

**FAMILY & COMMUNITY MEDICINE  
CLINICAL SERVICE RULES AND REGULATIONS  
2020**

**FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE  
RULES AND REGULATIONS  
TABLE OF CONTENTS**

I.	FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE ORGANIZATION .....	4
	A. SCOPE OF SERVICE .....	4
	B. MEMBERSHIP REQUIREMENTS.....	4
	C. ORGANIZATION AND STAFFING OF THE FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE .....	4
II.	CREDENTIALING .....	7
	A. NEW APPOINTMENTS .....	7
	B. REAPPOINTMENTS .....	7
	C. AFFILIATED PROFESSIONALS.....	7
	D. STAFF CATEGORIES.....	7
III.	DELINEATION OF PRIVILEGES .....	7
	A. DEVELOPMENT AND ANNUAL REVIEW OF PRIVILEGES .....	7
	B. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES.....	8
	C. TEMPORARY PRIVILEGES.....	8
IV.	PROCTORING REQUIREMENTS .....	8
	A. PROCTORING AND MONITORING REQUIREMENTS.....	8
	B. PROCTORING AND COMPETENCY REVIEW.....	9
	C. ADDITION OF PRIVILEGES.....	10
	D. REMOVAL OF PRIVILEGES.....	10
V.	EDUCATION .....	10
VI.	FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE RESIDENT TRAINING PROGRAM AND SUPERVISION (Refer to CHN Website for Housestaff Competencies).....	10
	A. ROLE, RESPONSIBILITY AND PATIENT CARE ACTIVITIES OF RESIDENTS.....	10
	B. EVALUATION OF RESIDENTS.....	10
VII.	FAMILY AND COMMUNITY MEDICINE CLINICAL SERVICE CONSULTATION CRITERIA .....	11
VIII.	DISCIPLINARY ACTION .....	11
IX.	PERFORMANCE IMPROVEMENT/PATIENT SAFETY (PIPS) AND UTILIZATION MANAGEMENT .....	11
	A. GOALS AND OBJECTIVES .....	11
	B. RESPONSIBILITY .....	11
	C. REPORTING .....	11
	D. CLINICAL INDICATORS.....	11
	E. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES .....	11
	F. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES .....	12
	G. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE .....	12
X.	MEETING REQUIREMENTS .....	12
XII.	ADOPTION AND AMENDMENT.....	12

**FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE  
RULES AND REGULATIONS  
TABLE OF CONTENTS (Continued)**

**APPENDICES**

APPENDIX A - FAMILY & COMMUNITY MEDICINE AT ZSFG ORGANIZATIONAL STRUCTURE .....13

APPENDIX B - CHIEF OF FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE JOB  
DESCRIPTION ..... 14

APPENDIX C - FHC CLINICAL RESEARCH POLICY .....17

APPENDIX D - ATTENDING PHYSICIAN RESPONSIBILITIES IN THE FAMILY HEALTH CENTER..... 18

APPENDIX E - ATTENDING PHYSICIAN RESPONSIBILITIES ON THE FAMILY MEDICINE INPATIENT  
SERVICE .....29

APPENDIX F - FAMILY & COMMUNITY MEDICINE PRIVILEGES .....31

APPENDIX G - FHC: GUIDELINES FOR CHART REVIEW.....40

APPENDIX H - OPPE FORM AND THRESHOLDS.....45

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

**A. SCOPE OF SERVICE**

The Family and Community Medicine Clinical Service (FCM) at Zuckerberg San Francisco General (ZSFG) is responsible for: ambulatory patient care delivered in the ZSFG Family Health Center and ZSFG Urgent Care Center; medical services provided in the ZSFG Skilled Nursing Facility and the Behavioral Health Center; inpatient care delivered on the ZSFG 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, based at ZSFG.

**B. MEMBERSHIP REQUIREMENTS**

Membership on the Medical Staff of Zuckerberg San Francisco General Hospital is a privilege which shall be extended to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in ZSFG Medical Staff Bylaws, Rules, Regulations, and 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 (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 is presented on the attached organization chart (**Appendix A**). 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 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 ZSFG Medical Staff Bylaws. The job description for the Chief of Service is detailed in **Appendix B**.

**b) Vice Chief of Service**

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 unavailable.

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

The directors provides leadership and oversight of the FHC and overall direction of clinical and research activities in the FHC (see **Appendix C** for the FHC Clinical Research Policy). The directors shall develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; 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 leadership and oversight of the FMIS and overall direction of the service, including clinical operations and educational activities. The directors shall develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary, and coordinate FMIS participation in the Performance Improvement and Patient Safety Program.

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

Directors provide leadership and oversight of the PPP and 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 coordinate the PPP’s participation in the Performance Improvement and Patient Safety Program.

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

The director provides leadership and oversight of the SNF and 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 coordinate the SNF’s participation in the Performance Improvement and Patient Safety Program.

**2. Clinical Services**

**a. Family Health Center**

The FHC is an ambulatory care setting located on the ZSFG campus on the first and fifth floors of Building 80 and first floor of Building 90. FHC care 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. Hours of operation 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 with particular emphasis placed on preventive care and health maintenance. All FHC patients 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 a nurse advice line in collaboration with family medicine faculty members. Patients are encouraged to call for telephone advice during off hours, and may be referred for evaluation at the FHC or at the ZSFG Emergency Department, Urgent Care Center, or Pediatric Urgent Care Center as appropriate.

**b. ZSFG Family Medicine Inpatient Service**

The FM Inpatient Service is a non-geographic adult medical service which provides acute inpatient care to FHC patients and patients enrolled in designated San Francisco Health Network clinics. The FM 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 is staffed by UCSF FCM residents and family medicine attending physicians.

**c. ZSFG Skilled Nursing Facility**

The SNF is an interdisciplinary unit with medical services provided under the supervision of the SNF Medical Director, a member of the Family and Community Medicine Service. Medical care is provided by the SNF Medical Director, FCM attending physicians, and nurse practitioners, in accordance with existing policies for the SNF.

**d. ZSFG Urgent Care Center**

The 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 Director is a member of the Family and Community Medicine Service. UCC care is provided by physicians, nurse practitioners, and physician assistants.

**e. Prenatal Partnership Program**

The Prenatal Partnership Program is administered through Family and Community Medicine to provide family-centered birth services at ZSFG. Birthing services are provided by FCM physician attendings and residents and by attendings in the 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 either directly or through supervision of residents, affiliated medical staff members, and medical students. Requirements for FCM attending physicians are detailed in **Appendices D and E**.

## **II. CREDENTIALING**

### **A. NEW APPOINTMENTS**

The process of application for membership to the ZSFG Medical Staff through FCM is in accordance with ZSFG Bylaws, 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 is in accordance with ZSFG Bylaws, 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 will be through the appropriate required review process.

#### **2) Staff Status Change**

The process for Staff Status Change for FCM members is in accordance with ZSFG Bylaws, Rules, and Regulations.

#### **3) Modification/Changes to Privileges**

The process for modification or change to privileges for FCM members is in accordance with ZSFG Bylaws, Rules, and Regulations.

### **C. AFFILIATED PROFESSIONALS**

The process of appointment and reappointment of affiliated professionals to the ZSFG Medical Staff through FCM is in accordance with ZSFG Bylaws, Rules, and Regulations, as well as with these Clinical Service Rules and Regulations.

### **D. STAFF CATEGORIES**

FCM staff members fall into the same categories described in the ZSFG Bylaws and 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 privileges are developed in accordance with ZSFG Medical Staff Bylaws, Rules, and Regulations, as well as with these Clinical Service Rules and Regulations. The FCM Privilege Request Form shall be reviewed annually by the Chief of Service.

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

(Refer to **Appendix F**)

1. FCM clinical privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Rules, and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Service.
2. The process for modification or change to privileges of FCM members is in accordance with the ZSFG Medical Staff Bylaws, Rules, and Regulation.
3. FCM grants privileges to clinicians working in the ZSFG FHC, UCC, FMIS, SNF, BHC, and Birth Center.
  - a) Request for clinical privileges will be evaluated by the Chief of 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 privileges permit practice within the ZSFG FHC, UCC, FMIS, SNF, BHC, Birth Center, and in related sites (e.g., patients' homes).
  - c) Evidence must be presented of having training and successful experience for each privilege requested.

**C. TEMPORARY PRIVILEGES**

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

**IV. PROCTORING AND MONITORING**

**A. PROCTORING AND MONITORING REQUIREMENTS**

FCM proctoring and monitoring requirements shall be the responsibility of the Chief of Service, with the primary review delegated to the medical directors of the FHC, FMIS, UGG, SNF, and PPP.

The scope of individual provider activity is determined by level of training and skills obtained in 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) 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 may be indirectly supervised only after meeting criteria outlined by



the FCM Residency Program Clinical Competence Committee. Attending family physicians are the FM Inpatient Service physicians of record 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 privileges 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 **Appendix G**.

The FHC, FMIS, and PPP Medical Directors perform or assign proctoring. In instances when these individuals are the candidates to be proctored, the Chief of Service or designee will be assigned as proctor. 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 Service.

A summary proctoring report will be sent to the Chief of Service 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 medical directors and clinical data sources for ambulatory and inpatient care.
- 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 outlined 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-year period preceding reappointment. These 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 physician will present, to the FCM faculty, a patient case or cases for which he/she is clinically responsible.

**iv:** Other information as appropriate, including unusual incidence reports, adverse drug reaction reports, and similar information collected by ZSFG committees.

**c.** The Chief of Service will be reviewed by the Vice Chief of Service.

**C. ADDITION OF PRIVILEGES**

Requests for additional FCM privileges shall be in accordance with ZSFG Bylaws, Rules, and Regulations.

**D. REMOVAL OF PRIVILEGES**

Requests for removal of FCM privileges shall be in accordance with ZSFG Bylaws, Rules, and Regulations.

**V. EDUCATION**

The following FCM educational opportunities regularly offered:

- Primary Care Grand Rounds, monthly
- FCM Clinical Staff Meetings, monthly
- Morbidity and Mortality Conference, monthly
- Family Medicine Board Review, annually
- Annual Review in Family Medicine, annually
- Case conferences at attending faculty meetings, monthly
- Faculty Development Sessions, three per year
- Other FCM-sponsored seminars and conferences

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

Attending faculty shall supervise residents in such a way that house staff assumes progressively increasing responsibility for patient care according to level of training, ability, and experience.

**A. ROLE, RESPONSIBILITY, AND PATIENT CARE ACTIVITIES OF RESIDENTS**

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

**B. EVALUATION OF RESIDENTS**

Residents 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 Director through a summary evaluation and promotion recommendations.

**VII. FAMILY & 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 Bylaws, Rules, and Regulations will govern all disciplinary action involving FCM members.

**IX. PERFORMANCE IMPROVEMENT/PATIENT SAFETY 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**

Overall responsibility for performance improvement 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 and to serve as the FCM representative to the ZSFG Performance Improvement and Patient Safety Committee. In collaboration with the FCM Director of Quality Improvement, medical directors of FCM clinical programs will be responsible for collecting and reviewing performance improvement indicator data and reviewing any adverse events. At least eight times per year, the FCM clinical staff will meet to discuss, review, and plan performance improvement activities.

**C. REPORTING**

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

**D. CLINICAL INDICATORS**

In collaboration with the ZSFG PIPS Department, a calendar of review of clinical indicators of patients is established for each year. The PIPS Department monitors these throughout the year through chart reviews and panel reviews. This information, along with the information gathered from the PIPS Department is compiled and presented to PIPS committee.

**E. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES**

In collaboration with the ZSFG PIPS Department, FCM selects clinical indicators to monitor the performance of each physician with primary direct clinical responsibility for a population of patients. These Ongoing Professional Practice Evaluations (OPPEs; see

**Appendix H)** are produced, reviewed, and disseminated to each provider by the Chief of Service. OPPEs for all physicians are compiled and presented to the ZSFG Medical Staff Office twice yearly.

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

FCM monitors and evaluates each practitioner for appropriateness of patient care, and the Chief of Service maintains these records.

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

FCM monitors and evaluates each practitioner, and the Chief of Service maintains these records. OPPE clinical indicators and thresholds are detailed in **Appendix H**.

**X. MEETING REQUIREMENTS**

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

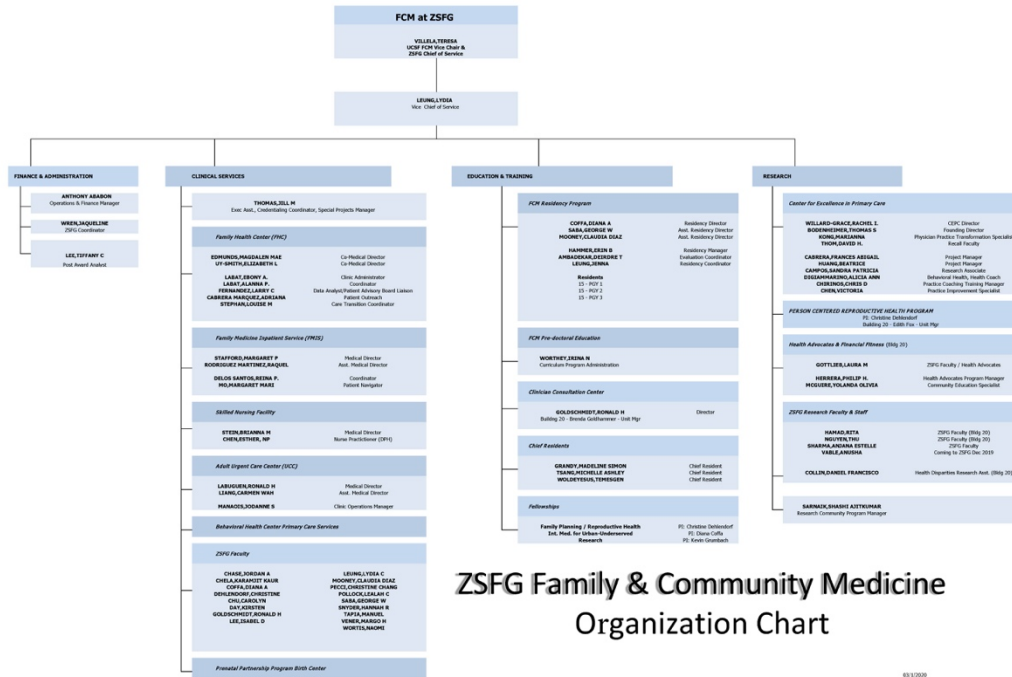
FCM members shall meet as frequently as necessary, but at least quarterly, to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

As defined in the ZSFG Bylaws, a quorum is constituted by at least three (3) voting members of the active staff for the purpose of conducting business.

**XI. ADOPTION AND AMENDMENT**

The FCM Rules and Regulations will be adopted and revised annually by a majority vote of all active service members.

APPENDIX A: FAMILY & COMMUNITY MEDICINE ORGANIZATIONAL STRUCTURE



ZSFG Family & Community Medicine Organization Chart

6/3/2020

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

### **Chief, Family and Community Medicine Service**

#### **Zuckerberg San Francisco General Hospital**

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

The 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 ZSFG. With the support of the department's manager at ZSFG, the Chief of Service is responsible for managing the department's funds related to ZSFG professional fee income, the Affiliation Agreement between UCSF and the City and County of San Francisco, other funds involving ZSFG clinical operations, and such other funds as the Chair of 77th Department delegates to be principally managed by the Chief of Service.

The Chief of Service works closely with the Director of the UCSF-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 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 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 ZSFG, including research and community service.

The Chief of Service is expected to serve as an attending physician on the ZSFG Medical Staff and perform direct patient care as part of the FCM 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 ZSFG Medical Staff Bylaws fully delineate the responsibilities of chiefs of service, including the following:

#### **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;
- 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- and intra-departmental services;
- e) Provide administrative leadership for a culturally sensitive and competent program to the community served by ZSFG; and
- f) Provide administrative leadership for a culturally sensitive environment for UCSF and ZSFG employees and trainees.

## **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 ZSFG and directly communicate this information as part of the joint UCSF/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.

## **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 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;

## **4. Operations Management**

- a) Designate an acting chief when the Chief of Service will be absent for a period longer than 24 hours but less than 30 days. After thirty (30) days, the process described in the Medical Staff Bylaws will be followed;
- b) Assume responsibility for orienting new members and enforce the Medical Staff Bylaws, Rules, Regulations, and Policies, the clinical service rules and regulations, and the hospital's policies and procedures within the respective clinical service;
- 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**

- 1. Communicate appropriately with hospital administration, the ZSFG Dean's Office and Department faculty and staff;
- 2. Communicate information to faculty, 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**

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**

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.

**E. EDUCATION AND RESEARCH**

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.

**Updated 2020**



## 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

## APPENDIX D: ATTENDING PHYSICIAN RESPONSIBILITIES FAMILY HEALTH CENTER

### Checklist for Onboarding FHC Attendings

#### Accounts and Other Access

- Active directory account
- Epic account access
- LCR account
- CHN number
- Med Web Account
- CCSF Alerts
- UCSF or DPH e-mail address
- Remote access link
- ZSFG badge, buddy badge, disaster cards
- Programming of ZSFG badge to gain stairway and elevator access
- Evernote account
  - Epic Central: <https://www.evernote.com/pub/cresident192/Epiccentral>
  - FHC Attending: <https://www.evernote.com/pub/cresident192/fhcattending>
  - FHC Documents: <https://www.evernote.com/pub/cresident192/fhcdocuments>
  - Community Resources/Referrals/Tips  
<https://www.evernote.com/pub/cresident192/communityresourcesreferralstips>
- Laminated contact cards (for FHC and residency)
- Internal updates:
  - Team grid
  - Contacts list
  - Scope of practice
  - Medical records Epic workflow
  - SFHN website
  - Practice partner
  - Central Call center onboarding notification (add to provider description)
  - Email listserv (Provider, Attending, Staff)
  - Pagerbox
  - Business cards (if PCP)

#### Work space and materials

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

#### Training

- Epic workflow training
- 2 shadowing sessions with experienced FHC attending
- FHC orientation and tour with medical director or designee

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

- ZSFG 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

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 Epic 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

Name	Role	Contact Info	Contact for questions about:
Ebony Labat	FHC Clinic Administrator/ Fill-in for Practice Manager	206-6891 (office) 443-7412 (pager) <a href="mailto:ebony.labat@ucsf.edu">ebony.labat@ucsf.edu</a>	- Primary care clinic schedules - FHC attending schedules
Jill Thomas	Executive Assistant to Teresa Villela, Chief of Service	206-2899 <a href="mailto:jill.thomas@ucsf.edu">jill.thomas@ucsf.edu</a>	- Epic account access - Credentials/privileges - Meetings with chief of service - Secure prescription pads
Kasey Trieu	FCM Administrative Coordinator (front office)	206-8610 (office) <a href="mailto:diane.kiukuk@ucsf.edu">diane.kiukuk@ucsf.edu</a>	- Laptop needs for observation sessions - Tap and go access (troubleshooting) - Unlocked notes for Epic - Attending session counts - MSP timesheet - Meetings with Lydia - Badge and programming

Clinical Support

Name	Role	Contact Info	Contact for:
Maggie Edmunds	Medical Co-Director	206-5316 (office) 443-8208 (pager) <a href="mailto:magdalen.edmunds@ucsf.edu">magdalen.edmunds@ucsf.edu</a>	- QI related work - Prenatal care issues - Backup for Medical Director - Clinic operations - Faculty support
Ellie Uy-Smith	Medical Co-Director	206- 2519 (office) 443-0320 (pager) <a href="mailto:Elizabeth.uy-smith@ucsf.edu">Elizabeth.uy-smith@ucsf.edu</a>	- Peds/Adolescent QI - Backup for Medical Director - Resident concerns - Staff concerns - Policy and procedures
Sharon Keyes	Nurse Manager	206-5545 (office) 327-1007 (pager) <a href="mailto:Sharon.Keyes@sfdph.org">Sharon.Keyes@sfdph.org</a>	- MEA/RN concerns - Clinic operations
Nancy Huerta	Interim Hospital Eligibility/Patient Access Supervisor	206-4325 (office) <a href="mailto:Nancy.Huerta@sfdph.org">Nancy.Huerta@sfdph.org</a>	-Clerical concerns
Saidah Shabazz,	Practice Manager	<a href="mailto:Saidah.Shabazz@sfdph.org">Saidah.Shabazz@sfdph.org</a>	-Facilities/IT issues - Clinic operations - Sick call or late to shift calls during business hours
Danielle Guidry	Health Worker Supervisor	<a href="mailto:Danielle.guidry@sfdph.org">Danielle.guidry@sfdph.org</a>	-HW concerns -Patient Advisory Council -Volunteer Program

Residency Support

Name	Role	Contact Info
Maddy Grandy Ashley Tsang Tem Weldeyesus	Chief Residents	(530) 424-9412 No texts <a href="mailto:cresident@fcm.ucsf.edu">cresident@fcm.ucsf.edu</a>
Diana Coffa	Residency Director	443-0835 (pager) <a href="mailto:Diana.coffa@ucsf.edu">Diana.coffa@ucsf.edu</a>

Sick calls or Emergencies

- If you are sick** and cannot attend during your scheduled precepting shift, please do the following:
  - Leave a message on the sick line: 206-3487 before 7:30am **AND**
  - Page Ebony Labat between 8am-5pm
- 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.
- 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
    - 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

<p><b><u>Huddle schedules</u></b> (same with clinic start times)</p> <ul style="list-style-type: none"><li>- AM session starts at 8:30am (Thursday starts at 9:30am)</li><li>- PM session starts at 1pm</li><li>- Evening session starts at 5:30pm</li></ul> <p><b><u>Huddle content</u></b></p> <ul style="list-style-type: none"><li>- Look for the huddle checklist</li><li>- Pay attention to staffing, anticipated issues with patients</li></ul> <p><b><u>Role of attending in huddles</u></b></p> <ul style="list-style-type: none"><li>- Act as a huddle coach</li><li>- Pay attention to any providers who are missing or late.</li></ul>
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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 Epic documentation

**Serve as consultants:**

- For any NP, PA, RN, or MEA and document in Epic 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
  - 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 *Epic jellybeans*
- Check your *LCR eReferral checklist* as residents will list you as the attending on record for patient referrals

**Target # pts seen per session: R1: 3-4 R2: 5-6 R3: 7-8**

**Before leaving clinic session**

1. You cannot leave until all residents have finished seeing patients
2. Address all your Epic in-basket notifications and emails
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 ZSFG

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 ZSFG 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:*
  - Attest their note using the '**Attending Resident Attestation**' on their Epic progress note. You will then write a brief SOAP note and **sign it** note.



- Your note is the note of record, and it must reflect a **face-to-face encounter with the patient**.
- *For licensed residents who consult with you (aka micro-precepting)*
  - Attest their note using the '**Non face-to-face Attending Resident Attestation**' on their Epic progress note.
- *Prescriptions*
  - You cosign all prescriptions for unlicensed providers.
  - You must log into Epic with your own tap and go badge to co-sign.
  - 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.

**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/MD/DO. **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.
  - 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
- 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:
  - See same day drop-in or urgent patients.
  - 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

- **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

- Criteria for refilling non-controlled substance medication
  - Check Epic 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 Epic to see if there is a clinical alert specifying the plan for refills.
  - If there is a plan for refills, it is ok to give refills if clearly spelled out by PCP in Epic.
  - 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

- 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
  - 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.
  - Remember: you may ask the COD or 81 attending for assistance if you are not able to get through the jellybeans.
  - 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 to revise workflow soon, please look out for email announcements)***

- Positive FIT: Chit Lee Chong, RN
  - Will call patient and make colonoscopy referrals, provides education
  - You can forward all positive FIT to Epic bin: FHC, Abnormal FIT
  - Does not make colonoscopy referrals or inform patients of abnormal FIT test
- Abnormal mammograms: Linda Truong, RN
  - Receives abnormal results from Avon Breast Center
  - Calls patient to inform of result
  - Refers and schedules patient for diagnostic mammogram or biopsy, as indicated
- Abnormal pap: Linda Truong, RN
  - Receives abnormal results from pathology
  - Calls patient to inform of result
  - Refers and schedules patient for appropriate follow-up at 5M or FHC
- Abnormal QFT: Ying X. Chen, MEA
  - Checks for positive QFT results in Epic on a weekly basis
  - Calls patient to obtain CXR
  - Follows up with patients to complete CXR and schedules appt for LTBI treatment (if requested by provider)
  - Does not discuss abnormal CXR results with patients or initiate LTBI treatment

**Updated 12/18/2019**

## **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:

- 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).

## APPENDIX F: 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

\_\_\_\_\_    \_\_\_\_\_    **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.

\_\_\_\_\_    \_\_\_\_\_    **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.

\_\_\_\_\_    \_\_\_\_\_    **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.**

\_\_\_\_\_  
Signature, Behavioral Health Center Medical Director

## 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

\_\_\_\_\_    \_\_\_\_\_

### 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)

**Prerequisites:** 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 locatin, amniotic fluid adequacy, and confirmation of fetal heart rate.

**Prerequisites:** 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 Priivleges (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.

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

Requested    Approved

\_\_\_\_\_

### 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

\_\_\_\_\_    \_\_\_\_\_

### 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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 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

## 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.

## 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.

## 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 \_\_\_\_\_



**APPENDIX G: CHART REVIEW**

Proctoring and chart reviews are conducted using the following forms:

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

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

<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.				
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*

<b>CORRECTIVE ACTION</b>			
None Needed	Provider Counseled	Topic Discussed in Staff Meeting	Other: _____

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



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	

<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 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.				
<i>Please explain any "Improvement Needed" or "Not Acceptable" ratings.</i>				

*Comments*

<b>CORRECTIVE ACTION</b>			
None Needed	Provider Counseled	Topic Discussed in Staff Meeting	Other:

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

<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.				
Psychosocial factors are noted and included in plans.				
Overall care meets high standards.				
<i>Please explain any "Improvement Needed" or "Not Acceptable" ratings.</i>				

*Comments*

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

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 _____

<b>PROCEDURE INFORMATION</b>	
Date Performed	_____
Procedure	_____

<b>CHART REVIEW</b>				
	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				

<b>PROCEDURE REVIEW</b>				
Pre-procedure assessment and counseling				
Operative management/technical skill				
Post-operative management				
Management of complications				
<i>Please explain any "Improvement Needed" or "Not Acceptable" ratings.</i>				

*Comments*

<b>ASSESSMENT</b>			
Acceptable	Improvement Needed	Not Acceptable	Reviewed with Provider

Use this form for Privileges 14.21, 14.23

**APPENDIX H: 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: \_\_\_\_\_  
 Home Svc/Div/Clinic if other than FCM: \_\_\_\_\_  
 Service: **Family & Community Medicine** Comments: \_\_\_\_\_

Metric	Acceptable	Marginal*	Unacceptable*	Not Relevant This Period	Comments
<b>OUTPATIENT SVCS: Medical &amp; Affiliated Staff</b>					
<b>Primary Care Providers</b>					
Active patient panel per clinical FTE—set in collaboration with health center medical director; marginal = 20-30% under target; unacceptable = >30% under target	>80% of target	70-80% (absolute) of target	<70% (absolute) of target		
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%		
<b>Non Primary Care Providers</b>					
If no primary care panel, clinic hours/month	>4 hr	2-3 hr	<2 hr		
<b>All Providers</b>					
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/UOs/sentinel events	<2	2	>2		
<b>INPATIENT SVCS: Medical Staff Only</b>					
Deaths attributable to provider	0, or any non-preventable	≥1 possibly preventable	≥1 preventable		
Average length of stay (SDM=standard deviations of median)	Within 2 SDM	Within 3 SDM	Outside 3 SDM		
Readmissions within 30 days (SDM=standard deviations of median)	Within 2 SDM	Within 3 SDM	Outside 3 SDM		
Procedure complications attributable to provider	0-1	2	≥3		
Cases of concern/patient complaints/UOs/sentinel events	<2	2	>2		

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/Div/Clinic if other than FCM: \_\_\_\_\_  
 Service: **Family & Community Medicine** 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