

FAMILY ~~&AND~~ COMMUNITY MEDICINE  
CLINICAL SERVICE  
RULES AND REGULATIONS  
~~2016~~2018

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**I. FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE ORGANIZATION**

**A. SCOPE OF SERVICE**

The Family and Community Medicine Clinical Service (FCM) at ~~Zuckerberg San Francisco General (SFGHZSFG)~~ is ~~has~~ responsibility for: ambulatory patient care delivered in the ~~SFGHZSFG~~ Family Health Center ~~and~~ ~~the SFGHZSFG~~ Urgent Care Center; medical services provided ~~in~~ the ~~SFGHZSFG~~ Skilled Nursing Facility and the Behavioral Health Center; inpatient care delivered on the ~~SFGHZSFG~~ Family Medicine Inpatient Service; and inpatient obstetrical care provided through the Prenatal Partnership Program of the Family and Community Medicine Service. ~~The Department of Family and Community Medicine sponsors the UCSF Family and Community Medicine Residency Program, which is based at ZSFGSan Francisco General Hospital.~~

**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 ~~SFGHZSFG~~ Medical Staff Bylaws, Rules, ~~and~~ Regulations, ~~and as well as~~ these Clinical Service Rules and Regulations.

Initial appointment will be made on the basis of demonstrated competence in the candidate's previous training and practice. ~~Certification or eligibility for certification by the American Board of Family Medicine Board Certification or Board Eligibility in Family Medicine~~ (or its equivalent for individuals in specialties other than Family Medicine) is required.

**C. ORGANIZATION AND STAFFING OF THE FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE**

**1. Organization**

The Family ~~and~~ Community Medicine Clinical Service ~~structure~~ ~~organization~~ is presented on the attached organization chart (~~Appendix AA~~). ~~The officers of the FCM Clinical Service are the Chief of Service and the Vice-Chief of Service.~~

**a) Chief of Service**

The Chief of Service is appointed through the mechanism described in the ~~ZSFG~~ Medical Staff Bylaws ~~with including~~ concurrence at the hospital level, ~~by~~ the Director of Public Health, and ~~by~~ the Chairman of the Department of Family and Community Medicine at the University of California in San Francisco. ~~The Chief of Service fulfills the range of duties described in the ZSFGSan Francisco Hospital Me Medical Staff Bylaws.~~ ~~The job description for the Chief of Service is detailed in Appendix B.~~

**b) Vice Chief of Service**

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The Vice-Chief of Service is appointed by the Chief of Service, serves for an indefinite term, and serves as acting Chief of Service when the Chief of Service is away.

**c) Director, Family Health Center (FHC)**

~~The director provides~~ Provide leadership and oversight of the FHC ~~and~~ Provide overall direction of clinical ~~and research~~ activities in the FHC (see ~~Appendix C for the FHC Clinical Research Policy~~). ~~The director shall~~ Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; ~~c~~ Coordinate the FHC's participation in the Performance Improvement and Patient Safety Program relating to the FHC; ~~and~~ Prepare budgets and other reports in collaboration with the Nurse Manager, MSO, and/or Chief of Service.

**d) Directors, Family Medicine Inpatient Service (FMIS)**

~~The directors provide~~ Provide leadership and oversight of ~~the FMIS and the FM Inpatient Service~~ Provide overall direction of the ~~Inpatient Service~~ service, including clinical operations and educational activities. ~~The directors shall~~ Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; ~~and~~ Coordinate ~~FMIS the FM Inpatient Service's~~ participation in the Performance Improvement and Patient Safety Program.

**e) Directors, Prenatal Partnership Program (PPP)**

~~Directors provide~~ Provide leadership and oversight of the PPP ~~and~~ Provide overall direction of the PPP, including clinical operations and educational activities. ~~The directors shall~~ Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; ~~and y~~ Coordinate the PPP's participation in the Performance Improvement and Patient Safety Program.

**f) Director, Skilled Nursing Facility (SNF)**

~~The director provides~~ Provide leadership and oversight of the SNF ~~and~~ Provide overall direction of the SNF, including clinical operations and educational activities. ~~The director shall~~ Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; ~~and c~~ Coordinate the SNF's participation in the Performance Improvement and Patient Safety Program.

**2. Clinical Services**

**a. ~~The Family Health Center (FHC)~~**

The ~~Family Health Center~~ (FHC) is an ambulatory care setting located on the ~~SFGH~~ ~~ZSFG~~ campus on the first and fifth floors of Building 80 and first floor of

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~~Building 90. FHC Care in the Family Health Center~~ is delivered using a Family Medicine model. Care is provided with concern for the total health care of the individual and the family, and the scope of practice is not limited by age, sex, organ system, or disease entity. Biological, clinical, and behavioral sciences are integrated in the care provided by family physicians, family nurse practitioners, and physician assistants at the FHC. ~~H~~The hours of operation ~~for the FHC~~ are 8:30 a.m. to 9:00 p.m. Monday through Thursday, 8:30 a.m. to 5:00 p.m. Friday, and 8:30 a.m. to 12:00 noon on Saturday.

Comprehensive continuity care is provided ~~in the FHC~~ with particular emphasis placed on preventive care and health maintenance. All ~~FHC~~ patients ~~seen in the FHC~~ have an assigned primary care provider who sees them for the majority of their visits.

Urgent care for FHC patients is available on site on a drop-in basis or by appointment during the hours of operation. After hours telephone advice is provided by ~~f~~Family ~~m~~Medicine ~~faculty members, residents with supervision by a family physician faculty member.~~ Patients are encouraged to call for telephone advice during off hours, and may be referred for evaluation at ~~the FHC or at~~ the ~~SFGHZSFG~~ Emergency Department, Urgent Care Center, or Pediatric Urgent Care Center as appropriate.

**b. ~~ZSFG~~ The Family Medicine Inpatient Service**

The ~~FMI~~Family Medicine Inpatient Service is a non-geographic adult medical service which provides acute inpatient care to ~~FHC~~ patients ~~and patients~~ enrolled ~~in the Family Health Center and in~~ designated ~~San Francisco Health Network~~ clinics ~~in the San Francisco Health Network.~~ The ~~FMI~~Family Medicine Inpatient Service emphasizes ongoing communication with primary care clinicians during inpatient episodes of care for patients receiving continuity of care from these clinicians. The ~~service~~ Family Medicine Inpatient Service is staffed by UCSF FCM residents and family physician attending ~~physicians, s-~~

**c. ~~SFGHZSFG~~ Skilled Nursing Facility**

The ~~Skilled Nursing Facility (SNF)~~ is an interdisciplinary unit with medical services provided under the supervision of the SNF Medical Director. ~~The SNF Medical Director is~~ a member of the Family and Community Medicine Service. Medical care is provided by the SNF Medical Director, ~~FCM a~~Attending ~~physicians, s in the Family and Community Medicine Service, a~~ and ~~n~~Nurse ~~P~~practitioners, in accordance with existing policies for the SNF.

**d. ~~SFGHZSFG~~ Urgent Care Center**

The ~~SFGH~~ Urgent Care Center (UCC) provides urgent care for patients whose primary care home is in the San Francisco Health Network, as well as patients without a primary care provider. The ~~UCC~~ Medical ~~d~~Director, ~~a r~~ of the UCC is ~~a~~ member of the Family and Community Medicine Service. ~~UCC care~~ Care at the UCC is provided by physicians, nurse practitioners, and physician assistants.

**e. ~~The~~ Prenatal Partnership Program**

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The Prenatal Partnership Program is administered through Family and Community Medicine to provide family-centered birth services at ~~SFGH~~~~ZSFG~~. Birthing services are provided by ~~FCM~~ family physician attendings and residents ~~in the Family and Community Medicine Service~~, and by attendings in the ~~SFGH~~~~ZSFG~~ Community Primary Care Service. Family physician attendings in the Community Primary Care Services who participate in the Prenatal Partnership Program receive their privileges for inpatient obstetrical care through the Family and Community Medicine Service.

**f.- Attending Physician Responsibilities**

Overall direction of clinical care is the responsibility of the ~~FCM~~ attending staff ~~of the Family & Community Medicine Clinical Service~~ either directly or through supervision of residents, affiliated medical staff members, or medical students. Requirements for ~~FCM~~ attending ~~physicians, medical staff for FCM clinical services~~ are detailed in ~~Appendices DE and FE~~.

**II. CREDENTIALING**

**A. NEW APPOINTMENTS**

The process of application for membership to the ~~ZSFG~~ Medical Staff ~~of SFGH~~ through ~~FCM the Family and Community Medicine Clinical Service~~ is in accordance with ~~SFGH~~~~ZSFG~~ Bylaws, ~~and the Rules~~, and Regulations, as well as ~~with~~ these Clinical Service Rules and Regulations.

**B. REAPPOINTMENTS**

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

**1) Modification of Clinical Service**

The process for modification of ~~FCM~~ clinical services ~~for the Family and Community Medicine Service~~ will be through the appropriate review process required.

**2) Staff Status Change**

The process for Staff Status Change for ~~FCM~~ members ~~of the Family and Community Medicine Services~~ is in accordance with ~~SFGH~~~~ZSFG~~ Bylaws, ~~Rules~~, ~~and the Rules~~ and Regulations.

**3) Modification/Changes to Privileges**

The process for ~~m~~Modification ~~or change/Change~~ to ~~p~~Privileges for ~~FCM~~ members ~~of the Family and Community Medicine Service~~ is in accordance with ~~SFGH~~~~ZSFG~~ Bylaws, ~~Rules~~, ~~and the Rules~~ and Regulations.

**C. AFFILIATED PROFESSIONALS**

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The process of appointment and reappointment of ~~at the~~ Affiliated ~~p~~Professionals to ~~the~~ ~~SFGHZSFG Medical Staff through FCM through the Family and Community Medicine Clinical Service~~ is in accordance with ~~SFGHZSFG~~ Bylaws, ~~and the~~ Rules, and Regulations, as well as with these Clinical Service Rules and Regulations.

**D. STAFF CATEGORIES**

~~FCM The Family and Community Medicine Clinical Service~~ staff members falls into the same staff categories ~~which are~~ described in the ~~SFGHZSFG~~ Bylaws, and ~~the~~ Rules and Regulations, as well as in these Clinical Service Rules and Regulations.

**III. DELINEATION OF PRIVILEGES**

**A. DEVELOPMENT AND ANNUAL REVIEW OF PRIVILEGES**

~~FCM Family and Community Medicine Clinical Service~~ privileges are developed in accordance with ~~SFGHZSFG~~ Medical Staff Bylaws, Rules, and ~~Bylaws, and the Rules and~~ Regulations, as well as with these Clinical Service Rules and Regulations. The ~~FCM Family and Community Medicine Clinical Service~~ Privilege Request Form shall be reviewed annually by the Chief of Service.

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**B. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES**

(Refer to **Appendix FC**)

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1. ~~FCM The Family and Community Medicine Clinical Service~~ privileges shall be authorized in accordance with the ~~SFGH~~ZSFG Medical Staff ~~Bylaws, Rules, and Bylaws, and the Rules and Regulations.~~ All requests for clinical privileges will be evaluated and approved by the Chief of ~~Family and Community Medicine Clinical Service~~.
2. The process for modification ~~or~~ change to ~~the~~ privileges ~~of FCM~~ for members of ~~the Family and Community Medicine Service~~ is in accordance with the ~~SFGH~~ZSFG Medical Staff ~~Bylaws, Rules, and Bylaws, and the Rules and Regulation~~.
3. ~~FCM The Family and Community Medicine Clinical Service~~ grants privileges to clinicians working in the ~~SFGH~~ZSFG ~~FHC~~ Family Health Center, ~~UCC, FMIS, SNF, BHC, the SFGH Urgent Care Clinic, the Family Medicine Inpatient Service, the Skilled Nursing Facility, the Behavioral Health Center, the Birth~~ Birth Center, and ~~the~~ Nursery.
  - a) Request for clinical privileges will be evaluated by the Chief of ~~the Family and Community Medicine Clinical Service~~ Service. The initial determination of such requests shall be based on the applicant's education, training, experience, and demonstrated competence. The applicant shall have the burden of establishing his/her qualifications and competency for the clinical privileges requested.
  - b) ~~FCM Family and Community Medicine Clinical Service~~ privileges permit practice within the ~~ZSFG FHC, UCC, FMIS, SNF, BHC, Family Medicine Inpatient Service, the Family Health Center, the SFGH Urgent Care Clinic, the Skilled Nursing Facility, the Behavioral Health Center, the Birth Center, and the~~ Nursery, and in related sites (e.g., patients' homes).
  - c) Evidence must be presented of having training and successful experience for each class of illness and procedure requested.

**C. TEMPORARY PRIVILEGES**

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

**IV. PROCTORING AND MONITORING**

**A. PROCTORING AND MONITORING REQUIREMENTS**

~~FCM p~~Proctoring and monitoring requirements ~~for the Family and Community Medicine Clinical Service~~ shall be the responsibility of the Chief of ~~the~~ Service, with the

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primary review delegated to the ~~m~~Medical ~~d~~Directors of the ~~FHC, FMIS, UGG, SNF, and PPP~~ Family Health Center, Family Medicine Inpatient Service, Urgent Care Center, Skilled Nursing Facility, and the Prenatal Partnership Program.

The scope of individual provider activity is determined by level of training and skill obtained from special procedure training. Clinical competence is monitored through direct observation, chart review, and practice audits. In general, the scope of provider activity is in keeping with that defined by the American Board of Family Medicine and the Accreditation Council of Graduate Medical Education (ACGME) ~~CGME~~ Residency Review Committee for Family Medicine. All care delivered by non-licensed residents is directly supervised by an attending physician in both the inpatient and outpatient settings. Licensed residents are ~~ind~~irectly supervised only after meeting criteria outlined by the FCM ~~RP~~ Residency Program Clinical Competence Committee. Attending family physicians are the ~~FMIS~~ physicians of record ~~for the Family Medicine Inpatient service~~ at all times.

## B. PROCTORING AND COMPETENCY REVIEW

### 1. INITIAL APPOINTMENT

Initial appointment will include review of qualifications, prerequisites, and previous experience for each privilege requested. The ~~p~~Privileges ~~r~~Request form (Appendix C) specifies the qualifications, prerequisites, and proctoring requirements for each privilege. Proctoring for initial appointment will include direct observation, case review, and review of the medical record. Forms used for documentation of case reviews are included in ~~A~~ppendix ~~G~~ ~~D~~.

The ~~FHC, FMIS, and PPP~~ Medical Directors ~~of the Family Health Center, Family Medicine Inpatient Service and the Prenatal Partnership Program~~ will perform or assign proctoring. In instances when these individuals are the candidates to be proctored, the Chief of Service or ~~her/his~~ designee will be assigned as proctors. The Chief of Service will be reviewed by the vice Chief of Service.

In the event that the minimum number of proctored cases is insufficient for making a valid determination of clinical competence, proctoring will continue until a valid determination of clinical competence is achieved. This determination will be made jointly by the proctor and the Chief of ~~Family & Community Medicine~~ Service.

A summary proctoring report will be sent to the Chief of ~~Service~~ ~~Family and Community Medicine~~ for review and approval.

### 2. REAPPOINTMENT

- a. Following initial appointment, review will be performed prior to each reappointment. The Chief of Service will be responsible for this evaluation. The evaluation will be based on a combination of concurrent assessment by the ~~M~~medical ~~d~~irectors and clinical data sources for ambulatory and inpatient care.

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- b. Clinical performance data for review will consist of the following:
- i. Chart review: A minimum number of cases and charts will be reviewed for each privilege for which the clinician is credentialed, ~~as. These are outlined defined~~ in the FCM Privileges Form (Appendix C).
  - ii. Clinical indicators and practice profiles: These indicators will be reviewed for the entire population of patients for whom the clinician had primary clinical responsibility during the ~~two~~2-year period preceding reappointment. ~~They~~ will be reported to the provider and the ZSFG Medical Staff Office twice yearly as an Ongoing Professional Practice Evaluation (OPPE).
  - iii. Case presentation: At least once during the reappointment period, each ~~attending p~~physician will present ~~at faculty meeting of the Family and Community Medicine Service~~ a patient case or cases for which he/she is ~~on the attending is~~ clinically responsible ~~to the FCM faculty~~.
  - iv: Other information as appropriate, including unusual incidence reports, adverse drug reaction reports, and similar information collected by SFGHZSFG committees.
- c. The Chief of Service will be reviewed by the Vice Chief of Service.

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#### C. ADDITION OF PRIVILEGES

Requests for additional FCM privileges ~~for the Family & Community Medicine Clinical Service~~ shall be in accordance with ~~SFGHZSFG Bylaws, Rules, and Bylaws, and the Rules and Regulations.~~

#### D. REMOVAL OF PRIVILEGES

Requests for removal of FCM privileges ~~for the Family & Community Medicine Clinical Service~~ shall be in accordance with ~~SFGHZSFG Bylaws, Rules, and Bylaws, and the Rules and Regulations.~~

#### V. EDUCATION

The following ~~FCM Family & Community Medicine Service~~ educational opportunities ~~regularly are offered on a regular, on going basis through the service:~~

- ~~Primary Care Grand Rounds, M~~monthly
- ~~Family and Community Medicine FCM Clinical Staff Meetings, monthly~~ Monthly
- ~~Morbidity and Mortality M Conference, monthly~~ As warranted by clinical events
- ~~Family Medicine Board Review, annually~~ Annually
- ~~Annual Review in Family Medicine, a~~ Annually

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- ~~Monthly~~ Case conferences at attending faculty meetings, ~~monthly~~
- ~~Faculty Development Sessions, three per year~~ ~~3 times per year~~
- Other ~~FCM-sponsored~~ seminars and conferences ~~sponsored by the Family and Community Medicine Service~~

**VI. FAMILY & COMMUNITY MEDICINE ~~HOUSESTAFF~~ RESIDENT TRAINING PROGRAM AND SUPERVISION** (Refer to CHN Website for House staff Competencies)

Attending faculty shall supervise ~~resident~~ ~~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.

**A. ROLE, RESPONSIBILITY, AND PATIENT CARE ACTIVITIES OF ~~RESIDENTS~~ ~~THE HOUSE STAFF~~:**

~~Residents~~ ~~House staff~~ are trained in accordance with ACGME, American Board of Family Medicine, UCSF, ~~SFGH~~ ~~ZSFG~~, and California Medical Board guidelines.

**B. EVALUATION OF ~~RESIDENTS~~ ~~HOUSESTAFF~~**

~~Residents~~ ~~House staff~~ are evaluated in accordance with ACGME guidelines for both inpatient and outpatient care. ~~The~~ evaluation process consists of written rotation evaluations, written outpatient evaluations, and written evaluations of required didactic presentations. ~~The~~ ~~FCM~~ Residency Program Clinical Competence Committee reviews evaluations for each resident twice yearly and advises the Residency Program ~~and~~ Director through a summary ~~evaluation~~ and promotion recommendations.

**VII. FAMILY ~~&AND~~ COMMUNITY MEDICINE CLINICAL SERVICE CONSULTATION CRITERIA**

Consultation in all categories of privileges will be expected for patients whose condition is critical, deteriorating, unresponsive to the therapy initiated, or when diagnostic problems remain unresolved.

**VIII. DISCIPLINARY ACTION**

The ~~ZSFG San Francisco General Hospital Medical Staff~~ Bylaws, Rules, and Regulations will govern all disciplinary action involving ~~FCM~~ ~~members of the SFGH Family & Community Medicine Clinical Service~~.

**IX. PERFORMANCE IMPROVEMENT ~~/PATIENT SAFETY~~ ~~(PIPS)~~ AND UTILIZATION MANAGEMENT**

**A. GOALS AND OBJECTIVES**

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

**B. RESPONSIBILITY**

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Overall responsibility for performance improvement in the Family and Community Medicine Service lies with the Chief of Service. A Director of Quality Improvement is appointed by the Chief of Service to supervise and coordinate performance improvement activities within Family and Community Medicine, and to serve as the FCM Service's representative to the SFGH/ZSFG Performance Improvement and Patient Safety Committee. In collaboration with the FCM Service's Director of Quality Performance Improvement, medical directors of FCM clinical programs within the Family and Community Medicine Service will be responsible for collecting and reviewing performance improvement indicator data for these programs and reviewing any adverse events. At least eight times per year, the FCM clinical staff will meet to a meeting of the clinical staff of the Family and Community Medicine Service will be devoted to discussion, review, and planning of performance improvement activities for the Service.

**C. REPORTING**

Performance Improvement and Patient Safety (PIPS) and Utilization Management (UM) activity records will be maintained by FCM Family and Community Medicine Service. Minutes are submitted to ZSFG the Medical Staff Services Department.

**D. CLINICAL INDICATORS**

In collaboration with the SFGH/ZSFG PIP Performance Improvement and Patient Safety (QM) Department, a calendar of review of clinical indicators of patients is established for each year. The PIP/QM Department monitors these throughout the year through chart reviews and panel reviews. This information, along with the information gathered from the PIP Department is compiled and presented to the Performance Improvement and Patient Safety (PIPS) Committee PIP committee.

**E. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES**

In collaboration with the SFGH/ZSFG PIP (QM) Department, FCM Family and Community Medicine Clinical Service selects clinical indicators to monitor the performance of each physician to collect at the level of individual attending physicians to monitor physician performance for all physicians with primary direct clinical responsibility for a population of patients. These Ongoing Professional Practice Evaluations (OPPE's; see Appendix HG) are produced, reviewed, and disseminated to each the individual provider by the Chief of the Service. OPPEs for all physicians They are compiled and presented to the ZSFG Medical Staff Office twice yearly.

**F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES**

FCM The Family and Community Medicine Clinical Service monitors and evaluates each practitioner for appropriateness of patient care, and the Chief of the Service maintains these records.

**G. MONITORING AND EVALUATION OF PROFESSIONAL PERFORMANCE**

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~~FCM The Family and Community Medicine Clinical Service~~ monitors and evaluates each practitioner, and the Chief of ~~the Service~~ maintains these records. ~~The OPPE~~ clinical indicators and thresholds ~~for the Ongoing Professional Practice Evaluations (OPPE's)~~ are detailed in **Appendix GH**.

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#### X. MEETING REQUIREMENTS

In accordance with ~~SFGH ZSFG Medical Staff~~ Bylaws, all ~~a~~Active ~~m~~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.

~~FCM members Family & Community Medicine Clinical Services~~ shall meet as frequently as necessary, but at least quarterly, to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

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

#### XI. ADOPTION AND AMENDMENT

The ~~FCM Family and Community Medicine Clinical Service~~ Rules and Regulations will be adopted and revised annually by a majority vote of all ~~a~~Active ~~service~~ members ~~of the Family and Community Medicine Clinical Service~~ annually at a ~~Family and Community Medicine Clinical Service~~ meeting.

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**APPENDIX A: FAMILY & COMMUNITY MEDICINE ORGANIZATIONAL STRUCTURE**

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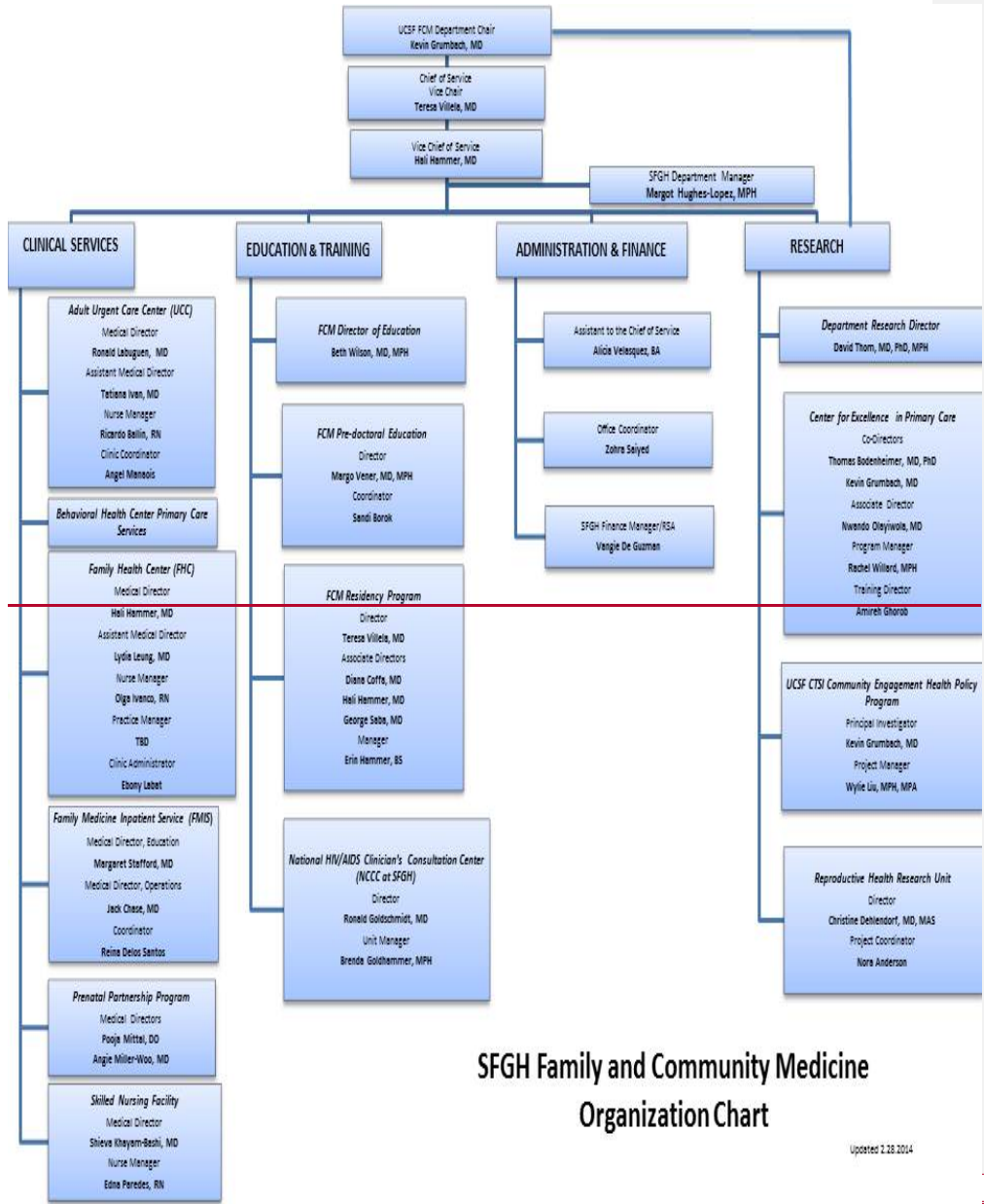
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SFGH Family and Community Medicine  
 Organization Chart

Updated 2.28.2014

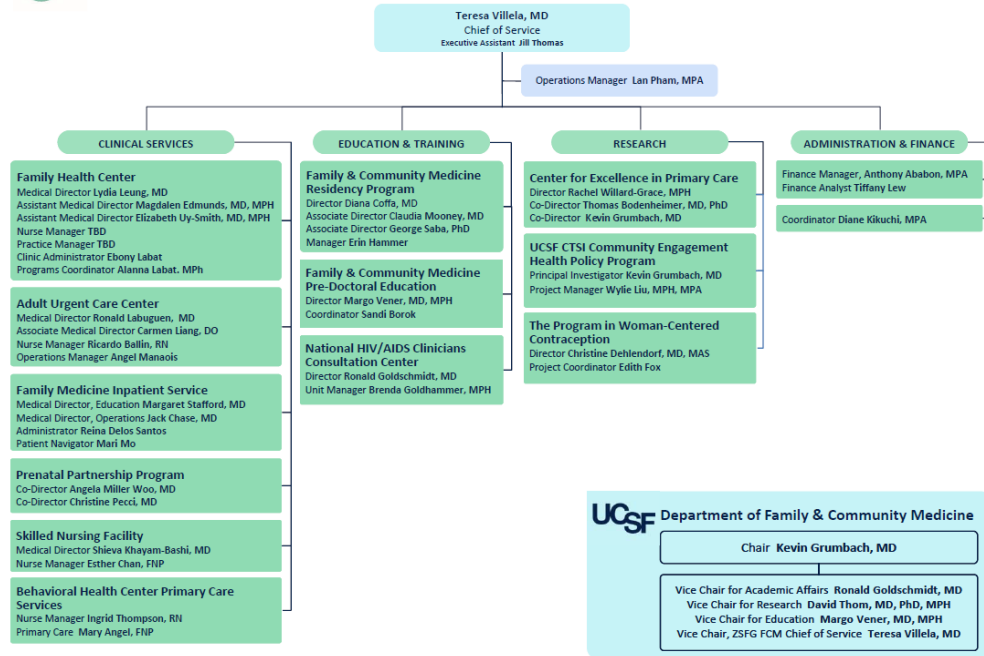
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**Family & Community Medicine**  
 at Zuckerberg San Francisco General Hospital  
 Effective 2/8/18



**UCSF Department of Family & Community Medicine**

Chair **Kevin Grumbach, MD**

Vice Chair for Academic Affairs **Ronald Goldschmidt, MD**  
 Vice Chair for Research **David Thom, MD, PhD, MPH**  
 Vice Chair for Education **Margo Vener, MD, MPH**  
 Vice Chair, ZSFG FCM Chief of Service **Teresa Villela, MD**

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**APPENDIX B: JOB DESCRIPTION, —CHIEF OF ZSFG FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE**

**Chief of Service**  
**Family and Community Medicine Service**  
**Zuckerberg San Francisco General Hospital**  
**Family and Community Medicine**  
**Job Description**

The primary responsibility of the Chief of the ZSFG Family and Community Medicine Service (FCM) is to assure the integrity and quality of the clinical services administered by the UCSF Department of Family and Community Medicine at San Francisco General Hospital (SFGH ZSFG). The Chief of Service has direct accountability to the Chief of the SFGH ZSFG Medical Staff and the UCSF Associate Dean at SFGH ZSFG, in addition to the Chair of the UCSF Department of Family and Community Medicine and the SFGH ZSFG Executive Administrator. The Medical Directors of FCM-administered clinical services at SFGH ZSFG report to the FCM Chief of Service. The Chief of Service works in close collaboration with the other SFGH ZSFG chiefs of service and SFGH ZSFG nursing and administrative leaders to promote the collective excellence and accountability of SFGH ZSFG services and programs.

The FCM Chief of Service, in consultation with the Chair of the UCSF Department of Family and Community Medicine, has responsibility for recruiting and supervising faculty members of the department who are based at SFGH ZSFG. With the support of the department's manager at SFGH ZSFG, the Chief of Service is responsible for managing the department's funds related to SFGH ZSFG professional fee income, the Affiliation Agreement between UCSF and the City and County of San Francisco, other funds involving SFGH ZSFG clinical operations, and such other funds as the Chair of the Department delegates to be principally managed by the Chief of Service.

The Chief of Service works closely with the Director of the UCSF SFGH ZSFG Family and Community Medicine Residency Program to assure the integrity of the residency training program and the integration of the training program into the clinical services at SFGH ZSFG, including assuring compliance with hospital rules and regulations, ACGME standards, and related policies and regulations. The Chief of Service also works closely with the department's Director of Predoctoral Education to assure successful operation of FCM medical student teaching programs at SFGH ZSFG and works with educational leaders of the other UCSF health professional schools on issues relating to students' educational experiences on FCM clinical services.

The Chief of Service works in collaboration with the Chair of the UCSF Department of Family and Community Medicine to enhance the academic environment for the Department's programs based at SFGH ZSFG, including research and community service.

The Chief of Service is expected to serve as an attending physician on the SFGH ZSFG Medical Staff and perform direct patient care as part of the FCM Family and Community Medicine Service. At a minimum, the Chief of Service is expected to have a continuity family medicine practice and supervise residents and medical students at the Family Health Center. Ideally, the Chief of Service will serve as an attending physician on the Family Medicine Inpatient Service and/or Perinatal Partnership Program family medicine obstetrical call group.

As a member of the UCSF faculty, the Chief of Service is expected to be involved in scholarly activities and contribute to the generation and translation of knowledge in areas of inquiry relevant to family medicine. The extent of involvement in research and scholarly activities will be based on the interests and qualifications of the Chief of Service.

The UCSF-City and County of San Francisco Affiliation Agreement and SFGH ZSFG Medical Staff Bylaws fully delineate the responsibilities of chiefs of service, including the following:

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**A. ADMINISTRATION**

**1. General Responsibilities**

- a) Be responsible and accountable to the governing body through the Medical Executive Committee (MEC) for the clinical and administratively related activities within the clinical service;
- ~~b)~~ Be a participating member of the MEC;
- ~~b)~~
- c) Be responsible for the integration of the clinical service into the primary functions of the organization;
- d) Be responsible for the coordination and integration of inter-departmental and intra-departmental services;
- e) Provide administrative leadership for a culturally sensitive and competent program to the community served by SFGH/ZSFG; and
- f) Provide administrative leadership for a culturally sensitive environment for UCSF and SFGH/ZSFG employees and trainees.

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**2. Planning**

- a) Provide direction and participate in the planning, implementation and evaluation of the organization's plan for patient care;
- b) Assess the effect of UCSF academic and program planning upon SFGH/ZSFG and directly communicate this information as part of the joint UCSF/SFGH/ZSFG program planning;
- c) Stay abreast of changes in the health care industry, both locally as well as industry-wide, and demonstrate leadership by identifying and implementing appropriate changes; and
- d) Assist in the preparation of annual reports, including budgetary planning, pertaining to the clinical service as may be required by the Chief of Staff, the MEC, the Associate Dean, Executive Administrator, or the Governing Body.

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**3. Resource Management**

Manage City and University resources, including revenue and expenses, appropriately and in a timely manner, as evidenced by:

- a) Appropriate budget preparation and monitoring based on service goals;
- b) Maximizing reimbursement and other revenues;
- c) Ensuring compliance with third party billing regulations, including timely and appropriate documentation in the medical record;
- d) Ensuring effective utilization of assigned clinical, administrative and research space;
- e) Adhering to UCSF and SFGH/ZSFG financial policies; and
- f) Reporting and recommending to hospital management, when necessary, with respect to matters affecting patient care in the clinical service, including personnel, space and other resources, supplies, special regulations, standing orders and techniques;

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**4. Operations Management**

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~~a)~~ Designate an acting chief when the Chief of Service will be absent for a period longer than 24 hours but less than ~~thirty (30) days~~. After thirty (30) days, the process described in the Medical Staff Bylaws will be followed;

~~a)~~

~~b)~~ Assume responsibility for orienting new members and enforce the Medical Staff Bylaws, Rules, ~~Regulations, and Policies~~ ~~and Policies~~, the clinical service rules and regulations, and the hospital's policies and procedures within the respective clinical service;

~~b) P~~

c) Participate in the administration of the Clinic Service through cooperation with the Nursing Service, Hospital Administration and all personnel involved in matters affecting patient care.

#### ~~B. -~~ ~~Communication~~ **COMMUNICATION**

1. Communicate appropriately with hospital administration, the ~~SFGH~~ ~~ZSFG~~ Dean's Office and Department faculty and staff;
2. Communicate information to faculty, ~~housestaff residents~~, and students;
3. Promote effective communication and collaboration among health care professionals; ~~and~~
4. Develop and maintain appropriate relationships within the San Francisco community.

#### ~~C. Performance Improvement~~ **PERFORMANCE IMPROVEMENT**

1. Monitor and evaluate the quality and appropriateness of patient care provided within the clinical service, utilizing a quality improvement program that measures patient care outcomes;
2. Monitor the professional performance of all individuals who have clinical privileges in the clinical service, and report thereon to the Credentials Committee as part of the Reappointment process and at such other times as may be indicated;
3. Appoint ad hoc committees or working groups, as necessary, to carry out quality improvement activities;
4. Demonstrate the ability to assess issues and effectively solve problems; ~~and~~
5. Implement and monitor agreed-upon standards for program operations; address performance problems effectively and in a timely manner.

#### ~~D. Medical Staff Credentialing and Privileging~~ **MEDICAL STAFF CREDENTIALING AND PRIVILEGING**

1. Recommend criteria for clinical privileges in the clinical service;
2. Recommend sufficient number of qualified and competent individuals to provide care/clinical services;
3. Make a report to the Credentials Committee concerning the appointment, reappointment, and delineation of clinical privileges for all applicants seeking privileges in the clinical service;
4. Make recommendations to the Credentials Committee regarding the qualifications and competence of clinical service personnel who are affiliated professional staff; ~~and~~
5. Assume responsibility for the evaluation of all provisional appointees and report thereon to the Credentials Committee.

#### ~~F. E. Education and Research~~ **EDUCATION AND RESEARCH**

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1. Be accountable to the Associate Dean and the UCSF Department Chair for the conduct of graduate and undergraduate medical education and UCSF-based research programs conducted in the FCM Clinical Service;
2. Assume responsibility for the establishment, implementation and effectiveness of the orientation, teaching, education and research programs in the Clinical Service; and
3. Ensure the quality of resident teaching by monitoring outcomes.

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**APPENDIX C: FHC CLINICAL RESEARCH POLICY**

Zuckerberg San Francisco General Hospital  
Family Health Center  
Date Adopted: 5/02  
Reviewed: 6/04, 05/16  
Revised: 9/05, 05/16

**TITLE:** Criteria for Approval of Research Studies at the Family Health Center

**STATEMENT OF POLICY:** It is the policy of the Family Health Center to require researchers conducting studies which involve FHC patients to meet clear hospital and clinic guideline.

**POLICY:** For research to be conducted at the FHC the following requirements must be met:

1. Minimal additional administrative work for FHC staff or providers.
2. No obvious duplication of patient contacts by concurrent research studies.
3. Letters to patients are not signed by FHC staff or providers. There is no implication of FHC provider involvement, unless appropriate.
4. Providers are given patient lists for review prior to patient contact.
5. Study is relevant to our patients, and appropriate patient incentives are included.
6. Research group will present outcome of study for FPRP/FHC during noon conference or All Team Meeting.
7. Study must be approved by the appropriate IRB/CHR.
8. The FHC requests that all studies involving FHC patients make a voluntary donation to the clinic. The suggested donation range is \$50-\$500, depending on the total study budget. If this would represent a hardship, please let us know and we can discuss your circumstances. These funds are used to support FHC staff development and team-building activities.

**Researchers will follow these steps:**

1. Initial contact by research study group to Medical Director.
2. Letter sent to research group which outlines FHC criteria for approval of research studies.
3. If study group believes they do or can meet all criteria, protocol is sent to FHC Medical Director.
4. Protocol is reviewed by Management Team with consultation by Teresa Villela, Chief of Service.
5. Research study group gives lists of potential patient contacts to primary care providers for review.
6. Final list of contacts is given to Medical Director.
7. Study proceeds.

Approved by:   
Lydia Leung, M.D.  
Medical Director, Family Health Center

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## APPENDIX D: ATTENDING PHYSICIAN RESPONSIBILITIES FAMILY HEALTH CENTER

### Checklist for Onboarding FHC Attending

#### Accounts and Other Access

- Active directory account
- eCW account
  - o eRx group access added (automatic with eCW onboarding)
  - o Resource code build request
  - o Add as security rx for 'E' jellybean
  - o Add to list of PCP in med rec (jellybean) workflow for ZSFG staff
- LCR account
  - o 1<sup>st</sup> day of clinic: Correct information on LCR -> log on and go to Provider Function -> Verify my data to put in updated email address, phone number, fax number and pager number
  - o Resource code
- CHN number
- Med Web Account
- CCSF Alerts
- UCSF or DPH e-mail address
- Remote access (needs link)
- SFGH badge, buddy badge, disaster cards
- Programming of SFGH badge to gain stairway and elevator access
- Evernote account
  - o eCW Central: <https://www.evernote.com/pub/cresident192/ecwcentral>
  - o FHC Attending: <https://www.evernote.com/pub/cresident192/fhcattending>
  - o FHC Documents: <https://www.evernote.com/pub/cresident192/fhcdocuments>
  - o Community Resources/Referrals/Tips  
<https://www.evernote.com/pub/cresident192/communityresourcesreferralstips>
- Laminated contact cards (for FHC and residency)
- Internal updates:
  - o Team grid
  - o Contacts list
  - o Scope of practice
  - o Medical records eCW workflow
  - o SFHN website
  - o Practice partner
  - o Central Call center onboarding notification (add to provider description)
  - o Email listserv (Provider, Attending, Staff)
  - o Pagerbox
  - o Business cards (if PCP)

#### Work space and materials

- Pager
- Office keys
- Name plates
- Secure rx pads

#### Training

- eCW workflow training
- 2 shadowing session with experienced FHC attending
- FHC orientation and tour with Lydia or designee

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Documents (all available on Evernote)

- Review Pain policy (signature required)
- FHC standing meetings
- FHC Clinic Guide
- Guidelines for Lab Review
- FHC Labs, DI, Procedures and Referrals
- FHC campus map
- FHC team grid

Other documents or resources available

- SFGH ambulatory services website: <http://www.sfghambulatoryservices.com/>
- SFDPH eLinks (includes pharmacy formulary and much more)

Miscellaneous

- Welcome kits

Teams

- Introduce to team
  - By email (all of FHC)
- Know your:
  - Faculty team lead
  - Lead clinician
  - Lead nurse
  - Team clerk
  - Core MEA
  - BHT team
  - Additional staff on your team
  - Residents
  - Fellow providers

Mission, SFHN and ZSFG Goals

- Review org chart
- Review SFHN/ZSFG annual strategic vision and goals
- FHC mission
- QI culture and participation
- Safety culture
- Communications culture

Important policies and procedures

- Direct admission
- Late patient policy
- Missed appointments
- Disaster / emergency planning (Rainbow Chart)
- SOP
- Chronic pain
- Patient forms
- IPV
- HIPAA
- UO
- Behavioral agreement
- ED transfers

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Expectations

- 44 sessions / year for each 0.1 FTE
- Culture of a true practice
- Huddles attendance
- Timely completion of patient care documentation

Between precepting sessions:

- Keep up to date with reviewing FHC email updates
- Ensure that eCW notes are reviewed, cosigned, and locked

During precepting sessions:

- Attend huddles
- Serve as consultant
- Manage clinic flow with COD, nurse team leads (requires frequent check ins)
- Support patient care
- Support residents: direct patient care, administrative tasks, building relationships with team members
- Serve as role models to all team members as the leader of the clinic

Points of Contact

Administrative Support

<u>Name</u>	<u>Role</u>	<u>Contact Info</u>	<u>Contact for questions about:</u>
<u>Ebony Labat</u>	<u>FHC Clinic Administrator/ Fill-in for Practice Manager</u>	<u>206-6891 (office) 443-7412 (pager) ebony.labat@ucsf.edu</u>	<u>- Primary care clinic schedules - Backup for Practice Manager - eCW account access - FHC attending schedules - Sick call or late to shift calls during business hours - Clinic operations</u>
<u>Jill Thomas</u>	<u>Executive Assistant to Teresa Villela, Chief of Service</u>	<u>206-2899 jill.thomas@ucsf.edu</u>	<u>- Credentials/privileges - Meetings with Teresa - Secure prescription pads</u>
<u>Diane Kiukuk</u>	<u>FCM Administrative Coordinator (front office)</u>	<u>206-8610 (office) diane.kiukuk@ucsf.edu</u>	<u>- Laptop needs for observation sessions - Tap and go access (troubleshooting) - Unlocked notes for eCW - Attending session counts - MSP timesheet - Meetings with Lydia - Badge and programming</u>

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Clinical Support

<u>Name</u>	<u>Role</u>	<u>Contact Info</u>	<u>Contact for:</u>
<u>Lydia Leung</u>	<u>Medical Director</u>	<u>206-8984 (office)</u> <u>909-576-9485 (cell)</u> <u>443-8984 (pager)</u> <u>Lydia.leung@ucsf.edu</u>	<u>- Clinic operations</u> <u>- Faculty support</u> <u>- Resident concerns</u> <u>- Staff concerns</u> <u>- Policy and procedures</u>
<u>Maggie Edmunds</u>	<u>Assistant Medical Director</u>	<u>206-5316 (office)</u> <u>443-8208 (pager)</u> <u>magdalen.edmunds@ucsf.edu</u>	<u>- QI related work</u> <u>- Prenatal care issues</u> <u>- Backup for Medical Director</u>
<u>Ellie Uy-Smith</u>	<u>Assistant Medical Director</u>	<u>206- 2519 (office)</u> <u>443-0320 (pager)</u> <u>Elizabeth.uy-smith@ucsf.edu</u>	<u>- Peds/Adolescent QI</u> <u>- Backup for Medical Director</u>
<u>Lijun Li</u>	<u>Interim Nurse Manager</u>	<u>206-5545 (office)</u> <u>327-1007 (pager)</u> <u>Lijun.li@sfdph.org</u>	<u>- MEA/RN concerns</u>
<u>Tim Hickey</u>	<u>Administrative Operations Supervisor</u>	<u>206-4325 (office)</u> <u>Tim.hickey@sfdph.org</u>	<u>-Clerical concerns</u> <u>-Facilities/IT issues</u>
<u>Danielle Guidry</u>	<u>Health Worker Supervisor</u>	<u>Danielle.guidry@sfdph.org</u>	<u>-HW concerns</u> <u>-Patient Advisory Council</u> <u>-Volunteer Program</u>

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Residency Support

<u>Name</u>	<u>Role</u>	<u>Contact Info</u>
<u>Kimmy Chela</u> <u>Tom McBride</u> <u>Nicole Person-Rennell</u>	<u>Chief Residents</u>	<u>206-6886 (w), 443-9705 (pgr)</u> <u>206-6887 (w), 443-2618 (pgr)</u> <u>206-3354 (w), 443-3548 (pgr)</u> <u>credent@fcm.ucsf.edu</u>
<u>Diana Coffa</u>	<u>Residency Director</u>	<u>443-0835 (pager)</u> <u>Diana.coffa@ucsf.edu</u>

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Sick calls or Emergencies

1. If you are sick and cannot attend during your scheduled precepting shift, please do the following:
  - a) Leave a message on the sick line: 206-3487 before 7:30am AND
  - b) Page Ebony Labat between 8am-5pm
2. If you are going to be late to your shift, please let Ebony Labat know asap so we can find timely coverage for your shift.
3. If you are unable to cover the whole shift (remember that clinic often runs late until 12:30pm or 5:30pm), please let Ebony Labat know in advance so that we can plan coverage as needed.

**Precepting Session**

Before/Start of precepting session (please arrive on time for your scheduled session)

1. Write down your name, CHN number, and contact info (pager/cell) on the white board in the attending room
2. Attend huddle
  - a. If attending on 81, attend red team huddle
  - b. If attending on 85, the attendings should split up going to gold and green team huddle

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- i. If you are the only attending on 85, go to the team with more residents
- c. Write down how many patients each resident has so you can keep track of clinic flow

**Huddle schedules** (same with clinic start times)

- AM session starts at 8:30am (Thursday starts at 9:30am)
- PM session starts at 1pm
- Evening session starts at 5:30pm

**Huddle content**

- Look for the huddle checklist
- Pay attention to staffing, anticipated issues with patients

**Role of attending in huddles**

- Act as a huddle coach
- Pay attention to whether residents are missing. If you start seeing a pattern, please let chief residents or Lydia know.

- 3. Check that all providers have showed up to clinic
  - a. If there are any absent providers, please call or page the provider (using the phone list updated on Evernote)
    - i. If no answer from resident, page chief residents
    - ii. If no answer from chief resident, page Ebony Labat (443-7412)

During clinic session, here are your primary responsibilities

- There is a more detailed description of each task in subsequent pages

**Precept:**

- Residents and medical students along with appropriate eCW documentation

**Serve as consultants:**

- For any NP, PA, RN, or MEA and document in eCW appropriately
- For RN and MEA who have requests from walk-in patients about forms, refills, and other clinical issues

**Manage clinic flow:**

- By working with clinician of the day (COD) and team lead RN
  - o Place same-day walk in patients into no-show slots for residents to meet target numbers per clinic session
- Work with COD, triage RN to make sure same-day patients are triaged and seen in a timely manner

**Support patient care:**

- Refill prescriptions (81 attending)
- Review labs and diagnostic studies (85 attending)

**Complete your administrative portion of patient care:**

- Respond to and address all patient-relevant *e-mails*
- Clear down your *eCW jellybeans*
- Check your *LCR eReferral checklist* as residents will list you as the attending on record for patient referrals

**Target # pts seen per session:**

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Before leaving clinic session

1. You cannot leave until all residents have finished seeing patients
2. Address all your eCW jellybeans, emails, and LCR eReferral checklist
3. Check in with nursing staff that there are no outstanding patient care issues

If there are active issues (patients sick or further evaluation needed) beyond 12pm

- If you have to leave, you should make contact with another attending to see if they can come and relieve you. If none of them can, let Ebony know and she can try to find someone to cover.
- If you have to cover over the lunch hour and you also are precepting in the afternoon, let Ebony know and she can help find coverage so you can get lunch.
- If a patient's work-up was started and requires for continued evaluation in the afternoon, please make sure that the resident signs out the patient to the afternoon drop-in resident.
  - You should also sign out the patient to the afternoon 81 attending and ensure that there is someone in the clinic who stays with the patient during the lunch hour.
  - The morning RN should also sign out the patient to the afternoon 81 RN.

If there are active issues (patients sick or further evaluation needed) beyond 5pm

- Drop-in patients who continue to need care after 5:00 can be signed out to an Urgent Care Center provider by the resident or sent to the ED.
  - Patients sent to the ED
    - FHC attending must give sign out to ED attending in charge (AIC) by calling 206-8111
    - Team RN needs to sign out to ED RN
    - Appropriate patient transport must be arranged
  - Patients signed out to UCC provider
    - Resident or FHC attending must give sign out to UCC provider in charge by calling 206-8053
    - Team RN needs to sign out to UCC RN
    - Patient must be transported to UCC
- Urgent labs or x-ray results that are pending should be signed out by the resident to that evening's R2 backup resident

If patients need direct admission to SFGH

See Direct Admission protocol

If patients need to be transferred to ED for higher level of care and evaluation

- FHC attending must give sign out to ED attending in charge (AIC) by calling 206-8111
- Team RN needs to sign out to ED RN
- Attending must consult with nursing staff to arrange for appropriate transportation, either escorted by FHC staff (if deemed safe and appropriate) or via ambulance

If you have any urgent clinical questions or issues that you do not feel comfortable with, please contact:

- Chief residents or residency director (Diana Coffa): if it's related to resident issues
- Medical director/Practice Manager: if related to clinic protocols, patient or staff safety. In general, our team lead RNs know this well.
- Nurse Manager or charge nurse: if related to RN/MEA staffing, nursing or MEA protocols
- Administrative Operations Supervisor: if related to patient scheduling
- Other great resources related to SFGH issues
  - AOD (administrator on duty) – page operator (dial "0")
  - Specialty clinic consults – page operator and ask for specific specialty clinic/team on call

## Evaluations of learners

### For all learners

- You should give real-time constructive feedback on a regular basis.
- Always review the learners' progress notes as part of their feedback.

### For residents

- You will be contacted by the residency's Evaluations Coordinator to evaluate residents as a cohort. Now that we have consistent clinic days for residents, you will likely be able to complete evaluations based on a longitudinal teaching relationship.
- If you have concerns about individual residents, you can contact Diana Coffa, the chief residents or Lydia Leung at any time.

## Precepting Residents

### Before you precept

- Find out the level of your learner so that you can set appropriate expectations and tailor your questions/clinical pearls accordingly.
  - R1: Aim for 10 minute precepting, 5-10 minutes in clinic room closing out visit.
  - R2: Aim for 5 minute precepting. Allow resident to close out the visit as much as possible.
  - R3: Mostly serving as a consultant, do not need to see patient unless resident is unlicensed or requests for you to be in room with patient for an evaluation.
- If you are meeting the resident for the first time, check in to see if they have specific goals for the clinic session. For example, they might be working on managing clinic flow, completing notes in the exam room, or presenting more succinct oral presentations.

### Precepting documentation guidelines

- For unlicensed residents:
  - Pull in the 'Face-to-Face Attending Resident Attestation' template into the Physical Examination portion of the eCW progress note. You will then write a brief SOAP note and timestamp the note.
  - Your note is the note of record, and it must reflect a face-to-face encounter with the patient.
  - Residents who precept with you should ALWAYS assign their locked note to you for co-sign.
- For licensed residents who consult with you (aka micro-precepting)
  - Pull in the 'Non face-to-face Attending Resident Attestation' template into the Physical Examination portion of the eCW progress note. There is no need to type anything, only timestamp the note.
- Prescriptions
  - You cosign all prescriptions for unlicensed providers.
  - You must log into eCW with your own tap and go badge and make sure to change the 'Appt Provider' to your name first. After you have done that, then you can 'e-Prescribe' to the appropriate pharmacy. Remember to always change the 'Appt Provider' back to the resident after sending the prescription.
  - Always check to see if you have any unsigned prescriptions before you leave clinic. Residents or nursing staff might assign 'Telephone Encounters' to you if they spoke with you about a medication refill for a patient who did not have an actual clinic encounter that day. This would show up in your 'T' jellybeans.
- Meaningful use
  - Items below MUST be documented for each visit
    - Medication reconciliation – click on 'Verified' within Medication section

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- o Print Patient Education – to be completed by provider
  - o Computerized provider order entry (meds, labs, radiology)
  - o Electronic prescribing (if applicable)
  - o Enter E&M code – needs to match Encounter Form (billing sheet)
- Other important eCW workflow:
  - o Staying Healthy Assessment
  - o Patient Portal
  - o eClinical Messenger
  - o Peds: MCHAT, ASQ, WCC documentation
  - o Prenatal: OB flowsheet

Please get in the habit of checking ALL of the above items while precepting with a resident. Please give residents feedback if they're not doing the above.

#### Working with Clinician of the Day

The Clinician of the Day, also known as COD, is a role filled by an NP/PA. It is important for an attending to understand the COD role because you fulfill the responsibilities below if COD is sick/unavailable/out.

- COD is announced in huddle during each clinic session

COD primary responsibilities:

- Management of clinic flow
- Identifying providers who are backed up in clinic and redistributing their patients to other providers who have no-shows or have open slots.
  - o They should be speaking with the provider prior to redistribution of patients.
  - o They are actively trying to make sure residents see their target number of patients each session
- Serve as consultants for drop-in triage RN to help identify open slots for same-day drop-in patients to the FHC.
- If attendings are very busy, help with reviewing labs and refilling medications.

#### Resident of the Day

- There will be a Resident of the Day, also known as ROD, assigned to MOST clinic days. The primary responsibilities of the ROD are:
  - o See same day drop-in or urgent patients.
  - o See patients redistributed by COD or attending from providers who are backed up in clinic.
- Since the ROD also serves as a “back-up” resident for the residency program, they are NOT always available to see patients in clinic. If the ROD is pulled to fulfill other clinical responsibilities for their colleagues, the COD and team leads (RNs) will be notified.
- If the ROD is available and does not have patients (especially at the beginning of the session), please work with the COD to ensure the ROD sees their target number of patients during the clinic session.

#### Evening Clinic Attending: Special Responsibilities

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- If you are running late, please let Ebony Labat know as early as possible so she can get someone to cover for you.
- Manage flow so that all patients are out of the clinic by 9:00pm.
  - There are a lot of urgent, transfer or new patient appointments scheduled in evening clinics. Take a look at the clinic schedule during huddle to plan for possible tetrising or shuffling of patients if a provider is backed up.
    - Guidelines for moving patients around:
      - Move adults from one provider to another before you move kids.
      - Ask providers before you move a patient to another provider in case they know the patient and intend to see them.
  - Nursing and security staffing is only available until 9:00.
  - Please anticipate if a patient work-up is going to take longer, initiate transfer to the ED or UCC starting at 8:30.
- Medication refills: Check the 'T' and 'E' jellybeans when you start your shift.
- Lab and diagnostic review: Check 'L' jellybeans when you start your shift.

#### **81 Attending: Special Responsibilities**

##### FHC Same-Day Drop-in clinic

- Patients can be seen on a first-come, first-serve basis
- They are triaged by an RN then distributed to either ROD, DI or any unfilled appointment slots throughout clinic (patients register after being triaged)
  - We are moving away from an initial triage system and trying to have patients simply placed into open appointment slots for improved access to same-day care

##### Your role as attending for drop-in clinic

- You will work directly with triage RN to manage clinic flow and assist in distributing same-day drop in patients to the residents on the red team, especially if COD is unavailable.
- On occasion, you will be asked to go over to the triage area to see a patient if the triage RN has patient management questions
- Please note that any patients in triage with acute or urgent needs should not be given UR appointments in the evening.
  - These patients would most likely benefit from a UCC or ED transfer
- Only straightforward, non-acute patients should be given UR appointment in the evening when patients were triaged in the morning or afternoon.

##### Prescription Refills ('T' and 'E' jellybeans)

- Check 'T' and 'E' jellybeans throughout the clinic session. Follow the screenshot guide for step-by-step instructions.
  - Only need to do refills for residents, not for faculty/NP/PA PCP's.
  - Please note that occasionally things slip into the 'D' jellybeans also, so check those as well.
- Criteria for refilling non-controlled substance medication
  - Check eCW and LCR to make sure medication is on the patient's active medication list
  - Patient must have had 1 visit with an FHC provider within the last 12 months
    - For high-risk medication, you can give a 30-day supply and ask pharmacy to tell patient to make a f/u appointment before more refills are given.

- For chronic medications, complete 90-day supplies along with 3 refills
- If unclear whether patient has been seen in last 12 months
  - If the medication seems essential, you can refill for 30-day at your discretion and request for patient to follow-up
  - If the medication is non-essential, you can leave for PCP to decide
- If you have a question about a medication refill:
  - You can send a 'TE' to PCP if not urgent
  - If urgent, please page or call PCP directly as many providers are only at the FHC once a week
- Criteria for refilling controlled substance medication (should only be refilled for 30-days unless otherwise specified by PCP)
  - Check LCR/eCW to see if there is a clinical alert specifying the plan for refills.
    - In eCW, the alert is either on the right chart panel or written into the 'Pink Secure Note' at the top chart panel.
    - In LCR, check Clinical alerts or "Reports/Notes" list to see if there's a "Controlled Substance Agreement"
  - If there is a plan for refills, it is ok to give refills if clearly spelled out by PCP in eCW/LCR.
  - If there is no plan but you feel that the patient should have a refill (due to lack of appts available for pts, etc), then refill for a month and make sure that the patient has a clear follow-up plan. **Be sure to inform PCP via TE.**
  - If there is no plan and you don't think a refill is appropriate, send a TE to the PCP.
- If you did not complete the refills by the end of the clinic session, please sign out to the afternoon or evening clinic attending
- On Fridays, all refill requests must be completed by the end of the afternoon session. You may ask the COD or 85 attendings for assistance if you are not able to get through the jellybeans. If there are still refills left when everyone leaves on Friday, you must make contact with the Saturday clinic providers and ask them to complete them.

## **85 Attending: Special Responsibilities**

### 1. Newcomers Health Program (NHP)

- Green team R2 and R3 residents see patients who receive their asylee/refugee health screenings through the Newcomers Health Program. The screenings comprise of 2 visits, an initial health assessment with special attention paid to mental health screening and a follow-up visit to review labs/studies results.
  - There is a special state-mandated medical form that the residents must fill out.
  - After the initial visit, there is a follow-up appointment.
  - NHP patients have a very specific list of labs/studies to complete as part of their health assessment, depending on their country of origin.
- If you ever have questions about these particular screenings, the Newcomers staff is a great resource. Their office is located directly across from the Green Team nursing room.

### 2. Review labs and diagnostic studies

- Review 'L' jellybeans (see screenshot guide for step-by-step instructions)
- You can use the guidelines for review of abnormal lab reports to understand when you should:
  - Outreach to patients during a clinic session and simply sign out/send info to PCP as FYI
  - Send an e-mail or page a provider to hand off next steps for a lab/study result



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o Leave the lab/result for PCP to take care of

▪ If you are unable to complete review by the end of clinic, please sign out to afternoon or evening attending to complete

▪ On Fridays, all lab/study results **must be reviewed** by the end of the afternoon session.

o Remember: you may ask the COD or 81 attending for assistance if you are not able to get through the jellybeans.

o If there are still labs to review everyone leaves on Friday, you must make contact with the Saturday clinic providers and ask them to complete them.

**Abnormal lab/study panel managers**

***(~~about~~About to revise workflow soon, please look out for email announcements)***

- Positive FIT: Chit Lee Chong, RN
  - o Will call patient and make colonoscopy referrals, provides education
  - o You can forward all positive FIT to eCW bin: FHC, Abnormal FIT
  - o Does not make colonoscopy referrals or inform patients of abnormal FIT test
- Abnormal mammograms: Linda Truong, RN
  - o Receives abnormal results from Avon Breast Center
  - o Calls patient to inform of result
  - o Refers and schedules patient for diagnostic mammogram or biopsy, as indicated
- Abnormal pap: Linda Truong, RN
  - o Receives abnormal results from pathology
  - o Calls patient to inform of result
  - o Refers and schedules patient for appropriate follow-up at SM or FHC
- Abnormal QFT: Ying X. Chen, MEA
  - o Checks for positive QFT results in eCW on a weekly basis
  - o Calls patient to obtain CXR
  - o Follows up with patients to complete CXR and schedules appt for LTBI treatment (if requested by provider)
  - o Does not discuss abnormal CXR results with patients or initiate LTBI treatment

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## **APPENDIX E: ATTENDING PHYSICIAN RESPONSIBILITIES ON THE FAMILY MEDICINE INPATIENT SERVICE**

The Family Medicine Inpatient Service (FMIS) attendings are responsible for all patient care activities on the service. They provide direct patient care as well as supervision and teaching of the Family Medicine Inpatient Service house staff.

### **Family Medicine Inpatient Service**

#### **Attending Physician Expectations**

**Revised 2/2014**

#### **Patient Care**

All attending physicians are expected to:

- Provide high quality patient care based on evidence-based principles and guided by the patient and family's values and preferences.
- Involve specialist services when appropriate, including mandatory consultations by the team with the Neurology service for patients with stroke, the Hematology service for patients with acute sickle cell crisis and the Obstetrics service for pregnant patients. Attending physicians are responsible for direct consultation with the Cardiothoracic Surgery service.
- Assess all patients on their team six days a week (and assist with weekend coverage of the opposite team's patients to ensure seven day attending assessments for all patients).
- Recognize that ultimate responsibility for care of all patients on the service belongs to the attending physician.

#### **Teaching**

All attending physicians are expected to:

- Provide case-based teaching in admission rounds.
- Provide informal teaching in work rounds in a manner that supports the growth and independence of their senior residents while also being mindful of time constraints.
- Perform, on average, one attending rounds per week. The attending will work with the inpatient chief resident to select a topic based on patients recently admitted to the service and guided by the core topic curriculum.
- When appropriate, participate in the creation and implementation of an educational remediation plan for learners in difficulty.
- Recognize that compliance with the ACGME duty hours guidelines is an essential priority and play an active role along with the senior residents to facilitate compliance.
- Supervise and mentor the chief residents in their role as the residents' first-line consultants and during their weeks attending on the service.

#### **Evaluation**

All attending physicians are expected to:

- Meet with all team members to provide performance feedback and to solicit feedback on their own performance.
- Complete formal evaluations in a timely fashion.
- Notify the inpatient service directors if a resident or student is performing below the expected competency level and is in need of an educational plan.

#### **Documentation**

All attending physicians are expected to:

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- Complete admission History and Physical attestation notes on the day of service. These notes must be completed and in the medical record by no later than the morning following admission. The Family Medicine Inpatient Service analyst or your team will file these notes during the week. On the weekends, the attending physician is responsible for filing admission notes in the medical record.
- Generate a daily progress note on all patients seven days per week
  - You can attest resident notes by writing on and signing the physical note. Medical students' patients need progress notes written separately; the FMIS analyst will create templates for these notes.
- Document any and all procedures they have supervised by writing a "Procedure Note" using the templates provided.

**Professionalism**

All attending physicians are expected to:

- Model compassionate, ethical and culturally sensitive care of patients and their families.
- Model respectful and collegial behavior towards all members of the ZSFG staff.

**Practice Improvement**

All attending physicians are expected to:

- Report and review cases with the inpatient service directors when there is a concern that the care provided to a patient requires additional review (e.g. a Morbidity and Mortality case review).

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**APPENDIX FC: – FAMILY & COMMUNITY MEDICINE PRIVILEGES**

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

FCM FAMILY AND COMMUNITY MEDICINE 2008  
(10/08 MEC) (03/11 Admin. Rev.) (10/16 MEC)

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

Requested Approved

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**14.00 OUTPATIENT CLINIC PRIVILEGES**

\_\_\_\_\_

**14.01 Ambulatory Care Privileges for Family Medicine prepared physicians**

Perform basic procedures within the usual and customary scope of Family Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for patients of all ages in the Family Health Center (FHC), FHC satellites, or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service, and may write informational notes in the ZSFG inpatient medical record.

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

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**14.02 Ambulatory Care Privileges for Internal Medicine or Emergency Medicine prepared physicians**

Perform basic procedures within the usual and customary scope of Internal Medicine or Emergency Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Family Health Center (FHC), FHC satellites or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service and may write informational notes in the ZSFG inpatient medical record.

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Internal Medicine or the American Board of Emergency Medicine.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

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**14.03 Behavioral Health Center Privileges**

Performs basic procedures within the usual and customary scope of Family Medicine or Internal Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Behavioral Health Center.

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine, or the American Board of Internal Medicine.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

**Concurrence of Behavioral Health Center Medical Director required.**

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Signature, Behavioral Health Center Medical Director

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### Privileges for San Francisco General Hospital

Requested    Approved

Applicant: Please initial the privileges you are requesting in the Requested column.  
Service Chief: Please initial the privileges you are approving in the Approved column.

#### FCM FAMILY AND COMMUNITY MEDICINE 2008 (10/08 MEC) (03/11 Admin.Revision)

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

##### 14.00 OUTPATIENT CLINIC PRIVILEGES

14.01 Ambulatory Care Privileges for Family Medicine prepared physicians  
Perform basic procedures within the usual and customary scope of Family Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for patients of all ages in the Family Health Center (FHC), FHC satellites, or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service, and may write informational notes in the SFGH inpatient medical record.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

14.02 Ambulatory Care Privileges for Internal Medicine or Emergency Medicine prepared physicians  
Perform basic procedures within the usual and customary scope of Internal Medicine or Emergency Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Family Health Center (FHC), FHC satellites, or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service and may write informational notes in the SFGH inpatient medical record.

PREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Internal Medicine, the American Board of Emergency Medicine, or a member of the Clinical Service prior to 10/17/00.  
PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

14.03 Behavioral Health Center Privileges  
Concurrence of Behavioral Health Center Medical Director required:  
Signature, Behavioral Health Center Medical Director \_\_\_\_\_

Performs basic procedures within the usual and customary scope of Family Medicine or Internal Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Behavioral Health Center.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-certified by the American Board of Family Medicine, or the American Board of Internal Medicine, or a member of the Clinical Service prior to 10/17/00.  
PROCTORING: Review of 5 cases  
REAPPOINTMENT: Review of 3 cases

## Privileges for San Francisco General Hospital

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### 14.10 INPATIENT CARE PRIVILEGES

Admit and be responsible for adult inpatient care on the Family Medicine Inpatient Service. Admissions may include medical, surgical, gynecological, and neurological problems, and medical complications in pregnant patients with obstetric consultation. May also follow patients admitted to critical care units in a consultative capacity.

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#### 14.11 Family Medicine Inpatient Service Privileges

Perform basic procedures within the usual and customary scope of Family Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adults hospitalized on the Family Medicine Inpatient Service.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Review of 5 cases.

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#### 14.12 Skilled Nursing Facility Care Privileges

Concurrence of Skilled Nursing Facility Medical required:

Signature, Skilled Nursing Facility Medical Director

Perform basic procedures within the usual and customary scope of Family Medicine or Internal Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the SFGH Skilled Nursing Facility (SNF).

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine, the American Board of Internal Medicine, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

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#### 14.13 Nursery Privileges

Render care to well newborns, including admitting and performing routine evaluations and management.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of a Clinical Service prior to 10/17/00.

PROCTORING: Case review for 3 newborn admissions

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### 14.20 PERINATAL PRIVILEGES

Render care to women during the perinatal period, including specific privileges 14.21 - 14.24, if requested and approved below:

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#### 14.21 Normal Vaginal Delivery

Including administration of local anesthesia, performance of episiotomy, and repair of lacerations other than those involving the rectal sphincter.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Case review and direct observation of a minimum of 3 deliveries.

## Privileges for San Francisco General Hospital

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- 14.22 Vacuum Assisted Deliveries (OB Consultation Required)  
Concurrence of the Chief of OB/Gyn required:

\_\_\_\_\_  
Signature, Chief of OB/Gyn

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00.

PROCTORING: For applicants with documentation of prior successful performance of a minimum of 25 vacuum assisted deliveries: case review and direct observation of a minimum of 2 deliveries using vacuum assistance. For applicants with documentation of fewer than 25 vacuum assisted deliveries: case review and direct observation of 5 deliveries using vacuum assistance.  
REAPPOINTMENTS: Case review of 1 delivery using vacuum assistance.

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- 14.23 First Assist in Cesarean Section (OB Consultation Required)  
Concurrence of the Chief of OB/Gyn required

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Signature, Chief of OB/Gyn

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00 and documentation of prior successful performance of a minimum of 25 Cesarean Sections.

PROCTORING: Case review and direct observation of 5 Cesarean Sections.

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- 14.24 Ultrasound in Pregnancy

Limited to determination of fetal gestational age, confirmation of presentation, placenta location, amniotic fluid adequacy, and confirmation of fetal heart rate.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00 and documentation of a minimum of 8 hours instruction and didactic training in ultrasound technology and imaging.

PROCTORING: For applicants with documentation of satisfactory performance of at least 25 ultrasounds in pregnancy at another institution (Residency or Medical Staff): case review and direct observation of 5 ultrasounds in pregnancy. For applicants without documentation: case review and direct observation of 25 ultrasounds in pregnancy.  
REAPPOINTMENT: Case review of 2 ultrasound images.

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### 14.30 SPECIAL PRIVILEGES

Physicians may apply for each of the following procedural privileges separately based on qualifications and scope of practice.

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- 14.31 Lumbar Puncture

PREREQUISITES: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).

PROCTORING: Review of 2 cases.  
REAPPOINTMENT: Review of 2 cases.

### Privileges for San Francisco General Hospital

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14.32 Paracentesis

PREREQUISITES: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).  
PROCTORING: Review of 2 cases.  
REAPPOINTMENT: Review of 2 cases.

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14.33 Thoracentesis

PREREQUISITES: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).  
PROCTORING: Review of 2 cases.  
REAPPOINTMENT: Review of 2 cases.

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14.34 Placement of central venous catheter, including femoral venous catheter

PREREQUISITES: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).  
PROCTORING: Review of 2 cases.  
REAPPOINTMENT: Review of 2 cases.

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14.35 Intrauterine Procedures

PREREQUISITES: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).  
PROCTORING: Review of 2 cases.  
REAPPOINTMENT: Review of 2 cases.

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14.36 Surgical termination of first trimester intrauterine pregnancy

~~Perform surgical abortions in the first trimester of pregnancy at appropriate facilities at SFGH.~~  
PREREQUISITES: Currently Board Admissible, Board Certified or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00. Completion of at least 20 hours of formal training in surgical abortion, including first trimester ultrasound for confirmation of intrauterine pregnancy and determination of gestational age, during residency or a CME program, and documentation of 50 procedures.  
PROCTORING: Case review of 3 surgical terminations.

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14.37 Vasectomy

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00. Completion, as a licensed physician, of a minimum of 20 vasectomy procedures under supervision of a privileged and Board Certified Urologist or Family Physician.  
PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

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14.40 LIMITED AMBULATORY CARE PRIVILEGES



### Privileges for San Francisco General Hospital

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14.41 Acupuncture

Perform acupuncture, acupressure, and moxibustion in the Family Medicine Inpatient Service, Family Health Center (FHC), Skilled Nursing Facility, FHC Satellites and in the patient's home.

PREREQUISITES: Successful completion, by a licensed physician of at least 200-hours instruction and didactic training course given by a UC or other nationally recognized university.

PROCTORING: 5 direct observations and 5 cases to be reviewed by a medical staff member who maintains unproctored status for Acupuncture Privileges within the CHN/SFGH system. Direct observations and chart reviews may be on the same patient or on different patients. A summary monitoring report will be sent to the respective Clinical Service to be forwarded to the appropriate committees for privileging recommendation.

REAPPOINTMENT: Review of 5 cases by a medical staff member who maintains unproctored status for Acupuncture Privileges within the CHN/SFGH system. A summary monitoring report will be sent to the respective Clinical Service to be forwarded to the appropriate committees for reappointment recommendation.

\_\_\_\_\_    \_\_\_\_\_

14.42 Dentistry

Provide professional dental services to hospital and clinic patients; instruct patients in correct oral hygiene and dental care; treat mouth diseases; refer cases requiring oral surgery and medical attention to proper department.

PREREQUISITES: Requiring completion of the curriculum of an approved school of dentistry and possession of the DDS degree. Requires possession of a valid license to practice dentistry issued by the State Board of Dental Examiners.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

\_\_\_\_\_    \_\_\_\_\_

14.43 Clinical Psychology

Provide individual and family counseling and therapy.

PREREQUISITES: Clinical Psychologists must hold a doctoral degree in Psychology from an approved APA accredited program, and must be licensed on the basis of the doctorate degree in Psychology by the State of California, Board of Psychology.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

\_\_\_\_\_    \_\_\_\_\_

14.44 Allergy and Immunology

Work-up, diagnose, consult, treat, and interpret clinical findings of adult and pediatric patients in the ambulatory setting with allergy or immunologic diseases. Core privileges include allergy skin testing and interpretation.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or American Board of Internal Medicine and the American Board of Allergy and Immunology or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

## Privileges for San Francisco General Hospital

Requested    Approved

\_\_\_\_\_    \_\_\_\_\_

### 14.50 WAIVED TESTING

Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges, providers satisfy competency expectations for waived testing by The Joint Commission.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics/Gynecology, or General Surgery.

PROCTORING: By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.

REAPPOINTMENT: Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.

- A. Fecal Occult Blood Testing (Hemoccult®)
- B. Vaginal pH Testing (pH Paper)
- C. Urine Chemstrip® Testing
- D. Urine Pregnancy Test (SP® Brand Rapid Test)

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### 14.60 STRAIN-COUNTERSTRAIN MANIPULATIVE MEDICINE PRIVILEGE

Perform manipulation principally for the purpose of relief of primarily muscular pain on the Family Medicine Inpatient Service, Family Health Center, Skilled Nursing Facility, FHC satellites, and in the patient's home.

PREREQUISITES: Successful completion, by a licensed physician, of at least 30-hours instruction and didactic training course designed for health care professionals and authorized to provide CME or CE credits. In addition, five hours of supervised clinical practice, either during or after residency or completion of training in a Doctor of Osteopathy training program.

PROCTORING: 5 direct observations and 5 cases to be reviewed by a SFGH medical staff member who either maintains Strain-Counterstrain privileges or is a Doctor of Osteopathy who has received training in the Strain-Counterstrain technique.

REAPPOINTMENT: Review of five 5 cases.

**Privileges for San Francisco General Hospital**

Requested Approved

I hereby request clinical privileges as indicated above.

\_\_\_\_\_  
Applicant date

FOR DEPARTMENTAL USE:

- \_\_\_\_\_ Proctors have been assigned for the newly granted privileges.  
\_\_\_\_\_ Proctoring requirements have been satisfied.
- \_\_\_\_\_ Medications requiring DEA certification may be prescribed by this provider.  
\_\_\_\_\_ Medications requiring DEA certification will not be prescribed by this provider.
- \_\_\_\_\_ CPR certification is required.  
\_\_\_\_\_ CPR certification is not required.

APPROVED BY:

\_\_\_\_\_  
Division Chief date

\_\_\_\_\_  
Service Chief date

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

Requested Approved

\_\_\_\_\_

### 14.10 INPATIENT CARE PRIVILEGES

Admit and be responsible for hospitalized adults. Admissions may include medical, surgical, gynecological, and neurological problems, and medical complications in pregnant patients with obstetric consultation. May also follow patients admitted to critical care units in a consultative capacity.

\_\_\_\_\_

### 14.11 Family Medicine Inpatient Service Privileges

Perform basic procedures within the usual and customary scope of Family Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for hospitalized adults.

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

\_\_\_\_\_

### 14.12 Skilled Nursing Facility Care Privileges

Perform basic procedures within the usual and customary scope of Family Medicine or Internal Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the ZSFG Skilled Nursing Facility (SNF).

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine, the American Board of Internal Medicine.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

*Concurrence of Skilled Nursing Facility Medical required.*

\_\_\_\_\_  
Signature, Skilled Nursing Facility Medical Director

\_\_\_\_\_

### 14.13 Nursery Privileges

Render care to well newborns, including admitting and performing routine evaluations and management.

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine.

**Proctoring:** Case review for 3 newborn admissions.

**Reappointment:** Case review of 2 newborn admissions.

\_\_\_\_\_

### 14.20 PERINATAL PRIVILEGES

Render care to women during the perinatal period, including specific privileges 14.21 - 14.24, if requested and approved below.

\_\_\_\_\_

### 14.21 Normal Vaginal Delivery

Including administration of local anesthesia, performance of episiotomy, and repair of lacerations other than those involving the rectal sphincter.

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine.

**Proctoring:** Case review and direct observation of a minimum of 3 deliveries.

**Reappointment:** Review of 3 cases.

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

Requested Approved

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### 14.22 Vacuum-assisted Deliveries (Obstetrics Consultation Required)

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine.

**Proctoring:** For applicants with documentation of prior successful performance of a minimum of 25 vacuum-assisted deliveries: case review and direct observation of a minimum of 2 deliveries using vacuum assistance. For applicants with documentation of fewer than 25 vacuum-assisted deliveries: case review and direct observation of 5 deliveries using vacuum assistance.

**Reappointment:** Case review of 1 delivery using vacuum assistance.

*Concurrence of the Obstetrics and Gynecology Service Chief required.*

\_\_\_\_\_  
Signature, Obstetrics and Gynecology Service Chief

\_\_\_\_\_

### 14.23 First Assist in Cesarean Section (Obstetrics Consultation Required)

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine and documentation of prior successful performance of a minimum of 25 Cesarean Sections.

**Proctoring:** Case review and direct observation of 5 Cesarean Sections.

**Reappointment:** Case review of 1 Cesarean Section.

*Concurrence of the Obstetrics and Gynecology Service Chief required.*

\_\_\_\_\_  
Signature, Obstetrics and Gynecology Service Chief

\_\_\_\_\_

### 14.24 Ultrasound in Pregnancy

Limited to determination of fetal gestational age, confirmation of presentation, placenta location, amniotic fluid adequacy, and confirmation of fetal heart rate.

**Prerequisite:** Currently admissible, certified, or recertified by the American Board of Family Medicine and documentation of a minimum of 8 hours instruction and didactic training in ultrasound technology and imaging.

**Proctoring:** For applicants with documentation of satisfactory performance of at least 25 ultrasounds in pregnancy at another institution (Residency or Medical Staff): case review and direct observation of 5 ultrasounds in pregnancy. For applicants without documentation: case review and direct observation of 25 ultrasounds in pregnancy.

**Reappointment:** Case review of 2 ultrasound images.

\_\_\_\_\_

### 14.30 SPECIAL PRIVILEGES

Physicians may apply for each of the following procedural privileges separately based on qualifications and scope of practice.

\_\_\_\_\_

### 14.31 Lumbar Puncture

**Prerequisite:** Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).

**Proctoring:** Review of 2 cases, one of which may be performed on a simulated model.

**Reappointment:** Review of 2 cases, one of which may be performed on a simulated model.

Page 3

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

Requested    Approved

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### 14.32 Paracentesis

**Prerequisite:** Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).

**Proctoring:** Review of 2 cases, one of which may be performed on a simulated model.

**Reappointment:** Review of 2 cases, one of which may be performed on a simulated model.

\_\_\_\_\_

### 14.33 Thoracentesis

**Prerequisite:** Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).

**Proctoring:** Review of 2 cases, one of which may be performed on a simulated model.

**Reappointment:** Review of 2 cases, one of which may be performed on a simulated model.

\_\_\_\_\_

### 14.34 Placement of Central Venous Catheter, including Femoral Venous Catheter

**Prerequisite:** Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).

**Proctoring:** Review of 2 cases, one of which may be performed on a simulated model.

**Reappointment:** Review of 2 cases, one of which may be performed on a simulated model.

\_\_\_\_\_

### 14.35 Intrauterine Procedures

- a. Endometrial Biopsy
- b. insertion of Intrauterine Device (IUD)

**Prerequisite:** Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).

**Proctoring:** Review of 2 cases.

**Reappointment:** Review of 2 cases.

\_\_\_\_\_

### 14.36 Surgical Termination of First-trimester Intrauterine Pregnancy

Perform surgical abortions in the first trimester of pregnancy at appropriate facilities at ZSFG.

**Prerequisites:** Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of at least 20 hours of formal training in surgical abortion, including first-trimester ultrasound for confirmation of intrauterine pregnancy and determination of gestational age, during residency or a CME program; and documentation of 50 procedures.

**Proctoring:** Case review of 3 surgical terminations.

**Reappointment:** Case review of 2 terminations.

\_\_\_\_\_

### 14.37 Vasectomy

**Prerequisites:** Currently admissible, certified, or recertified by the American Board of Family Medicine and completion, as a licensed physician, of a minimum of 20 vasectomy procedures under supervision of a privileged and board-certified Urologist or Family Physician.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

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

Requested Approved

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### 14.40 LIMITED AMBULATORY CARE PRIVILEGES

\_\_\_\_\_

#### 14.41 Acupuncture

Perform acupuncture, acupressure, and moxibustion in the Family Medicine Inpatient Service, Family Health Center (FHC), Skilled Nursing Facility, FHC satellites, and in the patient's home.

**Prerequisites:** Successful completion, by a licensed physician of at least 200 hours of instruction and didactic training given by a University of California institution or other nationally recognized university.

**Proctoring:** 5 direct observations and 5 cases to be reviewed by a medical staff member who maintains unproctored status for Acupuncture Privileges within the DPH/ZSFG system. Direct observations and chart reviews may be on the same patient or on different patients. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for privileging recommendation.

**Reappointment:** Review of 5 cases by a medical staff member who maintains unproctored status for Acupuncture Privileges within the DPH/ZSFG system. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for reappointment recommendation.

\_\_\_\_\_

#### 14.42 Dentistry

Provide professional dental services to hospital and clinic patients; instruct patients in correct oral hygiene and dental care; treat mouth diseases; refer cases requiring oral surgery and medical attention to proper department.

**Prerequisites:** Completion of the curriculum of an approved school of dentistry and possession of the DDS degree and possession of a valid license to practice dentistry issued by the California State Board of Dental Examiners.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

\_\_\_\_\_

#### 14.43 Clinical Psychology

Provide individual and family counseling and therapy.

**Prerequisites:** Possession of a doctoral degree in psychology from an approved APA-accredited program and a license on the basis of the doctorate degree in psychology by the State of California, Board of Psychology.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases.

\_\_\_\_\_

#### 14.44 Allergy and Immunology

Work up, diagnose, consult, treat, and interpret clinical findings of adult and pediatric patients in the ambulatory setting with allergy or immunologic diseases. Core privileges include allergy skin testing and interpretation.

**Prerequisites:** Currently admissible, certified, or recertified by the American Board of Pediatrics or American Board of Internal Medicine and the American Board of Allergy and Immunology or special dispensation from the chief of service for equivalent training.

**Proctoring:** Review of 5 cases.

**Reappointment:** Review of 3 cases

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

Requested Approved

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### 14.50 WAIVED TESTING

Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges, providers satisfy competency expectations for waived testing by The Joint Commission.

- a. Fecal Occult Blood Testing (Hemoccult®)
- b. Vaginal pH Testing (pH Paper)
- c. Urine Chemistrip® Testing
- d. Urine Pregnancy Test (SP® Brand Rapid Test)

**Prerequisites:** Currently admissible, certified, or recertified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics and Gynecology, or General Surgery.

**Proctoring:** By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.

**Reappointment:** Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.

### 14.60 STRAIN-COUNTERSTRAIN MANIPULATIVE MEDICINE PRIVILEGE

Perform manipulation principally for the purpose of relief of primarily muscular pain on the Family Medicine Inpatient Service, Family Health Center (FHC), Skilled Nursing Facility, FHC satellites, and in the patient's home.

**Prerequisites:** Successful completion, by a licensed physician, of at least 30 hours of instruction and didactic training designed for health care professionals and authorized to provide CME or CE credits. In addition, 5 hours of supervised clinical practice, either during or after residency or completion of training in a Doctor of Osteopathy training program.

**Proctoring:** 5 direct observations and 5 cases to be reviewed by a ZSFG medical staff member who either maintains strain-counterstrain privileges or is a Doctor of Osteopathy who has received training in the strain-counterstrain technique.

**Reappointment:** Review of five 5 cases.

### 14.70 Clinical and Translational Science Institute (CTSI) Research

Admit and follow adult patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.

**Prerequisites:** Currently admissible, certified, or recertified by one of the boards of the American Board of Medical Specialties.

**Proctoring:** All Ongoing Professional Practice Evaluation (OPPE) metrics acceptable.

**Reappointment:** All OPPE metrics acceptable.

*Concurrence of the CTSI Director required.*

\_\_\_\_\_  
Signature, CTSI Director

## SIGNATURES

Provider \_\_\_\_\_ Date \_\_\_\_\_ Chief of Service \_\_\_\_\_ Date \_\_\_\_\_

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Zuckerberg San Francisco General Hospital  
1001 Potrero Avenue  
San Francisco, CA 94110

## Privileges for Zuckerberg San Francisco General Hospital and Trauma Center AFF 2014 FAMILY AND COMMUNITY MEDICINE

Applicant \_\_\_\_\_

Indicate PRIMARY CLINIC Site: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Clinic Site(s)

\_\_\_\_\_ \_\_\_\_\_  
Family Health Center

\_\_\_\_\_ \_\_\_\_\_  
Adult Urgent Care Center

\_\_\_\_\_ \_\_\_\_\_  
Skilled Nursing Facility

\_\_\_\_\_ \_\_\_\_\_  
Behavioral Health Center

Requested \_\_\_\_\_ Approved \_\_\_\_\_

### CORE STANDARDIZED PROCEDURES

**Prerequisites:** Active California license; board certification; Basic Life Support (BLS) training and certification from an approved provider; possession of a Medicare/Medical Provider identifier or have submitted an application; possession of Furnishing Number and DEA number or, if no Furnishing or DEA number, explanation is required. Must be an FNP if working with children; must be an ANP or FNP if working with adults.

**Proctoring:** 5 chart reviews and direct observation, with at least one case representing each core protocol. The reviewer will be the Medical Director or other physician designee.

**Reappointment:** 5 chart reviews every 2 years. Chart review shall include at least 1 case representing each core protocol.

- \_\_\_\_\_ \_\_\_\_\_
- A. Core Management, Primary and Inpatient Units
  - B. Core Management, Acute and Urgent Care
  - C. Core Management, Prenatal Care
  - D. Core Management, Furnishing Medications and Drug Orders
  - E. Core Management, Discharge of Inpatients (4A Skilled Nursing Facility and Behavioral Health Unit Only)
  - F. Core Management, Benign Malignant Breast Conditions (Breast Clinic Only)

### SPECIAL STANDARDIZED PROCEDURES

#### Incision and Drainage of Abscess

**Prerequisite:** 1 year experience in wound care. Training per FCM guidelines.

**Proctoring:** 2 direct observations for a new provider; 1 direct observation for an experienced provider. Chart review of all proctored cases.

**Reappointment:** Performance of 2 procedures and 2 chart reviews every 2 years.

#### Arthrocentesis and Intra-articular Injections

**Prerequisite:** Training by a qualified provider.

**Proctoring:** 2 direct observations for a new provider; 1 direct observation for an experienced provider for each injection site. Chart review of all proctored cases.

**Reappointment:** Performance of 2 procedures and 2 chart reviews every 2 years.

#### Nail Debridement

**Prerequisite:** Training by a qualified provider. Review of unit policies.

**Proctoring:** Direct observation of 2 successful procedures for a new provider; direct observation of 1 successful procedure for an experienced provider. Chart review of all observed procedures.

**Reappointment:** Performance of 1 procedure per year and 1 chart review every 2 years.

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Zuckerberg San Francisco General Hospital  
1001 Potrero Avenue  
San Francisco, CA 94110

## Privileges for Zuckerberg San Francisco General Hospital and Trauma Center AFF 2014 FAMILY AND COMMUNITY MEDICINE

Applicant \_\_\_\_\_

### Splinting

**Prerequisite:** Training by a qualified provider; 1 year experience in wound care.

**Proctoring:** Direct observation of 2 procedures for a new provider; 1 direct observation for an experienced provider. Chart review of all observed procedures.

**Reappointment:** Performance of 1 procedure and 1 chart review every two years.

### Surface Trauma and Wound Care

**Prerequisite:** Completion of a wound care course at ZSFG or qualified training center.

**Proctoring:** Direct observation of 2 successful procedures for a new provider; 1 direct observation for an experienced provider. Chart review of all observed procedures.

**Reappointment:** Performance of 1 procedure and 1 chart review every 2 years.

### Contraceptive Implant and Removal

**Prerequisite:** Completion of a sponsored training program. At least 6 months experience in women's healthcare.

**Proctoring:** Direct observation of 2 successful insertions and 2 successful removals for a new provider; direct observation of 1 successful insertion and 1 successful removal for an experienced provider. Chart review on all observations.

**Reappointment:** Performance of 1 insertion and 1 removal; 2 chart reviews every 2 years.

### Insertion and Removal of Intrauterine Device

**Prerequisite:** At least 6 months experience in women's healthcare.

**Proctoring:** Direct observation of 2 insertions and 2 removals and 2 chart reviews.

**Reappointment:** Performance of 1 insertion and 1 removal and 1 chart review every 2 years.

### Endometrial Biopsy

**Prerequisite:** At least 6 months experience in women's healthcare. Review of unit policies.

**Proctoring:** Direct observation of 2 successful procedures for a new provider; direct observation of 1 successful procedure for an experienced provider. Chart review of all direct observations.

**Reappointment:** Performance of 1 procedure and 1 chart review every 2 years.

### Skin Biopsy

**Prerequisite:** Completion of a training program approved by the Medical director.

**Proctoring:** Direct observation of 2 successful performances of each type of biopsy for a new provider; direct observation of 1 successful performance of each type of biopsy for an experienced provider. Chart review of all direct observations.

**Reappointment:** Direct observation of 1 procedure and 1 chart review every 2 years.

### Trigger Point Injections

**Prerequisite:** 3 direct observation of procedure being completed by a qualified provider. Review of anatomy and procedure sites.

**Proctoring:** Direct observation of 2 successful procedures for each injection site for a new provider and 1 direct observation of a successful procedure for each injection site for an experienced provider. Chart review of all direct observations.

**Reappointment:** Performance of 2 procedures and 2 chart reviews per 2 years.

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Zuckerberg San Francisco General Hospital  
1001 Potrero Avenue  
San Francisco, CA 94110

**Privileges for Zuckerberg San Francisco General Hospital and Trauma Center**  
**AFF 2014 FAMILY AND COMMUNITY MEDICINE**

Applicant \_\_\_\_\_

**Waived Testing**

**Prerequisite:** Appointment as a member of the Affiliated Staff in Family and Community Medicine.

**Proctoring:** Successful completion of the Halogen quizzes for each Waived Test with a completion score of 80% or better.

**Reappointment:** Successful completion of the Halogen quizzes for each waived test with a completion score of 80% or better.

- a. Fecal Occult Blood Testing
- b. Vaginal pH Testing
- c. Urine Pregnancy Testing
- d. Urine Dipstick Testing

**SIGNATURES**

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Chief of Service \_\_\_\_\_ Date \_\_\_\_\_

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Zuckerberg San Francisco General Hospital  
 1001 Potrero Avenue  
 San Francisco, CA 94149

**APPENDIX DG: —FHC: CHART REVIEW**

Proctoring and chart reviews are conducted using the following forms:

ZSFG Family and Community Medicine  
**CHART REVIEW—PRIMARY CARE**  
 CLINICAL PRACTICE

Reviewer _____	Provider _____	MD	NP	
CHN ID _____	CHN ID _____	DO	PA	
Signature _____	Patient MRN _____			
Review Date _____	Review Type	New Appointment	Reappointment	
Clinic	Family Health Center	Urgent Care Center	Behavioral Health Center	Skilled Nursing Facility

EVALUATION				
	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History is complete and accurate.				
Physical exam is complete and accurate.				
Lab studies are indicated and appropriate.				
Assessment and problem identification are accurate and complete.				
Plans are documented and appropriate.				
Follow-up is appropriate for active problems.				
Therapeutic regimens meet accepted standards.				
Patient education is documented.				
Charting and documentation are complete and accurate.				
Problem list is complete, accurate, and updated in LCR.				
Medication list is complete, accurate, and updated in LCR.				
Allergies are noted in LCR.				
Health care maintenance is reasonably up to date.				
Psychosocial factors are noted and included in plans.				
Writing is legible.				
Overall care meets high standards.				
<i>Please explain any "Improvement Needed" or "Not Acceptable" ratings.</i>				

Comments

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**CORRECTIVE ACTION**

None Needed    Provider Counseled    Topic Discussed in Staff Meeting    Other:

Use this form for Privileges 14.01, 14.02, 14.03, 14.12

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Zuckerberg San Francisco General Hospital  
 1001 Potrero Avenue  
 San Francisco, CA 94149

ZSFG Family and Community Medicine  
**CHART REVIEW—PRIMARY CARE**  
 PRECEPTORS, NO CLINICAL PRACTICE

Reviewer _____	Provider _____	MD	NP
CHN ID _____	CHN ID _____	DO	PA
Signature _____	Patient MRN _____		
Review Date _____	Review Type	New Appointment	Reappointment

**EVALUATION**

	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History is complete and accurate.				
Physical exam is complete and accurate.				
Lab studies are indicated and appropriate.				
Assessment and problem identification are complete, accurate.				
Plans are documented and appropriate.				
Follow-up is appropriate for active problems.				
Attending precepting note is legible.				
Problem list is up to date.				
Medication list is up to date.				
Allergies are noted.				
Health care maintenance is addressed.				
Attending note reflects appropriate involvement in care of patient.				

Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Comments

**CORRECTIVE ACTION**

None Needed    Provider Counseled    Topic Discussed in Staff Meeting    Other:

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SFGH Family and Community Medicine Service • Family Health Center  
**CHART REVIEW REPORT-FHC PRECEPTORS WITH NO PATIENT PANEL**

(Use this form for Privileges 14.01 and 14.02)

Reviewer _____	Provider _____	<input type="checkbox"/> MD	<input type="checkbox"/> DO
CHN# _____	CHN # _____		
Signature _____			
Review Date _____	Patient Name _____		
Review Type: <input type="checkbox"/> Initial Proctoring <input type="checkbox"/> Reappointment	Patient B# _____		

	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History is complete and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical exam is complete and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab studies are indicated and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment and problem identification are accurate and complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans are documented and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up is appropriate for active problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending precepting note is legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem list is in LCR and is up to date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication list is in LCR and is up to date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies are noted in LCR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care maintenance is addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending note reflects appropriate involvement in care of patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Corrective Action:  
 None Necessary  Provider Counseled  Topic Discussed in Staff Meeting  Other:

Comments

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SFGH Family and Community Medicine • Family Medicine Inpatient Service

**REVIEW SUMMARY FORM**

(Use this form for Privileges 14.11, 14.31, 14.32, 14.33, 14.34, 14.35)

Reviewer _____	Provider _____	<input type="checkbox"/> MD <input type="checkbox"/> DO
CHN# _____	CHN # _____	
Signature _____		
Review Date _____	Review Type: <input type="checkbox"/> Initial Proctoring <input type="checkbox"/> Reappointment	

	Proctoring	Reappointment Review
<b>Evaluation Period</b>		
<b>No. of Charts: Inpatient Procedure</b>		
<b>No. of Charts: Outpatient Procedure</b>		

Medical Record	Evaluation		
	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unacceptable

Notes:

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Medical Record	Procedure	Evaluation		
		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unacceptable
		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unacceptable
		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unacceptable
		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unacceptable

Notes:

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SFGH Family and Community Medicine Service  
**PERINATAL CARE PROCTORING FORM**  
*(Use this form for Privilege 14.21 Vaginal Delivery)*

Proctor Name _____	Provider _____	<input type="checkbox"/> MD <input type="checkbox"/> DO
CHN# _____	CHN # _____	
Signature _____		
Review Date _____	Patient MRN _____	
	Patient Diagnosis _____	

Procedure:				
Procedure Date:				
<b>CHART REVIEW</b>	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
1. History and physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use and interpretation of diagnostic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Management of labor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Follow-up/reassessment of interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Timely and appropriate consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROCEDURE REVIEW</b>	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
1. Pre procedure assessment and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Operative management/technical skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Post-operative management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management of complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ASSESSMENT (circle)</b>	Acceptable	Improvement Needed	Not Acceptable	Reviewed with provider
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Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Comments

ZSFG Family and Community Medicine, Family Medicine Inpatient Service  
**INPATIENT CHART REVIEW**

Reviewer _____	Provider _____	MD DO
CHN ID _____	CHN ID _____	
Signature _____	Patient MRN _____	
Review Date _____	Review Type	New Appointment Reappointment

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<b>EVALUATION</b>	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History is complete and accurate.				
Physical exam is complete and accurate.				
Lab studies are indicated and appropriate.				
Assessment and problem identification are accurate and complete.				
Plans are documented and appropriate.				
Follow-up is appropriate for active problems.				
Therapeutic regimens meet accepted standards.				
Patient education is documented.				
Charting and documentation are complete and accurate.				
Allergies are noted.				



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ZSFG Family and Community Medicine  
**PROCEDURE REVIEW—PRIMARY CARE**  
 INITIAL PROCTORING

Reviewer	Provider	MD	DO
CHN ID	CHN ID		
Signature	Patient MRN		
Review Date	Patient Diagnosis		

PROCEDURE INFORMATION			
Date Performed			
Procedure	Ultrasound in Pregnancy	Strain-Counterstrain	Paracentesis
	Intrauterine Procedure	Lumbar Puncture	Thoracentesis
	Placement of central & femoral venous catheter		Vasectomy
	Surgical termination of 1 <sup>st</sup> trimester of pregnancy at appropriate facilities		

CHART REVIEW				
	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History and physical exam				
Use and interpretation of diagnostic testing				
Consent obtained and in chart				
Appropriate documentation of procedure				

PROCEDURE REVIEW				
Pre-procedure assessment and counseling				
Operative management/technical skill				
Post-operative management				
Management of complications				

Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Comments

ASSESSMENT			
Acceptable	Improvement Needed	Not Acceptable	Reviewed with Provider

Use this form for Privileges 14.24, 14.31, 14.32, 14.33, 14.34, 14.35, 14.36, 14.37, 14.60

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ZSFG Family and Community Medicine  
**PROCEDURE REVIEW—PERINATAL CARE**  
 INITIAL PROCTORING

Reviewer	Provider	MD	DO
CHN ID	CHN ID		
Signature	Patient MRN		
Review Date	Patient Diagnosis		

**PROCEDURE INFORMATION**

Date Performed

Procedure

**CHART REVIEW**

	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History and physical exam				
Use and interpretation of diagnostic testing				
Consent obtained and in chart				
Appropriate documentation of procedure				

**PROCEDURE REVIEW**

Pre-procedure assessment and counseling				
Operative management/technical skill				
Post-operative management				
Management of complications				

Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Comments

**ASSESSMENT**

Acceptable	Improvement Needed	Not Acceptable	Reviewed with Provider
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Use this form for Privileges 14.21, 14.23

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SFGH Family and Community Medicine Service  
**PROCEDURE PROCTORING FORM**

(Use this form for Privileges 14.24, 14.31, 14.32, 14.33, 14.34, 14.35, 14.36, 14.37, 14.60)

Reviewer _____	Provider _____	<input type="checkbox"/> MD <input type="checkbox"/> DO
CHN# _____	CHN # _____	
Signature _____		
Review Date _____	Patient MRN _____	
	Patient _____	
	Diagnosis _____	

Procedure Date: \_\_\_\_\_

Procedure (please check procedure box):

<input type="checkbox"/> Ultrasound in Pregnancy	<input type="checkbox"/> Strain-Counterstrain	<input type="checkbox"/> Paracentesis
<input type="checkbox"/> Placement of central & femoral venous catheter	<input type="checkbox"/> Lumbar Puncture	<input type="checkbox"/> Thoracentesis
<input type="checkbox"/> Surgical termination of 1 <sup>st</sup> trimester of pregnancy at appropriate facilities	<input type="checkbox"/> Intrauterine Procedure	<input type="checkbox"/> Vasectomy

CHART REVIEW	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
1. History and physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use and interpretation of diagnostic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Consent obtained and in chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriate documentation of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROCEDURE REVIEW	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
1. Pre procedure assessment and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Operative management/technical skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Post-operative management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management of complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT (circle)	Acceptable	Improvement Needed	Not Acceptable	Reviewed with provider
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Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Comments

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## APPENDIX E – ATTENDING PHYSICIAN RESPONSIBILITIES FAMILY HEALTH CENTER

▲ Clinical care in the Family Health Center is the responsibility of the attending staff of the Family & Community Medicine Clinical Service either through direct provision of service or through supervision of residents, affiliated professionals or medical students. The FHC Medical Director will ensure that there is appropriate attending coverage is available during all hours of operation.

### Guidelines for Family Health Center Attendings

#### 1) Before starting, you need

- A UC appointment
- SFGH FCM outpatient privileges. Please see guidelines attached re: which special privileges to request and completing proctoring.
- A “CHN number,” which is the 6 digit identification number you will use throughout SFGH
- An SFGH badge
- An “active directory log-in” which you get by calling the UCSF at SFGH Help Line: 206-5126. This is the log-on you will need to be able to write LCR notes.
- One or more orientation session with Hali and other clinic attendings
- Correct information in the LCR. When logged on, click “Verify my Data” and make changes if incorrect.

#### 2) Supervision and documentation

- a) Please be on time to your shift. Clinic can’t open at 8:30, 1:00, and 5:30 until there’s an attending here. Please let Ebony (206-6891 or 443-7412) or a Charge Nurse know if you will be late and they will find another attending to cover until you arrive.
- b) Put your name and pager or cell phone number on the white board in the attending room when you arrive.
- c) You are expected to attend a team huddle at the beginning of your morning or afternoon attending session. The 81 attending should go to the Red Team Huddle. The 85 attendings should split between the Green and Gold Team huddles. There will be a facilitator for each huddle, and as attending you should actively participate as well as use the opportunity to find out about staffing, anticipated issues with patients, etc. on the teams. The huddles start at 8:30 and 1:05 each day (except Thursday mornings when they start at 9:30).
- d) It’s a good idea to walk through the clinic 15-30 minutes after clinic starts to make sure all scheduled providers are there (unless you’re sure the COD is doing this). It is primarily the responsibility of the MEAs to check this and page absent providers, but sometimes they don’t do it. The MEAs will page late providers, and if they don’t get an answer or find that a provider with scheduled patients is not coming, they will bring this problem to your attention. Please call or page Ebony or one of the chief residents if this happens; while you deal with patients waiting to be seen by an absent provider, they can be tracking the person down.

#### i) You must examine and write a note for every patient unless:

- ii) The resident has a license  
**AND**
- iii) The resident has been cleared by the program directors to see patients without an exam and note by the attending. The Program Director will send an email out to all attendings telling them which 2<sup>nd</sup>-year residents have been cleared to precept at their own discretion. Please keep this communication in mind (or on hand) when precepting with 2<sup>nd</sup>-year residents. Because of the sensitive nature of this summary, we don’t store it on our shared drives and encourage attendings to take care if they print it out. Residents who meet only one of these criteria must continue to precept until both criteria have been met.

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- e) ~~Ask the resident or student for the Attending Progress Note Form when they begin precepting. This is your note, and must be completely filled out, dated and signed.~~
  - f) ~~Your note (and assessment and exam) is the note of record, and it must reflect a face-to-face encounter with the patient. You do not need to co-sign the learner's note.~~
  - g) ~~The LCR has a good outpatient summary that you can use to "pre-round" on patients your residents or students are seeing. Click "Patient Overview," then "Outpatient Summary."~~
  - h) ~~You will cosign all prescriptions for unlicensed providers, either while in the room with the student or resident or by checking your "unsigned prescriptions" list before you leave clinic.~~
  - i) ~~Always check to see if you have any unsigned prescriptions before you leave clinic. Click "Verify My Data" and then "Unsigned Prescriptions."~~
  - j) ~~Allergies (or lack thereof) and up to date problem and medication lists must be entered for every patient seen at the FHC. When you're precepting and looking at the patient's med list, please get in the habit of making sure allergies are entered and that the medication list is updated. Please also give residents feedback if they are not doing these and LCR problem lists. Appendix 4 is our FHC Chart Review Form for Preceptors. Please review this list to see expectations for preceptors.~~
  - k) ~~You should not leave either 81 or 85 at the end of the day if there are still patients on the floor. Please make sure they're out the door before you head out. If you are attending and can't stay until 12:30 (morning attendings) or as late as 6:00 (afternoon attendings), please let Ebony know beforehand so she can identify someone else in case residents are not finished with patients.~~
- 3) ~~Working with the Clinician of the Day~~
- a) ~~The Clinician of the Day, also known as COD, is a new role filled by an NP/PA. Their primary responsibilities are outlined as follows:~~
    - i) ~~Management of clinic flow~~
    - ii) ~~Identifying providers who are backed up in clinic and redistributing their patients to other providers who have no shows or have open slots. They should be speaking with the provider prior to redistribution of patients. They are actively trying to make sure residents see their target number of patients each session (see targets listed below).~~
    - iii) ~~Serve as consultants for drop-in triage RN to help identify open slots for same-day drop-in patients to the FHC.~~
  - b) ~~CODs have to manage 2 floors and 4 teams of patients so they are quite busy. Your role would be to fulfill the above responsibilities if the COD was unavailable, busy or out sick.~~
  - c) ~~If you are unable to complete the lab review or refills (see below), you may ask the COD for help with those.~~
  - d) ~~The clinic schedule lists the COD (and ROD and drop-in resident) each day.~~
  - e) ~~The 81 attending is responsible for consulting with the drop-in triage RN, who is located in 91.~~
- 4) ~~Working with Resident of the Day~~
- a) ~~There will be a Resident of the Day, also known as ROD, assigned to MOST clinic days. The primary responsibilities of the ROD are:~~
    - i) ~~See same day drop-in or urgent patients.~~
    - ii) ~~See patients redistributed by COD or attending from providers who are backed up in clinic.~~
  - b) ~~Since the ROD also serves as a "back-up" resident for the residency program, they are NOT always available to see patients in clinic. If the ROD is pulled to fulfill other clinical responsibilities for their colleagues, the COD and team leads (RNs) will be notified by either Ebony or the chief residents.~~
  - c) ~~If the ROD is available and does not have patients (especially at the beginning of the session), please work with the COD to ensure the ROD sees their target number of patients during the clinic session.~~
- 5) ~~Precepting tips~~

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- a) Check in to find out if the trainee is a medical student, PGY1, 2, or 3. Adjust your questions and teaching based on the learners' year of training.
  - i) For medical students: aim for 10-15 minute precepting in attending room, 5-10 minutes in clinic room closing out visit.
  - ii) For PGY1: aim for 10 minute precepting in attending room, 5-10 minutes in clinic room closing out visit.
  - iii) For PGY2: aim for 5 minute precepting in attending room. Allow resident to close out the visit as much as possible.
  - iv) For PGY3: mostly serving as a consultant, do not need to see patient unless resident is unlicensed or requests for you to be in room with patient for an evaluation.
- b) If you are meeting student or resident for the first time, it is a good idea to check in to see if they want you to pay particular attention to specific things they might be working on. For example, a lot of second-year residents struggle with managing clinic flow, completing notes while in the room, presenting more focused succinct presentations for the attendings.
- c) We have target numbers (minimum number of patients) that residents should see each time they are in clinic: R1s 3-4; R2s 5-6; R3s 7-8 per session. Please keep this in mind and work in consultation with the COD to shift other patients to your residents if they have no-shows and are not hitting the target.

6) Special responsibilities of 81 attendings

- a) The 81 attending has 4 primary responsibilities:
  - i) Supervision of the drop-in resident, who is the resident seeing same day, drop-in patients on a first come, first serve basis (in lieu of the old FHC Orange resident).
  - ii) Supervision of the Red Team residents
  - iii) Management of medication refill requests
  - iv) Servicing as consultant for NP, PA, RNs and other staff.
- b) Drop-in (DI) Resident:
  - i) At the beginning of your session, please introduce yourself to the Clinician of the Day (COD) and Drop-in triage RN. The COD is an NP/PA whose main responsibilities (also see above) are to manage clinic flow, assist in distributing drop-in patients to the DI resident or other residents with open slots. The triage RN will mostly consult with the COD for triage or patient management questions. If the COD is not available, you will serve as the consultant for the triage RN and help to manage clinic flow.
  - ii) Noon coverage of Drop-in clinic:
    - aa. The morning attending is expected to be available until 12:30. If you know you have to leave at noon, please find someone to cover for you until 12:30 in case there are still patients being seen. The first people to ask are the 85 attendings. Ebony may also be able to help you locate someone to cover when you have to leave. If you anticipate having to leave by noon, inform Ebony in advance of your precepting date so she can plan accordingly.
    - Afternoon and evening attendings must stay until residents and students are finished seeing patients.
    - bb. If there are no patients in rooms at noon, actively being seen, the resident and attending can leave the floor.
    - cc. If there is a patient still being seen who is sick or the possibility of a resident still needing to precept and you have to leave, you should make contact with an afternoon attending to see if they can come and relieve you. If none of them can, let Ebony know and she can try to find someone to cover.
    - dd. If you have to cover over the lunch hour because there are sick patients or residents needing to precept and you also are precepting in the afternoon, let Ebony know and she can help find coverage so you can get lunch and a bit of a break.
    - ff. If a patient's work up was started and requires for continued evaluation in the afternoon, please make sure that the resident signs out the patient to the

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afternoon drop in resident. You should also sign out the patient to the afternoon 81 attending and ensure that there is someone in the clinic who stays with the patient during the lunch hour.

- iii) Drop in patients who continue to need care after 5:00 should be signed out to an Urgent Care Center provider by the resident or sent to the ED. Patients sent to the ED must have report given by the FHC attending to the ED attending. Call 206 8111 and ask for an attending who can receive sign out about a patient being transported.
- iv) Pending labs or x-ray results should be signed out by the resident to that evening's FHC/L&D on-call resident.

c) Red Team:

- i) Patient work-ups from Red Team cannot be "held over" from the afternoon to the evening clinic. If a work-up is still in progress, the patient must be transferred to the ED or UCC.
- ii) Patients who may require hospitalization or ED transfer should not be given UR appointments in the evening. While this sort of triage is the responsibility of the triage nurses, they may consult you about a decision re: keeping a late drop in patient in clinic to be seen at 5:30 or transferring the patient to UCC or ED. Only straightforward, non-acute patients should be given evening UR appointments.

d) Prescription Refills

- i) Prescription refills should be done on the LCR via e-fax. As you're going through the stack and doing them on the computer, you can send all the faxed papers to the shredder. No need to put those in the stack to be faxed back to the pharmacy.
- ii) If you have a question about a refill request that you can't answer by reviewing the LCR information, you may put the fax sheet in the provider's box with your question written on it. (Use slot underneath stack of faxes from pharmacy to send forms to providers' boxes). If you want this prescription to get attention within a week, you should email the question to the provider. Many FHC providers are only in clinic (and the building) once per week.
- iii) If you get a refill request for a controlled substance, look on the LCR to see if there's a clinical alert specifying the plan for refills. If there is not, check the "Reports/Notes" list to see if there's an on-line "Controlled Substance Agreement" or note of the plan. If there is not, fine to send these back to the PCP's box.
- iv) If you do not finish completing the refill requests by the end of the afternoon, please sign out to the evening clinic attending.
- v) On Fridays, all refill requests must be completed by the end of the afternoon session. Remember: you may ask the COD or 85 attendings for assistance if you are not able to get through the stack of refills. If there are still refills left when everyone leaves on Friday, you must make contact with the Saturday clinic providers and ask them to complete them.
- vi) Refill requests for chronic medications should only be completed for patients actively being seen in the LCR. If the patient hasn't been seen in over a year or if there is a note that the patient is no longer being seen at the FHC, the request should be sent to the PCP and not filled by the attending. If that is not clear and the medication seems essential, a one month's supply can be given at the attending's discretion, with a note to the pharmacist to instruct the patients to return for care in order to get additional refills.
- vii) Chronic medications can be refilled with a 90 day supply and 3 refills if the patient is actively receiving care at the FHC. Controlled substances should be filled with a one month supply only.

7) Special responsibilities of 85 attendings

The 85 attending has 3 primary responsibilities

a) Supervision of residents and students

- i) This includes precepting residents who are seeing patients on Green Team who are receiving their refugee/asylee screening. These screenings include a first time visit where residents perform an initial assessment, much like any other patient, but with special attention paid to mental health

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screening. There is a special state mandated medical form that the residents must fill out. After the initial visit, there is a follow-up appointment. If you ever have questions about these particular screenings, the Newcomer's Program staff is a great resource. Their office is located directly across from the Green Team nursing room.

ii) Supervision of residents and students on Gold Team

b) Review of diagnostics for the day

Regarding review of diagnostic test reports, please see attached document "Guidelines for Review of Lab Reports."

If you are unable to complete the lab/radiology review at the end of clinic, please let Ebony know or bring the stack of labs/radiology reports down and hand off directly to the evening clinic attending. On Fridays, all diagnostic results must be reviewed by the end of the afternoon session. Remember: you may ask the COD or 81 attending for assistance if you are not able to get through the stack of diagnostic reports. If there are still labs to review everyone leaves on Friday, you must make contact with the Saturday clinic providers and ask them to complete them.

c) Acting as consultant for clinic NPs, PAs, RNs, other faculty in clinic, and other clinic staff.

8) Special responsibilities of evening attendings

a) If you are not going to be in the building and ready to start at 5:30, please let Ebony know as early as possible so she can get someone to cover for you.

b) Students and residents tend to have many urgent care, transfer, and new patient appointments scheduled in the evenings. Take a look at the schedules before clinic starts so that you can start planning for moving patients around in case one provider gets backed up. Move adults from one provider to another before you move kids. It's a good idea, in general, to ask providers before you move a patient to another person in case they know the patient and intend to see them.

c) It's very important to stay on top of flow in the evenings so that patients are out the door by 9:00.

d) Evening attendings, please get in the habit of checking the 81 med refills tray and the 85 lab pile when you start. Evening attendings often have downtime and are expected to finish the refills and labs if the afternoon people didn't get to them.

e) Nursing and security staffing is only available until 9:00. Patients should be out of the building by 9:00. Please anticipate if a patient work up is going to take longer, initiate transfer to the ED or UCC starting at 8:30.

f) There may be leftover labs and refills from the afternoon to review. Please let Ebony know if you don't complete the review.

9) Evaluation of learners

a) On the fly evaluation of residents

i) Please evaluate residents with whom you precept on more than 4 patients.

ii) Attached are instructions for on the fly evaluations in the e-value system.

iii) There are paper on the fly evaluations if you are not able to log on to the system.

iv) If you have concerns about a resident (performance, professionalism) please contact Teresa Villela, George Saba, Diana Coffa or Hali Hammer asap.

b) Students' notes

i) You must write a preceptor note and examine every patient seen by a student.

ii) You are expected to review students' notes and give feedback. There are paper feedback forms in the 81 and 85 attending rooms. Alternatively, you can give feedback in real time if the students are able to complete their notes prior to leaving clinic.

c) Evaluation of students

i) If you work with a student more than twice, you will be asked to evaluate the student.

ii) Margo Vener is FCM Predoctoral Director. Please contact Margo if you have concerns about an individual student.

## APPENDIX F— ATTENDING PHYSICIAN RESPONSIBILITIES ON THE FAMILY MEDICINE INPATIENT SERVICE

The Family Medicine Inpatient Service Attendings are responsible for all patient care activities on the service. They provide direct patient care as well as supervision and teaching of the Family Medicine Inpatient Service house staff.

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### Family Medicine Inpatient Service Attending Physician Expectations Revised 2/2014

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#### Patient Care

All attending physicians are expected to:

- Provide high quality patient care based on evidence based principles and guided by the patient and family's values and preferences.
- Involve specialist services when appropriate, including mandatory consultations by the team with the Neurology service for patients with stroke, the Hematology service for patients with acute sickle cell crisis and the Obstetrics service for pregnant patients. Attending physicians are responsible for direct consultation with the Cardiothoracic Surgery service.
- Assess all patients on their team six days a week (and assist with weekend coverage of the opposite team's patients to ensure seven day attending assessments for all patients).
- Recognize that ultimate responsibility for care of all patients on the service belongs to the attending physician.

#### Teaching

All attending physicians are expected to:

- Provide case based teaching in admission rounds.
- Provide informal teaching in work rounds in a manner that supports the growth and independence of their senior residents while also being mindful of time constraints.
- Perform, on average, one attending rounds per week. The attending will work with the inpatient chief resident to select a topic based on patients recently admitted to the service and guided by the core topic curriculum.
- When appropriate, participate in the creation and implementation of an educational remediation plan for learners in difficulty.
- Recognize that compliance with the ACGME duty hours guidelines is an essential priority and play an active role along with the senior residents to facilitate compliance.
- Supervise and mentor the chief residents in their role as the residents' first line consultants and during their weeks attending on the service.

#### Evaluation

All attending physicians are expected to:

- Meet with all team members to provide performance feedback and to solicit feedback on their own performance.
- Complete formal evaluations in a timely fashion.
- Notify the inpatient service directors if a resident or student is performing below the expected competency level and is in need of an educational plan.

#### Documentation

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All attending physicians are expected to:

- Complete admission History and Physical attestation notes on the day of service. These notes must be completed and in the medical record by no later than the morning following admission. The Family Medicine Inpatient Service analyst or your team will file these notes during the week. On the weekends, the attending physician is responsible for filing admission notes in the medical record.
- Generate a daily progress note on all patients seven days per week
  - You can attest resident notes by writing on and signing the physical note. Medical students' patients need progress notes written separately; the FMIS analyst will create templates for these notes.
- Document any and all procedures they have supervised by writing a "Procedure Note" using the templates provided.

#### **Professionalism**

All attending physicians are expected to:

- Model compassionate, ethical and culturally sensitive care of patients and their families.
- Model respectful and collegial behavior towards all members of the SFGH staff.

#### **Practice Improvement**

All attending physicians are expected to:

- Report and review cases with the inpatient service directors when there is a concern that the care provided to a patient requires additional review (e.g. a Morbidity and Mortality case review).

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**APPENDIX HG: OPPE FORM AND THRESHOLDS**

CONFIDENTIAL—Protected by Attorney-Client Privilege and California Evidence Code 1157  
 Zuckerberg San Francisco General Hospital and Trauma Center—Ongoing Professional Practice Evaluation (OPPE)

Evaluation Period: \_\_\_\_\_ No patient care and/or clinical teaching for this time period.  
 (If checked, metrics need not be completed, but Y/N questions AND chief signature with date required.)

Last, First, Degree: \_\_\_\_\_ Appt Status: \_\_\_\_\_ CHN ID: \_\_\_\_\_  
 Service: Family & Community Medicine Home Svc/Div/Clinic: \_\_\_\_\_  
 If other than FCM: \_\_\_\_\_ Comments: \_\_\_\_\_

Metric	Acceptable	Marginal*	Unacceptable*	Not Relevant This Period	Comments
<b>OUTPATIENT SVCS: Medical &amp; Affiliated Staff</b>					
<i>Primary Care Providers</i>					
Active weighted patient panel as % of target patient panel	>80%	66-79%	<66 %		
Patients age 51-75 with current colorectal cancer screen	>40 %	25-39%	<25%		
Patients age 52-69 w/mammogram screen every other year	>60%	50-59%	<50%		
Patients >age 12 with current Tdap immunization	>70%	60-69%	<60%		
<i>Non Primary Care Providers</i>					
If no primary care panel, clinic hours/month	>4 hr	2-3 hr	<2 hr		
<i>All Providers</i>					
Electronic notes completion—number cumulative weekly overdue/unlocked notes per clinical FTE per six-month period (overdue: more than 5 days from day of service)	<150	150-250	>250		
Cases of concern/patient complaints/UDs/sentinel events	<2	2	>2		
<b>INPATIENT SVCS: Medical Staff Only</b>					
Deaths attributable to provider	>0 IAs or <2 IBs	2 IBs	>2 IB or >0 ICs, 1Ds		
Average length of stay	<10 days	10-18 days	>18 days		
Readmissions within 30 days	<20%	20-25%	>25%		
Procedure complications attributable to provider	0-1	2	≥3		
Cases of concern/patient complaints/UDs/sentinel events	<2	2	>2		

\*If in any one category: Two consecutive marginal ratings require Chief of Service's commentary; three consecutive marginal ratings require FPPE and notification to the Credentials Committee Chair; two consecutive unacceptable ratings require FPPE and notification to the Credentials Committee Chair.

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CONFIDENTIAL—Protected by Attorney-Client Privilege and California Evidence Code 1157  
Zuckerberg San Francisco General Hospital and Trauma Center—Ongoing Professional Practice Evaluation (OPPE)

Evaluation Period: \_\_\_\_\_ No patient care and/or clinical teaching for this time period.  
(If checked, metrics need not be completed, but Y/N questions AND chief signature with date required.)

Last, First, Degree: \_\_\_\_\_ Appt Status: \_\_\_\_\_ CHN ID: \_\_\_\_\_  
Home Svc/Diag/Clinic: \_\_\_\_\_  
Service: Family & Community Medicine if other than FCM: \_\_\_\_\_ Comments: \_\_\_\_\_

**REQUIRED FOR EVERY PRACTITIONER ON ROSTER**

Yes	No	Recommend continued current privileges
Yes	No	Recommend a Focused Professional Practice Evaluation (FPPE); if YES, attach detailed FPPE plan
Yes	No	Recommend the following changes to current privileges:
Yes	No	To my knowledge, this practitioner does not have a medical/mental health condition that could affect clinical care or judgement. (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 \*Required only if "marginal" or "unacceptable notes above acceptable

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

6 Month Date Range: **Jan - June / 2013**  No patient care and/or clinical teaching for this time period  
(If checked, metrics need not be completed, but 1/3 questions at bottom AND signature data are required)

Last, First, degree: \_\_\_\_\_ Status: \_\_\_\_\_ CHN # \_\_\_\_\_

Service: **FAMILY & COMMUNITY MEDICINE**

Home Dept / Div / Clinic if other than above: \_\_\_\_\_ Comments if Any: \_\_\_\_\_

	Acceptable	Marginal*	Unacceptable*	Metric Not Relevant	Comments
				During This Period	

**OUTPATIENT SERVICES: Metrics for Medical Staff & Affiliated Staff**

**PRIMARY CARE PROVIDERS**

Active weighted patient panel as a % of target patient panel	<input type="checkbox"/> >80%	<input type="checkbox"/> 66%-79%	<input type="checkbox"/> <66%	<input type="checkbox"/>	_____
Patients age 51-75 with up to date colorectal cancer screen	<input type="checkbox"/> >40%	<input type="checkbox"/> 25-39%	<input type="checkbox"/> <25%	<input type="checkbox"/>	_____
Patients age 52-69 with mammogram screening every other year	<input type="checkbox"/> >60%	<input type="checkbox"/> 50-59%	<input type="checkbox"/> <50%	<input type="checkbox"/>	_____

Patients with DM with LDL < 100	<input type="checkbox"/> >50%	<input type="checkbox"/> 35-49%	<input type="checkbox"/> <35%	<input type="checkbox"/>	_____
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Patients age 13 with up to date Tdap immunization	<input type="checkbox"/> >70%	<input type="checkbox"/> 60-69%	<input type="checkbox"/> <60%	<input type="checkbox"/>	_____
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**NON PRIMARY CARE PROVIDERS**

If no primary care panel, clinical hours per month	<input type="checkbox"/> 4hrs	<input type="checkbox"/> 2-4hrs	<input type="checkbox"/> <2hrs	<input type="checkbox"/>	_____
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**ALL PROVIDERS**

Patients seen who have medication allergies verified by provider (with eCW implementation)	<input type="checkbox"/> >80%	<input type="checkbox"/> 70-79%	<input type="checkbox"/> <70%	<input type="checkbox"/>	_____
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Cases of concern	<input type="checkbox"/> <2	<input type="checkbox"/> 2	<input type="checkbox"/> >2	<input type="checkbox"/>	_____
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**\*IN ANY ONE CATEGORY:**  
**Two** consecutive **marginal** ratings require Chief of Service's commentary  
**Three** consecutive **marginal** ratings require FPPE and notification to the Credentials Committee Chair  
**Two** consecutive **unacceptable** ratings require FPPE and notification to the Credentials Committee Chair

Updated: 12/16/2014

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

6 Month Date Range:  Jan - June / 2013  No patient care and/or clinical teaching for this time period  
(If checked, metrics need not be completed, but TN questions at bottom AND signature date are required)

Last, First, degree: \_\_\_\_\_ Status: \_\_\_\_\_ CHN # \_\_\_\_\_

Service: **FAMILY & COMMUNITY MEDICINE**

Home Dept / Div / Clinic if other than above: \_\_\_\_\_ Comments if Any: \_\_\_\_\_

**INPATIENT SERVICES: Metrics for Medical Staff Only**

Deaths attributable to practitioner      
Any 1A's or <2 1B's      2 1B's      >2 1B's or any 1C's, 1D's

Length of stay      
<10 days      10-18 days      >18 days

Readmissions within 30 days      
<20%      20-25%      >25%

Procedure complications attributable to practitioner      
0 or 1      1 - 2      3 or more

Cases of concern      
<2      2      >2

**\*IN ANY ONE CATEGORY:**

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

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

Two consecutive **unacceptable** ratings require FPPE and notification to the Credentials 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 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" notes above

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**APPENDIX H — FHC CLINICAL RESEARCH POLICY**

San Francisco General Hospital  
Family Health Center  
Date Adopted: 5/02  
Reviewed: 2/08; 5/10  
Revised: 12/12

TITLE: Criteria for Approval of Research Studies at the Family Health Center

STATEMENT OF POLICY: It is the policy of the Family Health Center to require researchers conducting studies which involve FHC patients to meet hospital and clinic guidelines

POLICY: For research to be conducted at the FHC the following requirements must be met:

- Minimal additional administrative work for FHC staff or providers.
- No obvious duplication of patient contacts by concurrent research studies.
- Letters to patients are not signed by FHC staff or providers, unless special permission is given. There is no implication of FHC provider involvement, unless permission is given.
- Providers are given patient lists for review prior to patient contact.
- Study is relevant to our patients, and appropriate patient incentives are included.
- Research group will present outcome of study for FCMRP/FHC during noon conference, Provider Meeting, or All Team Meeting.
- Study must be approved by UCSF IRB and approved by SFGH.
- The FHC requests that all studies involving FHC patients make a voluntary donation to the clinic. The suggested donation range is \$50-\$500, depending on the total study budget. If this presents a hardship, this requirement can be negotiated. These funds are used to support FHC staff development and team building activities.

Researchers will follow these steps, as appropriate:

- Initial contact by research study group to Medical Director.
- Letter sent to research group which outlines FHC criteria for approval of research studies.
- If study group believes they do or can meet all criteria, protocol is sent to FHC Medical Director.
- Protocol is reviewed by Management Team with consultation by Chief of Service, if needed.
- Research study group gives lists of potential patient contacts to primary care providers for review.
- Final list of contacts is given to Medical Director.
- Study proceeds.
- Study group gives presentation to FCMRP/FHC of outcome of study.
- Conference will be scheduled by the research group in coordination with the Family Medicine Chief Residents and/or Medical Director.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Hali Hammer  
Medical Director, Family Health Center

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