

**SURGERY CLINICAL SERVICE
RULES AND REGULATIONS**

2020

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I. SURGERY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

1. The Surgery Service consists of the following surgical specialties: emergency general surgery, trauma, plastic surgery, vascular surgery, thoracic surgery, surgical critical care and elective general surgery which includes breast surgery, hepatobiliary surgery, endocrine surgery, colorectal surgery, surgical oncology and minimally invasive surgery.
2. The Trauma and General Surgery Service will care for all patients admitted to the hospital for acute traumatic problems as well as all patients admitted for acute or emergent non-traumatic surgical problems.
3. The Trauma and General Surgery Service will care for all patients who present through the Surgical Clinic with non-urgent surgical problems including those admitted for any of the surgical subspecialties listed above (excluding plastic and vascular surgery).
4. The Plastic Surgery Service will care for all patients who need reconstructive or gender affirmation surgery, both emergently and electively.
5. The Vascular Surgery Service will care for all patients who need vascular surgery, both emergently and electively.

B. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of Zuckerberg San Francisco General Hospital is a privilege which shall be extended only to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

C. ORGANIZATION AND STAFFING OF THE SURGERY CLINICAL SERVICE

1. The Organization of Surgery Clinical Services Officers is as follows (Appendix A):

- Chief of Service
- Chief of Plastic Surgery
- Trauma Medical Director
- Medical Director of the Surgical Intensive Care Unit
- Chief of Vascular Surgery
- Chief of Thoracic Surgery
- Medical Director of the Soft Tissue Infection Clinic (ISIS)
- Medical Director of Surgery Clinic
- Physician Director for Quality Management

2. Chief of Service
 - A. Appointment and Review

Appointment and review of the Chief of Service will occur by the process specified in the Medical Staff Bylaws.

B. Responsibilities

The Chief of Service is responsible for the overall direction of the clinical, teaching and research activities for the Surgery Service including:

- 1) Review and recommendation of all new appointments, request for privileges and reappointments.
- 2) Appointment of the other officers of the Surgery Service and service on committees.
- 3) Financial affairs of the Surgery Service.
- 4) Attendance at the Medical Executive Committee, the Dean's Meetings and other meetings as called from time to time by the Executive Administrator or the Chief of Staff.
- 5) Disciplinary actions as necessary, as set forth in these rules and regulations in the Bylaws and Rules and Regulations of the Medical Staff.

3. Attending Physician Clinical Responsibilities

A. Overall direction of clinical care is the responsibility of the attending staff of the Surgery Service. In order to discharge that responsibility, close supervision of house-staff and Nurse Practitioners and active participation in the care of each patient on the in-patient service or those seen in the outpatient setting is required.

B. Specific Duties

- 1) Trauma /General Surgery Service Attending:
Core surgery faculty members are assigned each week to be the attending of record for the service. The service attending makes rounds with the resident team, writes daily progress notes in the Electronic Medical Record, responds to major trauma activations in the emergency department, and sees all emergent and non-emergency consults from other services as needed. The Service Attending also oversees all operations performed on consult and service patients (emergent and non-emergent) during the daytime weekday shift. The service attending will be immediately available during their daytime shift unless specific arrangements are made for a back-up surgeon to cover. Any purely elective surgery will not be scheduled by the Service attending unless specific cross coverage arrangements are made. Clinic responsibilities for the service attending are minimized.
- 2) In addition to the Trauma/General Surgery Weekly Service Attending, there is an on-call attending for trauma/emergency surgery that is immediately available to cover the night call (generally 6 PM to 7 AM). This on-call

surgeon responds to major trauma activations during his/her shift and conducts or supervises all trauma and emergency general surgery operations during that time. A back-up trauma/general surgeon is also assigned for each shift (day and night) and is promptly available should the on-call surgeon request assistance.

- 3) All attending surgeons that are assigned clinic time are expected to be present for the evaluation of new and follow-up patients scheduled into their elective clinic. Patients in need of surgery will be evaluated by the attending surgeon. An attending surgeon will perform or directly supervise the conduct of all elective surgical procedures in the operating room.

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG through the Surgery Clinical Service will be in accordance with ZFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

B. REAPPOINTMENTS

The process of reappointment to the Medical Staff of ZSFG through the Surgery Clinical Service will be in accordance with ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations. Reappointment to the staff is dependent on continuing demonstration of competence.

C. ONGOING PROFESSIONAL PERFORMANCE EVALUATION (OPPE)

The quality assurance information specific to Surgery Service Practitioners will be maintained by the Chief of Surgery and/or his/her designee and will be used to monitor and report on ongoing professional performance evaluations and in the data summary sheets provided by the Service Chief at the time of reappointment or re-credentialing.

The process for Staff Status Change for members of the Surgery Services will be in accordance with ZSFG Bylaws, Rules and Regulations, and accompanying manuals.

D. AFFILIATED PROFESSIONALS

The process of appointment and reappointment of the Affiliated Professionals through the Surgery Clinical Service will be in accordance with ZSFG Bylaws, Rules and Regulations, as well as with these Clinical Service Rules and Regulations.

E. STAFF CATEGORIES

Surgery Clinical Service staff fall into the same staff categories that are described in Article III – *Categories of the Medical Staff* of the ZSFG Bylaws, Rules and Regulations, as well as with these Clinical Service Rules and Regulations.

III. DELINEATION OF CLINICAL PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Surgery Clinical Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations as well as these Clinical Service Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Surgery. See Appendix B.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Surgery Clinical Service Privilege Request Form shall be reviewed annually at the time of reappointment to the medical staff

C. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES

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

Privileges to practice on the Surgery Clinical Service will be commensurate with clinical training and documentation of an acceptable standard of clinical practice. The specifics of the process and the privileges which will be assigned are described in detail in the Surgery Privileges - Privileges for Zuckerberg San Francisco General Hospital which is on file in the Medical Staff Office.

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

Individuals' privileges are subject to review and revision at an initial appointment, throughout the period of proctoring, at the time of reappointment, at the time as judged necessary by the Chief of Service.

The process for Modification/Change to Privileges for members of the Surgery Services will be in accordance with ZSFG Bylaws, Rules and Regulations and accompanying manuals.

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

IV. PROCTORING AND MONITORING REQUIREMENTS

A. REQUIREMENTS

Proctoring requirements for the Surgery Clinical Service shall be the responsibility of the Chief of the Service. All proctoring requirements will be reviewed at the time of reappointment.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Surgery Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for the Surgery Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

V. EDUCATION OF MEDICAL STAFF

The Surgery Clinical Services offers weekly educational activities/teaching conferences including, but not limited to:

ZSFG Trauma Service Morning Report	Daily
UCSF Surgery Grand Rounds	Weekly
Surgery Mortality and Morbidity Conference	Bimonthly
Trauma Multidisciplinary Peer Review (faculty only)*	Monthly
ZSFG Surgical Case Conferences	Monthly
GI Radiology Conference	Weekly
Trauma Video Resuscitation Conference	Monthly
Tumor Board	Weekly

VI. SURGERY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

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

1. ROLE, RESPONSIBILITY AND PATIENT CARE ACTIVITIES OF THE HOUSE STAFF

A. The Trauma and General Surgery Service, the Vascular Surgery Service, and the Plastic Surgery Services will be overseen by a Fellow and/or Chief Resident in each respective discipline. The a Fellow and/or Chief Resident in collaboration with senior residents will supervise the junior

house staff in all aspects of patient care including the admission history and physical exams, ordering of laboratory and radiologic investigations, house staff rounds on all hospitalized patients, and house staff patient evaluation in the outpatient clinics. All residents are under the supervision of the attending surgeon assigned to the Trauma and General Surgery Service, Vascular Service, or Plastic Surgery Service, or to the attending surgeons working in the outpatient surgical clinic area. In addition, all residents are directly supervised for all critical portions of the procedure by the attending surgeons in the operating room except for minor procedures such as incision and drainage of abscesses.

- B.** All surgical residents are assigned specific duties appropriate to their level of training and expertise. The surgical curriculum for house staff at the University of California, San Francisco is designed to ensure that the basic fund of knowledge and technical skill for the performance of these duties are taught to the residents under the direct supervision of the faculty.

2. RESIDENT EVALUATION PROCESS

The surgical attending staff meet regularly to perform individual evaluation of the residents and interns assigned to the surgical service at ZSFG. This evaluation includes all the components considered essential for progression to the next level training, including professionalism, technical abilities, communication skills, and practice-based learning. These evaluations are provided on-line and made available to the UCSF Surgical Residency Director (or Director from a surgical or medical sub-specialty as appropriate) as well as to the residents themselves for their own self-evaluation.

3. ABILITY TO WRITE PATIENT CARE ORDERS

House staff members may write patient care orders, except as specified by ZSFG policy (for example: DNR or Chemotherapy Agents). The supervising attending surgeon has ultimate responsibility for orders written by the surgical house staff on the patients under their supervision.

VII. SURGERY CLINICAL SERVICE CONSULTATION CRITERIA

Non-emergent, non-urgent surgical consultations are requested through the EMR. Emergency consultations are requested through contact of the on-call attending, service attending, or on-call resident. Emergency consultations are staffed by either the service or on-call attending surgeon. A record of such consultations will be provided by either the resident staff or directly by the attending.

VIII. DISCIPLINARY ACTION

The Zuckerberg San Francisco General Hospital Medical Staff Bylaws, Rules and Regulations and accompanying manuals govern all disciplinary action involving members of the ZSFG Surgery Clinical Service.

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

A. GOALS AND OBJECTIVES

The Chief of Service, or designee, will be responsible for ensuring solutions to surgical performance improvement, and patient safety. As necessary, assistance will be invited from other departments, the Performance Improvement/Patient Safety Committee, or the appropriate administrative committee or organization (eg: Executive Committee; OR Committee, Risk Management etc) to:

1. Ensure appropriate care and safety of all patients receiving care in the department. It is understood that this care is provided chiefly in the emergency room, the operating room, the ICU, the surgical wards, and the surgical clinics.
2. Maximize the safety of patients receiving surgical care.
3. Minimize morbidity and mortality of surgical patients and to avoid unnecessary days of inpatient care.
4. Improve efficiency in delivery of service.

B. RESPONSIBILITY

1. The Chief of Surgery has overall responsibility for the conduct of the Surgical Performance, Improvement and Patient Safety (PIPS) program. The Chief of Surgery may delegate portions of this responsibility to the Trauma Medical Director, the Chief of the Subspecialty Services, or Physician Director for Quality Management

C. REPORTING

Performance improvement/patient safety and utilization management activity records will be maintained by the clinical service. Minutes will be sent to the Medical Staff Services Department as needed.

D. CLINICAL INDICATORS

Appropriate clinical indicators will be reestablished no less than year by review of data to identify new or concerning trends in quality.

E. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Performance profiles will be reviewed every 6 months by submission of OPPE to the Medical Staff Office.

F. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Appropriateness of care will be monitored by the Chief of Service on an ongoing basis. Deviations will be reported to the Medical Staff Office.

G. MONITORING AND EVALUATION OF PROFESSIONAL PERFORMANCE

Appropriateness of care will be monitored by the Chief of Service on an ongoing basis. Deviations will be reported to the Medical Staff Office. Professional performance will also be reviewed every 6 months by submission of OPPE to the Medical Staff Office.

X. MEETING REQUIREMENTS

A. MEETING CRITERIA

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

Clinical Services (faculty) meetings are conducted at least twice monthly for the purpose of discussing clinical service needs, financial monitoring, educational and research agendas and other business as appropriate.

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

B. COMMITTEES

Members of the Department of Surgery either Chair will participate relevant ZSFG committees

XI. ADDITIONAL CLINICAL SERVICE SPECIFIC INFORMATION

A. OPERATIONAL

All house staff will receive orientation prior to clinical service at ZSFG. All new faculty members will be oriented by the Chief of Surgery and have meetings scheduled to meet other key physician and nursing colleagues to assist in orientation to the hospital. The Chief of Surgery will be responsible for ensuring that 24-hour a day, 365 day-a-year attending and resident surgeon coverage is available for the hospital.

B. SCHEDULING

All schedules are kept on file with the Department of Surgery Administrative Staff and will be supplied to ZSFG to assure adequacy of clinical coverage and contact information for all on-call providers.

C. CLINICAL

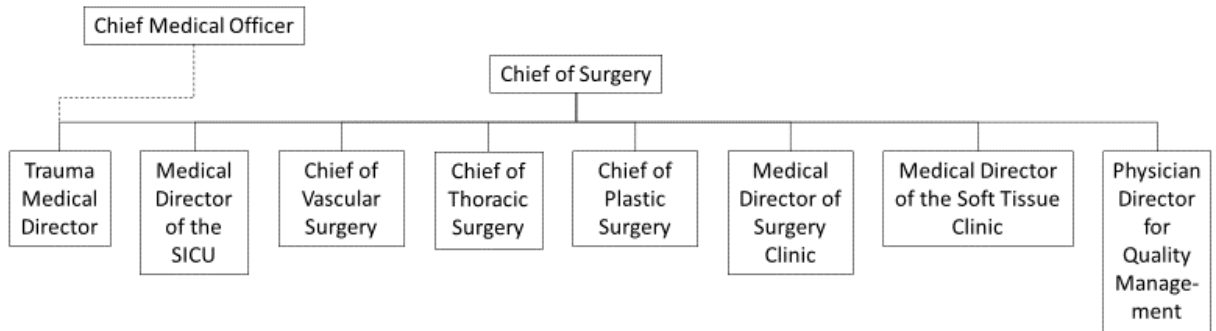
The evaluation, treatments and clinical course of patients admitted to the hospital are documented in the EMR.

D. RISK MANAGEMENT

The Chief of Service will ensure that hospital policies regarding leaving against medical advice, restraints, informed consent, DNR, universal precautions, and the use of interpreters are followed by members of the Surgery Service. Risk Management will be contacted as soon as possible following any potentially adverse event.

XII. ADOPTION AND AMENDMENT

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



Appendix A. Organizational Chart - ZSFG Department of Surgery