2016~~6~~8

UROLOGY CLINICAL SERVICE
RULES AND REGULATIONS

Zuckerberg San Francisco General Hospital & Trauma Center ~~San Francisco General Hospital~~
1001 Potrero Ave
San Francisco, CA 94110

UROLOGY CLINICAL SERVICE
RULES AND REGULATIONS
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I. UROLOGY CLINICAL SERVICE ORGANIZATION

~~C.~~A. PREAMBLE

1. The Rules and Regulations of the Urology Clinical Service define certain standards of practice and other rules for the organization of the department and the duties of its members.
2. Standards of clinical practice will be consistent with those standards established by the American College of Surgeons as set forth in the document "Hospital and Pre-hospital Resources for Optimal Care". If an apparent conflict exists, the standards defined in this document will prevail.
3. The Urology Clinical Service Rules and Regulations will supplement those set forth in the Bylaws and Rules and Regulations of the Medical Staff of Zuckerberg San Francisco General ~~San Francisco General Hospital~~.
4. Should a conflict exist between these Rules and Regulations and those of the medical staff, the medical staff standards will prevail except in circumstances where the department adopts a more stringent standard.

~~C.~~B. SCOPE OF SERVICE

The Urology Clinical Service is staffed to provide complete care for all urological problems in female and male genital problems. The services include adult and pediatric care in both outpatient and inpatient care. All necessary surgical procedures for appropriate care in urological and genital surgery is provided. ~~Renal transplantation other than traumatic emergency renal transplants, are not provided.~~

C. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of Zuckerberg San Francisco General ~~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 ZSFG ~~SFGH~~ Medical Staff Bylaws, Article II *Medical Staff Membership* and accompanying manuals as well as these Clinical Service Rules and Regulations.

~~C.~~D. ORGANIZATION AND STAFFING OF THE UROLOGY CLINICAL SERVICE

The Urology Clinical Service consist of the following officers:

- Chief of Service
- Director of Performance Improvement & Paitent Safety
- Attending Physician

1. Chief of Service
   a. Appoint and review
      Appointment and review of the Chief of Service will occur by the process specified in the ZSFG ~~SFGH~~ Medical Staff Bylaws.

      Responsibilities
      1) Overall direction of the clinical, teaching and research activities for the Urology Clinical Service.

2) Review and recommendation on all new appointments, requests for privileges and reappointments of the Urology Clinical Service.
3) Appointment of the remaining officers of the Urology Clinical Service and of the Urology Clinical Service committee members.
4) Financial affairs of the Urology Clinical Services.
5) Disciplinary actions as necessary, as set forth in the Urology Clinical Service Rules and Regulations and in the Bylaws and Rules and Regulations of the Medical Staff.
6) Chief, Urology Clinical Service job description – see ATTACHMENT D

2. Director of Performance Improvement and Patient Safety
   a. Responsibilities
      1) Assists in the reappointment process of the Urology Clinical Service members.
      2) Provide overall direction to the Performance Improvement and Patient Safety of the Urology Clinical Service.

3. Attending Physician
   a. Responsibilities
      1. Overall direction of clinical care is the responsibility of the attending staff of the Urology Clinical Service. In order to discharge that responsibility, close supervision and active participation in decision-making is required in all surgical cases.
      2. Death and Complications shall be presented monthly to the entire Attending staff for discussion and recommendation.

II. CREDENTIALING

~~C.~~A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG ~~SFGH~~ through the Urology Clinical Service is in accordance with ZSFG ~~SFGH~~ Bylaws Article II, *Medical Staff Membership* as well as these Clinical Service Rules and Regulations.

~~C.~~B. REAPPOINTMENTS

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

1. Modification of Clinical Service
   The process for Modification of Urological Clinical Service is requested through the appropriate review process.

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

C. PRACTITIONER PERFORMANCE PROFILES

Refer to IX D, Clinical Service Practitioner Performance Profiles

~~C.~~D. AFFILIATED PROFESSIONALS

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

~~C.~~E. STAFF CATEGORIES

Members of the Urology Service fall into the same staff categories which are described in Article III – *Categories of the Medical Staff* of the ZSFG ~~SFGH~~ Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES

~~C.~~A. DEVELOPMENT OF PRIVILEGE CRITERIA

Urology Clinical Service privileges are developed in accordance with ZSFG ~~SFGH~~ Medical Staff Bylaws, Article V: *Clinical Privileges,* Rules and Regulations as well as these Clinical Service Rules and Regulations.

~~C.~~B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

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

C. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES

The Urology Clinical Service privileges shall be authorized in accordance with the ZSFG ~~SFGH~~ Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations, as well as these Clinical Service Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Urology Clinical Service.

1. Privileges to practice in the Urology Clinical Service will be commensurate with clinical training and documentation of an acceptable standard of clinical practice. The specifics of the process and the privileges, which will be assigned, are described in detail in the *Delineation of Privileges, Urology Service - Attachment A.*

2. Privileges are delineated by consensus of the active members of the Urology Clinical Service, and are approved by the Chief of Urology, subject to the approval of the Credentials Committee of the medical staff.

3. Individual privileges are subject to review and revision at the time of initial appointment, throughout the period of proctoring, and at the time of reappointment. In addition, the Chief of Service, with consensus of the Urology

attendings, at any time judged necessary may also review and revised individual privileges.

4. The process for modification/change to the privileges for members of the Urology Service is in accordance with the ZSFG ~~SFGH~~ Medical Staff Bylaws, and Rules and Regulations and accompanying manuals.

~~C.~~D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the ZSFG ~~SFGH~~ Medical Staff Bylaws, Article V: *Clinical Privileges,* Rules and Regulations.

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

Proctoring and monitoring requirements for the Urology Clinical Service shall be the responsibility of the Chief of the Service. All requirements and details of proctoring are delineated in the document *Proctoring Procedure Urology Service - Attachment B.*

1. All new privileges whether at the time of initial appointment or later will be proctored for a period one (1) year or until an adequate number of operative cases have been proctored.
2. If failure to achieve proctoring due to lack of opportunity to proctor (i.e., too few cases to evaluate performance) during the first year of appointment, an extension of six months may be granted by the Chief of Urology.

Any applicant who has successfully completed residency training at UCSF and has been evaluated by the Urology Faculty here at ZSFG ~~SFGH~~ during that training shall be exempt from the proctoring process. All other requirements in the process shall be completed. Residency training evaluations will satisfy the major portion of proctoring requirements. All requirements and details of proctoring are delineated in the document *Proctoring Procedure Urology Service - Attachment B.*

~~C.~~B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Urology Clinical Service shall be in accordance with ZSFG ~~SFGH~~ Bylaws, Rules and Regulations.

C. REMOVAL OF PRIVILEGES

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

V. EDUCATION OF MEDICAL STAFF

All members of the Urological Clinical Service are afforded the opportunity to UCSF departmental courses for CME credits.

VI. CLINICAL SERVICE HOUSE STAFF TRAINING PROGRAM AND SUPERVISION

(Refer to CHN Website for Housestaff Competencies link.)

A. The Chief of Urology is responsible for training and teaching activities of the Urology Clinical Service. Training of House Staff is done in conjunction with the Chair ~~Chairman~~ of Urology at UCSF and the UCSF training program.

B. Attending faculty shall supervise house staff in such a way that house staff assume progressively increasing responsibility for patient care according to their level of training ability and experience. For House Staff competencies, contact the patient's Attending Physician.

C. All surgical cases and invasive procedures done by the Urology Clinical Service House Staff shall have an attending responsible faculty member present during the procedure.

D. Each resident is evaluated by all members of the ~~of the~~ attending staff during his/her rotation. Each of the staff completes an evaluation and the summary of this information is presented to the house staff by the Chief of Service.

1. Wednesday conferences are directed to inservice training and lectures by residents. These meetings are to discuss cases, evaluate management, and provide a means to improve care.
2. M/M Conference includes evaluation and discussion of all department wide deaths and appropriate cases with an emphasis on specific problems and/or possible changes in practice and improvement of care.
3. Ability to write patient care orders: House staff members may independently write patient care orders with the following exceptions: DNR, emergent medical necessity.

VII. CLINICAL SERVICE CONSULTATION CRITERIA

Urological consultation may be requested by contacting the on-call Urologist. All consults will be seen promptly 24 hours per day.

VIII. DISCIPLINARY ACTION

The Zuckerberg San Francisco General Hospital and Trauma Center ~~San Francisco General Hospital~~ Medical Staff Bylaws, and Rules and Regulations and accompanying manuals will govern all disciplinary action involving members of the ZSFG ~~SFGH~~ Urology Clinical Service.

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY (PIPS), AND UTILIZATION MANAGEMENT

The Urology Clinical Service is committed to the maintenance of the highest standard possible of practice. The Urology Clinical Service Performance Improvement and Patient Safety Program is detailed in the document *Performance Improvement and Patient Safety Plan, Urology Clinical Service, Zuckerberg San Francisco General ~~San Francisco General Hospital~~ - Attachment C.*

The Chief of Service, or designee, is responsible for ensuring solutions to quality care issues. As necessary, assistance is invited from other departments, the Performance Improvement/Patient Safety Committee, or the appropriate administrative committee or organization such as: Executive Committee; OR Committee, etc.

Patient care is provided chiefly in 3M Clinic, the operating room and Cysto suite, but also includes other areas such as Emergency Room; intensive care units, Radiology, etc. Efficiency in

delivery of service is a prime objective: to minimize morbidity and mortality as well as to avoid unnecessary days of inpatient care.

A. REPORTING / MEDICAL RECORDS

The members of the Urology Clinical Service are committed to the maintenance of completed, accurate and timely medical records. The requirement as set forth in the ZSFG ~~SFGH~~ Bylaws, and Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

B. RESPONSIBILITY / INFORMED CONSENT

All decisions for treatment should involve the active participation of the patient, and should be made after appropriate discussions or risks, benefits and alternatives as set forth in the ZSFG ~~SFGH~~ Bylaws, and Rules and Regulations and accompanying manuals.

C. CLINICAL INDICATORS

Urological Clinical Indicators are outlined in the *Performance Improvement and Patient Safety Plan - Urology Clinical Service – Attachment C.* In addition, clinical care is monitored and evaluated by:

1. Preoperative Care
2. Appropriate Indicators for Surgery
3. Operative Complications
4. Operative Results
5. Post-operative Complications
6. Post –operative Care
7. Tissue Review

Clinical Indicators which are reviewed for reappointment in addition to the above include:

1. Operative Complications
2. Blood Usage
3. Returns to the Operating Room
4. Record Monitoring

~~C.~~D. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Urological Clinical Indicators are outlined in the Performance Improvement and Patient Safety Plan - Urology Clinical Service -Attachment C.

~~C.~~E. MONITORING & EVALUATION OF APPRORIATENESS OF PATIENT CARE SERVICES

Monitoring and evaluation of appropriate patient care services of physicians and housestaff are done monthly by a morbidity and mortality conference with complete discussion of case histories and outcomes. . *Refer to Performance Improvement and Patient Safety Plan - Urology Clinical Service – Attachment C.*

~~C.~~F. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Monitoring and evaluation of professional performance and housestaff are done monthly by a morbidity and mortality conference with complete discussion of case histories and outcomes. Refer to *Performance Improvement and Patient Safety Plan – Urology Clinical Service -Attachment C.*

X. MEETING REQUIREMENTS

In accordance with ZSFG ~~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.

The Urology 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.

~~C.~~XI. ADDITIONAL CLINICAL SERVICE INFORMATION

The Chief of Urology is responsible for training and teaching activities of the Urology Clinical Service.

The Urology Clinical Service Performance Improvement and Patient Safety Program is detailed in the document *Performance Improvement and Patient Safety Plan, Urology Clinical Service, Zuckerberg San Francisco General ~~San Francisco General Hospital~~ - Attachment C.*

All decisions for treatment should involve the active participation of the patient, and should be made after appropriate discussions or risks, benefits and alternatives as set forth in the ZSFG ~~SFGH~~ Bylaws, and Rules and Regulations and accompanying manuals.

~~C.~~XII. ADOPTION AND AMENDMENT

The Urology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all Active members of the Urology Service annually at a quarterly held Urology Clinical Service meeting.

Zuckerberg San Francisco General Hospital & Trauma Center ~~San Francisco General Hospital~~
1001 Potrero Ave
San Francisco, CA 94110

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center ~~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.

UROLOGY 2010

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.

40.00 URINARY SYSTEM:

40.10 GENERAL PROCEDURES

Requested	Approved	
_____	_____	Preoperative, operative and post-operative care of all patient with urological and genital diseases and conditions. This includes cystoscopy, transurethral resection of prostate and bladder, ureteroscopy, neprhoscopy, scrotal surgery including orchiectomies, nephrectomies, open prostatectomies, transrectal ultrasound and prostate biopsy, penile and urethral surgery, urological and genital trauma, percutaneous renal surgery.

Requested	Approved	**KIDNEY**
_____	_____	Renal exploration
_____	_____	Drainage of perirenal or renal abscess
_____	_____	Nephrotomy, Nephrolithotomy, PNL
_____	_____	Pyelotomy with exploration or drainage, pyelolithotomy
_____	_____	Nephrectomy-simple,partial, radical, laparoscopic
_____	_____	Repair of renal injury
_____	_____	Pyeloplasty-open or laparoscopic
_____	_____	Renal endoscopy
_____	_____	Lithotripsy

		URETER
_____	_____	Utererotomy with exploration or draimage
_____	_____	Ureterolithotomy, open or laparoscopic
_____	_____	Ureterectomy with bladder cuff
_____	_____	Ureterectomy-total, ectopic, abdominal, vaginal or perineal approach
_____	_____	Repair of ureter-open and laparoscopic
_____	_____	Ureteral endoscopy

		BLADDER
_____	_____	Cystostomy-with fulguration, cryosurgical destruction, drainage, basket extraction of calculus
_____	_____	Cystolithotomy
_____	_____	Transvesical urterolithotomy
_____	_____	Cystectomy-partial or complete
_____	_____	Pelvic exenteration
_____	_____	Repair of bladder-open and laparoscopic
_____	_____	Urodynamics
_____	_____	Endoscopy-cystoscopy, urethroscopy, cystourethroscopy
		Tansurethral surgeries of bladder and urethra, ureter and pelvis, vesical neck and prostate.

		URETHRA
_____	_____	Urethrotomy, meatotomy infant and adult
_____	_____	Drainage of periurethral, perineal and Skene's gland abscess
_____	_____	Urethrectomy, biopsy of urethra

_____ _____ Excision of diverticulum, Cowper's and Skene's glands, caruncle, urethral prolapse
_____ _____ Urethral repair- urethroplasty, urethrolysis, urethromeatoplasty, sling and sphincter
_____ _____ Repair of urethral injury
_____ _____ Closure of urethrostomy or urethrocutaneous fistula.

MALE GENITAL SYSTEM

PENIS

_____ _____ Circumcision-infant and adult
_____ _____ Destruction of lesions-electrodesiccation, cryosurgery, laser and surgical
_____ _____ Penile amputation-partial, complete, radical with lymphadenectomy
_____ _____ Penile repair- chordee, hypospadias, urethroplasty with graft or flap
_____ _____ Plastic surgery to correct angulation with or without skin grafting
_____ _____ Plastic operation for epispadias distal to external sphincter
_____ _____ Insertion, removal and replacement of penile prosthesis
_____ _____ Corpora cavernosa vein shunt - unilateral or bilateral
_____ _____ Penile operation for injury.

TESTIS

_____ _____ Orchiectomy- simple, partial or radical. Inguinal, abdominal or laparoscopic
_____ _____ Exploration for undescended testis-inguinal or scrotal
_____ _____ Exploration for undescended testis with abdominal exploration
_____ _____ Orchiopexy for spermatic cord torsion with fixation of contralateral testis
_____ _____ Orchiopexy-inguinal with or without hernia repair
_____ _____ Orchiopexy-abdominal or laparoscopic
_____ _____ Transplantation of testis to thigh
_____ _____ Repair of testicular injury

EPIDIDYMIS

_____ _____ Incision and drainage of epididymis, testis or scrotal space
_____ _____ Excision of spermatocele, lesion of epididymis
_____ _____ Epididymectomy-unilateral or bilateral
_____ _____ Exploration of epididymis
_____ _____ Epididymoasostomy, anatomosis of epididymis to vas deferens

TUNICA VAGINALIS

_____ _____ Aspiration of hydrocele, tunica vaginalis
_____ _____ Excision of hydrocele-unilateral or bilateral with or without hernia repair
_____ _____ Repair of tunica vaginalis hydrole-unilateral or bilateral

SCROTUM

_____ _____ Drainage of scrotal abscess
_____ _____ Scrotal exploration and removal of foreign body
_____ _____ Resection of scrotum
_____ _____ Scrotoplasty-simple or complicated, with or without skin grafting

VAS DEFERENS

_____ _____ Vasotomy with or without incision of vas deferens, unilateral or bilateral
_____ _____ Vasectomy- unilateral or bilateral

_____	_____	Repair of vas deferens -vasovasostomy, vasovarrhaphy
_____	_____	Ligation (percutaenous) of vas deferens-unilateral or bilateral

Requested Approved

SPERMATIC CORD

_____	_____	Excision of hydrocele of spermatic cord
_____	_____	Excision of lesion of spermatic cord
_____	_____	Excision of varicocele or ligation of spermatic veins, abdominal or laparoscopic
_____	_____	Excision of varicocele with hernia repair

SEMINAL VESICLES

_____	_____	Vesiculotomy-simple or complicated
_____	_____	Vesiculectomy
_____	_____	Excision of Mullerian duct cyst

PROSTATE

_____	_____	Biopsy needle, punch or any other approach
_____	_____	Prostatectomy-perineal subtotal or radical w/ bilateral pelvic lymphadenectomy
_____	_____	Prostatectomy-retropubic subtotal or radical w/ bil pelvic lymphadenectomy
_____	_____	Laparoscopic prostatectom retropubic radical, including nerve sparing
_____	_____	Exposure of prostate, any approach

FEMALE GENITAL SYSTEM

_____	_____	Incision and drainage of gland cyst
_____	_____	Marsupialization of gland cyst
_____	_____	Suture of vagina and or perineum
_____	_____	Colporrhaphy-anterior or posterior
_____	_____	Paravaginal defect repair abdominal/vaginal approach
_____	_____	Sling operation, fascia or synthetic
_____	_____	Removal or revision of sling

PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000.
PROCTORING: Five (5) observed operative procedures or 15 retro-operative review of operative procedures.
REAPPOINTMENT: Fifty (50) operative procedures the past two years at UCSF Hospitals or ZSFG ~~SFGH~~.

_____ _____ 40.20 RADICAL PROCEDURES AND URINARY DIVERSION

Preoperative, operative and post-operative care of patients with major urological and genital diseases. This includes radical cystectomy, radical prostatectomy, radical nephrectomy, urinary diversions including use of large and small bowel segments, retroperitoneal lymphadenectomy, radical penectomy, radical groin dissection and pelvic exenterations.
PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000.
PROCTORING: Five (5) observed operative procedures.
REAPPOINTMENT: Three (3) cases in the past two years at UCSF Hospitals and ZSFG ~~SFGH~~.

_____ _____ 40.30 LASER SURGERY
Laser procedures including CO2, Holmium, KTP and Argon
PREREQUISITES: Appropriate training, viewing of the laser safety video prepared by the ZSFG ~~SFGH~~ Laser Safety Committee, and baseline eye examination
PROCTORING: 2 observed procedures
REAPPOINTMENT: 2 cases in the previous two years; and viewing of the laser safety video prepared by the ZSFG ~~SFGH~~ Laser Safety Committee and documentation of eye exam within the previous 6 months

_____ _____ **41.00 SPECIAL PRIVILEGES**

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center ~~San Francisco General Hospital~~

Requested Approved

_____ _____ 41.10 LAPAROSCOPIC UROLOGICAL PROCEDURES
PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology. Demonstrates competence in laparoscopic urological surgery and completion of urological residency/fellowship that incorporates structured experience in laparoscopic surgery. For those without formal training during residency or fellowship in laparoscopic procedures, the minimum of successful completion of twenty five (25) cases.

PROCTORING: Two (2) observed operative procedures.
REAPPOINTMENT: Five (5) operative procedures in the past two years at UCSF

_____ _____ 41.20 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY
PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000 and current x-ray/fluoroscopy certificate.
PROCTORING: One (1) observed procedure.
REAPPOINTMENT: Two (2) procedures in the previous two years and possession of an x-ray/fluoroscopy certificate.

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.

APPROVED BY:

_____ _____
Division Chief date

_____ _____
Service Chief date

ATTACHMENT B – PROCTORING PLAN – UROLOGY CLINICAL SERVICE

New applicants to the Urology Clinical Service of Zuckerberg San Francisco General ~~San Francisco General Hospital~~ requesting hospital privileges in urological surgery shall:

1. Obtain a copy of the Medical Staff Bylaws of Zuckerberg San Francisco General ~~San Francisco General Hospital~~ and the Urology
   Clinical Service Rules and Regulations.

2. Have completed a residency training program in Urology except for Class 1A Privileges.

3. Receive a definition of privileges from the Chief of Urology.

4. Work within the frame of the Urology Residency Training Program of the University of California, San Francisco.

5. Be recommended by the Chief of Urology Service for Active or Courtesy Staff

Any applicant who has successfully completed residency training at UCSF within 3 years and has been evaluated by the Urology Faculty at ZSFG ~~SFGH~~ during that training shall be exempt from the proctoring process. All other requirements in the process shall be completed. Residency training evaluations will satisfy the major portion of proctoring requirements.

Appointment and Responsibilities of Proctors:

1. Proctor Qualifications:

   a. Member of the Active Staff or member of UC Faculty with Courtesy staff appointment.

2. Proctor(s) will be appointed by the Chief of the Urology Service.

3. Prior to scheduling a case for surgery, the applicant must have contacted and arrange for one of the appointed proctor(s) to be present during surgery.

4. After one year, the proctor's reports and a recommendations from the Chief of Urology Service shall be sent to the appropriate committee for staff membership action.

5. Anyone performing urological surgery can be placed under observation at any time when it is deemed indicated by the Chief of Urology Service, or

   a. Credentials Committee
   b. Medical Executive Committee
   c. Operating Room Committee

   The duration of the observation shall be at the discretion of the Chief of Urology, and a report shall be made to the requesting committee.

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REPORT FORM FOR PROCTORS – UROLOGY CLINICAL SERVICE

_____
Applicant's Name

_____
Date

Patient's Name:_____

Date of Birth: _____

ZSFG ~~SFGH~~ B #_____

Pre-Operative Work-up and Care:

Satisfactory _____
Unsatisfactory _____

Pre-Operative Diagnosis Appropriate:

Satisfactory _____
Unsatisfactory _____

Indications for Surgery Appropriate:

No _____
Yes _____

OPERATION:_____

Post-Operative Care

Satisfactory _____
Unsatisfactory _____

COMMENTS:

RECOMMENDATION
Satisfactory _____
Unsatisfactory _____

_____
Signature of Proctor **Date**

ATTACHMENT C – PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) PLAN
UROLOGY CLINICAL SERVICE

The purpose of this Performance Improvement and Patient Safety Plan is to monitor the activities of the Urology Clinical Service in order that the highest quality of medical care be provided for the patients on the Service. The Chief of Urology is responsible for carrying out this program.

The thrust of this program will focus on known or suspected patient care problems.

1. A monthly review of all complications and deaths is carried out with the entire faculty present. Each case is presented in detail, including x-rays, pathology and surgical procedures in each to explore all issues. Presentations are designed to facilitate discussions regarding problem areas in each case.

2. Tissue reports from pathological specimens of all surgical cases is reviewed by the Chief of Urology Service. Also reviewed are all cases of surgical procedures where pathologic specimens are not submitted for tissue evaluation.

~~3~~. ~~An infection control panel is currently utilized which includes reporting all infections to the infection control nurse. All hospital acquired wound infections are carefully reviewed to determine etiology and preventive methods.~~

3. The Chief of Urology Service reviews all operative reports done within the service.

4. Following discharge of the patient, each chart is carefully reviewed by the Chief of Urology Service in regards to appropriate diagnosis and treatment of the patient's specific disease process.

5. Clinical surveys are done at the discretion of the Chief of the Urology Service when patterns and trends suggests more clinical data is necessary to assess problems.

6. The Chief of Urology or ~~of~~ faculty member at ZSFG ~~SFGH~~ makes daily rounds on all patients and inserts appropriate progress notes regarding the care of such patients.

7. Weekly rounds are made with all residents, and all patients on the service are presented and discussed.

8. The fourth Wednesday of every month, an hour and a half clinical conference presentation on difficult cases and interesting cases are made before the clinical attending faculty. Complete case discussions are done at this conference which includes appropriateness of care.

   If problem patterns and trends are identified, the remedial action plan includes:

   a. Education and training programs
   b. Newly revised polices and procedures
   c. Staffing changes
   d. Equipment changes within the facility
   e. Counseling and proctoring

Once the remedial action plan has been initiated, follow-up and monitoring is done to insure the desired results have been achieved and sustained.

Problem trends and occurrences as well as remedial action and follow-up are reported to the PIPS Committee on an as needed basis. Records of these reports are maintained. The Executive Committee is presented an annual report at the discretion of the PIPS Committee.

Inter-departmental quality and utilization management issues and problems are managed by direct consultation with the Chief of the other department to resolve the problem. Should this be unsuccessful, a direct report to the PIPS Committee is made and an attempt to solve the problems through the PIPS Committee is made.

REPORTING

Evidence of all departmental quality and utilization management activity will be maintained in the department. A portion or all of this material may be reported during the monthly departmental staff meeting. These meetings are in conjunction with the University of California, Department of Urology. Minutes of the meeting will be kept on file in the Department of Urology office.

PEER REVIEW

House staff in the Urology Service at ZSFG ~~SFGH~~ are full-time residents in the University of California, San Francisco, Department of Urology training program. These residents spend ~~two to~~ four months per rotation on the Urology Service at this institution. ~~During this time they are under the supervision of two full time members that donate their time for teaching.~~ All patient care is under the direct supervision of an attending physician. After completion of each resident's rotation, a full evaluation form is completed by the Chief of Service and forwarded to the Chair ~~Chairman~~ of the Department of Urology, UCSF. In addition, at termination of each rotation, each resident is individually counseled by the Chief of Urology Service at ZSFG ~~SFGH~~ regarding his performance and at that time suggestions for improvements or changes are made. Provisions exist within the department to place residents on probation and/or suspension if indicated and necessary.

All medical staff members of the Urology Service at ZSFG ~~SFGH~~ hold faculty appointments at UCSF. Each faculty member is evaluated by the Chair ~~Chairman~~ of the Department of Urology at the time of initial appointment and periodically in connection with merit and promotional reviews in accordance with the standard of the University of California. Each staff member of the Urology Service submits an annual request for renewal of his appointment with appropriate documentation of required information. In addition, the Chief of Urology Service reviews each application and also reviews in detail the clinical performance of the individual staff member.

Clinical care is evaluated by:

(1) Preoperative care
(2) Appropriate indications for surgery
(3) The operative complications
(4) Operative results
(5) Post-operative complications
(6) Post-operative care
(7) Tissue review
(8) Number of Cases
(9) Blood Usage
(10) Length of Stay
(11) Record Keeping

All patient's cared for by an individual staff member are reviewed by the Chief of the Urology Service at ZSFG ~~SFGH~~. Recommendations regarding reappointment are based on the staff members clinical judgement and the professional performance.

The Urology Service departmental Performance Improvement and Patient Safety Plan is evaluated and updated annually in order to meet the needs of the service.

ATTACHMENT D – CLINICAL SERVICE CHIEF JOB DESCRIPTION

Chief of Urology Clinical Service

Position Summary:

The Chief of Urology Clinical Service directs and coordinated the Service's clinical, educational, and research functions in keeping with the values, mission, and strategic plan of Zuckerberg San Francisco General ~~San Francisco General Hospital~~ (ZSFG ~~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 Urology Clinical Service reports directly to the ~~Associate~~ Vice 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~~, Vice Dean the UCSF Department Chair, and the ZSFG ~~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 Urology Clinical Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at ZSFG ~~SFGH~~.

Major Responsibilities:

The major responsibilities of the Chief of Urology 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 ZSFG ~~SFGH~~ and the DPH;

In collaboration with the Executive Administrator and other ZSFG ~~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 ZSFG ~~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 ZSFG ~~SFGH~~ Medical Staff Bylaws.