

**OB/GYN CLINICAL SERVICE RULES
AND REGULATIONS
2014**

OB/GYN CLINICAL SERVICE
RULES AND REGULATIONS
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I. OB/GYN CLINICAL SERVICE ORGANIZATION

The Rules and Regulations of the Clinical Service of Obstetrics, Gynecology and Reproductive Sciences define certain standards of practice and other rules for members of the clinical service.

Standards of clinical practice will be consistent with those standards established by the American College of Obstetricians and Gynecologists, as set forth in the document, Standards for Obstetric Gynecologic Services. If any apparent conflict exists, the standard defined in this document will prevail.

These Rules and Regulations will supplement those set forth in the SFGH Bylaws, Rules and Regulations of the Medical Staff of San Francisco General Hospital. 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 clinical service adopts a more stringent standard.

A. SCOPE OF SERVICE

The Department of Obstetrics, Gynecology and Reproductive Sciences provides full scope obstetric and gynecologic services, including inpatient and outpatient obstetrics, inpatient and outpatient gynecologic care and gynecologic surgery and therapeutic abortion. Sub-specialty care is also provided in maternal-fetal medicine, gynecologic-oncology, gynecologic-urology, and reproductive infectious diseases. There is 24-hour, in-hospital attending physician coverage by members of the department.

The scope of service includes but is not limited to:

1. Obstetrics

- a. Normal antenatal, intrapartum and postpartum care;
- b. Complicated antenatal, intrapartum and postpartum care;
- c. Antenatal testing;
- d. Basic obstetric ultrasound; and
- e. Perinatal genetics services.

2. Inpatient Gynecology

- a. Gynecologic surgery, admission of patients with gynecologic diagnoses and consultation on inpatients admitted to other services, encompassing the usual scope of Board-Certified Obstetrician-Gynecologist.
- b. Specialty services:
 - 1) Laser therapy of vulva, vagina and cervix;
 - 2) Surgery for incontinence and pelvic organ prolapse (gynecologic-urology); and
 - 3) Surgery for treatment of gynecologic cancer.

3. Outpatient Gynecology

- a. Broad range of outpatient services, encompassing the usual scope of a Board-Certified Obstetrician-Gynecologist.
- b. Specialty clinics include:
 - 1) Dysplasia including colposcopy, cryotherapy, and loop excision;
 - 2) Gynecologic urology;
 - 3) Gynecologic oncology; and
 - 4) Reproductive endocrine and infertility services.

4. Family Planning

- a. Broad range of family planning services, encompassing the usual scope of a Board-Certified Obstetrician-Gynecologist;
- b. Tubal sterilization, including hysteroscopic tubal sterilization (Essure); and
- c. Abortion, up to fetal biparietal diameter (BPD) of 58 mm, or 24 weeks, 0 days
 - 1) Exclusions: Terminations beyond 24 weeks 0 days by BPD of 58mm (or its equivalent in femur length, if that is the more appropriate measurement) may be performed in special circumstances where maternal health is compromised by the pregnancy after discussion and approval by the Medical Director of the Women's Option's Center, a representative of the Ethics Committee, and, when appropriate, consultation with relevant medical specialist(s). The indications for

terminations beyond 24 weeks 0 days for fetal indications will be assessed by an attending neonatologist to determine the degree of fetal compromise and thus the appropriateness of offering the termination.

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, Article II, Medical Staff Membership, Rules and Regulations, and accompanying manuals as well as these Clinical Service Rules and Regulations.

C. ORGANIZATION AND STAFFING OF THE OB/GYN CLINICAL SERVICE

An organizational chart and duties of the OB/GYN Clinical Service appears in Appendix C.

The Officers of the OB/GYN Clinical Service are:

1. Chief of Service;
2. Assistant Chief of Service;
3. Chief of Obstetric Service;
5. Chief of Gynecologic Service;
6. Medical Director, Women's Health Center;
7. Medical Director, Family Planning Service;
8. Director of Resident Education;
9. Director of Medical Student Education;
10. Chair Nurse Midwifery Service Leadership Council; and
11. Director of Interdepartmental Nurse Midwife Education Program.
12. Director of QI

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of SFGH through the OB/GYN Clinical Service is in accordance with SFGH Bylaws Article II, Medical Staff Membership and SFGH Credentialing Manual, Appointments/ Reappointments and accompanying manuals as well as these Clinical Service Rules and Regulations.

1. Current licensure to practice in the State of California is required. No member shall engage in patient care responsibilities unless his/her license is current and clear.
2. CPR or neonatal resuscitation certification is encouraged but not required.
3. In accordance with SFGH Bylaws, all practitioners providing medication or supervising others who prescribe or furnish medications must have a valid federal DEA certificate.
4. Active and Courtesy Members are encouraged to be Board-Certified by or Active Candidates of the American Board of Obstetrics and Gynecology.

B. REAPPOINTMENTS

The process of reappointment to the Medical Staff of SFGH through the OB/GYN Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations, Credentialing Procedure Manual, 1.3 – Reappointment Process as well as these Clinical Service Rules and Regulations.

1. Re-appointment will occur every 2 years. At this time, the following will be reviewed:
 - a. Review of QI file: reports of peer review cases, complaints by staff or patients, sentinel events, or problems with the performance of certain procedures; and
 - b. Review of levels of clinical activity in each category of obstetrical and gynecological care.
2. Active medical staff members must perform a minimum number of procedures or activities in the prior two years as specified in the table below.

- a. If activity thresholds have not been met in a category of privileges requested by the member, then a program of educational activities and proctoring will be designed by the members of the department. Once completed, the privilege in the core category may be approved by the service chief. Exceptions to proctoring may be granted in certain circumstances with approval of a majority of active staff members. For courtesy staff members who perform the predominance of their clinical activities at other hospitals, a letter of good standing from the medical staff office at the primary hospital is sufficient proof of adequate clinical activity.
- b. If there has been no activity in any category in the prior 2 years, the staff member will be contacted and asked whether he or she intends to remain a member of the SFGH medical staff. If there is no response within 60 days or if the individual states that they intend to resign from the medical staff, the SFGH Medical Staff Office should be notified of the member's resignation. This holds for active staff members. For courtesy staff members, see above under 2a.
- c. If the individual states that he or she does intend to remain on the SFGH Medical Staff and to maintain their privileges, the department will devise a time-limited proposal for additional professional activity, with specification of proctoring thresholds, if necessary. Upon satisfactory completion of requisite activity, privileging will continue in those areas.

| Reappointment Requirements: | |
|--|--|
| OBSTETRICS | |
| Outpatient clinic: obstetrics | 50 clinic visits |
| Basic obstetrical ultrasound (IUP, dating, etc) | 10 interpretations |
| Inpatient Core obstetrical care (e.g. NSVD, labor management, lac repair) | 10 cases, including at least 5 vaginal deliveries |
| Ob-Gyn Specialist inpatient obstetrical care (e.g. c-section, assisted vag delivery, amniocentesis) | 10 operative procedures |
| GYNECOLOGY | |
| Outpatient clinic: gynecology | 50 clinic visits |
| Basic gynecologic ultrasound (pre-6G, IUD, adnexa) | 10 interpretations |
| Inpatient gynecologic care | 10 operative procedures |
| Gynecologic endoscopic procedures | 10 operative |
| SPECIAL PRIVILEGES | |
| 2 nd trimester Abortion Procedures | 10 operative procedures |
| Laser therapy | 2 cases |
| Hysteroscopic sterilization | 2 operative procedures |
| Urogynecology | 10 operative procedures |
| Moderate sedation/analgesia | 5 case reviews and documented completion of module |
| SUBSPECIALTY PRIVILEGES | |
| Gynecologic Oncology | 10 operative procedures |
| Maternal-Fetal Medicine | Care of 20 patients |

C. AFFILIATED PROFESSIONALS

The process of appointment and reappointment of Affiliated Professionals to SFGH through the OB/GYN Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations, Credentialing Manual, 3.1 – Affiliated

Professional Staff, and accompanying manuals as well as these Clinical Service Rules and Regulations. Affiliated professionals within the SFGH Department of Ob/Gyn include certified nurse midwives (CNM) who work in 6C and 5M and Nurse Practitioners who work in 6G and 5M, Physician Assistants who work in 5M, and Licensed Clinical Psychologists who work in New Generations Health Center.

D. DEFINITIONS OF MEDICAL STAFF CATEGORIES

All members of the medical staff in the SFGH Department concurrently shall be a member of the academic or clinical faculty of the University of California, San Francisco, School of Medicine, Department of Obstetrics, Gynecology, and Reproductive Sciences.

1. Active staff members are defined as any of the following:
 - a. Academic faculty member;
 - b. Clinical faculty members who regularly attend at SFGH, but who do not have active staff membership at other hospitals; and
 - c. UCSF fellows who are assigned the predominance of their clinical responsibilities at the SFGH.
2. Courtesy staff members are defined as any of the following:
 - a. Academic and Clinical faculty members who have active staff membership at other hospitals and who perform the predominance of their clinical practice at hospitals other than SFGH; and
 - b. Clinical faculty members who do not regularly attend at SFGH and who do not have active staff membership at other hospitals.
 - c. Many courtesy staff are board-certified sub-specialists (gyn-oncology, reproductive endocrinology, maternal-fetal medicine) who offer specialty services that our generalist Ob/Gyn staff members are not able to provide.
3. The term “regularly attend” is defined as an attending who is assigned to a clinical service activity for 30 or more days per year.
4. Temporary Privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws.

III. DELINEATION OF CLINICAL PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

The OB/GYN Clinical Services privileges are developed in accordance with SFGH Medical Staff Bylaws, Article IV: Clinical Privileges, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations, privileges to practice in the Clinical Service of Obstetrics and Gynecology will be commensurate with documentation of clinical training of an acceptable standard of clinical practice.

Privileges are delineated by consensus of the Active Members of the Clinical Service, subject to the approval of the Credentials Committee of the Medical Staff. Delineation of privileges will be reviewed yearly and at other times as necessary.

B. CATEGORIES OF PRIVILEGES

1. Privileges shall be defined in two categories: core and special
 - a. Core privileges are defined as the cognitive and procedural clinical activities customarily performed by fully trained obstetricians or gynecologists.
 - b. Special privileges are defined as procedural clinical activities that are not customarily performed by fully trained obstetricians or gynecologists and which require additional training, experience, and expertise to perform.
2. Core privileges will be granted in the following areas;
 - a. Outpatient gynecology and family planning;
 - b. Outpatient obstetrics;
 - c. Inpatient gynecology; and
 - d. Inpatient obstetrics.

3. Special privileges will be those sub-specialty areas and specialized procedures designated by the department as requiring skills (see table below and Privilege Form).

4. All new appointees to the Active Staff of the department must undergo a provisional period of no less than 3 months. During the provisional period, the clinician will be expected to satisfactorily complete proctoring.

C. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The OB/GYN Clinical Services Privilege Request Form shall be reviewed annually.

D. CLINICAL PRIVILEGES & MODIFICATION/CHANGE TO PRIVILEGES

The OB/GYN Clinical Service privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws, Article IV: Clinical Privileges, Rules and Regulations and accompanying manuals. All requests for clinical privileges will be evaluated and approved by the Chief of OB/GYN Clinical Service.

The process for modification/change to the privileges for members of the OB/GYN Clinical Service is in accordance with the SFGH Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

IV. PROCTORING AND MONITORING

Proctoring is defined as an evaluation of a member's clinical training, skills, and judgment by a peer clinician who is fully privileged in the area being evaluated. It is intended to evaluate the clinical skills of the member in performing clinical services, but not to evaluate their abilities as a teaching or supervising clinician, which will be done in other ways.

A. CIRCUMSTANCES REQUIRING PROCTORING

All medical staff members initially granted privileges shall complete a period of proctoring, in accordance with the following monitoring requirements below. Proctoring may be accomplished in any the following settings:

1. After initial appointment to the Medical Staff and performed within the first 6 months after joining the SFGH medical staff.

- a. For physicians who completed residency at UCSF and will join the department soon after completion of the residency, proctored procedures during the Chief Residency year will be considered applicable toward proctoring requirements. There are therefore fewer cases required to be proctored upon joining Medical Staff for former UCSF residents as shown in the Table below.

2. When a member requests privileges for a procedure in which there has been insufficient clinical activity in the prior 2 years.

3. When a member requests special privileges in a category or procedure for which they recently have completed training.

4. At the time of reappointment to the Medical Staff, if it is found that proctoring at the time of initial appointment was incomplete or insufficient.

B. PROCTORING AFTER INITIAL APPOINTMENT

Individuals' privileges are subject to review and revision at initial appointment, throughout the period of proctoring, at the time of reappointment, at any time as judged necessary by the Chief of Service or at any time recommended by a two-thirds vote of a quorum of the clinical service's Active Staff.

The number of cases that must be proctored are contained in the tables below.

Individual Proctoring Plan for Former UCSF Resident or Fellow:

| | |
|--|--|
| OBSTETRICS | |
| Outpatient clinic: obstetrics | Review of 3 medical records |
| Basic obstetrical ultrasound (IUP, dating, etc) | Interpretation of 3 ultrasound exams |
| Inpatient Core obstetrical care (e.g. NSVD, labor management, lac repair) | Observed care of 3 patients, including 3 vaginal deliveries |
| Ob-Gyn Specialist inpatient obstetrical care (e.g. c-section, assisted vag delivery, amniocentesis) | Observed care of 2 patient, each of whom has received at least one operative procedure |
| GYNECOLOGY | |
| Outpatient clinic: gynecology | Review of 3 medical records |
| Basic gynecologic ultrasound (pre-6G, IUD, adnexa) | Interpretation of 3 ultrasound exams |
| Inpatient gynecologic care | 3 observed operative procedures |
| Gynecologic endoscopic procedures | 3 observed operative procedures |
| SPECIAL PRIVILEGES | |
| 2 nd trimester Abortion Procedures | 2 observed operative procedures |
| Laser therapy | 2 observed procedures |
| Hysteroscopic sterilization | 2 observed procedures |
| Urogynecology | 2 observed procedures |
| Moderate sedation/analgesia | Review of 5 cases |
| SUBSPECIALTY PRIVILEGES | |
| Gynecologic Oncology | 2 observed procedures |
| Maternal-Fetal Medicine | Observed care of 2 patients |

Individual Proctoring Plan for Non-UCSF Resident or Fellow:

| | |
|--|---|
| OBSTETRICS | |
| Outpatient clinic: obstetrics | Review of 5 medical records |
| Basic obstetrical ultrasound (IUP, dating, etc) | Interpretation of 5 ultrasound exams |
| Inpatient Core obstetrical care (e.g. NSVD, labor management, lac repair) | Observed care of 5 patients, including 3 vaginal deliveries |
| Ob-Gyn Specialist inpatient obstetrical care (e.g. c-section, assisted vag delivery, amniocentesis) | Observed care of 3 patients, each of whom has received at least one operative procedure |
| GYNECOLOGY | |
| Outpatient clinic: gynecology | Review of 5 medical records |
| Basic gynecologic ultrasound (pre-6G, IUD, adnexa) | Interpretation of 5 ultrasound exams |
| Inpatient gynecologic care | 5 observed operative procedures |
| Gynecologic endoscopic procedures | 5 observed operative procedures |
| SPECIAL PRIVILEGES | |
| 2 nd trimester Abortion Procedures | 3 observed operative procedures |
| Laser therapy | 2 observed procedures |
| Hysteroscopic sterilization | 2 observed procedures |
| Urogynecology | 3 observed procedures |
| Moderate sedation/analgesia | Review of 5 cases |
| SUBSPECIALTY PRIVILEGES | |
| Gynecologic Oncology | 3 observed procedures |
| Maternal-Fetal Medicine | Observed care of 3 patients |

C. QUALIFICATIONS OF PROCTORS

1. Proctoring will be carried out by Active members of the staff who enjoy unrestricted privileges in the category subject to proctoring.
 - a. In certain cases, the proctoring of privileges, which are not held by another member of the Active Staff, may be performed by a Board-Certified Member of the Active Staff at the direction of the Chief of Service. At the discretion of the Chief of Service, such proctoring may be supplemented by consultation with a physician who holds unrestricted privileges in that category at another affiliated hospital (UCSF affiliated), or who holds unrestricted privileges in a similar field at San Francisco General Hospital
2. One or two primary proctors will be assigned for each individual, but this does not preclude other members from service as proctors in individual cases.

V. EDUCATION OF MEDICAL STAFF

The CME requirements set forth in the current SFGH Bylaws, Rules and Regulations of the Medical Staff of San Francisco General Hospital shall apply as the minimum required by the Department. The Obstetrics & Gynecology Clinical Service members are encouraged to attend UCSF department courses for CME credits.

VI. OB/GYN CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

Attending faculty shall supervise house staff in such a way that house staff assumes progressively increasing responsibility for patient care according to their level of training ability and experience. House Staff providing clinical services shall do so only under the supervision of active or courtesy medical staff that have ultimate responsibility for patient care, are members of the University of California, San Francisco Faculty, and have appropriate clinical privileges. Details are in Appendix B. A summary is below.

A. ROLE, RESPONSIBILITY AND PATIENT CARE ACTIVITIES OF THE HOUSESTAFF

House staff care for patients under supervision of attending physicians in all clinical settings described in I.A. Scope of Service. Attending physicians are immediately available for consultation in all clinical settings. Attending physicians are present 24 hours per day to supervise all deliveries and surgical procedures. Guidelines for calling the Attending in other situations are disseminated to the residents yearly and are available on the residents' website.

B. RESIDENT EVALUATION PROCESS

The Ob/GYN residency program has a robust system for monitoring and evaluating competencies of residents. It includes electronic global evaluations by multiple faculty members every 6 weeks, assessment of surgical competency for benchmark cases (e.g. R1=Cesarean; R2=Laparoscopy; R3=Abdominal Hysterectomy; R4=Vaginal Hysterectomy), assessment at weekly case conferences, and assessment in surgical skills labs and obstetric simulations. The Ob/Gyn Residency program's evaluation system for accessing competency of its residents has been approved by the ACGME. Residents' evaluations are reviewed twice yearly with the resident by the Residency Program Director or Associate Director. Their contracts are renewed annually assuming clinical, educational and professional competencies have been met. Remediation or discipline occurs as necessary according to the UCSF GME Guidelines.

C. ABILITY TO WRITE PATIENT CARE ORDERS

1. House staff may write patient care orders with the following exceptions:
 - a. DNR; and
 - b. AMA.

VII. OB/GYN CLINICAL SERVICE CONSULTATION CRITERIA

The Obstetric or Gynecology On-Call resident physician is paged to notify of inpatient consultation requests. Attending physicians supervise all inpatient consultations. For outpatient consultations, the E-Referral system is used.

VIII. DISCIPLINARY ACTION

The San Francisco General Hospital Medical Staff Bylaws, Rules and Regulations, which include provision for due process where applicable, will govern all disciplinary action involving members of the SFGH OB/GYN Clinical Service.

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY (PIPS)

The Department of Obstetrics, Gynecology and Reproductive Sciences at San Francisco General Hospital is committed to a systematic and comprehensive program of Quality Improvement, through the PIPS program, in an effort to promote the highest possible standard of care for patients.

A. GOALS & OBJECTIVES

1. Demonstrate a commitment to continuous improvement in obstetrical and gynecological services;
2. Objectively examine aspects of care in order to improve the overall services of the department;
3. To monitor morbidity and mortality and to reduce them to the lowest possible rate;
4. Facilitate a multi-disciplinary approach to the assessment and development of health care services;
5. To insure that the delivery of women's health care by personnel in training is competently and fully supervised;
6. Pursue opportunities to continually improve the patient care experience, including patient satisfaction with services delivered;
7. Implement and document actions to improve care with follow-up, periodic review, and evaluation; and
8. Provide ongoing education on approach and methods of continuous quality improvement and utilization management.

B. RESPONSIBILITY

Overall responsibility for monitoring and evaluation of this program is assigned to the Chief of Service. The departmental Quality Improvement committee and the data assistant facilitate implementation of this program. All members of the department are expected to actively participate in the Quality Improvement (QI) activities outlined in this program.

1. Chief of Service

- a. Assures that care delivered by Medical Staff meets acceptable standards;
- b. Assures that the monitoring and evaluation encompasses the full scope of care delivered;
- c. Investigates any specific cases where the quality of care has been questioned: evaluates, takes corrective action as needed, and implements follow-up plans;
- d. Facilitates formation of strategies for resolution of identified problems and monitors progress;
- e. Works collaboratively with other departments and services for resolution of issues that require interdepartmental cooperation;
- f. Assures reporting of potential litigation events to the UC Risk Manager;
- g. Assures that the systematic review of patterns of practice and clinical trends are an integral part of the staff evaluation and provider credentialing process;
- h. Disseminates the results of QI activities to clinic chiefs and individual providers, as appropriate; and
- i. Appoints a departmental Director of Quality Improvement.

2. Departmental Quality Improvement Committee

- a. Identifies potential QI activities.
- b. Reviews on-going contribution of activities to continuous improvement of patient care.
- c. Is chaired by the departmental Director of Quality Improvement.

3. The QI Data Assistant

- a. Provides administrative support to departmental members for selected QI activities.
- b. Performs and monitors documentation of QI activities to assure completeness and consistency.
- c. Work under the direction of the Chief and MSO to perform data retrieval.

4. Medical Providers (Physicians, Residents, CNMs, and Nurse Practitioners)

- a. Participate in assigned Medical Staff Committees (according to hospital by-laws).
 - b. Participate in peer evaluation of performance as requested.
 - c. Maintain departmental standards by incorporating quality improvement into clinical practice.
 - d. Report unusual occurrences (events/trends) outside the expected outcome to UC Risk Management.
5. Nursing Personnel
- a. Work with the Medical Staff to deliver quality patient care.
 - b. Identify problem areas in patient management and collaborate with the Chief and/ or designee for resolution.
 - c. Identify and resolve patient care problems within their scope of nursing practice.
6. Non-Medical Departmental Clinic Staff
- a. Work with the Medical Staff to deliver quality patient care.
 - b. Work as members of multi-disciplinary groups to address problems identified as a result of QI activities.
 - c. Perform QI activities to identify areas for potential improvement in patient satisfaction and experience.
 - d. Serve as patient advocates regarding the care experience.
7. SFGH Quality Management Staff
- a. Organize and support the departmental QI activities by obtaining requested data and assuring that there is support staff to document the proceedings; and
 - b. Perform assessment on institution-wide indicators.

C. REPORTING

1. Results of Quality Improvement activities are disseminated in the following manner:
 - a. Results of department-specific activities reviewed by the QI Committee are shared with department faculty at least quarterly;
 - b. Summary information is presented to the SFGH Medical Staff Quality and Utilization Management Committee on a semi-annual basis;
 - c. Minutes of all meetings in which quality improvement activities are discussed are distributed to appropriate staff and faculty. Copies of all minutes are maintained in the Quality Improvement binder in the departmental office; and
 - d. Feed-back information will be provided to all parties involved in QI or peer-review actions.
2. Access to documents produced by the QI Program outside the department is limited to: Chief of Staff; Chair, Medical Staff Quality and Utilization Management Committee; and Risk Managers. Additional access may be granted at the discretion of the Chief of Service.
3. The Chief of Service is responsible for addressing patient care problems which involve other clinical services. This responsibility may be delegated to the appropriate section directors.
4. Patient care will be referred to the Hospital PIPS Committee when:
 - a. They consistently cross clinical service/departmental lines;
 - b. Further assistance is needed in their resolution;
 - c. Operational link with risk management when deemed necessary by the Chief of the Service or the PIPS Chief.

D. CLINICAL INDICATORS

1. Indicators are used to monitor the outcome or process of the provision of care. Thresholds (TH) are targets for clinical performance, using current literature or aggregate hospital experience, and are established for each indicator developed. They represent the level or point at which stimulus is strong enough to signal the need for departmental response to indicator data and the beginning of the process of investigating opportunities for improvement.
2. Indicators for obstetrics, gynecology, and abortion services will be recommended by the Quality Improvement Committee to the department as a whole. Review of indicators will occur at least once a year, or more often as needed.
3. On a periodic basis (not to exceed once a month), the QI Data Assistant (or designee) will review all medical records of patients admitted to the obstetrical, gynecologic, and abortion services once discharged. Each record will be evaluated to determine whether an indicator definition is met, in which case it is considered to be a “kick out” case.
4. When an indicator is present, the medical record of the “kick-out” case will be reviewed as follows.

- a. All kick-outs that occur each week are listed for weekly Ob and Gyn M&M conferences. Most though not all, are reviewed during the M&M conference with one clinician assigned to record the findings and complete review of the case. Those that are not reviewed in M&M are referred to a clinician reviewer to review.
 - b. The clinician reviewer will complete the “Kick-Out Evaluation Form” and designates whether there is no deficiency, room for improvement of deficiency. The reviewer also determines whether the case should be referred to the Peer Review Committee. If the attending of the case is not present at the M&M conference, a copy of the Kick-Out form is given to them for review.
 - c. Clinician reviewers are expected to complete chart review and the “Kick-Out Evaluation Form” within 7 days of being assigned the medical record.
 - d. The QI Data Assistant will track the status of all medical records being reviewed by clinician reviewers using the “Kick-out Tracking Log”.
5. The QI Data Assistant will keep statistical records regarding the total number of discharged patient cases reviewed, the percentage of cases that met the definition of an indicator, a comparison of observed indicator rates to established thresholds, and the percentage distribution of the dispositions of cases reviewed by clinician reviewers. These statistical summaries will be presented to the Quality Improvement Committee and will be evaluated by the Chief of Service (or designate) prior to reappointment to medical staff.

E. QUALITY OF CARE INDICATORS

1. Inpatient Obstetrics

1. Apgar score < 5 at 5 minutes (TH 2%)
2. Cord UA pH less than 7.00 or base excess greater than -10 (TH 2%)
3. Delivery of infant weighing < 1,200 grams (NA)
4. C-Section for fetal indication (TH 5%)
5. 4th degree laceration
6. Transfusion or greater than 1,500 cc of blood loss (TH 5%)
7. Eclampsia
8. ICU Admission (TH 2%)
9. Unplanned Return to OR
10. Unplanned removal, injury, or repair of an organ during surgery (TH 5%)
11. Perinatal death (TH 0%)
12. Maternal death (TH 0%)
13. Readmission for PP complications (TH 2%)
14. Surgical procedure on undelivered patient
15. Other [no threshold].

2. Inpatient Gynecology

1. Unplanned readmission within 14 days
2. Admission/procedure after >1 vst to ER
3. Cardiopulmonary arrest (TH 1%)
4. Antibiotics >24 hrs after surg or adm
5. Unplanned admission of Come and Go patient (no 6G pt) (TH 10%)
6. Unplanned admission to ICU (TH 2%)
7. Unplanned return to the operating room (TH 2%)
8. Unplanned removal, injury or repair of an organ during surgery (TH 5%)
9. Death during admission
10. Hospital admission > 5 days (non-oncology pt) (TH 10%)
11. Procedure time > 4 hours (non-oncology pts) (TH 10%)
12. Transfusion for intraoperative blood loss (TH 10%)
13. Post operative transfusion (no 6G patients)
14. Development of infection not present on adm
15. Other

3. Women’s Options Center

1. Bleeding complications
 - a. Transfusion
 - b. UAE (IR)
2. Damage to organs
 - a. Cervical laceration requiring suture
 - b. Perforation
3. Hospital admission
 - a. Subsequent surgery
 - b. Observation of bleeding
4. Reaspiration
 - a. After 24 hours of original procedure

F. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE

The focus of Quality Improvement activities is on high-volume (HV), high-risk (HR), or problem-prone (PP) services. Other aspects of care may be selected because of their direct relationship to patient satisfaction, which is also a focus of QI activities. The following aspects of care are selected for review and monitoring:

- a. Inpatient Obstetrics: delivery Outcomes (HV)
- b. Inpatient Gynecology: surgical and non-surgical outcomes (HV, HR)
- c. Women's Options Center Services
 1. Conscious Sedation Monitoring Compliance (HR)
 2. Abortion Outcomes (HV)
1. Quality Improvement Committee
 - a. The Committee will meet at least quarterly, in sessions separate from regularly scheduled Department meetings.
 - b. Membership
 1. Departmental Director of Quality Improvement (chair)
 2. Medical Director of the Women's Health Center
 3. Representative member of the Obstetrics Division
 4. Representative member of the Gynecology Division
 5. Nurse midwife representative (s)
 6. Representative to the SFGH QI Committee
 7. Representative to the SFGH Risk Management Committee
 8. Departmental MSO
 9. QI Data assistant
 10. At large member(s), appointed by the department Chief of Service
 11. Chief of Service is an ex-officio, voting member
 - c. Activities
 1. Present and discuss reports of hospital QI and Risk Management Committees
 2. Review indicator statistics, including follow up of "kick-out" cases
 3. Review report from departmental Peer Review Committee
 4. Review report of weekly M&M Conferences
 5. Designate, execute, and review focus studies
 - c. Departmental Meetings
 1. At least quarterly, a summary of the proceeding of the departmental QI
 2. Committee will be presented at a regular departmental staff meeting.

- d. Because the Department of Obstetrics, Gynecology and Reproductive Sciences at SFGH is a part of a larger educational institution (UCSF), on-going education is an important component of its activities. Where additional educational needs are identified, interventions are scheduled as appropriate.
 - e. Issues that cross departmental lines are referred by the Chief to the appropriate clinical or non-clinical department for evaluation and resolution. Further departmental involvement in efforts to improve these processes is assigned by the Chief or designee.
 - f. Most issues require a multi-disciplinary approach, and with the assistance of the hospital Quality Management staff, groups are organized to assess the deficiencies and recommend steps for resolution, initiate responses, and evaluate results.
 - g. The Quality Improvement Program is reviewed periodically for effectiveness and evidence of improvement in patient care. Plans are made, at that time, to identify indicators for monitoring care in the upcoming period.
 - h. Problem Resolution
 1. Assessment: patient care problems are assessed with an appropriate tool which may include:
 - a. Medical records audit using pre-determined, clinically valid criteria
 - b. Observation of clinical practice (see also Proctoring Plan)
 - c. Fact-finding and discussion with clinical staff
 - d. Clinical Research
 2. Recommendations may include:
 - a. Review of charts by attending physician or Section Directors.
 - b. Education and training with unit staff.
 - c. Procedure changes
 - d. Staff meetings
 - e. Equipment changes
 - f. Development of standards of care.
 - g. Individual staff and appropriate disciplinary action
 3. Remedial action for identified problems may include:
 - a. Changing or creating new policies and treatment protocols
 - b. Education of faculty, , nursing staff, etc
 - c. Proctoring and counseling
 - d. Recommendations for equipment purchase and use
 - e. Adherence to blood & fluid safety precautions, and infection control guidelines.
2. Peer Review Committee
 - a. The Peer Review Committee is expected to review clinical performance or professional behavioral issues regarding individual provider staff members.
 - b. Cases reviewed may arise from the following sources:
 1. “Kick out” cases referred to the Committee by a clinician reviewer;
 2. Cases from the M&M Conference identified as requiring peer review evaluation;
 3. Unusual Occurrence Reports (UORs) submitted to the Chief of Service; and
 4. Complaints from patients or staff submitted to the Chief of Service.
 - c. The Peer Review Committee will be composed of the physician and CNM members of the departmental Quality Improvement Committee.
 - d. The Peer Review Committee will meet “as needed” (if there are cases for review) after the completion of a Quality Improvement Committee meeting, or in extraordinary session if necessary.
 - e. A “Peer Review Committee Record” will be completed and stored in a secure location.
 - f. Peer Review Committee meetings will be closed to non-members and its proceedings will be considered to be confidential and protected by Section 1157 regulations.
 3. Morbidity and Mortality (M&M) conferences

- a. Separate Obstetrical Morbidity and Mortality (Ob M&M) and Gynecology Morbidity and Mortality (Gyn M&M) Conferences are held on a weekly basis and attended by all available active attending faculty and residents on service at San Francisco General Hospital.
 - b. During Ob M&M, a case list of all patients who delivered during the previous week is distributed for review. During the Gyn M&M, a case list of all patients discharged from the Gyn Service (including Come and Go admissions) in the previous week is distributed for review.
 - c. Cases discussed will come from three sources.
 1. Patients recently discharged from SFGH where one of the Obstetrical or Gynecologic indicators appears to be present
 2. Cases not previously presented to the M&M Conference that are referred through the indicator review process (Ob, Gyn, and Women's Option Center)
 3. Cases that arise from the Women's Health Center (5M)
 - d. For all cases discussed, the M&M Review Forms (see Appendix D) will be completed. An assessment is made as to whether there was a deficiency, an opportunity for improvement, or no deficiency in care provided. Recommendations for further QI follow-up or activities will be made and tracked for completion.
 - e. An aggregate report of cases presented to the M&M Conference will be produced by the departmental director of Quality Improvement and presented to the Quality Improvement Committee at each of its meetings.
 - f. Additional Morbidity and Mortality Conferences are held monthly in conjunction with the Pediatric Department. This M&M Conference reviews all deaths and major morbidity, with special attention to readmissions, untoward drug effects, complications (by clinical indicator) and maternal or fetal deaths.
4. Ongoing Professional Performance Evaluation (OPPE)
- a. Practitioner-specific information identified as a result of Peer Review and other QI activities are reviewed by the Chief as part of the reappointment process and every 6 months.
 - b. Bi-annual activity reports for Obstetrics, Gynecology and Family Planning are created for all provider staff and are maintained in the departmental credentialing file. These reports include volume of cases, number of those with indicators, and result of review of the cases with indicators (no deficiency, room for improvement, deficiency).
 - c. An OPPE form is completed by the Chief or his/her designee each 6 months to ensure adequate volume and quality of care for each clinician. (Appendix E)
5. Other Patient Care Conferences
- a. Weekly GYN Pre-Operative Conferences: Review by multiple faculty of surgical plan for the following week's operative cases.
 - b. Gynecologic Tumor Board meets once monthly for prospective planning and retrospective review of treatment of gynecologic cancers at SFGH.
 - c. Ultrasound Conference occurs once monthly for review of Obstetric and Gynecologic Ultrasound.
Dysplasia case conference occurs weekly.
 - d. Ob/Gyn Medical Staff Meetings
 1. The ob/gyn attending staff meets at least monthly. All patient care problems are discussed, solutions are recommended and the resolution of problems tracked. Performance Improvement and Patient Safety is addressed at every meeting. Actions plans and follow-up are discussed. Minutes are kept and reviewed at subsequent meetings.
6. Ongoing Review of All Women's Health Center Charts
- a. All charts of medical students, unlicensed resident physicians, selected charts of nurse practitioners, PA's, proctored attendings, CNM's and RN's are reviewed by the Medical Director, attending MD and/or Chief Resident daily.
 - b. Outpatient only physicians (Courtesy staff) are always paired with an Active staff member during clinical sessions so are subject to observation during the clinical session. Any quality issues that are noted by the Active staff physician are brought to the QI committee. In addition, 5 charts are reviewed at the time of re-appointment.

6. Unusual Occurrence
 - a. All reports will be reviewed by the Chief of Service and Medical Director of the appropriate service (5M, 6G, 6C etc) who assigns review and response to responsible attending. A plan will be developed if quality of care has been compromised to ensure that the problem has been resolved.
7. Oral or Written Patient Complaints
 - a. Oral or written patient complaints will be reviewed by the Chief of Service and Head Nurse and forwarded to the Outpatient Grievance Committee and assigned for review and response to the responsible attending.
8. Drug Adverse Reactions
 - a. All are identified through daily chart review and appropriate follow-up, and completion of adverse drug reaction form.
9. Nosocomial Infections
 - a. Staph skin infection reported weekly at M&M Conference.
 - b. Surgical wound infection reported weekly at M&M Conference.
10. Missed Appointments
 - a. All missed appointments are reviewed by the clinic nurse or clinician. When appropriate, another appointment is made by mail or phone. If follow-up fails, a public health nurse can be called upon for assistance.

X. MEETING REQUIREMENTS

A. COMMITTEE MEETINGS

In accordance with SFGH Medical Staff Bylaws 7.2.I, 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 OB/GYN Clinical Services shall meet as frequently as necessary, but at least monthly 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, Article VII, 7.2.G., a quorum is constituted by at least three (3) voting members of the Active Staff for the purpose of conducting business.

Refer to Appendix C for Committee Assignment for members of the OB/GYN Clinical Service.

B. FACULTY MEETINGS

All faculty must attend at least 75% of all regularly scheduled faculty meetings. Anticipated absenteeism should be communicated to the Chief of Service in a prompt manner.

Minutes of all faculty meetings will be maintained in the service, distributed to all faculty members, and forwarded to the Medical Staff Office in a timely manner.

1. M&M Conferences

- a. Faculty are expected to attend any M&M conference wherein a patient they cared for is being discussed. If unable to attend, they are expected to learn about the proceedings of the M&M from an attendee. In addition, faculty are expected to attend at least 50% of either Ob or Gyn M&M Conferences according to their clinical duties. Outpatient only physicians do not have this requirement.

XI. ADDITIONAL OB/GYN SERVICE SPECIFIC INFORMATION

A. ATTENDING PHYSICIAN RESPONSIBILITIES

1. Obstetrics Service Attending
 - a. The role of attending physician on the Obstetric Service will generally rotate on a weekly basis.
 - b. On all weekdays (excluding holidays) the OB Attending is expected to be in-house and readily available from the time of morning rounds through the time of evening rounds. Responsibilities include:
 1. Conducting teaching rounds with house staff and students each weekday (excluding holidays)
 2. Attendance at all deliveries and other major procedures
 3. Supervision of house staff for all admissions, discharges and significant changes in the plan of care
 4. Review and co-sign all antenatal-testing procedures
 5. Review and co-sign all obstetrics ultrasounds performed by house staff
 6. Review of E-referrals submitted to the Obstetrics service
 7. Collaboration with nursing staff to ensure effective, efficient, quality care
 - c. It is the responsibility of the attending to arrange for alternate coverage in situations of anticipated absence.
2. Gynecology Service Attending
 - a. The role of attending physician on the Gynecology Service will generally rotate on a weekly basis.
 - b. The GYN Attending will be responsible for the following:
 1. Attendance at all operative procedures scheduled by the team
 2. Daytime coverage of emergency procedures
 3. Conducting teaching rounds with house staff and students each weekday (excluding holidays)
 4. Supervision of house staff for all ED and inpatient consult admissions, discharges and significant changes in plans of care
 5. Review of E-referrals submitted to the Gynecology service
 6. Review and approval of all scheduled surgical cases
3. It is the responsibility of the GYN Attending to arrange for alternate coverage in situations of anticipated absence.
4. Family Planning Service Attending
 - a. The role of attending physician on the Family Planning Service will generally rotate on a daily basis.
 - b. The family Planning Attending will be responsible for the following:
 1. Attendance at all abortion surgical procedures, whether performed in an outpatient or inpatient setting;
 2. Supervision of Family Planning Resident and medical students assigned to Women's Options Center;
 3. Supervision of pre-operative examinations;
 4. Review and co-sign all ultrasounds performed by house staff; and
 5. Collaboration with nursing staff to ensure effective, efficient, quality care.
5. 5M Outpatient Attending
 - a. Attending physicians are generally assigned to 5M for the same ½ day clinic session each week.
 - b. The 5M Attending will be responsible for the following:
 1. Attendance at the outpatient clinic from start to finish with only brief periods of absence;
 2. Supervision of all house staff and medical students in 5M;
 3. Review and co-sign all ultrasounds performed by house staff in 5M;
 - 4.
 5. Collaboration with nursing staff to ensure effective, efficient, quality care.
6. Night and Weekend Attending
 - a. The attending physician on nights and weekends is expected to be in-house and readily available at all times.

- b. The Night and Weekend Attending will be responsible for the following:
 - 1. Attendance at all deliveries (except those uncomplicated deliveries attended by a Certified Nurse Midwife or Attending Family Medicine Physician), unless concurrent clinical situations prevent such attendance; and
 - 2. Attendance at all surgical cases in the operating room.
 - 3. Supervision of house staff for all ED and inpatient consults, admissions, discharges and significant changes in plans of care;
 - 4. Review and co-sign all ultrasounds performed by house staff; and
 - 5. The Night and Weekend Attending is expected to call in the back-up attending when the level of clinical activity jeopardizes adequate coverage of attending responsibilities.
- 7. Night and Weekend Back-up Attending
 - a. A back-up attending physician will be assigned every weeknight and weekend and is expected to be available to be called in from home should the necessity arise.
 - b. The Back-up attending will be called in at the discretion of the Night and Weekend Attending or at the request of the Ob/Gyn Chief Resident. The Back-up Attending will also be expected to fill in for the Night and Weekend Attending in the event of illness or other urgent absence.

B. MEDICAL RECORDS

The members of the OB/GYN Clinical Service are committed to the maintenance of complete, accurate and timely medical records. The requirements are set forth in the San Francisco General Hospital Bylaws, and Rules and Regulations of the Medical Staff, which define the minimum standard for records in the clinical service.

All operative procedures must include a pre-operative and post-operative note by the attending surgeon of record.

- 1. Operative Reports - Dictated operative reports will contain at a minimum:
 - a. Pre-operative diagnosis;
 - b. Post-operative diagnosis;
 - c. Operative procedures performed;
 - d. Operating team;
 - e. Major findings;
 - f. Succinct description of the operation performed, such that an individual trained in the procedure would understand the techniques employed;
 - g. Complications;
 - h. Estimate of blood loss; and
 - i. Listing of specimens sent.
- 2. Dictated operative reports are required for all major and minor operative procedures, except for:
 - a. Spontaneous vaginal deliveries without complications;
 - b. Low or outlet forceps or low vacuum operations without complications (brief narrative summary required);
 - c. Sterilization procedures, when the option for use of the standardized reporting form is selected;
 - d. Abortions, when the option for use of the standardized reporting form is selected.
- 3. Discharge Summaries
 - a. Dictated discharge summaries are required for all patients hospitalized over 48 hours. Dictated discharge summaries may be done for other patients at the physician's discretion.
 - b. Dictated discharge summaries will contain a succinct description of the reasons for hospitalization, the course of treatment, complications of treatment, condition on discharge, and plans for continuous care post-hospitalization.
- 4. Emergency Department and Urgent Care Consultations
 - a. Attending notes are encouraged on all Emergency Department and Urgent Care Obstetric and Gynecologic Consultations.

C. INFORMED CONSENT

All decisions for treatment should involve the active participation of the patient, and informed consent should be made after appropriate discussion of risks, benefits and alternatives.

Documentation of "Informed Consent" on Medical Staff-approved forms is required for all the following:

1. All surgical procedures performed in the operating room;
2. All procedures in which tissue is removed;
3. All procedures involving laser therapy;
4. Vaginal breech delivery; operative vaginal delivery (forceps, vacuum)
5. Cesarean delivery;
6. Tubal sterilization;
7. Amniocentesis;
8. External cephalic version; and
9. IUD insertion, contraceptive implant insertion.
10. induction of labor

XII. ADOPTION AND ADMENDMENT

The OB/GYN Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all Active members of the OB/GYN Service annually at an OB/GYN Clinical Service Meeting.

These Rules and Regulations may be adopted and revised on a voice vote of a majority of Active Staff members, providing that at least 72 hours' notice has been given.

XIII. APENDIX A.-CLINICAL SERVICE PRIVILEGE FORM

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.

OBGyn OBSTETRICS and GYNECOLOGY 2010
 (08/09 MEC) (04/10 ADMIN)

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.

24.00 CORE PRIVILEGES

24.01 OUTPATIENT CLINIC: OBSTETRICS

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: review of 5 medical records

REAPPOINTMENT: 50 clinic visits in the previous 2 years

- A. Prenatal care visits, both low and high risk patients
- B. Interpretation of fetal monitoring
- C. Treatment of medical complications of pregnancy including, but not limited to: Pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete, or missed abortion

24.02 BASIC OBSTETRICAL ULTRASOUND

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Interpretation of 5 ultrasound exams

REAPPOINTMENT: Interpretation of 10 ultrasound exams in the previous two years

- A. Identification of intrauterine pregnancy
- B. Evaluation of fetal viability and heart rate
- C. Estimation of gestational age
- D. Fetal presentation
- E. Evaluation of vaginal bleeding
- F. Estimation of fetal weight
- G. Amniotic fluid estimation (AFI)

24.03 BASIC INPATIENT OBSTETRICAL CARE

These procedures are common to the obstetrical care provided by obstetrician- gynecologists, as well as family physicians that perform obstetrical services at SFGH. PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. PROCTORING: Observed care of 5 patients, including at least 3 vaginal deliveries REAPPOINTMENT: Supervision of care of 10 patients, including at least 5 vaginal deliveries, in the previous two year

Requested Approved

- A. Routine inpatient antepartum, intrapartum, and postpartum care
- B. Management of spontaneous and induced labor
- C. Pudendal block and local anesthesia
- D. Fetal assessment, antepartum and intrapartum
- E. Internal fetal monitoring
- F. Normal cephalic delivery
- G. Episiotomy and repair, including 1st and 2nd degree lacerations
- H. Exploration and repair of the vagina and cervix
- I. Cesarean section (as assistant surgeon only)
- J. Deliver placenta

24.04 OB/GYN SPECIALIST INPATIENT OBSTETRICAL CARE

These services and procedures may be performed only by obstetrician gynecologists, unless the physician has received additional obstetrical training and experience and has been approved by the Chief of OG&RS to perform specified procedures within this group.

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Observed care of 3 patients, each of whom has received at least one of the operative procedures above

REAPPOINTMENT: 10 operative procedures in the previous two years

- A. Evaluate, diagnose, treat, and provide consultation for medical conditions complicating pregnancy (beyond that contained in routine inpatient antepartum, intrapartum, and postpartum care)

X. Anoscopy

Requested Approved

24.06 BASIC GYNECOLOGIC ULTRASOUND

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.
PROCTORING: Interpretation of 5 ultrasound exams
REAPPOINTMENT: Interpretation of 10 ultrasound exams in the previous two years

- A. IUC localization
- B. Estimation of size and consistency adnexal mass
- C. Estimation of size of uterine myomas
- D. Evaluation of endometrial contents and thickness
- E. Adjunct to abortion procedure

Requested Approved

24.07 INPATIENT GYNECOLOGIC CARE

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.
PROCTORING: 5 observed operative procedures
REAPPOINTMENT: 10 operative procedures in the previous two year

- A. Dilatation and curettage, diagnostic or therapeutic
- B. Cervical cone biopsy
- C. Hysterectomy, abdominal
- D. Hysterectomy, vaginal
- E. Exploratory laparotomy
- F. Adnexal procedures: salpingectomy, salpingostomy, oophorectomy, ovarian cystectomy
- G. Myomectomy
- H. Incidental appendectomy
- I. Fistula repairs (vesicovaginal or rectovaginal)
- J. Repair simple rent/ tear of bowel or bladder
- K. Perineoplasty
- L. Repair of cystocele, rectocele, enterocele
- M. Tuboplasty
- N. Hernia repair (incisional or umbilical)
- O. Operations for treatment of noninvasive carcinoma of vulva, vagina, uterus, ovary, cervix
- P. Colpocleisis
- Q. Pelvic lymph node sampling
- R. Evacuate molar pregnancy
- S. Paracentesis
- T. Wound management: I&D, skin debridement wound dehiscence, wound closure
- U. Excision urethral diverticulum, excision of Skene's gland

24.08 GYNECOLOGIC ENDOSCOPY PROCEDURES

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 5 observed operative procedures

REAPPOINTMENT: 10 operative procedures in the previous two years

- A. Cystoscopy
- B. Diagnostic hysteroscopy
- C. Operative hysteroscopy
- D. Diagnostic laparoscopy, chromotubation
- E. Tubal sterilization with cautery, rings, or clips
- F. Laparoscopic adhesiolysis
- G. Fulguration or excision of endometriosis
- H. Management of ectopic pregnancy (linear salpingostomy, partial salpingectomy)
- I. Laparoscopic ovarian biopsy, needle aspiration of simple cysts, cystectomy, drilling, oophorectomy, or salpingo-oophorectomy
- J. Laparoscopic hysterectomy (LAVH, total)
- K. Laparoscopic appendectomy
- L. Laparoscopic myomectomy
- M. Non-hysteroscopic endometrial ablation techniques: HTA, thermal balloon, Nova-Sure

Requested Approved

24.20 SPECIAL PRIVILEGES

24.21 SECOND TRIMESTER ABORTION PROCEDURES

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 3 observed operative procedures

REAPPOINTMENT: 10 operative procedures in the previous two years

- A. Second trimester abortion by dilation and evacuation
- B. Intra-fetal or intra-amniotic injection

24.22 LASER THERAPY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

Appropriate training, Appropriate training, complete the laser safety module prepared by the SFGH Laser Safety Committee at <http://insidechnsf.chnsf.org/det/HealthStream.htm> and baseline eye examination within the previous 1 year.

PROCTORING: 2 observed procedures

REAPPOINTMENT: 2 cases in the previous two years

- A. Laser therapy of the cervix
- B. Laser therapy of the vagina, vulva, and perineum
- C. Laser conization of the cervix

Requested Approved

24.23 HYSTEROSCOPIC STERILIZATION

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

TRAINING AND PROCTORING:

1. Providers must be trained in hysteroscopy and have current gynecologic endoscopy privileges in the SFGH Department of Obstetrics and Gynecology
2. As required by the FDA, the physician must attend a training course sponsored by the manufacturer of the Essure System (Conceptus)
3. After training, the provider must be proctored for two Essure procedures. Proctoring may be performed at SFGH by a provider privileged for this procedure at SFGH or may be proctored at an outside institution by a qualified provider
4. Once proctoring has been completed, certification in the Essure procedure will be issued by Conceptus. This certification is a required prerequisite for approval of this privilege at SFGH.
5. Providers who have been certified by Conceptus at another institution may apply for this privilege at SFGH after being proctored for one procedure by an SFGH physician who currently holds the privilege.

REAPPOINTMENT: 2 operative procedures in the previous two years

- A. ESSURE tubal occlusion procedure

24.24 UROGYNECOLOGY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 3 observed procedures

REAPPOINTMENT: 10 operative procedures in the previous two years

- A. Urodynamics
- B. Intravesical and intraurethral injections
- C. Sacrospinous fixation
- D. Abdominal bladder neck suspension procedures
- E. Vaginal bladder neck suspension procedures
- F. Vaginal vault suspension procedures
- G. Urethral procedures: dilation of urethral stricture

24.25 MODERATE SEDATION

PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the educational module and post test as evidenced by a satisfactory score on the examination, and a signed Physician Attestation Form submitted to the Medical Staff Services Department. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 5 cases or completion of the educational module and post test as evidenced by a satisfactory score on the examination, and a signed Physician Attestation Form submitted to the Medical Staff Services Department

Requested Approved

24.40 SPECIALTY PRIVILEGES

24.41 GYNECOLOGIC ONCOLOGY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

Current certification or active participation in the examination process leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology

PROCTORING: 3 observed procedures

REAPPOINTMENT: 10 operative procedures in the previous two years, at least 5 of which are performed at SFGH Clinic Setting:

A. Evaluate, diagnose, treat, and provide consultation and treatment to female patients with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary, fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated.

B. Radical hysterectomy for treatment of invasive carcinoma of the cervix

C. Radical surgery for treatment of gynecologic malignancy to include procedures on bowel, ureter, or bladder, as indicated

D. Treatment of invasive carcinoma of vulva by radical vulvectomy

E. Treatment of invasive carcinoma of the vagina by radical vaginectomy

24.42 MATERNAL-FETAL MEDICINE

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

Successful completion of postgraduate training program in Maternal and Fetal Medicine and current certification or active participation in the examination process leading to subspecialty certification in maternal and fetal medicine by the American Board of Obstetrics and Gynecology or having been given his privilege at SFGH prior to 10/17/00

PROCTORING: Observed care of 3 patients

REAPPOINTMENT: Care of 20 patients in the previous 2 years

A. Evaluate, diagnose, treat, and provide consultation to female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease

B. Genetic amniocentesis

C. Level 2 obstetrical ultrasound, including Doppler

D. Invasive fetal procedures, including cordocentesis, intrauterine fetal transfusion, cardiocentesis, thoracentesis

Requested Approved

24.50 DUAL DEPARTMENT APPOINTMENT

ONLY FOR THOSE WHO DO NOT HAVE A PRIMARY APPOINTMENT IN OB/GYN!

Physicians trained in specialties other than obstetrics and gynecology may apply for dual appointment in the Department of Obstetrics and Gynecology for specified privileges, assuming that training and experience in a residency, fellowship, or clinical practice can be documented.

24.51 WOMEN'S OPTION CENTER PROCEDURES

PREREQUISITES:

1. Successful completion of an ACGME accredited postgraduate training program in family medicine, internal medicine, or pediatrics
2. Current medical staff appointment to a SFGH clinical department (other than the Department of Obstetrics and Gynecology)
3. Completion of a fellowship program in family planning or documentation of training and experience in performing the requested procedures in residency, fellowship, or clinical practice. If a family planning fellowship has not been completed, clinical experience in the past 5 years of practice must include, at a minimum,
 - Insertion of contraceptive implants (5 procedures)
 - Insertion of intrauterine contraceptives (5 procedures)
 - First trimester abortion (through 14 weeks) (50 procedures)
 - Second trimester abortion (15 weeks and later) (50 procedures)
 - Basic obstetrical ultrasound as an adjunct to abortion (15 procedures)

PROCTORING:

- Insertion of contraceptive implants (2 procedures)
- Insertion of intrauterine contraceptives (2 procedures)
- First trimester abortion (through 14 weeks) (5 procedures)
- Second trimester abortion (15 weeks and later) (5 procedures)
- Basic obstetrical ultrasound as an adjunct to abortion (5 procedures)

REAPPOINTMENT (procedures in the past 2 years):

- Insertion of contraceptive implants (2 procedures)
- Insertion of intrauterine contraceptives (2 procedures)
- First trimester abortion (through 14 weeks) (10 procedures)
- Second trimester abortion (15 weeks and later) (10 procedures)
- Basic obstetrical ultrasound as an adjunct to abortion (10 procedures)

24.511 Insertion of contraceptive implants

24.512 Insertion of intrauterine contraceptives

24.513 First trimester abortion (through 14 weeks)

24.514 Second trimester abortion (through 15 weeks and later)

24.515: Basic obstetrical ultrasound as an adjunct to abortion

- Identification of intrauterine pregnancy
- Establishment of gestational age
- Fetal presentation
- Placental localization
- Intraoperative ultrasound

_____ _____ 24.61 LICENSED CLINICAL PSYCHOLOGIST

Provide individual counseling and psychotherapy at the New Generations Health Center
PREREQUISITES: Must hold a doctoral degree in Psychology from an approved APA accredited program and must be licensed by the State of California, Board of Psychology.
PROCTORING: Review of 5 cases by a clinical psychologist on the SFGH Medical Staff.
REAPPOINTMENT: Review of 3 cases by a clinical psychologist on the SFGH Medical Staff.

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

XIV. APENDIX B.- HOUSE STAFF COMPTENCIES

APPENDIX B. HOUSESTAFF COMPETENCIES

HOUSESTAFF SUPERVISION

House Staff providing clinical services shall do so only under the supervision of active or courtesy medical staff who have ultimate responsibility for patient care, are members of the University of California, San Francisco Faculty, and have appropriate clinical privileges.

A. ATTENDING RESPONSIBILITY

San Francisco General Hospital Medical Staff Bylaws, JCAHO Standards and California law require that the attending physician oversee and assume ultimate responsibility for the care of each patient. Accordingly, house staff shall be supervised by and accountable to a member of the SFGH Medical Staff with a University of California faculty appointment at all times. In order to discharge that responsibility, close supervision and active participation in decision-making is required.

1. Inpatient Attending Rounding/Supervision

- a. The attending physician will discuss the management of the patient with House Staff at least once a day and as necessary in light of material changes or developments in the patient's clinical status.
- b. The attending physician will be available and participate in major decision-making (.e.g., DNR, admission, or discharge orders) at all times.

2. Outpatient Attending Supervision

- a. Attending physicians will oversee the care provided to all outpatients. Attending physicians are assigned to specific outpatient sessions, which may vary from week to week. Attending physicians will be physically present in the outpatient clinics to supervise the care provided by house staff. It is the attending physician's responsibility to arrange coverage for absences.

3. Attending Supervision of Major Procedures/Complex Medical Treatments

- a. The attending physician will provide direct supervision for the main portion of all major operative procedures, including all surgery performed in the main operating room, the Birth Center, and 6G, and all advanced outpatient procedures (e.g. hysteroscopy, cystoscopy, and electroexcisional procedures of the cervix). The attending physician will determine each house staff officer's scope of practice and level of supervision required according to the year of post-graduate training and demonstrated clinical skills.

4. Attending Supervision of Informed Consent Process

- a. All patients with medical decision-making capacity must be given adequate information about the risks, benefits, and alternatives for any treatment, operation, or special diagnostic or therapeutic procedure, which involves significant risk of bodily harm.
- b. The attending physician is responsible for ensuring adequate disclosure is made prior to procedures requiring informed consent, for supervising the informed consent process and ensuring appropriate documentation in the medical record. The attending physician may delegate the task to a licensed physician, but the attending physician should document his or her confirmation that informed consent was obtained in the medical record prior to the procedure.
- c. The patient has a right to know the names and professional relationships of the physicians involved in her medical care. Accordingly, the patient shall be informed which attending physician will be supervising the procedure and, prior to the procedure, when a different attending physician is substituted due to scheduling changes, etc.
- d. In the event of a medical emergency, when immediate services are required to alleviate severe pain, or immediate diagnosis and treatment of unforeseeable medical conditions are required, if delay of such treatment would lead to serious disability or death, the treating physician, preferably the attending, should document the existence and nature of the emergency and the necessity of the proposed or rendered treatment. There is no requirement that the physician seek consultation ("the two attending" rule).

B. HOUSE STAFF RESPONSIBILITIES

1. House Staff Compliance

a. House Staff shall comply with the SFGH Medical Staff Bylaws, Rules and Regulations, Departmental Rules and Regulations, Hospital Policies and Procedures and the Principles of Medical Ethics of the American Medical Association, and participate in the SFGH PIPS and Risk Management Programs.

2. Responsibilities

a. House Staff will be able to identify an available supervising attending physician at all times during patient care. House staff must consult the attending physician, directly or through the chain of command, as appropriate, prior to material changes in the plan of care of a major surgical or obstetrical procedure. House staff should not proceed with the care or procedure unless and until there is meaningful consultative interaction with the Attending physician, directly or through the chain of command, as appropriate.

b. House Staff must consult the attending physician, directly or through the chain of command, as appropriate, with questions or concerns regarding patient care and when the plan of care requires that house staff undertake at treatment outside the House Staff member's level of commensurate with his or her level of advancement and responsibility.

C. MEDICAL RECORDS DOCUMENTATION BY ATTENDING/HOUSE STAFF

These are delineated in Section XI.B of the OB/GYN Clinical Service Rules and Regulations. Operative reports, discharge summaries, and consultation notes may be written or dictated by House Staff as appropriate, but must ultimately be reviewed and signed by the attending physician.

D. HOUSE STAFF EVALUATION AND DISCIPLINARY ACTION

1. Evaluation

a. House staff are evaluated informally by more senior house staff and by attending physicians as clinical rotations are underway. A formal electronic evaluation is compiled at the end of each rotation, kept on file in the Residency Program Office, and distributed to the resident and his or her faculty advisor. Residents are not advanced to the next postgraduate training year without successful completion of clinical rotations, the annual in-service examination, any delinquent medical records, and their personal house staff experience statistics.

2. Disciplinary Action: Refer to Section VIII. Other disciplinary actions may occur at the direction of the Residency Program.

XV. APPENDIX C- OB/GYN CLINICAL SERVICE ORGANIZATION CHART

| | |
|---|-------------------------------------|
| Chief of Service | Rebecca Jackson, MD. |
| Associate Chief for Clinical Services | Abner Korn, M.D. |
| Chief of Obstetric Service | Juan Vargas, M.D. |
| Chief of Gynecology Service | Abner Korn, M.D. |
| Medical Director, Women’s Health Center | Rebecca Jackson, M.D. |
| Medical Director, Women’s Options Center | Eleanor Drey, MD, EdM Site |
| Director, Resident Education & Training | Rebecca Jackson, M.D. Director of |
| Medical Student Education | Juan Vargas, M.D. Medical Director, |
| New Generation Health Center | Kohar Der Simonian, MD (FCM) |
| Medical Director, Reproductive Infections | Deborah Cohan, M.D. |
| Medical Director, Perinatal Genetics | Juan Vargas, M.D. |
| Chair of Midwifery Council | Margy Hutchison, CNM, MSN |
| Director Nurse Midwifery Education | Jenna Shaw Battista, CNM, PhD |
| Director of Quality Improvement | Michael Policar, MD |

MEDICAL STAFF COMMITTEE ASSIGNMENTS

| | |
|--|---|
| Ambulatory Care Committee | Naomi Stotland, M.D. |
| Cancer Committee | Abner Korn, M.D |
| Credentials Committee | Michael Policar, M.D., MPH, Kara Myers, CNM |
| Interdisciplinary Practice | Kara Myers, C.N.M.. |
| Medical Executive Committee | Rebecca Jackson, M.D. |
| Operating Room Committee | Eleanor Drey, MD, EdM |
| Performance Improvement & Patient Safety (PIPS) | Juan Vargas, M.D. |
| Perinatal Linkage Committee | Juan Vargas, M.D. |
| Electronic Medical Record Implementation Work Group | Jennifer Kerns, MD, MPH |
| Utilization Management | Michael Policar, M.D. |
| Clinical Practice Group | Rebecca Jackson MD & Karen Meckstroth MD |

XVL APPENDIX D OB/GYN M&M REVIEW FORMS

A.

San Francisco General Hospital
 Department of Obstetrics and Gynecology

Quality Assurance Committee Confidential Peer Review--Obstetrics

| | |
|---|-------------------------------|
| B Number: Delivery Date: Indicator Date: | Clinical Indicator(s): |
|---|-------------------------------|

Clinical Summary:

Reviewer's Comments:

Reviewed by: _____ Date: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|-------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Conclusions: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Faculty</td> <td style="width: 15%;">CNM</td> <td style="width: 15%;">Housestaff</td> <td style="width: 15%;">Other</td> </tr> <tr> <td>No Deficiency</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Suggestion to clinician</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Opportunity for Improvement</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Deficiency</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | Faculty | CNM | Housestaff | Other | No Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suggestion to clinician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Opportunity for Improvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If Deficiency or Opp for Improvement, Describe: Attd/CNM Present <input type="checkbox"/> OR Date Attd/CNM Notified: _____ |
| | Faculty | CNM | Housestaff | Other | | | | | | | | | | | | | | | | | | | | | | |
| No Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| Suggestion to clinician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| Opportunity for Improvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| QI Committee Actions: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Injury: *only if opp for improvement or deficiency <input type="checkbox"/> None <input type="checkbox"/> Long Term Morbidity </td> <td style="width: 33%;"> <input type="checkbox"/> Short-term Morbidity <input type="checkbox"/> Death </td> <td style="width: 33%;"> Action: <input type="checkbox"/> No Further Action <input type="checkbox"/> Refer to QI committee </td> </tr> </table> | Injury: *only if opp for improvement or deficiency <input type="checkbox"/> None <input type="checkbox"/> Long Term Morbidity | <input type="checkbox"/> Short-term Morbidity <input type="checkbox"/> Death | Action: <input type="checkbox"/> No Further Action <input type="checkbox"/> Refer to QI committee | | | | | | | | | | | | | | | | | | | | | | |
| Injury: *only if opp for improvement or deficiency <input type="checkbox"/> None <input type="checkbox"/> Long Term Morbidity | <input type="checkbox"/> Short-term Morbidity <input type="checkbox"/> Death | Action: <input type="checkbox"/> No Further Action <input type="checkbox"/> Refer to QI committee | | | | | | | | | | | | | | | | | | | | | | | | |

Date: _____

San Francisco General Hospital
 Department of Obstetrics and Gynecology

Quality Assurance Committee Confidential Peer Review--Gynecology

| | |
|--|--------------------------------|
| B Number: Discharge Date: | Clinical Indicators(s): |
|--|--------------------------------|

Clinical Summary:

Reviewer's Comments:

Reviewed by: _____ Date: _____

| | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Conclusions: | Faculty | Housestaff | Other | If Deficiency or Opp for Improvement, Describe: |
| No Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attd/CNM Present <input type="checkbox"/> OR Date Attd/CNM Notified: _____ |
| Suggestion to clinician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Opportunity for Improvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | |
|---|---|--|
| Injury: * Only if opp for improvement or deficiency <input type="checkbox"/> None <input type="checkbox"/> Short-term Morbidity | <input type="checkbox"/> Long Term Morbidity <input type="checkbox"/> Death | Action: <input type="checkbox"/> No Further Action <input type="checkbox"/> Refer to QI committee |
|---|---|--|

QI Committee Actions:

Date: _____

XVII. APPENDIX E- OPPE FORM

San Francisco General Hospital and Trauma Center - Ongoing Professional Performance Evaluation (OPPE)

6 Month Range: **January - June 2014** **No patient care and/or clinical teaching for this time period**
(If checked, metrics need not be completed, but Y/N questions at bottom, signature & date are required)

Last, First, Degree: _____ Status: _____ CHN # _____

Service: **OB / GYN**

| Metric | Acceptable | Marginal* | Unacceptable* | Metric Not Relevant During This Period | Comments |
|--|---------------------------------|--------------------------------------|---------------------------------|--|----------|
| MEDICAL & AFFILIATED STAFF (Inpatient and 66): | | | | | |
| Deaths: Preventable or Possibly Preventable | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> > 1 | <input type="checkbox"/> | _____ |
| Cases of Concern, Patients Complaints, U/Os, Sentinel Events | <input type="checkbox"/> < 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> > 2 | <input type="checkbox"/> | _____ |
| MEDICAL & AFFILIATED STAFF: | | | | | |
| GYN Surgical Procedures | | | | | |
| Total Number of Procedures | <input type="checkbox"/> > 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 - 1 | <input type="checkbox"/> | _____ |
| Number Showing Deficiency | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> > 1 | <input type="checkbox"/> | _____ |
| Number Showing Need for Improvement | <input type="checkbox"/> 0 - 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> > 2 | <input type="checkbox"/> | _____ |
| Percent Cases Transfused | <input type="checkbox"/> < 6 % | <input type="checkbox"/> 6 % - 10 % | <input type="checkbox"/> > 10 % | <input type="checkbox"/> | _____ |
| Percent Case > 4 Hours in OR | <input type="checkbox"/> < 12 % | <input type="checkbox"/> 12 % - 20 % | <input type="checkbox"/> > 20 % | <input type="checkbox"/> | _____ |
| OB Procedures | | | | | |
| Total Number of Procedures | <input type="checkbox"/> > 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 - 2 | <input type="checkbox"/> | _____ |
| Number Showing Deficiency | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> > 1 | <input type="checkbox"/> | _____ |
| Number Showing Need for Improvement | <input type="checkbox"/> 0 - 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> > 2 | <input type="checkbox"/> | _____ |
| Percent Transfused | <input type="checkbox"/> < 6 % | <input type="checkbox"/> 6 % - 10 % | <input type="checkbox"/> > 10 % | <input type="checkbox"/> | _____ |
| Percent with Low Cord pH | <input type="checkbox"/> < 5 % | <input type="checkbox"/> 5 % - 10 % | <input type="checkbox"/> > 10 % | <input type="checkbox"/> | _____ |
| Abortion Procedures | | | | | |
| Number of 2nd Tri Procedures | <input type="checkbox"/> > 7 | <input type="checkbox"/> 5 - 7 | <input type="checkbox"/> < 5 | <input type="checkbox"/> | _____ |
| % 2nd Tri with Indicator | <input type="checkbox"/> < 11 % | <input type="checkbox"/> 11 % - 16 % | <input type="checkbox"/> > 16 % | <input type="checkbox"/> | _____ |
| % 2nd Tri and Transfusion | <input type="checkbox"/> < 3 % | <input type="checkbox"/> 3 % - 6 % | <input type="checkbox"/> > 6 % | <input type="checkbox"/> | _____ |

San Francisco General Hospital and Trauma Center - Ongoing Professional Performance Evaluation (OPPE)

6 Month Range: **January - June 2014** **No patient care and/or clinical teaching for this time period**
(If checked, metrics need not be completed, but Y/N questions at bottom, signature & date are required)

Last, First, Degree: _____ Status: _____ CHN # _____

Service: **OB / GYN**

| | | | | | |
|--|---------------------------------|--|---|--------------------------|-------|
| % 2nd Tri w/Laceration Requiring Suture | <input type="checkbox"/> < 10 % | <input type="checkbox"/> 10 % - 15 % | <input type="checkbox"/> > 15 % | <input type="checkbox"/> | _____ |
| Total Number of Procedures | <input type="checkbox"/> > 8 | <input type="checkbox"/> 6 - 8 | <input type="checkbox"/> < 6 | <input type="checkbox"/> | _____ |
| % 1st Tri with Indicator | <input type="checkbox"/> < 1 % | <input type="checkbox"/> 1 % - 2 % | <input type="checkbox"/> > 2 % | <input type="checkbox"/> | _____ |
| AFFILIATED STAFF- Outpatient only (SM) | | | | | |
| % of IUD + Implanon in PRACT Patients Initiating Contraception | <input type="checkbox"/> > 10 % | <input type="checkbox"/> 7 % - 10 % | <input type="checkbox"/> < 7 % | <input type="checkbox"/> | _____ |
| Complete & Passed Microscopic Test without Reminders | <input type="checkbox"/> Both | <input type="checkbox"/> Needed Reminder | <input type="checkbox"/> > 1 Reminder or Failed | <input type="checkbox"/> | _____ |
| Cases of Concern, Patients Complaints, U/Os, Sentinel Events | <input type="checkbox"/> < 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> > Two | <input type="checkbox"/> | _____ |

*** Explanation of Rating System: The OPPE is used in conjunction with quarterly Departmental Q-Docs for each provider. Q-Docs assess the numbers of procedures and outcomes for the procedure that any Q-Indicators present. There are 14 indicators for OB, 14 for GYN and 8 for Abortion. Procedures with indicators present are reviewed in Q-Docs and providers are assigned a rating: no deficiency, a suggestion to improve, opportunity for improvement or deficiency.

*** IN ANY ONE CATEGORY:**

Two consecutive **marginal** ratings require Chief of Service's commentary

Three consecutive **marginal** ratings require FPPE and notification to the Credentialing Committee Chair

Two consecutive **unacceptable** ratings require FPPE and notification to the Credentialing Committee Chair

REQUIRED FOR EVERY PRACTITIONER ON ROSTER:

- Yes No Recommend continued current privileges
- Yes No Recommend a Focused Professional Practice Evaluation (FPPE). IF YES, attach a detailed FPPE plan.
- Yes No Recommend changes to current privileges:

Yes No Recommend To my knowledge, this practitioner does not have a medical/mental health condition that could affect clinical care or judgment. (If such a condition exists, please reference the plan for monitoring this condition).

Chief of Service (or designee) _____ Date: _____
(Electronic signature acceptable)

Practitioner Signature* : _____ Date: _____
(Electronic signature acceptable) *Required only if "Marginal" or "Unacceptable" boxes above.