONS

2015
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I. DERMATOLOGY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

The SFGH Dermatology Clinical Service serves a pediatric and adult population, with acute or chronic episodic dermatologic disease. The Dermatology Clinical Services provides diagnostic evaluation including skin biopsies, therapeutic regimens, ranging from pharmaceutical to phototherapy to ambulatory surgery, and patient education. The primary diagnoses relate to skin cancer, acute conditions such as infectious diseases of the skin and allergic contact dermatitis, and chronic conditions such as acne, psoriasis and atopic and nummular dermatitis. Care is provided by attending physicians and resident physicians in dermatology.

Important aspects of care for the Dermatology Clinical Services are:
1. Diagnosis and definitive treatment of skin cancer
2. Photochemotherapy
3. Chemotherapy
4. Isotretinoin treatment of acne

B. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of San Francisco General Hospital is a privilege which shall be extended only to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in SFGH Medical Staff Bylaws, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

C. ORGANIZATION OF DERMATOLOGY CLINICAL SERVICE

The Chief of Dermatology Clinical Services at SFGH has overall responsibility for assuring quality of care through ongoing monitoring and evaluation of activities. This responsibility, however, is shared with the department representative of Performance Improvement and Patient Safety (PIPS) Committee. The PIPS Committee department representative prepares the minutes of the Departmental PIPS Plan, and also communicates directly with residents and staff regarding Performance Improvement and Patient Safety activities. This representative is appointed annually by the Chief of Dermatology.

II. CREDENTIALING

The SFGH Dermatology Clinical Services is a small department with a high degree of interaction and consultation. Difficult cases and routine consults are often seen by several attending physicians. Thus, the skills of the various physicians are well known among the staff. The attendings are also able to evaluate the skills of each other through cross-coverage of clinics and through patients who return to other clinic days and attendings, although to promote attending continuity is not the rule. The staff physicians are evaluated yearly by the Chief of Dermatology for clinical competence, educational competence, personal qualities, and administrative skills. Where patient care falls below standard levels, the Chief will be responsible for counseling
involved faculty and for taking whatever action is necessary to assure that appropriate corrections are made.

A. **NEW APPOINTMENTS**

The process of application for membership to the Medical Staff of SFGH through the Dermatology Clinical Service is in accordance with SFGH Bylaws, and Rules and Regulations, as well as these Clinical Service Rules and Regulations.

B. **REAPPOINTMENTS**

The process of reappointment to the Medical Staff of SFGH through the Dermatology Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

1. **Practitioners Performance Profiles**

The Dermatology Clinical Service practitioners are evaluated by the following factors. Dermatology attendings in the clinic act as attendings or consultants. Several attendings may be present in the same clinic on a given day, so linking attendings to the patients on whom they consult is difficult. The attending performance is evaluated by several factors. The supervised Senior Residents are asked to evaluate the attendings. Additionally, full time attendings at SFGH work closely with the courtesy attendings regularly and discuss and evaluate cases seen in the clinic. These two sources are used to evaluate the performance of courtesy attendings. Courtesy attendings in general dermatology are not credentialed to perform or supervise any dermatologic procedures other than simple skin biopsy and cryotherapy.

2. **Staff Status Change**

The process for Staff Status Change for members of the Dermatology Services is in accordance with SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

3. **Modification/Changes to Privileges**

The process for Modification/Change to Privileges for members of the Dermatology Services is in accordance with SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

C. **AFFILIATED PROFESSIONALS**

The process of appointment and reappointment of the Affiliated Professionals of SFGH through the Dermatology Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

D. **STAFF CATEGORIES**

The Dermatology Clinical Service staff fall into the same staff categories which are described in the SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.
III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Dermatology Clinical Service privileges are developed in accordance with SFGH Medical Staff Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

Minimum Formal Training: Successful completion of an approved four-year [one (1) transitional year PGY-1 year, and three (3) years in dermatology] residency program in Dermatology.

Certification: Board Certification (and recertification when required) in Dermatology from the American Board of Dermatology or is an active candidate as defined by the American Board of Dermatology.

Previous Experience: Demonstration that the applicant has provided care to at least twenty-five (25) patients as an attending physician (or senior resident) during the past 12 months.

Core Privileges: The ability to work up, consult and provide nonsurgical therapy to patients with illnesses and injuries of the integumentary system, including performance of the following procedures: skin biopsy, simple excision, and repair.

Surgical special privileges which require separate threshold criteria include nail surgery, scalp surgery, laser surgery, filler therapy and sclerotherapy. (Note: the following procedures are not being performed at SFGH in Dermatology: Mohs Surgery, and Liposuction).

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Dermatology Clinical Service Privilege Request Form shall be reviewed annually.

C. CLINICAL PRIVILEGES

Dermatology Clinical Service privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws, and the Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Dermatology Clinical Service. (Appendix A).

D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws, Rules and Regulations.

IV. PROCTORING AND MONITORING

A. MONITORING (PROCTORING) REQUIREMENTS

Monitoring (proctoring) requirements for the Dermatology Clinical Service shall be the Responsibility of the Chief of the Service. Proctoring is performed by the full-time
Attendings at SFGH. Performance by the attendings is regularly discussed at the Dermatology Staff meetings. If deemed necessary, charts from the clinic are reviewed to determine adequate performance.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Dermatology Clinical Service shall be in accordance with SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for the Dermatology Clinical Service shall be in accordance with SFGH Bylaws, and the Rules and Regulations.

V. EDUCATION

All Dermatology Clinical Service attendings must complete a minimum of 50 hours Category I CME every two years. Dermatology members are encouraged to attend CME offering at UCSF.

VI. DERMATOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

Housestaff evaluations are performed between three and six month intervals by the full-time Attendings at SFGH. Any substandard performances are brought before the Dermatology “Residential Education Committee” and the appropriate action decided by this committee. The Residential Education Committee includes two attendings from SFGH - the Director of the Residency Program and the Department Chair. (See Dermatology Housestaff Manual – Appendix B). (Refer to CHN Website, House Staff Competencies link.)

VII. DERMATOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

Consultations in Dermatology are made by several methods. Prior approval for consultation is not required. The health care provider wishing a consultation may simply schedule the patient in the next available dermatology clinic appointment time. Such consultation appointments should be available within 2 weeks. If a more rapid consultation is required, the referring provider may contact the clinic, the dermatology resident, or the Service Chief or Assistant by phone or pager to make such arrangements.

Inpatient consultations are all arranged by phone or page contact. Inpatient consultations are seen within 24 hours.

All consultations, both inpatient and outpatient, are staffed by an attending dermatologist. When time permits, a phone reply is attempted. For inpatient consultations, a copy of the consultation is left in the medical record. For outpatient consultations, in addition to including a copy of the consultation in the record, a copy is faxed or sent to the requesting physician.

VIII. DISCIPLINARY ACTION

The San Francisco General Hospital Medical Staff Bylaws, and the Rules and Regulations will govern all disciplinary action involving members of the SFGH Dermatology Clinical Service.
IX. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

To define the SFGH Dermatology Clinical Service method of monitoring and evaluating patient care is carried out through the implementation of the following Performance Improvement and Patient Safety Plan.

The important aspects of care of the Dermatology Clinical Services have been identified below and these important aspects are monitored continuously. The monitoring data are compared to pre-established thresholds for evaluation to determine the quality and appropriateness of care and identify opportunities to improve patient care.

The following Performance Improvement and Patient Safety issues are discussed during the Dermatology Clinical Services department’s monthly meeting, which is attended by all full-time faculty members.

1. Mortality report
2. Complications
3. Review of ongoing monitors
4. Report on indicator evaluation studies conducted by the QM program staff
5. General discussion of new or old issues pertaining to quality of care

A. CLINICAL INDICATORS

1. Definitive treatment of biopsy-proven skin cancer - outcome indicator
2. Appropriateness of drug therapy - indications
3. Laboratory evaluation and follow-up of patients on specific drug therapy – process indicator
4. Documentation of informed consent for specific drug therapy - process indicator
5. Physical examination follow-up on patients on photochemotherapy - process indicator

B. THRESHOLDS

1. Definitive treatment: 100% within 12-16 weeks
2. Appropriateness of drug therapy: 100% for isotretinoin
3. Laboratory evaluation and follow-up of patients on drug therapy:
   - Isotretinoin females 100%
   - PUVA patients 90%
   - Methotrexate patients 95%
4. Informed consent for specific drug therapy:
   - Isotretinoin females 100%
Physical examination follow-up patients on photochemotherapy: 95%

C. DATA COLLECTION

1. A department member appointed by the Chief of Dermatology will review the pathology book and note all biopsies positive for skin cancer. The biopsy log records, departmental shadow charts, and the actual practitioners who performed the biopsy will be used to determine which patients have not received definitive treatment of skin cancers within 12-16 weeks. All such patients will be contacted by phone or notified by certified letter. A critical alert indicator will be placed in the Lifetime Clinic Record for individuals for whom there is no forwarding address or contact number.

2. The Performance Improvement and Patient Safety program staff, using medical records will collect and organize data as directed by the Department’s representative to the PIPS committee.

D. EVALUATE CARE

Data will be monitored by the Department’s PIPS representative and the entire Dermatology Clinical Service department at regular meetings, compared with predetermined objective measurable indicators and thresholds for evaluation.

E. TAKE ACTION TO SOLVE PROBLEMS

When problems are identified by the Chairman of the Dermatology Clinical Services and/or PIPS representative, the department will meet to correct or improve the situation. Actions to be taken will be communicated to all physicians at this meeting and in Performance Improvement and Patient Safety Committee minutes.

F. ASSESSMENT OF ACTION & DOCUMENTATION OF IMPROVEMENT

After allowing enough time to occur, a follow-up assessment is conducted as part of ongoing monitoring of indicators. If further action is required, it will be made until situation has met pre-established criteria. If the thresholds are met, further follow-up studies are performed to document sustained improvement. Threshold will also be altered as appropriate to reflect expected improvement over prior thresholds.

G. COMMUNICATE RELEVANT INFORMATION TO THE PERFORMANCE IMPROVEMENT AND PATIENT SAFETY DEPARTMENT

The Performance Improvement and Patient Safety Plan, and monthly minutes are reviewed by the Performance Improvement and Patient Safety Program staff.
H. DERMATOLOGY CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Monitoring requirements for the Dermatology Clinical Service shall be the responsibility of the Chief of the Service. Proctoring is performed by the full-time Attendings at SFGH. Performance by the attendings is regularly discussed at the Dermatology Staff meetings. If deemed necessary, charts from the clinic are reviewed to determine adequate performance.

Housestaff evaluations are performed between three and six month intervals by the full-time Attendings at SFGH. Any substandard performances are brought before the Dermatology “Residential Education Committee” and the appropriate action decided by this committee. The Residential Education Committee includes two attendings from SFGH - the Director of the Residency Program and the Department Chair.

The Dermatology Clinical Service has no Affiliated Professionals or SFGH employees whom Dermatology is responsible to evaluate.

X. MEETING REQUIREMENTS

In accordance with SFGH Medical Staff Bylaws, All Active Members are expected to show good faith participation in the governance and quality evaluation process of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical service meetings and the annual Medical Staff Meeting.

Dermatology Clinical Services shall meet as frequently as necessary, but at least quarterly to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

As defined in the SFGH Medical Staff Bylaws, a quorum is constituted by at least three (3) voting members of the Active Staff for the purpose of conducting business.

XI. ADOPTION AND ADMENDMENT

The Dermatology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all Active members of the Dermatology Service annually at a quarterly Dermatology Clinical Service meeting.
APPENDIX A – DERMATOLOGY CLINICAL SERVICE PRIVILEGE REQUEST FORM

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.

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

10.10 CORE PRIVILEGES

GENERAL DERMATOLOGY:
Patient management, including diagnostic and therapeutic treatments, procedures and diagnosis, and local examples: biopsy, & drainage

Certified by the
American Board of Dermatology, or a member of the Clinical Service prior to 10/17/2000.

PROCTORING: 5 reviewed cases
REAPPOINTMENT: 25 cases.

10.20 SPECIAL PRIVILEGES

10.21 DERMATOPATHOLOGY
Diagnosis of skin conditions based on interpretation/reading of skin biopsy specimens.

Certified by the American Board of Dermatology, or a member of the Clinical Service prior to 10/17/2000

and additional certification in Dermatopathology Specialty Boards or a member of the Clinical Service before 04/20/2009.

PROCTORING: 5 reviewed cancer cases
REAPPOINTMENT: 25 cases

10.22 DERMATOSURGERY
To include dermabrasion and chemical peel, sclerotherapy of superficial veins, liposuction

with local anesthesia and repair of cutaneous defects to include skin grafts...
and local flaps. PREREQUISITES: Currently Board Admissible, Board Certified or Re-Certified by the American Board of Dermatology or a member of the Clinical Service prior to 10/17/2000 and, additional certification in dermatologic surgery or micrographic surgery or a member of the Clinical Service before 04/20/2009. PROCTORING: 5 observed operative procedures and 15 retrospective reviews of operative procedures. REAPPOINTMENT: 25 operative procedures.

10.23 MICROGRAPHIC SURGERY Surgical procedure that maps the skin in such a way that the sectioning can be performed allowing for complete examination of surgical margins. PREREQUISITES: Currently Board Admissible, Board Certified or Re-Certified by the American Board of Dermatology or a member of the Clinical Service prior to 10/17/2000 and, additional certification in dermatologic surgery or micrographic surgery or a member of the Clinical Service before 04/20/2009. PROCTORING: 5 observed operative procedures REAPPOINTMENT: 25 operative procedures.

10.24 MODERATE SEDATION PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the educational examination, and a signed Physician Attestation Form submitted it to the Medical Staff Services Department. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Dermatology, or a member of the Clinical Service prior to 10/17/2000. PROCTORING: Review of 5 cases REAPPOINTMENT: Review of 5 cases or completion of the educational test as evidenced by a satisfactory score on the examination, and a signed Physician Attestation Form submitted it to the Medical Staff Services Department.

PREREQUISITES: Appropriate training, viewing of the laser safety video prepared by the SFGH Laser Safety Committee, and baseline eye examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Dermatology, or a member of the Clinical Service prior to 10/17/2000.

PROCTORING: 2 observed procedures
REAPPOINTMENT: 2 cases in the previous two years

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
APPENDIX B – DERMATOLOGY CLINICAL HOUSESTAFF MANUAL
CURRENTLY HELD AT DERMATOLOGY SERVICES

APPENDIX C - Dermatology Chief of Clinical Service Job Description

Chief of Dermatology Clinical Service

Position Summary:

The Chief of Dermatology Clinical Service directs and coordinates the Service’s clinical, educational, and research functions in keeping with the values, mission, and strategic plan of San Francisco General Hospital (SFGH) and the Department of Public Health (DPH). The Chief also insures that the Service’s functions are integrated with those of other clinical departments and with the Hospital as a whole.

Reporting Relationships:

The Chief of Dermatology Clinical Service reports directly to the Associate Dean and the University of California, San Francisco (UCSF) Department Chair. The Chief is reviewed not less than every four years by a committee appointed by the Chief of Staff. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Associate Dean, the UCSF Department Chair, and the SFGH Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief maintains working relationships with these persons and groups and with other clinical departments.

Position Qualifications:

The Chief of Dermatology Clinical Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at SFGH.

Major Responsibilities:

The major responsibilities of the Chief of Dermatology Clinical Service include the following:

Providing the necessary vision and leadership to effectively motivate and direct the Service in developing and achieving goals and objectives that are congruous with the values, mission, and strategic plan of SFGH and the DPH;

In collaboration with the Executive Administrator and other SFGH leaders, developing and implementing policies and procedures that support the provision of services by reviewing and approving the Service’s scope of service statement, reviewing and approving Service policies and procedures, identifying new clinical services that need to be implemented, and supporting clinical services provided by the Department;

In collaboration with the Executive Administrator and other SFGH leaders, participating in the operational processes that affect the Service by participating in the budgeting process, recommending the
number of qualified and competent staff to provide care, evaluating space and equipment needs, selecting outside sources for needed services, and supervising the selection, orientation, in-service education, and continuing education of all Service staff;

Serving as a leader for the Service’s performance improvement and patient safety programs by setting performance improvement priorities, determining the qualifications and competencies of Service personnel who are or are not licensed independent practitioners, and maintaining appropriate quality control programs; and performing all other duties and functions spelled out in the SFGH Medical Staff Bylaws.