

**OTOLARYNGOLOGY CLINICAL SERVICE
RULES AND REGULATIONS**

20162018

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RULES AND REGULATIONS
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I. OTOLARYNGOLOGY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

The Otolaryngology Head and Neck Surgery Clinical Service offers complete inpatient, outpatient and emergency care for all aspects of diseases that afflict the head and neck. The regular attending staff offers expertise in maxillofacial trauma, otology, laryngology, facial plastic surgery, head and neck surgery and general otolaryngologic procedures. The resident and attending staff work closely with the Audiology and Speech Therapy departments at [SFGHZSFG](#) and offer complete audiologic, speech and swallowing evaluation for children and adults. All staff will comply with HIPAA guidelines as per the [SFGHZSFG](#) Bylaws and Rules and Regulations.

B. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of ~~San Francisco General Hospital~~[Zuckerberg San Francisco General](#) 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 [SFGHZSFG](#) Medical Staff Bylaws, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

C. ORGANIZATION OF OTOLARYNGOLOGY CLINICAL SERVICE

The Otolaryngology Clinical Service consists of the Otolaryngology Treatment Room, Audiology Service, and Otolaryngology Clinic. Please refer to Appendix I for established guidelines.

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of [SFGHZSFG](#) through the Otolaryngology Clinical Service is in accordance with [SFGHZSFG](#) Medical Staff Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

1. Guidelines for Appointment

- a. Certification by the American Board of Otolaryngology, or another specialty board appropriate to the privileges requested, within two years of appointment, is required.

DEA certification is required for active [and courtesy](#) staff.

B. REAPPOINTMENTS

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

1. Practitioners Performance Profiles

Reappointment to the medical staff requires an appraisal of the care given by the practitioner during his or her preceding appointment. This appraisal will be based upon direct observation of patient care when possible; review of the operative reports accrued in the preceding time period, review of the Morbidity and Mortality conference report files, and review of several randomly audited medical records.

2. Modification of Clinical Service

Modification of Clinical Services offered by the Otolaryngology –Head and Neck Surgery at SFGHZSFG will only be made after discussion with the SFGHZSFG Dean’s Office and a representative of the SFGHZSFG administration with at least 30 days of written notification.

3. Staff Status Change

The process for Staff Status Change for members of the Otolaryngology Services is in accordance with SFGHZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

4. Modification/Changes to Privileges

The process for Modification/Change to Privileges for members of the Otolaryngology Services is in accordance with SFGHZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

5. On-Call Oversight

Faculty are expected to meet hospital, departmental, and ACGME requirements for on-call oversight. The call schedule is developed by the Department of Oto/HNS at UCSF School of Medicine and requires 24 hour/day, 7 day/week, 365 days per year coverage of SFGHZSFG.

C. AFFILIATED PROFESSIONALS

The process of appointment and reappointment to the Affiliated Professionals of SFGHZSFG through the Otolaryngology Clinical Service is in accordance with SFGHZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

D. STAFF CATEGORIES

Otolaryngology Clinical Service staff fall into the same staff categories which are described in Article III of the SFGHZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Otolaryngology Clinical Service privileges are developed in accordance with SFGHZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Otolaryngology Clinical Service Privilege Request Form shall be reviewed annually in accordance with SFGHZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. CLINICAL PRIVILEGES

Otolaryngology Clinical Service privileges shall be authorized in accordance with the SFGHZSFG 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 Otolaryngology Clinical Service.

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. MONITORING (PROCTORING) REQUIREMENTS

Monitoring (proctoring) requirements for the Otolaryngology Clinical Service shall be the Responsibility of the Chief of the Service. (See II.B.1. & 2 above).

1. Goals and Objectives

The goals and objectives are to provide a one-year observation period following appointment to the medical staff to ensure that privileges which have been applied for are appropriate for the individual practitioner.

2. Participation

All new appointees to the medical staff during the first year of their clinical appointment will be proctored.

3. Appraisal of Patient Care

Evaluation of patient care will be by:

- a. Observation of care provided during surgery.
- b. Assessment of the appropriateness of care delivered as observed on ward rounds.
- c. Review of maximum of 5 case files.
- d. Review of Morbidity and Mortality Reports relevant to the particular practitioner.

4. Individual Responsibilities

- a. Department Chief:
 1. Review the above information and make a recommendation either to continue or drop the physician from the medical staff.
 2. Make observations of patient care intraoperatively, on ward rounds and by assessment of patient complications or appointment of another physician to do the proctoring.
- b. Administrative Assistant:
 1. Review list of current hospital staff who require proctoring.
 2. Assemble relevant information for review by Chief on an annual basis so that pertinent recommendations can be made.

5. Reporting

Reports will be made on an annual basis to the Chief of Staff and Chairman of the Credentials Committee, either recommending continuation on the medical staff or dropping from the medical staff. By the end of the one year of proctoring, a recommendation to either continue on the medical staff on an unrestricted basis, to undergo further proctoring, or to be dropped from the medical staff will be made.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Otolaryngology Clinical Service shall be in accordance with [SFGHZSFG](#) Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for the Otolaryngology Clinical Service shall be in accordance with [SFGHZSFG](#) Medical Staff Bylaws, Rules and Regulations.

V. EDUCATION

The Otolaryngology-Head and Neck Surgery Clinical Service at the ~~San Francisco General Hospital~~ Zuckerberg San Francisco General is a cornerstone of the Otolaryngology-Head and Neck Surgery residency program at UCSF. Residents in their PGY-2, PGY-3, and PGY-4 years spend three months at [SFGHZSFG](#). The majority of their trauma experience, outpatient care, and general otolaryngology-head and neck surgery cases are centered at this site. In addition, medical students regularly rotate on the service as either a mandatory third year clerkship (introduction to Otolaryngology) or as a fourth year sub-intern.

~~sub-intern.~~

Otolaryngology-Head and Neck Surgery faculty at the [SFGHZSFG](#) is actively involved in the residency and medical student teaching program at UCSF on many levels. In addition, all members of the staff can attend UCSF department courses for CME credits.

VI. OTOLARYNGOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION (Refer to CHN Website for Housestaff Competencies link)

A. RESIDENT EVALUATIONS

1. Individual Responsibilities

The Chief of Service and other attending staff are responsible for monitoring care provided by the resident staff. The Chief of Service provides the required reports. Attending faculty supervise house staff in such a way that the house staff assume progressively increasing responsibility for patient care according to their level of training ability and experience.

- Role, Responsibility, and patient care activities of the house staff: The house staff have primary responsibility for the clinical care of patients on the wards, in the clinic, and in the operating room. It is the goal of the program to have the residents develop a formal therapeutic relationship with the patients and to have patients identify the housestaff as the primary care provider. This includes initial history and physical exams, medical test decision making, procedures, and analysis of care options and therapeutic interventions. This educational environment is consistently monitored by the real-time presence of the attending staff who closely monitor and supervise house staff interactions and decision making. It should be remembered that the house staff are all eligible for California State Licensure to practice independently as physicians and surgeons in the state of California by having completed ACGME approved surgical internships.
- The attending staff and program director make decisions about the extent to which the resident can practice independently by analyzing a variety of factors including in-service scores, home study course scores, rotation evaluations, semi-annual formal performance evaluations, ABO surgical experience data, and also by direct, daily contact and observation.
- Resident Evaluation Process: the residents are evaluated in accordance with ACGME requirements for Otolaryngology/Head and Neck Surgery. The residents participate in Grand Rounds, Morbidity and Mortality conference, regularly scheduled ~~evening~~ didactic lectures, ~~evening~~ journal clubs, ~~evening~~ text book chapter readings, the Home Study Course, the annual in- service examination, and individual rotation evaluations on the ~~e*~~valueMedHub system in accordance with Graduate Medical Education Committee guidelines. American Board of Otolaryngology/Head and Neck Surgery surgical experience reports are examined semi-annually in formal reviews with the Program Director and Chair. Clinical comments and evaluation are made to the house staff on a daily basis ~~by the~~ by the attending staff and Chief of Service.
- Patient Care Orders: house staff may independently write patient care orders.

2. Activities Reviewed

Observations of resident performance include those made:

- Intraoperatively
- On ward rounds

- During review of patient charts
- Referrals by committee or other departments
- During Grand Rounds
- During conference presentations
- On review of Morbidity and Mortality Reports

3. Reporting

A report of each resident's performance is completed and forwarded to the Chairman and/or program Director, Department of Otolaryngology/Head and Neck Surgery UCSF immediately following completion of each resident's rotation at [SFGHZSFG](#).

VII. OTOLARYNGOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

The Otolaryngology-Head and Neck Surgery Clinical Service consult service will evaluate all patients in consultation within 12 hours of being requested by a [SFGHZSFG](#) physician. Urgent consultation (within one hour) and Emergent consultation (immediate) are also available as needed. The senior resident in Otolaryngology-Head and Neck Surgery (the [SFGHZSFG](#) Chief Resident) is responsible for all consultation requests. An Otolaryngology-Head and Neck Surgery attending will evaluate all consults within 24 hours of any consultation request.

VIII. DISCIPLINARY ACTION

The ~~San Francisco General Hospital~~[Zuckerberg San Francisco General](#) Medical Staff Bylaws, Rules and Regulations and accompanying manuals will govern all disciplinary action involving members of the [SFGHZSFG](#) Otolaryngology Clinical Service.

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY & UTILIZATION MANAGEMENT

A. GOALS AND OBJECTIVES

1. To insure that patients receive appropriate diagnoses and good care with proper medications, treatment and therapy.
2. To avoid unnecessary days of inpatient care.
3. To minimize morbidity.
4. To minimize nosocomial infections.
5. To enhance the value of the clinical service educational programs.

B. RESPONSIBILITY

Service Chief

The Service Chief has the overall responsibility for the PIPS program. Design, initiation, implementation and follow-up of patient care evaluation activities may be delegated to other members of the clinical service. See **ATTACHMENT A**

Administrative Assistant:

1. Maintain Performance Improvement & Patient Safety (PIPS) files
2. Search Otolaryngology Clinical Service PIPS database.
3. Assemble information as needed for PIPS review.

C. RESIDENT PARTICIPATION

Residents participate actively in the Morbidity and Mortality Conferences. Residents provide observations to the Service Chief regarding clinical attendings. Observations

regarding the Chief of Otolaryngology/Head and Neck Surgery are made directly to the Chairman, Otolaryngology/Head and Neck Surgery, UCSF.

D. MONITORING COMPONENTS

Some or all of the following ongoing monitors are utilized to review and evaluate the quality and appropriateness of care provided by the department:

1. Mortality Report records
2. Morbidity and Mortality Conference records
3. Review of non-tissue case referrals
4. Clinical monitors
5. Attending evaluations of housestaff
6. Housestaff evaluations of attendings and rotations and programs
7. Referrals: Utilization Review, incident reports, malpractice cases, transfusion reactions, adverse drug reactions.

E. EVALUATION

1. As clinical service problems, patterns, and trends are identified, appropriate assessments methodologies to determine the cause and extent of the problem will be selected and may include:
 - a. Medical audit utilizing predetermined clinically valid criteria
 - b. Experimental design and research
 - c. Staff discussion
 - d. Outside consultation
2. Action: Remedial actions may include:
 - a. In-service education and training programs
 - b. New/revised policies and procedures
 - c. Staffing changes
 - d. Equipment changes
 - e. Counseling and proctoring
 - f. Referral to outside committee for follow-up when appropriate
3. Reevaluation:

Reevaluation and monitoring will be completed to ensure that certain problems have been eliminated or reduced insofar as possible.

F. ONGOING CLINICAL MONITORS

1. Post-tonsillectomy Bleeding Rate: Tonsillectomy is one of the most commonly performed procedures in a general Otolaryngology practice. The published rate of bleeding after tonsillectomy is between .5% and 5%. The service rate of post-tonsillectomy bleeding is monitored as a quality standard on a yearly basis.
2. Operating Room Cancellation Rate: Cancellations and changes in the operating room schedule are disruptive to the department's practice and the hospital's practice. We monitor the cancellation rate and evaluate whether cancelled cases are rescheduled,

especially as this pertains to the less elective cases (cancer surgery, trauma surgery, etc.). This parameter helps to assess our practice and the quality of follow-up for patients who have more urgent and threatening diagnoses.

3. Special Projects: Occasionally a special independent project is identified to investigate a portion of the practice.

G. REPORTING

Evidence of all Otolaryngology Clinical Service Performance Improvement and Patient Safety activity will be maintained and reported during the monthly Morbidity and Mortality meetings held in conjunction with the rest of the UCSF clinical service as part of the CME-certified Grand Rounds Conference schedule. Summaries of the meetings will be maintained within the department on a monthly basis and are available to the PIPS committee upon request.

The Chief of the Service or designee will be responsible for ensuring the correction of clinical service patient care issues. Assistance from the Performance Improvement and Patient Safety will be requested when certain problems cross clinical service/committee boundaries and/or when the clinical service is unable to correct the problem.

A yearly formal report encompassing ongoing clinical monitors will be submitted to the PIPS committee for review.

H. PEER REVIEW

Appraisal of clinical service and individual patterns of care, as required by reviews and evaluations conducted by the clinical service (e.g., Performance Improvement & Patient Safety, Infection Control) will be completed. This information will be utilized by the Chief of the Service in the medical staff reappointment process and delineation of privileges.

Patterns of care will be discussed during the monthly Mortality and Morbidity Conference meetings.

I. EVALUATION

The clinical service Performance Improvement and Patient Safety Plan will be evaluated annually. Questions to be answered include:

1. Did the program achieve its stated objectives and goals? If not, what goals were not achieved and what changes are necessary to achieve the desired goals?
2. What evidence is there of improved patient care as a result of the clinical service's Performance Improvement and Patient Safety (PIPS) Program?
3. What is needed to make the PIPS program more effective?
4. What components of the plan require alteration or deletion?

J. REVIEW OF PATHOLOGY REPORTS

1. Objective

To ensure that all pathology specimens removed by the Otolaryngology - Head & Neck Clinical Service are followed-up when necessary and result in adequate treatment.

2. Responsibility

a. Service Chief:

The Service Chief or designee reviews all reports submitted to ensure that treatment has been appropriate and complete. Takes action to initiate complete treatment and correct treatment errors when necessary.

~~Administrative Assistant:~~

~~After review by the Chief of Service, the administrative assistant or designee maintains files of the summary reports that are provided by the Pathology Department.~~

5.3. Operations

Reports of operations performed by the service are maintained in departmental files under each attending's name.

6.4. Action

Problems with follow-up that are encountered will be discussed with the responsible resident/attending.

K. CLINICAL INDICATORS

Refer to Section IX.D. E., & F. above

L. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Refer to Section IX.D., E., & F. above

M. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Refer to Section IX, D., E., & F., above

N. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Refer to Section IX, D., E., & F., above

X. MEETING REQUIREMENTS

In accordance with ~~SFGHZSFG~~ 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.

Otolaryngology 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. Staff meetings are often held in conjunction with the UCSF Departmental Faculty meetings which are held approximately monthly. Minutes of the departmental meetings are kept on file in the departmental office.

As defined in the ~~SFGHZSFG~~ 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.

XI. ADOPTION AND AMENDMENT

The Otolaryngology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all full-time Active members of the Otolaryngology Service as often as necessary but at least every three years.

ATTACHMENT A: JOB DESCRIPTIONS

CLINICAL SERVICE CHIEF OF OTOLARYNGOLOGY SERVICE JOB DESCRIPTION

March 19, 2002

Chief of Otolaryngology Clinical Service

Position Summary:

The Chief of Otolaryngology Clinical Service directs and coordinated the Service's clinical, educational, and research functions in keeping with the values, mission, and strategic plan of ~~San Francisco General Hospital~~ Zuckerberg San Francisco General (SFGHZSFG) 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 Otolaryngology Clinical Service reports directly to the Associate Dean and the University of California, San Francisco (UCSF) Department Chair. The Chief is reviewed not less than every four years by a committee appointed by the Chief of Staff. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Associate Dean, the UCSF Department Chair, and the SFGHZSFG 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 Otolaryngology Clinical Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at SFGHZSFG.

Major Responsibilities:

The major responsibilities of the Chief of Otolaryngology 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 SFGHZSFG and the DPH;

In collaboration with the Executive Administrator and other SFGHZSFG 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 SFGHZSFG 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;

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Serving as a leader for the Service's Performance Improvement and Patient Safety Programs by setting performance improvement priorities, determining the qualifications and competencies of Service personnel who are or are not licensed independent practitioners, and maintaining appropriate quality control programs; and

| Performing all other duties and functions spelled out in the SFGH/ZSFG Medical Staff Bylaws.

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**ATTACHMENT B: OTOLARYNGOLOGY CLINICAL SERVICE PRIVILEGE REQUEST
FORM (APPROVED 2010 VERSION REPLACED 2007/2009 VERSION)**

APPENDIX C: ORGANIZATION - OTOLARYNGOLOGY CLINICAL SERVICE

1. OTOLARYNGOLOGY TREATMENT ROOM

a. Goals and Objectives

To establish guidelines for the safe and effective completion of procedures in the Otolaryngology Clinic

b. Procedures

All cases done require prior clearance by an otolaryngology attending who will assume responsibility for the case.

Under the guidance of an attending surgeon any case which may be safely accomplished under local anesthesia may be done as long as the attending surgeon has privileges for that type of procedure. Sedation may not be given for these procedures

The following procedures may be performed under these guidelines:

- Removal of intranasal polyps
- Incisional and excisional biopsies of non-vascular nasal masses
- Cauterization of nasal turbinates
- Incisional or excisional biopsies and removal of facial ulcerations, tumors, skin, and skin anomalies.
- Repair of facial lacerations
- Myringotomy and insertion of pressure equalization tubes
- Irrigation of paranasal sinuses
- Removal of intermaxillary fixation, archbars and other oral appliances.
- Closed reduction of nasal fractures

c. Staffing

At least one physician and an attendant will be available for participation in all cases.

Cases will be scheduled during designated clinic time or at other times only if it will not interfere with the normal functioning of the clinic and that adequate nursing staffing can be available.

d. Equipment

Only those procedures for which equipment can be assembled preoperatively for the completion of the entire procedure will be undertaken in the clinic treatment room.

2. AUDIOLOGY SERVICE

a. **Objective**

To establish an audiology service to provide diagnostic evaluation, screening, testing and rehabilitation services for individuals with known or suspected hearing disorders with appropriate staff, space, equipment and supplies.

b. **General Requirements**

Policy & Procedure Manual:

Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with the Chief, Department of Otolaryngology - Head & Neck Surgery and a representative of the Director of Hospitals and Clinics, ~~San Francisco General Hospital~~ Zuckerberg San Francisco General.

1. Policies and procedures shall be approved by the Chief, Department Otolaryngology - Head & Neck Surgery and the Director of Hospitals and Clinics, ~~San Francisco General Hospital~~ Zuckerberg San Francisco General.

2. Policies and procedures shall be reviewed annually by the Chief, Otolaryngology - Head & Neck Surgery and Director of the Audiology Service and revised as necessary.

c. **Organization**

Director: A qualified audiologist will have overall responsibility for the audiology service.

A qualified audiologist must have at least a Master's Degree in Audiology, a Certificate of Clinical Competence (CCC) from the American Speech, Hearing and Language Association (ASHA) and a California State License in Audiology.

The audiologist who directs the section will be accountable to the Chief, Department of Otolaryngology - Head & Neck Surgery or his or her designee regarding patient care.

The audiologist who directs the section will be accountable to the Director of Hospital and Clinics regarding administrative matters.

d. **Responsibilities of the audiologist shall include:**

1. Development and implementation of pertinent policies and procedures.
2. Coordination of a system of scheduled inpatient and ambulatory care patient services.
3. Recommendation of the type and number of staff needed to perform the required services.
4. Recommendation of the type and amount of equipment and facilities needed to perform the required services.

5. Establishment of continuing educational opportunities for staff personnel.
6. Participation in the review and evaluation of the quality and appropriateness of patient care.
7. Preparation of all required reports.
8. Development of appropriate job description for additional staff personnel as they are available.
9. Insuring that routine maintenance and calibration of equipment is accomplished and properly documented.
10. Teaching audiometric techniques to medical students and housestaff.
11. Participation in multidisciplinary teaching conferences.

e. **Staffing**

Supervision:

All services will be provided by, or under the direction of, an audiologist who meets the qualifications specified above.

Under the direct supervision of a qualified audiologist, audiology services may be provided by an individual who has completed the academic requirements in audiology and is in the process of obtaining the required professional experience necessary for certification.

Audiologists~~An audiologist~~ will be provided from the UCSF Audiology Department per the University contract.

The Chief, Department of Otolaryngology - Head & Neck Surgery or his/her designee will be available during the hours which audiology services are provided to provide professional consultation as required by the audiologist.

f. **Equipment and Supplies**

At least the following equipment shall be provided:

Audiometers:

1. One clinical audiometer
2. Immittance audiometer

Additional Diagnostic Tests and Materials:

1. Appropriate toys for play audiometry
2. Loud speakers
3. An otoscope
4. Tape deck

Calibration:

All audiometers will be calibrated to ANSI standards two times a year by an outside contractor. A record of calibrations will be kept in the audiometric test suite.

g. **Physical Plant**

1. Audiologic evaluations will be conducted in an audiometric test suite, which meets ANSI standards for reduction of background noise.

2. The room will be large enough for sound field-testing and be equipped with two speakers.
3. The audiometric test suite will be accessible by wheelchair.
4. Counseling and treatment areas will be provided adjacent to the audiometric test suite by request to the clinic nurse.

h. Services Provided

Audiologic services will be provided for total age range population from children to geriatric patients. Specialty consultation for infants and special tests are available at UCSF. Audiologic evaluations appropriate to rule out, establish, or monitor the type and degree of auditory dysfunction in a wide variety of pathologies and conditions will be available. These will include but not be limited to:

1. Pathologies of the auditory system
2. Exposure to ototoxic drugs
3. Exposure to loud noise
4. Head trauma
5. Delayed language development
6. Vertigo of unknown etiology
7. Prenatal, perinatal and neonatal high risk factors

Comprehensive audiologic services will be administered to establish a patient's hearing threshold, to monitor a patient's hearing level, to assist in the identification of site of lesion of hearing loss, to assess communication abilities and disabilities, and to indicate potential benefit from surgery, use of a hearing aid and aural rehabilitation.

i. Basic Audiometry:

Baseline or monitoring audiologic evaluations must include but are not limited to the following:

1. Air conduction pure tone audiometry
2. Bone conduction pure tone audiometry

j. Diagnostic Audiometry:

Diagnostic audiology evaluations must include, but are not limited to the following:

1. Air and bone conduction pure tone audiometry.
2. Speech reception thresholds
3. Speech discrimination scores.

Site of lesion audiologic evaluations must include but are not limited to the following:

1. Air and bone conduction pure tone audiometry
2. Speech reception thresholds
3. Speech discrimination scores including PB roll-over testing.
4. Immittance audiometry including acoustic reflex decay when possible.

k. Additional Tests:

Other audiologic tests may be performed at UCSF at the discretion of the audiologist or physician performing or supervising the test procedure to include:

1. ABR
2. ENG
3. Otoacoustic
~~emissions.emissions.~~

l. **Hearing Aid Evaluations:**

Hearing aid evaluations and counseling are not provided.

m. **Aural Rehabilitation Services:**

1. Aurally handicapped patients shall be referred to any appropriate source for aural rehabilitation services including auditory training, speech reading and hearing aid evaluation.
2. Counseling for parents of aurally handicapped children shall be provided.

n. **High Risk Infants**

Screening for high-risk neonatal patients or infants will be provided by referral to the University of California, San Francisco, Department of Otolaryngology, for ABR audiometry.

o. **Case Management**

1. Patients seen for audiologic services may be referred by a physician or outside referral agency.

~~2.~~

~~4.3.~~ Audiometric test results will be recorded in the patient's medical record.

~~5.4.~~ Notation will be made as to the audiologist's impression of the test results and any pertinent audiologic recommendations regarding necessity for further testing, need for amplification and/or aural rehabilitation services.

~~6.5.~~ In addition to chart notes, copies of audiometric test results and recommendations will be sent to all outside referring physicians and agencies.

p. **Case Responsibility:**

1. Following audiologic evaluation, the patient will be returned to the referring physician for follow-up and continued medical management.
2. The audiologist will assume primary responsibility for the patient only when the referring physician requests that the audiologist assumes responsibility for a patient whose primary need is amplification and/or aural rehabilitation.
3. Patients for whom the audiologist has assumed primary responsibility will be referred back to his physician for consultation if significant changes are noted in auditory or vestibular status.

3. **OTOLARYNGOLOGY CLINIC**

a. **Objectives**

To establish guidelines for the safe and effective diagnosis and outpatient treatment of otolaryngologic conditions.

b. **General Requirements**

The otolaryngology clinic will be organized and run in the 4M clinic area. Room 4M14, and rooms 4M50 through 4M59 will be utilized for the otolaryngology clinic.

Room 4M59 will be supplied with an operating microscope and operating table with adequate lighting to be utilized for diagnosis and otolaryngology procedures as itemized in the protocol for the otolaryngology treatment room.

c. **Personnel**

1. DEPARTMENTAL CHIEF: Responsible for the overall management of the physician staff of the otolaryngology clinic. Responsible for setting policy for management of the clinic in consultation with the Nurse Manager.
2. NURSE MANAGER, 4M CLINICS: Responsible for the overall supervision of the nursing staff of the otolaryngology clinic.
3. SENIOR RESIDENT: Responsible for the coordination of resident attendance and resident and medical student teaching in the otolaryngology clinic.
4. JUNIOR RESIDENT/MEDICAL STUDENT: Patient Care as directed by the senior resident.
5. NURSE PRACTITIONER: Responsible for e-referral as needed and other clinical duties as approved by ~~SFGH~~ZSFG Affiliated Professional Staff Standardized Procedures and Protocols.
6. CLINICAL NURSE: Responsible for effective operation of the clinic as indicated below.
7. LICENSED VOCATIONAL NURSE/MEA: Responsibilities as listed below.
8. CLERICAL PERSONNEL: Responsible for making appointments and registering patients into the clinic.

d. **Schedule**

The Otolaryngology Clinic will run on the following schedule:

Monday:	9:30a.m. -5:00 p.m.
Tuesday:	No formal clinic
Wednesday:	8:15a.m.- 5:00 p.m.
Thursday:	8:15-10:30a.m.
Friday:	1:00 - 5:00 p.m.

e. **Appointments**

Patients may be referred by the emergency room or by other clinic/hospital physicians. Patients may also be scheduled in response to e-referral.

f. **Patient Visits**

Patients will be classified into the following categories:

1. NEW PATIENTS: These patients will routinely be scheduled for appointment time slots as indicated by templates approved by the OHNS chief of service.
2. FOLLOW-UP PATIENTS: These patients will routinely be scheduled as above.

3. DROP-IN PATIENTS: These patients do not have previous appointments that have been cleared by the clinic nurse or physicians. These patients will be seen after scheduled patients unless earlier evaluation is required for their condition.
4. INPATIENT CONSULTATIONS: These patients will be scheduled as acuity dictates.
5. OTOLARYNGOLOGY INPATIENTS: These patients will be seen, as required, when treatment requires use of clinic facilities.
6. AFTER HOURS CONSULTATIONS: Clinic rooms will be available for resident and attending evaluation of patients who are seen after normal clinic hours. Only patients who require specific equipment and facilities of the otolaryngology clinic should be seen in these areas.

G. Patient Processing

1. REGISTRATION: All patients will register per the current hospital policy.
2. ORDER OF PATIENT TREATMENT: Patients will be seen in the order of their arrival and based upon appointment time. This may be altered in the event of conditions requiring urgent treatment.
3. LAB AND X-RAY DATA: Prior to the patient being seen, the nursing staff will review the patient's record from the previous visit and ensure that laboratory and x-ray data previously ordered are available for review by the physician. He/she will attempt to locate these results if they are not in the electronic medical record.
4. HEAD AND NECK EXAM: On initial evaluation, patients will have a complete otolaryngology exam. The completeness of the exam will be modified as indicated on subsequent visits.
5. CLINICAL RECORDS: Providers will complete the outpatient clinical record immediately after seeing the patient. All outpatient encounters will be documented in eCW or the current medical record system. The face sheet will be completed by the provider prior to patient departure and the MEA will schedule other appointments and return visits.
6. AUDIOMETRIC EXAMS: Audiometric exams will be scheduled as outlined in the chapter on Audiology in the Clinical Service's Policy and Procedure Manual.