

# ZSFG JOINT CONFERENCE COMMITTEE MEETING

February 28, 2023

# MEDICAL STAFF Report

## Contents:

1. Chief of Staff Report
2. Chief of Staff Action List

**ZSFG CHIEF OF STAFF REPORT**  
**Presented to the JCC-ZSFG on February 28, 2023**  
**February 2023 MEC Meeting**

**CLINICAL SERVICE REPORT:**

Anatomic Pathology Service Report – Stephen Nishimura, MD, Service Chief

The highlights of the report are as follows:

**A. Scope of the Clinical Service**

**1. Clinical Services/Programs**

- Surgical Pathology – This service supports OR 24/7.
  - Subspecialties - There are close to 20 recognized subspecialties, and the major academic departments divide themselves into these various subspecialty silos. The Department has been able to recruit faculty with at least 1-2 different subspecialty interests (often board-trained and certified). The Department is able to fill about half of its subspecialty needs, and the other half is filled with the collaborative efforts with the main department by specific arrangements for each.
  - In-House Tests - In terms of volumes, a common endpoint in any piece of tissue/organ that comes through the Service is for a portion or all of it to end up in a paraffin block. Over the last 10 years, the volume of paraffin blocks has been constant with a slight decline during the COVID era. The Service provides in-house testing, including in-situ hybridization and immunohistochemistry, and the number of tests performed per block/per case has been increasing.
  - Other Services Providing Samples – For Surgical Pathology, GI provides a third of the samples; other services that provide samples include OB/GYN, Dermatology, Breast, and others. For Cytology, most samples (83%) come from GYN due to pap smears; other samples come from non-GYN and FNA (Fine Needle Aspiration).
  - Molecular/Specialty Services – These services have become increasingly important standard of care for Oncology. As such, the Service sends out to 3<sup>rd</sup>-party vendor, ARUP. Also, the increasing number of molecular tests or other sequencing tests has led to sending out to other vendors. The volume of offsite laboratory testing has increased dramatically during the last year, ensuing increased costs. The Service is closely monitoring these tests since they have become standard of care. Moreover, the tests and costs are expected to increase further in the future, and the Service is trying to find ways to contain the costs.
- Cytopathology – This is performed in clinics and hospitals on M-F, 9 am – 5 pm. The team is very strong. Since Pathology is moving into a specialty direction, Cytopathology remains the only subspecialty where cytopathologists are generalists; they are good at multiple organ systems and could be doing both cytopathology and multiple subspecialties. Also, FNAs are performed in various clinics, as well as in the main hospital for inpatients. In collaboration with Dr. Mark Wilson and his staff, a dedicated space embedded in Radiology has been given to the Service to perform drop-in clinic, 9 am – 5pm, wherein ultrasound-guided biopsies are performed.
- Autopsy Pathology Morgue Service – The service is open 24/7. The morgue census has remained stable over the last 3 years. The number of autopsies performed as a clinical service has been stable for decades; for this year, there is a slight increase. During the COVID era, the group performed postmortem COVID-19 testing on the decedents who came to the morgue who had not been tested prior to death.
- Laboratory (Histology and Immunohistochemistry) – There are 2 major laboratories in the Department.

**2. Structure of the Department/ Clinical Service and Leadership** - There are 4 main clinical divisions, and each one has a physician director. The accomplishments of following faculty were highlighted:

- Poonam Vohra, MD – Dr. Vohra is the Assistant Medical Director/Cytology Director. She won the following awards: “Excellence in DEI Research Award” IAC-ASC (2022) and Haile T. Debas Academy of Medical Educators of UCSF in 2022 SOM Excellence in Teaching Award.
- Steve Long, MD – Dr. Long is the new Surgical Pathology and IT Director. He has expertise in laboratory information systems, and he is the Department’s team leader for Beaker implementation (i.e., moving into an integrated laboratory information systems with EPIC).
- Carlo De la Sancha Verduzco, MD – Dr. De la Sancha Verduzco was a previous pathology fellow and will join the Department on 9/1/2023. His skills set include cytopathology and dermatopathology, and he is interested in global health/medical educational initiatives..

**B. Faculty and Residents**

1. Faculty – There are 8 members with the majority relatively new.
2. Clinical Programs – A major function of the Department is around the scope of teaching and clinical conferences. For instance, the Service holds consensus conferences which are designed to reach consensus on difficult cases to ensure use of common language. Moreover, these conferences are frequently used to standardize diagnostic criteria for cases in using the same systems. A list of many conferences with other departments held throughout the week was presented.
3. Number and Type of Trainees
  - There are 3 residents at any given time, and they may be PGY 1 - 4. The Service shares residency with the Department of Laboratory Medicine.

- There is some occasional funding for a clinical instructor. Currently, there is no clinical instructor.
  - There is currently 1 fellow. There are 2 fellows in UCSF, and one of which is funded by the Service. Each fellow rotates every 6 months at ZSFG.
  - There are 32 residents in the Program. The current residency class represents the most diverse class in years.
4. Key Training Program Elements – The Service has a rigorous expectation of residents who participate in all levels of the Department. Most of what they do gets one-on-one supervision with an attending pathologist. Also, there is a rigorous teaching curriculum in both hands-on and didactic teaching. The residents consistently rate ZSFG as most productive in teaching both clinical and didactic realms.

C. PIPS Initiatives –With focus on quality, equity, and safety, the identified areas are the following:

1. Improving diagnostic accuracy to reduce unnecessary thyroid surgeries – The diagnostic modality for thyroid nodule is an FNA, but up to 25% of thyroid nodules come up with pathology listed as indeterminate. Current endocrine and cancer societies' guidelines recommend molecular testing which will help to segregate these patients into high and low risk groups and thus, avoiding unnecessary surgeries in a number of these patients. The current molecular testing modality that is most commonly used in most centers in the United States is called ThyroSeq. However, this test is unavailable to ZSFG patients due to contracting issues with the 3<sup>rd</sup>-party vendor. So, the Service will use departmental finances to fund tests next year and study data on the number of surgeries that were prevented. This data will then be used to obtain additional funding.
2. Improving accuracy through automated immunohistochemistry - Immunohistochemistry is increasingly becoming an important diagnostic and therapeutic branch point. The volume of tests is evolving rapidly, and there are currently 100+ tests using tissue microarrays. This project is evolving as the Service continues to bring and make available the diagnostic tests to patients.
3. Reducing Specimen Cross-contamination - Up to 3% of all Pathology slides reported in labs nationwide will contain a cross-contaminant from one of the many steps in specimen processing. Such could lead to a misdiagnosis, posing a major problem. A fishbone analysis is being used to address the issue.
4. Improving Specimen Identification – Specimen identification remains one of the major problems in pathology. Two years ago, the Service was averaging 1 misidentified, mislabeled slide per month. This problem was addressed by implementing laboratory barcoding; last year, the Service had zero cases of misidentification after barcoding implementation.

D. Research

1. Scope of Research - Though the Department is small, it has very robust research efforts.
  - Basic research interests in onco-immunology and matrix biology
  - Translational: cytopathology research and global health.
  - SCOPE study of long-term HIV survivors.

There is increasing NIH and federal funding, along with support from others. The Department publishes in high-profile journals in both basic and translational journals.
2. Key Projects and Contributions by Faculty Members – Committee membership listed.

E. Financial Report – Financial resources are primarily from the Affiliation Contract.

F. Summary

1. Strengths – These pertain to the Department's people: new recruitments and retention of existing faculty — all with multiple subspecialty skill sets and engaged with the ZSFG mission.
2. Challenges – These include needed collaboration with UCSF Pathology needed to fulfill SOC (Standard of Care) subspecialization. Another area is the costs relating to increasing reference laboratory usage to provide SOC; staffing for anticipated phase in for new integrated laboratory information system (Beaker); digital pathology/AI; and DEI (<4% of current residents in US are African American).
3. Goals
  - Short Term – The goal relates to recruitment of staffing for Beaker implementation.
  - Long Term – The goal pertains to digital pathology (scanning, AI).

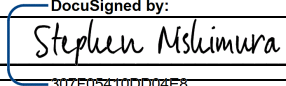
Dr. Winston and other MEC members acknowledged the outstanding report and work by the Department under the leadership of Dr. Nishimura. Dr. Nishimura's commitment in maintaining the Service at the state of the art to provide best care for patients is impressive and much appreciated.

**ZSFG CHIEF OF STAFF ACTION ITEMS**  
**Presented to the JCC-ZSFG on Feb 28, 2023**  
**Feb 2023 MEC Meetings**

**Clinical Service Rules and Regulations**

- Anatomic Pathology R&R (Copies sent to Commissioners)
  - Pathology Rules and Regs
  - App A Scope of Service Summary of Changes
  - App A Scope of Service
  - App B Job Descriptions
  - App C Org Chart
  - App D PIPS Plan 2022
  - App E Privilege List
  - App F OPPE

**Credentials Committee – None**

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| Department:<br><b>UNIVERSITY OF CALIFORNIA, SAN FRANCISCO – ANATOMIC PATHOLOGY</b> | Effective Date:<br><b>02/03/2023</b>   | Page 1 of 14 |
| Section:<br><b>ANATOMIC PATHOLOGY</b>  | Policy Number:<br><b>1.1</b>   |              |
| Title:<br><b>CLINICAL SERVICE RULES AND REGULATIONS</b>                            | Reviewed/Revised on:<br><b>02/03/2022</b>  |              |
| Approved by:<br><b>Stephen Nishimura, MD, Medical Director</b>                     | DocuSigned by:<br><br>X: _____<br><small>307F05410DD04E8...</small> |              |

**ANATOMIC PATHOLOGY  
CLINICAL SERVICE RULES AND  
REGULATIONS  
Summary of Changes 2023**

- No changes in Clinical Service Rules and Regulations since 2021 version.

**ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

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**ANATOMIC PATHOLOGY  
CLINICAL SERVICE RULES AND  
REGULATIONS 2021****I. ANATOMIC PATHOLOGY SERVICE ORGANIZATION**

The Anatomic Pathology Service at Zuckerberg San Francisco General Hospital (ZSFG) is an academic component of the Department of Pathology at the University of California, San Francisco (UCSF). The Service conforms to the UCSF regulations and policies and to the policies of the Department of Pathology. These affect the following: Staff appointments; resident training; policies and allocations medical student teaching programs; clinical research programs; and financial oversight. There are no perceived conflicts between the UCSF policies and policies of ZSFG, but if a conflict should arise that relates to patient care activities, the ZSFG Medical Staff Bylaws and Rules and Regulations of ZSFG and this document will take precedence.

It is the responsibility of the Clinical Service of the Department of Anatomic Pathology to provide accurate and timely diagnostic service for inpatients and outpatients. The professional members of the clinical service must be board qualified or certified by the American Board of Pathology.

**A. SCOPE OF PRACTICE**

It is the intention of the Anatomic Pathology Clinical Service of Zuckerberg San Francisco General Hospital to provide the highest quality of care and promptness of service in order to insure optimal patient care.

In addition to providing pathology diagnoses, the Anatomic Pathology faculty offer clinical teaching conferences for pathology house staff and for students, residents, fellows and attending physicians of the clinical services at ZSFG. As members of the faculty of the UCSF Department of Pathology, the ZSFG Anatomic Pathology faculty perform scholarly activities including clinical and translational research.

Additional information is provided in the document Scope of Service (Appendix A)

**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, Article

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**REVIEWED AND  
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# ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

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

1. The professional members of the clinical service must be board eligible or certified by the American Board of Pathology.
2. Privileges are recommended by consensus of the Voting Professional Staff of the Anatomic Pathology Clinical Services and are approved by the Chief of Anatomic Pathology Clinical Services, subject to approval of the Credentials committee of the Medical Staff and approval of the Governing Body.
3. Individual privileges are subject to review and revision at initial appointment, throughout the period of proctoring, at the time of reappointment, at the time judged appropriate by the Chief of Anatomic Pathology Clinical Services or at any time recommended by two-thirds of the Voting Professional Staff of the Anatomic Pathology Clinical Services.
4. DEA Certification is not required. CPR Certification is not required.

## C. STAFFING/ORGANIZATION OF THE ANATOMIC PATHOLOGY SERVICE

The officers of the Anatomic Pathology Clinical Services are:

### 1. Chief of Service

The Anatomic Pathology Chief of Service is appointed in accordance with the ZSFG Medical Staff Bylaws and Rules and Regulations. The Chief of Service's performance is evaluated at least biannually by the Associate Chief in accordance with the Performance Improvement and Patient Safety Program outlined in IX below. Less than satisfactory performance will be referred to the Medical Staff Services Department for action.

The Chief of Service shall perform the duties outlined in the SFGH Medical Staff Bylaws. See APPENDIX B - JOB DESCRIPTIONS.

### 2. Associate Chief of Service

The Chief of Anatomic Pathology Service appoints the Associate Chief of Service. The Associate Chief of Service's performance is evaluated at least annually by the Chief of Service in accordance with the Performance Improvement and Patient Safety Program outlined in IX below. In the absence of a Chief of Service the Associate Chief is officially named as Acting Chief of Service. A designated Assistant Chief of Service shall evaluate the Associate Chief of Service. Less than satisfactory performance will be referred to the Medical Staff Services

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Department for action.

The Associate Chief of Service shall perform departmental administrative duties as requested by the Chief of Service. In addition, the Associate Chief of Service shall represent the Chief of Anatomic Pathology in her/his absence.

### 3. Assistant Chiefs of Service

The Chief of Anatomic Pathology Service appoints the Assistant Chiefs of Service. The Assistant Chiefs of Service shall perform clinical service administrative duties as requested by the Chief of Anatomic Pathology Services. In addition, the Assistant Chiefs of Service shall represent the Chief of Service in his/her absence and that of the Associate Chief of Anatomic Pathology. The Chief of Service in accordance with the Performance Improvement evaluates the Assistant Chief of Services' performance at least biannually and Patient Safety Program outlined in IX below. Less than satisfactory performance will be referred to the Medical Staff Services Department for action.

### 4. Personnel

Personnel employed in the Anatomic Pathology Clinical Service are responsible for accessioning, processing, investigating, interpreting, reporting, coding, and providing administrative support for autopsy, surgical and cytology reports each year. Staff performance is evaluated annually in accordance with the personnel policies of the University of California Office of the President.

All personnel are given the opportunity to advance to higher positions and to attend management, safety and technical training programs offered at the University of California and Zuckerberg San Francisco General Hospital. An organizational chart indicating categories of personnel employed by the Anatomic Pathology Clinical Service is located in *Appendix C - Anatomic Pathology Clinical Service Organizational Chart*.

### 5. Organization of the Anatomic Pathology Clinical Service

The Anatomic Pathology Clinical Service is composed of three major subdivisions:

- Cytopathology

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- Surgical Pathology
- Autopsy Pathology (including Morgue functions)

## II. CREDENTIALING

### A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG through the Anatomic Pathology Clinical Service is in accordance with ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

An application for Medical Staff appointment and Delineation of Privileges in Anatomic Pathology include:

- Current medical or other licensure, or equivalent

## III. DELINEATION OF PRIVILEGES

### A. DEVELOPMENT OF ANATOMIC PATHOLOGY PRIVILEGES

Anatomic Pathology privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations.

### B. ANNUAL REVIEW OF ANATOMIC PATHOLOGY CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Anatomic Pathology Clinical Service Privilege Request Form shall be reviewed annually.

### C. CLINICAL PRIVILEGES

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

The process for modification/change of the privileges for members of the Anatomic Pathology Service is in accordance with the ZSFG medical Staff Bylaws and the Rules and Regulations.

### D. TEMPORARY PRIVILEGES

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

## IV. PROCTORING AND MONITORING

### A. MONITORING (PROCTORING) REQUIREMENTS

#### 1. Staff Physicians

The duration of proctoring in Anatomic Pathology for a new appointment is a six (6) month period. The Chief completes, signs, and provides a copy of the Proctoring form to Medical Staff Services Department.

Proctoring shall consist of both concurrent observation and retrospective evaluation. The required numbers of specimens and procedures (FNA) that must be observed or reviewed for each privilege are listed in Appendix E (Anatomic Pathology Clinical Service Privilege Request Form. In addition, a retrospective review of the appointee's performance is available through an evaluation of clinical indicators for that period, such as frozen section-final diagnosis correlation, correlation with outside consultants, and correlation of cytology diagnosis with tissue diagnosis.

#### 2. Resident Physicians

- Anatomic Pathology Resident Physicians of the City and County of San Francisco shall, as a minimum, meet requirements for continuing as Residents set for by the Department of Pathology, UCSF. Resident's Board Certification (or eligibility where appropriate)
- Evidence of Continuing Medical Education as required for licensure
- Letters of reference
- Current completed ZSFG Medical Staff application for staff privileges

The ZSFG Credentials Committee shall oversee and recommend credentialing actions.

### B. REAPPOINTMENTS

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

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Reappointment to the staff is dependent on continuing demonstration of competence. Competence will be evaluated by the Chief of Anatomic Pathology or in her/his absence, by the Acting Chief of Anatomic Pathology. Criteria for evaluation are contained in the document Ongoing Professional Performance Evaluation (OPPE). (see Appendix F)

The ZSFG Credentials Committee shall oversee and recommend credentials actions.

**C. Practitioner Performance Profiles**

The Chief of Anatomic Pathology Service will maintain the Anatomic Pathology Practitioner Performance Profiles are maintained by the. Refer to IX.A. below.

**1. Staff Status Changes**

The process for Staff Status Changes for members of the Anatomic Pathology Clinical Service is in accordance with ZSFG Bylaws, Rules and Regulations.

**2. Modification/Change to Privileges**

The process for Modification/Change to Privileges for members of the Anatomic Pathology Clinical Service is in accordance with ZSFG Bylaws, Rules and Regulations.

**D. AFFILIATED PROFESSIONALS**

The processing of appointment and reappointment to the Affiliated Professionals of ZSFG through the Anatomic Pathology Clinical Service is in accordance with ZSFG Bylaws, Rules and Regulations.

**E. STAFF STATUS CATEGORIES**

Anatomic Pathology Clinical Service staff fall into the same staff categories that are described in Article 111 - *Categories of the Medical Staff* of the ZSFG Bylaws, Rules and Regulations.

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Performance is reviewed quarterly at UCSF Departmental Meetings. Less than satisfactory evaluation of any Resident requires specific efforts to more closely supervise and improve that Resident's performance. Continued unsatisfactory performance will lead to a separation of that Resident from the University and, secondarily, removal of that Resident from duties at San Francisco General Hospital.

### **3. Reappointment Monitoring**

Reappointment of Anatomic Pathology staff members is dependent on both concurrent observation and retrospective evaluation. The Chief of Anatomic Pathology is responsible for evaluating the competency of the members of the Anatomic Pathology Clinical Service. The Clinical Chief of Anatomic Pathology is responsible for evaluating the competency of the Chief of Anatomic Pathology. Refer to II B.

#### **F. ADDITIONAL PRIVILEGES**

Request for additional privileges for the Anatomic Pathology Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations. Refer to II 8.

#### **G. REMOVAL OF PRIVILEGES**

Removal of privileges for the Anatomic Pathology Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations. Refer to II B.

### **V. EDUCATION**

The Anatomic Pathology Clinical Services offers the following CME.

#### **A. COLLEGE OF AMERICAN PATHOLOGISTS (CAP) PERFORMANCE IMPROVEMENT & PATIENT SAFETY (PIPS) PROGRAM**

The CAP PIPS anatomic pathology program provides an opportunity for formal category I continuing medical education (CME).

#### **B. OTHER CME**

In addition, Anatomic Pathology physicians each earn CME credits for personal attendance at conferences and other documented activities. The UCSF Department of Pathology offers formal category I CME credits for the weekly "Mechanism of Disease Conference" and for the annual "Current Issues in Anatomic Pathology" conference held at the end of May.

### **VI. ANATOMIC PATHOLOGY CLINICAL SERVICE HOUSESTAFF**

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## **TRAINING PROGRAM AND SUPERVISION**

All the Pathology Residents are actively involved in all aspects of the Anatomic Pathology Clinical Service. These include:

- Frozen Section in the Operating Room
- Fine Needle Aspiration Biopsies in Wards and Clinics
- Performance of Autopsies
- Microscopic Review of Autopsies and Preparation of Autopsy Reports
- Analysis of Diagnostic Biopsies and Preparation of Reports
- Dissection of Specimens received from the Operating Room and Preparation of Reports

All procedures are performed under the supervision of an attending pathologist. All anatomic dissections, autopsies and surgical specimens, are reviewed with an attending. Every microscopic slide is reviewed with a staff pathologist. Each final diagnostic report is reviewed and signed by a pathologist.

At interdepartmental meetings and working service conferences, the Resident may present the pathology findings. This is always done following preparation with an attending.

Resident evaluation is coordinated through a centralized evaluation process in the Department of Pathology at UCSF. This involves a web-based evaluation system of competencies. Each Attending Physician fills out a performance assessment at the end of the resident rotations. These are used by the Residency Director as a basis for assessment of performance and advice regarding improvement. Resident performances are also discussed among Pathology Attending Staff of all UCSF hospitals at quarterly meetings.

### **VII. ANATOMIC PATHOLOGY CLINICAL SERVICE CONSULTATION CRITERIA**

Refer to X. 8. Below - Anatomic Pathology Clinical Service Policies

### **VIII. ANATOMIC PATHOLOGY CLINICAL SERVICES DISCIPLINARY ACTION**

The Zuckerberg San Francisco General Hospital Staff Bylaws, Rules and Regulations will govern all disciplinary actions involving members of the ZSFG Anatomic Pathology Clinical Service including provision for due process where applicable.

### **IX. PERFORMANCE IMPROVEMENT & PATIENT SAFETY (PIPS)**

The Anatomic Pathology Clinical Service is committed to the maintenance of the highest standards of practice and dedicated to the continued efforts to improve clinical service performance. Performance Improvement and Patient Safety for the Anatomic Pathology Clinical Service includes ongoing monitoring and

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evaluation of the quality as it relates to patient care. The goal is to identify and resolve problems within the Clinical Service that impact on patient care.

The Chief of Anatomic Pathology is responsible for the quality of service provided by the clinical service and its impact on patient care. The Chief of Anatomic Pathology reviews reports of performance improvement and patient safety activities in the clinical service or delegates responsibility for formulating, monitoring, reporting, and communicating the PIPS Plan to the pathology attending staff. Performance Improvement and Patient Safety activities are discussed at the Anatomic Pathology monthly meetings. A quarterly Tissue Committee report is prepared and presented to the Hospital PIPS Committee. A Departmental Report is presented to Hospital PIPS Committee annually.

A full description of the Anatomic Pathology Clinical Service PIPS plan is provided in the document, Zuckerberg San Francisco General Hospital Anatomic Pathology PIPS Program (Appendix D). This document is revised annually.

#### **A. Anatomic Pathology Clinical Indicators**

The clinical indicators for Anatomic Pathology include:

- Specimen identification and contamination
- Insufficient tissue on FNA
- Correlation of frozen section and final diagnoses
- Correlation of abnormal cytology results and tissue diagnoses.
- Correlation of autopsy Provisional Diagnoses with Final Diagnoses
- Notification of critical values
- Notification of critical diagnoses
- Turnaround times for surgical pathology, dermatopathology, autopsy pathology and cytopathology cases.

These indicators form the basis of credentialing and monitoring practice patterns. Whenever possible, these indicators have been made physician specific. Updated performance summaries are included in each pathologist's personnel file.

#### **B. Anatomic Pathology Clinical Service Practitioners Performance Profile**

Refer to Zuckerberg San Francisco General Hospital Anatomic Pathology PIPS Program (Appendix D) and Anatomic Pathology Clinical Service Privilege Request Form (Appendix E).

#### **C. Monitoring and Evaluation of Appropriateness of Patient Care Services** Refer to San Francisco General Hospital Anatomic Pathology PIPS Program (Appendix D) and Anatomic Pathology Clinical Service Privilege Request Form (Appendix E).

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#### **D. Monitoring and Evaluation of Professional Performance of Anatomic Pathology**

The quality of performance of each pathologist in Anatomic Pathology is constantly being monitored and evaluated. Any deficiencies are reviewed and made a part of each physician's personnel file. Repeated deficiencies and unethical or illegal actions may constitute a deviation from standards of acceptable medical care. Such cases shall be referred to the Medical Staff Services Department for action.

Many Pathology cases are presented at interdepartmental conferences, and in the process are seen by more than one member of the clinical service. In addition, difficult cases, highly specialized cases, and cases with a new diagnosis of malignancy are seen by more than one member of the department. Overall, greater than 25% of cases are reviewed by more than one pathologist because of this conference-consultative system.

The Anatomic Pathology Clinical Service also participates with other departments in their performance improvement and patient safety activities. These include but are not limited to the SFGH Tissue Committee and Departmental Morbidity and Mortality Conferences.

#### **X. ANATOMIC PATHOLOGY CLINICAL SERVICE POLICIES**

- A. Policies and procedures applicable to each subdivision of the Anatomic Pathology Clinical Service are kept at each site and reviewed yearly.
- B. Requests for Anatomic Pathology services are made via standard ZSFG requisition slips or electronic ordering via the ZSFG electronic medical record (EMR). For surgical and other biopsy specimens, additional forms giving pre- and post- diagnoses (Record of Operation) or a Pathology Consultation request must be included in order to insure that adequate clinical information is available.
- C. Specimens received without necessary documentation are not processed until documentation is completed. A policy for confirming, pursuing, and reporting lost specimens is also in place.
- D. Records are kept of daily accession of specimens and how they are identified.
- E. Copies of all Anatomic Pathology reports are electronically kept.
- F. All microscopic interpretations are made by pathologists qualified in Anatomic Pathology.

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- G. Pathology residents performing autopsies are under the direct supervision of a pathologist.
- H. The Cytopathology Service is directly supervised by pathologists who are qualified in Cytology.
- All Cytology slides of non-gynecological origin, all gynecological smears interpreted to be pre-malignant or malignant, and a sample of over 10% of negative reproductive tract Cytology's are reviewed by a pathologist.
  - A performance improvement and patient safety program is in place
  - regarding Cytopathology (*Appendix D – Zuckerberg San Francisco General Hospital Anatomic Pathology PIPS Program*)
  - Workload limits for cytotechnologists comply with Federal and State laws.
- I. All Cytopathology, Surgical Pathology, and Autopsy reports are part of the patient's Electronic Medical Record (EMR).
- J. All wet tissue, microscopic slides, and paraffin blocks are stored for as long or longer than specified by Federal Regulations (Title 42, Code of Federal Regulations). When duration of storage is not specified in Federal Regulations, the recommendations of the College of American Pathologists are met or exceeded. Details regarding specific storage are available in the Policies and Procedures documents applicable to each subdivision of the Anatomic Pathology Clinical Service (available in the Department of Anatomic Pathology).
- K. All Anatomic Pathology Clinical Service personnel are required to comply with requirements for initial ZSFG Orientation programs and yearly review training (e.g., National Patient Safety Goals, Bloodborne Pathogens, Clinical Infection Control, Environment of Care, Compliance, IS Security, Baby Friendly Initiative, Stroke, Response and Emergency Management, Abuse Overview, Personal Preparedness for Disaster, Privacy, N95 Respiratory) or other requirements as designated by ZSFG Administration. Training is by attendance or certification through the online training system.
- L. An Anatomic Pathology Clinical Service meeting is held monthly. Performance Improvement and Patient Safety matters are discussed. A report is sent to the Hospital PIPS Committee, and minutes are maintained in secure Departmental files.

## **XI. INFECTION CONTROL PROGRAM**

- A. The Anatomic Pathology Clinical Service participates in the SFGH

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Infection Control Program. All personnel complete annual mandatory infection control training.

- B. The Anatomic Pathology Clinical Service adheres to requirements of the ZSFG Employee Occupational Health Service regarding screening and immunization required for employees at ZSFG.
- C. A Body Substance Precaution Program made specific for the Department of Pathology is followed and updated as needed. The Infection Control Committee at SFGH reviews and approves this report annually.
- D. Reporting of Communicable Diseases to the Public Health Department

Title 17, Chapter 4, Section 2505 of the California Administrative Code, require the Reporting to the City Health Department of laboratory findings suggestive of diphtheria, gonorrhea, syphilis, tuberculosis, typhoid, and listeria. Section 2503 requires that the laboratory report any unusual isolate to the City

Health Department. Section 2503 requires reporting of a suspected infectious disease outbreak.

## **XII. HAZARDOUS SUBSTANCE PROGRAM**

A Hazardous Communication Program ensures the right of employees to be informed regarding any hazardous substances that might be encountered in the work place.

- A. Components of the Hazardous Communication Program include:
  - Material Data Sheet Collection
  - Labeling Program
  - Hazardous Waste Disposal
  - Periodic Testing for common hazardous substance
  - Education
- 8. The Environmental Health and Safety Department has made available a site- specific training program since 1992.
- C. Problems regarding Health and Safety issues are communicated to the Environmental Health and Safety Committee at SFGH.

## **XIII. MEETING REQUIREMENTS**

In accordance with SFGH Medical Staff Bylaws all Active members are expected to show good faith participation in the governance and quality evaluation of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical services meetings and the Annual Medical Staff Meeting. As defined in the

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

The Anatomic Pathology Clinical Service meets monthly (see X.L)

#### **XIV. ADOPTION AND AMENDMENT**

The Anatomic Pathology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all Active members of the Anatomic Pathology Clinical Service annually at a quarterly held Anatomic Pathologic Faculty Meeting.

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**REVIEWED AND  
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Mark Weinstein, Department Manager

Zuckerberg San Francisco General Hospital and Trauma Center

Department of Anatomic Pathology

2023 Scope of Service

Summary of changes:

|   |   |
|---|---|
| Page 2, Section II Patients   | Updated annual specimen volumes         |
| Page 3, Section III Support Services  | Updated support services volumes        |
| Page 13, Section VIII Quality Improvement   | Updated Reference Lab costs             |
| Page 15, Section IX Accountability, Responsibility,<br>and Authority              | Updated Department Organizational Chart |
| Page 16, Section X Dates of Review and Signatures<br>Of Approving Executive Staff | Updated names of executive staff        |

**ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

|  |   |              |
|--|---|--------------|
| Department:<br><b>UNIVERSITY OF CALIFORNIA, SAN<br/>FRANCISCO – ANATOMIC PATHOLOGY</b> | Effective Date:<br><b>9/26/2022</b>       | Page 1 of 17 |
| Section:<br><b>DEPARTMENT ADMINISTRATIVE POLICIES</b>                                  | Policy Number:<br><b>1.2</b>              |              |
| Title:<br><b>SCOPE OF SERVICE</b>  | Reviewed/Revised on:<br><b>02/03/2023</b> |              |

**SECTION 1.2: SCOPE OF SERVICE**

- I. General Statement**
- II. Patients**
- III. Support Services**
- IV. Care Providers**
- V. Educational Requirements**
- VI. Standards and Guidelines**
- VII. Staffing**
- VIII. Quality Improvement**
- IX. Accountability, Responsibility and Authority**

**I. GENERAL STATEMENT**

**VISION:** The Pathology Department seeks to provide the highest quality service to the citizens and visitors of the City and County of San Francisco. We serve a broad range of patients and services at ZSFG, including the Emergency Department, Operating Room, hospital and community-based primary care clinics, and specialty clinics. We also serve Laguna Honda Hospital, Community Health Centers, Community Consortium Clinics, and other DPH managed care-contracted partners. The department provides a vital teaching function as part of the Medical School of the University of California, San Francisco.

**MISSION:** The Department of Pathology at ZSFG aspires to be a leading pathology department based at a public hospital. The mission of the Department of Pathology at ZSFG is serving our patients, students and community through our commitment to:

- Delivering state of the art diagnostic services to our patients
- Providing outstanding education for our students
- Developing innovative research programs with the hope that new knowledge will yield more accurate diagnoses and improved therapies
- To support the clinical, educational and research missions of our ZSFG and UCSF colleagues

**GOALS:** The specific goals of the Pathology Department are the following:

- To provide a wide range of pathology services in an accurate, timely and cost-effective manner.

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**ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

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- To facilitate completion of complex diagnostic tests not available at ZSFG through the use of outside diagnostic laboratories.
- To seek consultative reviews from outside experts as needed to establish and confirm accurate diagnoses.
- To maintain patient confidentiality and information security.
- To seamlessly integrate pathology reports into the electronic patient record.

**HOURS OF OPERATION:**

- Department is open: Monday to Friday 8:00AM to 5:00PM.
- On call consultation: Available 24 hours a day, 7 days a week.
- Fine needle aspiration services: Available Monday to Friday, 9:00AM-4:00PM.
- Morgue is staffed: Monday- Friday, 8:00AM to 8:00PM, Saturday and Sunday, 9:00AM to 4:00PM. After hours morgue activities can be arranged with the AOD.

**II. PATIENTS:**

Anatomic Pathology provides the following services to patients of all age groups and cultures.

| <b>Service</b>     | <b>Explanation</b>  | <b>Approximate Annual Volumes (2022):</b>   |
|--------------------|---|---|
| Cytopathology      | Gynecologic specimens (PAP smears), non-gynecologic specimens such as sputum or body fluid samples and fine needle aspirations (FNA's). | 6,726 gynecologic specimens received; 705 non-gynecologic specimens received; 637 FNA procedures received and with a department pathologist present or performing the FNA procedure |
| Surgical Pathology | Specimens range from large multipart specimens received from surgery to small biopsies performed in clinical settings.                  | 8,619 surgical specimens received including 78 intraoperative frozen section consultations requiring a pathologist present in the OR  |
| Autopsy Pathology  | Post-mortem examination.  | 31 post-mortem examinations are performed annually.   |

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**III. SUPPORT SERVICES**

To support the diagnostic process, Anatomic Pathology provides the following:

| <b>Type</b>        | <b>Explanation</b>  | <b>Approximate Annual Volumes (2022):</b>  |
|--------------------|---|--|
| Special Procedures | Immunocytochemistry, special stains and electron microscopy. Special procedures are applied to selected cases in order to provide more accurate diagnoses.  | 7,254 immunocytochemistry, 1,864 special stains; 56 electron microscopy; 209 flow cytometry and 388 molecular biology assays performed (last 3 categories performed at outside reference laboratories).<br><br>Immunohistochemistry and special stains are completed within 1-working day or notification will be made to the ordering pathologist. Flow cytometry is completed within 72 hours of being submitted. Turnaround times for molecular tests and electron microscopy varies. |
| Consultation       | Surgical inter-operative consultations (frozen section diagnosis), neuropathology, immunopathology, hematopathology, dermatopathology, and nephropathology. | Consultations are performed as needed.<br><br>Intra-operative consultations are completed within 45 minutes of receiving notification the specimen is ready for examination.   |

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**IV. CARE PROVIDERS****Faculty (15 total full, part-time and courtesy)**

- (1) Chief of Service (Medical Director)
  - (1) Associate Medical Director
  - (1) Assistant Medical Director
  - (1) Director of Surgical Pathology
  - (1) Director of Cytopathology
  - (1) Director of Immunohistochemistry
  - (1) Director of Information Technology (TBD)
- Note: These positions may be held simultaneously.

**Staff**

- Manager (1)
- Cytotechnologist, Supervisor (1)
- Cytotechnologist, Senior (1)
- Hospital Laboratory Technician 1 (2)
- Hospital Laboratory Technician 2 (4)
- Histotechnologists (5)
- Histotechnologist Supervisor (1)
- Pathologists' Assistant (1)
- Senior Morgue Attendant (1)
- Morgue Attendants, Part-time (5)

**Trainees**

- Cytopathology Fellow (1)
- Pathology Residents (3)

**V. Educational Requirements****Chief of Service:**

Board certification by American Board of Pathology, and meets the continuing medical education guidelines established by hospital policy.

**Pathologists:**

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Certified or eligible for certification by American Board of Pathology, and meets the continuing medical education guidelines established by hospital policy.

### **Cytotechnologists:**

1. Twelve months training in a cytotechnology training program accredited by the Committee on Allied Health Education Accreditation of American Medical Association.
2. Certified in cytotechnology by the Board of Registry of American Society of Pathologists, International Academy of Cytology, or by some agency acceptable to the Laboratory Accreditation Committee and meets the continuing medical education requirement of the certifying organization.
3. Licensed by State of California and meets required continuing medical education requirements.

### **Histotechnologists:**

1. Two years of college coursework with an emphasis on biology, chemistry and mathematics.
2. One year of laboratory experience.

### **Morgue Attendants:**

A degree in mortuary science or the equivalent training in a supervised setting.

### **Trainees:**

1. Pathology residents: physicians in the UCSF Department of Pathology Postgraduate Pathology training program.
2. Cytopathology fellows: physicians in the UCSF Department of Pathology Fellowship program.

### **Hospital Laboratory Assistants:**

Educational requirements vary according to position.

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# ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

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## All Staff:

Receive ZSFG and department specific orientation and complete required annual online DPH training.

## Required annual training and orientation:

### 2022 Annual Education Course List

| Topic Area   | Non-Clinical | Clinical Other | Provider | Nursing | Courtesy | Travelers | Students | Notes                               |
|--|--------------|----------------|----------|---------|----------|-----------|----------|-------------------------------------|
| <b>1. 2022 Core Course - All Staff (Includes following):</b>           | ✓            | ✓              | ✓        | ✓       | ✓        | ✓         | ✓        | Assigned to all ZSFG Staff          |
| • Bloodborne Pathogens   |              |                |          |         |          |           |          |                                     |
| • Emergency Management and Disaster Preparedness                       |              |                |          |         |          |           |          |                                     |
| • Employee Health and Safety Training                                  |              |                |          |         |          |           |          |                                     |
| • Hazardous Communications   |              |                |          |         |          |           |          |                                     |
| • Identifying and Preventing Abuse                                     |              |                |          |         |          |           |          |                                     |
| • Infection Control  |              |                |          |         |          |           |          |                                     |
| • Radiation Safety Awareness   |              |                |          |         |          |           |          |                                     |
| • MRI Safety   |              |                |          |         |          |           |          |                                     |
| <b>2. 2022 Core Modules – Clinical Staff (Includes following):</b>     |              | ✓              | ✓        | ✓       | ✓        | ✓         |          | Assigned to All ZSFG Clinical Staff |
| • National Patient Safety Goals - Clinical                             |              |                |          |         |          |           |          |                                     |
| • Stroke Education - Clinical  |              |                |          |         |          |           |          |                                     |
| • Traumatic Brain Injury   |              |                |          |         |          |           |          |                                     |
| <b>3. 2022 Core Modules – Non-Clinical Staff (Includes following):</b> | ✓            |                |          |         |          |           | ✓        | Assigned to All ZSFG Non-Staff      |
| • National Patient Safety Goals – Non-Clinical                         |              |                |          |         |          |           |          |                                     |
| • Stroke Education – Non-Clinical                                      |              |                |          |         |          |           |          |                                     |

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| Topic Area   | Non-Clinical | Clinical Other | Provider | Nursing | Courtesy | Travelers | Students | Notes   |
|--|--------------|----------------|----------|---------|----------|-----------|----------|---|
| <b>4. 2022 O.R. Modules – Clinical Staff (Includes following):</b> |              |                |          | ✓       |          |           |          | Assigned to Nursing Staff working in the Operating Room.  |
| • Surgical Site Improvement Project                                |              |                |          |         |          |           |          |   |
| • Transfusion Review   |              |                |          |         |          |           |          |   |
| <b>5. Preventing Catheter Infections</b>                           |              |                |          | ✓       |          | ✓         |          | Assigned to inpatient nursing staff: Med/Surg, Surgery and ICU  |
| <b>6. Restraints Training</b>                                      |              |                | ✓        | ✓       | ✓        | ✓         |          | Assigned to Providers and Nursing staff working in the ED, Med/Surg, Psych, ICU and PES                             |
| <b>7. Workplace Violence Prevention</b>                            | ✓            | ✓              | ✓        | ✓       | ✓        | ✓         | ✓        | Assigned to all ZSFG Staff  |
| <b>8. EMTALA</b>   |              |                | ✓        | ✓       |          |           |          | Assigned to providers and nursing staff in Emergency, Psych Emergency, Labor & Delivery, Pediatrics, & Urgent Care. |
| <b>9. 2022 SF Learning Users Satisfaction Survey</b>               | ✓            | ✓              | ✓        | ✓       |          |           |          | Optional user satisfaction survey assigned to all users.  |

## VI. STANDARDS AND GUIDELINES

The following regulatory and professional organization standards guide the ZSFG Anatomic Pathology's departmental practice:

- Hospital and departmental policies, procedures and clinical guidelines.
- CLIA laboratory standards
- Joint Commission Standards
- College of American Pathologists standards and guidelines
- Association of Directors of Anatomic and Surgical Pathology
- CA Business and Professions Code S1288 (Ordering and Reporting criteria)

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**ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

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**VII. STAFFING****A. Core staffing:**

| Provider Type                     | Days Mon.-Fri.  | Evenings<br>Mon.-Fri.         | Weekends                      |
|-----------------------------------|---|-------------------------------|-------------------------------|
| Chief of Service                  | 1   | On Call                       | On Call                       |
| Pathologists                      | 2 (Note: Staffing requires pathologist coverage for surgical and cytology services) | 1 On Call                     | 1 On Call                     |
| Manager                           | 1   | 1 On Call                     | 1 On Call                     |
| Cytotechnologist                  | 2   |                               |                               |
| Hospital Laboratory Technician I  | 2   |                               |                               |
| Histotechnologist                 | 6   |                               |                               |
| Pathologists' Assistant           | 1   |                               |                               |
| Hospital Laboratory Technician II | 4   |                               |                               |
| Morgue Attendants                 | 1 from 7:30 A.M. to 4:00 P.M.   | 1 from 4:00 P.M. to 8:00 P.M. | 1 from 9:00 A.M. to 4:00 P.M. |

**B. Augmented staffing:**

Pathologists Call Coverage:

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The regular laboratory hours are Monday through Friday, 6:00 a.m. to 5:00 p.m. Anatomic pathology resident and attending pathologists are on call at all times for preparation and interpretation of frozen sections and for handling specimens requiring immediate attention.

Contract workers:

Temporary staff needed to cover extended absences (Ex: a disability leave in excess of two months) may be contracted through the employment agency (Aerotek). Staff on boarding of contracted employment agency staff occurs through UCSF Pathology.

Contracted services:

A complete disruption of available staff or workplace (Example: strike or physical damage to the lab) will require contracting histology and cytology services to outside agencies. This is arranged through: Peninsula Pathology or the UCSF Pathology Histology Laboratory.

**C. Minimum staffing for disaster and/or work stoppage**

| Provider Type     | Required | Duties  |
|-------------------|----------|---|
| Pathologists      | 1        | Diagnostic review, reporting and case triage.                         |
| Manager           | 1        | Department contact, morgue backup support, technical backup.          |
| Cytotechnologist  | 1        | Receive, process and screen cases.                                    |
| Histotechnologist | 3        | Specimen receiving, general histology and immunocytochemistry testing |
| Morgue            | 1        | Supervise morgue operations   |

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**VIII. Quality Improvement**

The Anatomic Pathology Clinical Service is committed to the maintenance of the highest standards of practice and dedicated to the continued quality improvement efforts. Performance Improvement and Patient Safety for the Anatomic Pathology Clinical Service includes ongoing monitoring and evaluation of the quality as it relates to patient care. The goal is to identify and resolve problems within the Clinical Service that impact patient care.

The Chief of Anatomic Pathology is responsible for the quality of service provided by the clinical service and its impact on patient care. The Chief of Anatomic Pathology reviews reports of performance improvement and patient safety activities in the clinical service or delegates responsibility for formulating, monitoring, reporting, and communicating PIPS projects to pathology attending staff. Performance Improvement and Patient Safety activities are discussed at the Anatomic Pathology monthly meetings. A quarterly Tissue Committee report is prepared and presented to the Hospital PIPS Committee. A Departmental Report is presented to Hospital PIPS Committee annually.

A full description of the Anatomic Pathology Clinical Service PIPS plan is provided in the document, San Francisco General Hospital Anatomic Pathology Rules and Regulations PIPS Program (Appendix D). This document is revised annually.

Anatomic Pathology's Performance Improvement goals and performance measures for 2022 are:

|                        |   |
|------------------------|---|
| Risk Area              | Monitoring of Clinical Indicators   |
| True North Category    | Quality   |
| Driver or Watch Metric | Watch metric  |
| Background             | <p>Anatomic Pathology monitors a large set of clinical indicators to determine strengths and weaknesses in departmental practices as they relate to patient care activities. These are ongoing monitors that are reported annually to the ZSFG Institutional PIPs Committee and discussed regularly in the department's monthly PIP meeting.</p> <p>These indicators include turnaround time for result reporting (all cases), timely reporting of critical value diagnosis to treating physicians (cases that meet critical value criteria), correlation of previous specimens with subsequent specimens (cytologic-surgical</p> |

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UPDATED BY: Stephen Nishimura, MD  
Mark Weinstein

**ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

|                               |                                       |   |                             |
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| Section:<br><b>Department</b> | Title:<br><b>1.2 Scope of Service</b> | Reviewed/Revised on:<br><b>02/03/2022</b> | Page <b>11</b> of <b>17</b> |
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|                       |  |
|-----------------------|--|
|                       | correlation) and preliminary results with final results (frozen section diagnosis versus final diagnosis, provisional autopsy report versus final autopsy report).   |
| Problem Statement     | Each patient case sent to pathology involves the work of multiple pathology department technical and medical staff. Data collection and analysis combined with a documented review is the only way to determine the success or weakness in the department's clinical practice.   |
| Target                | Each clinical indicator has a set range of acceptable performance (reference Anatomic Pathology's Rules and Regulations, Appendix D for ranges). Medical staff must be in compliance with these ranges to successfully meet their Ongoing Professional Performance Evaluation (OPPE) reviewed and approved by the department's Medical Director. The department must meet these indicators range of acceptable performance.  |
| Metric/Target Details | <p>Turnaround times for Surgical and Cytology (FNA and non-Gyn): 60% cases complete within 5 days)</p> <p>Turnaround times for Gyn Cytology (PAP): 60% cases complete within 20 days; 100% cases complete within 20 days</p> <p>Turnaround times for Provisional Autopsy Reporting (PAD): 100% cases complete within 3 days</p> <p>Turnaround times for Final Autopsy Reporting (FAD): 50% cases complete within 30 days; 100% complete within 60 days</p> <p>Critical Value Reporting reviews all cases meeting the criteria of critical values and the number of cases where direct contact reporting was documented in the pathology report. Our goal is 100% compliance.</p> <p>Cytology-Surgical Correlations: &lt;10% discrepancy</p> <p>Frozen section versus Final Correlations: &lt;3% discrepancy)</p> <p>FAD versus PAD Correlations: &lt;10% discrepancy</p> |

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**ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

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|                     |  |
|---------------------|--|
| Measure definitions | Measures determined by review of computer-generated turnaround time reports or an analytic case review by a pathologist. Findings are aggregated to provide a department level indicator and are separated by pathologist as an indicator of individual performance. Performance ranges for the department and for the individual pathologist are determined by the medical director. Falling outside the determined range results in documenting this to the individual pathologist and or making changes to departmental practice. |
|---------------------|--|

|                        |  |
|------------------------|--|
| Risk Area              | Improving Diagnostic Accuracy  |
| True North Category    | Quality and Safety   |
| Driver or Watch Metric | Driver Metric  |
| Background             | Diagnostic pathology errors can be reduced ~ 50% by obtaining one or more opinions.  |
| Problem Statement      | Obtaining second opinions is difficult because it delays work flow and there is a culture that does not encourage or reward second opinions.   |
| Target                 | Establish the utility of consensus conference as a tool to improve patient safety by reducing diagnostic error, as a skills development tool for faculty by reviewing challenging cases and analytic errors.<br>2022 Target: Maintain consensus conference compliance to 90%.<br>2022 Target: Assess and ensure satisfaction with consensus conference<br>2022 Target: Reducing errors in pathology reports as reflected in analytical errors (as reflected in changes to final diagnosis by report amendments). |
| Metric/Target Details  | <ol style="list-style-type: none"> <li>1. Conferences 2X/week, excluding holidays. 90% compliance goal.</li> <li>2. Faculty survey for satisfaction.</li> <li>3. Changes in reports (amendments, where there is a change in final diagnosis.</li> </ol>  |
| Measure definitions    | <ol style="list-style-type: none"> <li>1. Annual tracking of consensus conferences held.</li> <li>2. Annual faculty survey for consensus conference satisfaction.</li> </ol>   |

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|  |  |
|--|--|
|  | 3. Review of changes to final diagnosis through the amendment process. |
|--|--|

|                        |   |
|------------------------|---|
| Risk Area              | Reference lab costs in Anatomic Pathology   |
| True North Category    | Financial Stewardship   |
| Driver or Watch Metric | Watch metric  |
| Background             | Laboratory tests to assist with therapeutic decision making or diagnostic accuracy are a rapidly increasing cost of standard of care practice in modern medicine. Many of the requested tests are not performed at ZSFG and must be sent to the City's approved reference laboratory, ARUP.   |
| Problem Statement      | Anatomic Pathology reviewed the last 6 years of reference laboratory costs to identify areas of rapidly increasing costs. There has been a 72% increase in 2021 over 2016.<br><br>2016 \$119,712 ARUP costs<br>2017 \$195,366 ARUP costs<br>2018 \$200,555 ARUP costs<br>2019 \$177,841 ARUP costs<br>2020 \$193,128 ARUP costs<br>2021 \$206,197 ARUP costs<br>2022 \$318,484 ARUP costs |
| Target                 | Six years of data was downloaded from ARUP and analyzed.  |
| Metric/Target Details  | Comparison of costs for major tests sent from our department to reference laboratories for 2016-2021.   |
| Measure definitions    | Watch metric with future analysis of increases in reference laboratory costs.   |

**IX. ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY**

The **Chief of Pathology** is responsible for the supervision of direct patient care within Pathology, determines the medical services available, ensures the integration of Pathology services with those of other clinical departments and with the hospital as a whole, and is

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UPDATED BY: Mark Weinstein



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responsible for the education and research functions of the medical staff. The Chief oversees the credentialing and quality assurance of the medical staff. The Chief reports to the UCSF/ZSFG Vice, Dean and the Department Chair, UCSF Pathology.

With assistance from the Chief of Pathology, the Manager is responsible for the administration and evaluation of the technical and support staff. The Manager is responsible for ongoing review of health and safety practices with the medical, technical and support staff. The Manager provides the knowledge, skill and leadership to manage the department's resources, and coordinates the department's services with other clinical departments. The Manager investigates any Unusual Occurrences and reviews findings.

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**WRITTEN BY:** Mark Weinstein, Manager 1

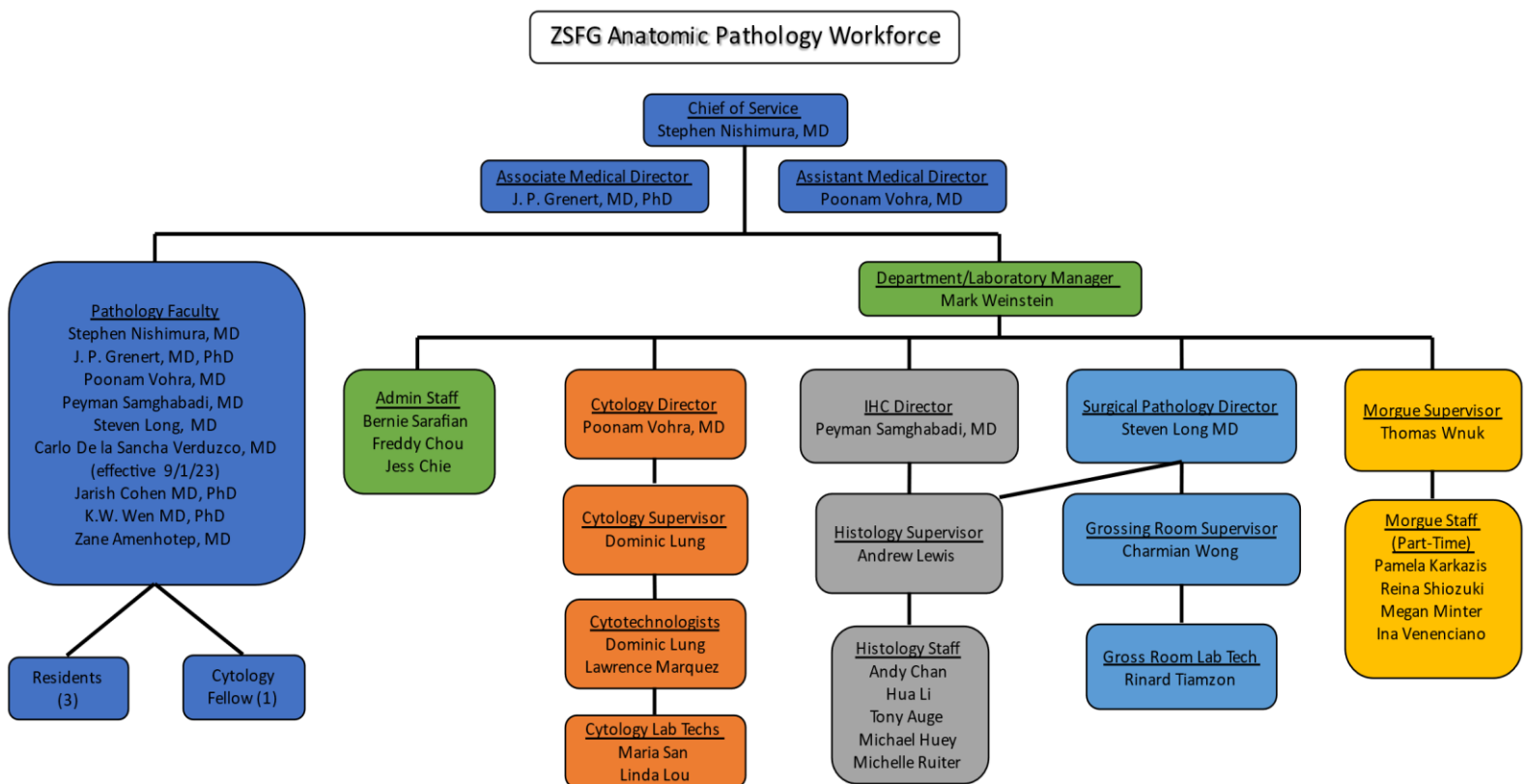
**REVIEWED AND** Stephen Nishimura, MD

**UPDATED BY:** Mark Weinstein

# ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

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## ANATOMIC PATHOLOGY ORGANIZATIONAL CHART



Updated: 02/02/2023

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REVIEWED AND

UPDATED BY: Stephen Nishimura, MD  
Mark Weinstein

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**X. Dates of review and signatures of approving executive staff:****Reviewed and approved by:**

DocuSigned by:  
*Mark Weinstein*  
347F7E4CD92F40A...

2/6/2023

**Mark Weinstein**

**Date**

**Department Manager**

**Anatomic Pathology**

DocuSigned by:  
*Stephen Nishimura*  
307F05410DD04E8...

2/6/2023

**Stephen L. Nishimura, MD**

**Date**

**Chief of Service**

**Medical Director**

**Anatomic Pathology**

DocuSigned by:  
*Mary McGinty*  
5573794740EA416...

2/6/2023

**Mary McGinty, RT**

**Date**

**Director of Imaging and Pathology Services, ZSFG**

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WRITTEN BY: Mark Weinstein, Manager 1

REVIEWED AND

UPDATED BY: Mark Weinstein

## ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

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**REVIEWED AND** Stephen Nishimura, MD

**UPDATED BY:** Mark Weinstein

## APPENDIX B - JOB DESCRIPTIONS

### CLINICAL SERVICE CHIEF OF ANATOMIC PATHOLOGY SERVICE JOB DESCRIPTION

#### Chief of Anatomic Pathology Clinical Service

##### Position Summary:

The Chief of Anatomic Pathology Clinical Service directs and coordinates the Service's clinical, educational, and research functions in keeping with the values, mission, and strategic plan of San Francisco General Hospital (ZSFG) and the Department of Public Health (DPH). The Chief also insures that the Service's functions are integrated with those of other clinical departments and with the Hospital as a whole.

##### Reporting Relationships:

The Chief of Anatomic Pathology Clinical Service reports directly to the UCSF/ZSFG Vice Dean and the University of California, San Francisco (UCSF) Department Chair. A committee appointed by the ZSFG Chief of Staff reviews the Anatomic Pathology Chief's stewardship not less than every four years. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the UCSF/ZSFG Vice Dean, the UCSF Department Chair, and the ZSFG Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief maintains working relationships with these persons and groups and with other clinical departments.

##### Position Qualifications:

The Chief of Anatomic Pathology Clinical Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at ZSFG.

##### Major Responsibilities:

The major responsibilities of the Chief of Anatomic Pathology Clinical Service include the following:

Providing the necessary vision and leadership to effectively motivate and direct the Service in developing and achieving goals and objectives that are congruous with the values, mission, and strategic plan of ZSFG and the DPH;

In collaboration with the Executive Administrator and other ZSFG leaders, developing and implementing policies and procedures that support the provision of services by reviewing and approving the Service's scope of service statement, reviewing and approving Service policies and procedures, identifying new clinical services that need to be implemented, and supporting clinical services provided by the Department;

In collaboration with the Executive Administrator and other ZSFG leaders, participating in the operational processes that affect the Service by participating in the budgeting process, recommending the number of qualified and competent staff to provide care, evaluating space and equipment needs,

selecting outside sources for needed services, and supervising the selection, orientation, in-service education, and continuing education of all Service staff;

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

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

# ZSFG Anatomic Pathology Workforce

Chief of Service  
Stephen Nishimura, MD

Associate Medical Director  
J. P. Grenert, MD, PhD

Assistant Medical Director  
Poonam Vohra, MD

Department/Laboratory Manager  
Mark Weinstein

Pathology Faculty  
Stephen Nishimura, MD  
J. P. Grenert, MD, PhD  
Poonam Vohra, MD  
Peyman Samghabadi, MD  
Steven Long, MD  
Carlo De la Sancha Verduzco, MD  
(effective 9/1/23)  
Jarish Cohen MD, PhD  
K.W. Wen MD, PhD  
Zane Amenhotep, MD

Residents  
(3)

Cytology  
Fellow (1)

Admin Staff  
Bernie Sarafian  
Freddy Chou  
Jess Chie

Cytology Director  
Poonam Vohra, MD

Cytology Supervisor  
Dominic Lung

Cytotechnologists  
Dominic Lung  
Lawrence Marquez

Cytology Lab Techs  
Maria San  
Linda Lou

IHC Director  
Peyman Samghabadi, MD

Histology Supervisor  
Andrew Lewis

Histology Staff  
Andy Chan  
Hua Li  
Tony Auge  
Michael Huey  
Michelle Ruiter

Surgical Pathology Director  
Steven Long MD

Grossing Room Supervisor  
Charmian Wong

Gross Room Lab Tech  
Rinard Tiamzon

Morgue Supervisor  
Thomas Wnuk

Morgue Staff  
(Part-Time)  
Pamela Karkazis  
Reina Shiozuki  
Megan Minter  
Ina Venenciano

## **ANATOMIC PATHOLOGY CLINICAL SERVICE PIPS PLAN**

### **SFGH ANATOMIC PATHOLOGY PERFORMANCE IMPROVEMENT/PATIENT SAFETY PROGRAM**

#### **PLAN FOR YEAR 2021-2022**

I. Department of Pathology Process Improvement Patient Safety (PIPS) Committee Mission Statement:

The PIPS program in the Department of Pathology at SFGH covers surgical pathology, cytopathology, and autopsy pathology. To help achieve the hospital's vision, we strive continually to improve patient and physician satisfaction, reduce the cost of care, improve outcomes and reduce delays in every aspect of care. This plan is intended to measure, assess, and improve the quality of services we provide, in order to fulfill our mission of providing the best possible care for our patients.

II. Process Improvement Patient Safety Committee—Membership and meeting schedule.

- A. The Chief of the Department of Anatomic Pathology (Dr. Stephen Nishimura serves as the chair of the PIPS Committee.
- B. The PIPS Committee members include: Pathology Faculty (Drs. James P. Grenert, Cynthia Gasper, Peyman Samghabadi, Stephen Nishimura and Poonam Vohra); Department Manager (Mark Weinstein); Cytology Supervisor (Dominic Lung); Histology Supervisor (Andrew Lewis), Gross Room Supervisor (Charmian Wong) and Quality Management Department Representative (Bernie Sarafian).
- C. The Committee meets on the third Tuesday of each month in the Pathology Conference Room and issue an annual report to the Hospital PIPS and the Medical Executive Committees.

III. Performance Improvement Patient Safety—Responsibilities of the membership.

- A. The chair of the PIPS Committee has overall responsibility for assuring the implementation of a planned and systematic process for monitoring, evaluating and improving:
  - The provision of timely, accurate, clear and concise diagnostic reports in support of quality patient care
  - The performance of all individuals with privileges in the department
  - The development of Department performance improvement patient safety activities
  - Assuring that the Department's PIPS program meets all internal and external requirements.
  - Reporting annually to the hospital PIPS Committee



- B. The Quality Management (QM) representative works with Department physicians to develop performance improvement patient safety activities:
- Receives communications from medical staff committees, investigates and responds accordingly
  - Communicates directly with physicians and other staff about quality issues
  - Summarizes PIPS activities for the Department Chair and at departmental PIPS meetings
- C. Attending physicians and the Laboratory Manager suggest and participate in PIPS projects and incorporate conclusions into individual practice.
- D. Resident staff identifies quality issues by using quality control flags when signing out cases.

IV. Ongoing monitors for the current year (2021-2022)

| MONITORS  | INDIVIDUAL RESPONSIBLE           | REPORTING SCHEDULE            |
|---|----------------------------------|-------------------------------|
| <b>Preanalytic</b>  |                                  |                               |
| Specimen identification and Contamination                     | C. Wong/A.Lewis/<br>M. Weinstein | Monthly                       |
| Insufficient tissue on FNA                                    | S. Nishimura                     | Annually                      |
| <b>Analytic</b>   |                                  |                               |
| Cytologic-histologic correlation                              | P. Vohra/D. Lung                 | Quarterly with annual summary |
| Correlation of frozen sections diagnosis with final diagnosis | S. Nishimura                     | Biannually                    |
| Correlation of autopsy PAD with FAD                           | B. Sarafian                      | Biannually                    |
| Special projects (see V below)                                | S. Nishimura                     | Variable                      |
| <b>Postanalytic</b>   |                                  |                               |
| Notification of critical values/diagnoses                     | B. Sarafian                      | Monthly/Annual Summary        |
| <b>Turnaround Time (TAT)</b>                                  |                                  |                               |
| Surgical Pathology  | B. Sarafian                      | Monthly/Annual Summary        |
| Dermatopathology  | B. Sarafian                      | Monthly/Annual Summary        |
| Cytology—FNA  | B. Sarafian                      | Monthly/Annual Summary        |
| Cytology—Non-gyn  | B. Sarafian                      | Monthly/Annual Summary        |
| Cytology—Pap smears   | B. Sarafian                      | Monthly/Annual Summary        |
| Autopsy PAD   | B. Sarafian                      | Monthly/Annual Summary        |
| Autopsy FAD   | B. Sarafian                      | Monthly/Annual Summary        |
| <b>Customer Satisfaction</b>                                  |                                  |                               |
| FNA Patient Survey  | Dominic Lung                     | Ongoing                       |

Attempts are made to identify benchmark data, but when not available, internal trends over time are used.

Data reported to Institutional PIPS Committee (Annual Report).

| CLINICAL INDICATOR   | Category               |
|--|------------------------|
| Critical Value/diagnosis reporting: frozen section diagnosis response time | Mortality              |
| D&C specimens without placental villi/trophoblast                          | Mortality              |
| Correlation of frozen section diagnosis with final diagnoses               | Clinical Effectiveness |
| Cytologic-histologic correlation   | Clinical Effectiveness |
| Autopsy FAD-PAD correlations   | Clinical Effectiveness |
| Unsatisfactory Fine Needle Aspirates                                       | Patient-Centeredness   |
| Diagnosis Turnaround times   | Efficiency/Waste       |

V. Special monitors/PIPS projects for 2021-2022.

| MONITORS                             | INDIVIDUAL RESPONSIBLE    | REPORTING SCHEDULE |
|--------------------------------------|---------------------------|--------------------|
| Consensus Conference                 | S. Nishimura              | Annually           |
| Surgical Pathology Report Amendments | M. Weinstein/S. Nishimura | Annually           |
| Cancer Synoptics                     | P. Vohra                  | Biannually         |
| Number of immunohistochemistry tests | M. Weinstein              | Annually           |
| Number of total paraffin blocks      | M. Weinstein              | Annually           |



Stephen L. Nishimura, MD, Chief

3/1/2021  
Date

## Delineation Of Privileges

### Anatomic Pathology 2017

Provider Name:

| Privilege | Approved | Approved |
|-----------|----------|----------|
|-----------|----------|----------|

**Pathology ANATOMIC PATHOLOGY 2017**  
**(04/08 MEC /11/09 Admin. Rev.)**

**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.

**4.00 BASIC PRIVILEGES-GENERAL PATHOLOGY**

MINIMUM CRITERIA: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pathology.

4.05 AUTOPSY AND SURGICAL PATHOLOGY

PROCTORING: Satisfactory evaluation of at least 50 autopsy or diagnostic surgical pathology specimens during the three (3) month probationary period.

REAPPOINTMENT: Satisfactory evaluation of at least 100 autopsy or diagnostic surgical pathology specimens during the past two (2) years.

4.10 CYTOLOGY

PROCTORING: Satisfactory evaluation of at least 50 specimens during the three (3) month probationary period.

REAPPOINTMENT: Satisfactory evaluation of at least 100 specimens during the past two (2) years.

4.15 FINE NEEDLE ASPIRATIONS

PROCTORING: Satisfactory performance of at least 5 procedures during the past the three (3) month probationary period.

REAPPOINTMENT: Satisfactory performance of at least 10 procedures during the past two (2) years.

**4.20 SPECIAL PATHOLOGY**

MINIMUM CRITERIA: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pathology, or the American Subspecialty Board of:

4.25 HEMATOPATHOLOGY

PROCTORING: Satisfactory performance of at least 5 diagnostic examinations during the three (3) month probationary period.

REAPPOINTMENT: Satisfactory performance of at least 10 diagnostic examinations during the past two (2) years

4.30 NEUROPATHOLOGY

PROCTORING: Satisfactory performance of at least 5 diagnostic examinations during the three (3) month probationary period.

REAPPOINTMENT: Satisfactory performance of at least 10 diagnostic examinations during the past two (2) years.

4.25 DERMATOPATHOLOGY

PROCTORING: Satisfactory performance of at least 25 diagnostic examinations during the three (3) month probationary period.

REAPPOINTMENT: Satisfactory performance of at least 100 diagnostic examinations during the past two (2) years.

## Delineation Of Privileges

### Anatomic Pathology 2017

Provider Name:

| Privilege  | Approved | Approved |
|--|----------|----------|
| <p>4.40 CYTOPATHOLOGY (INCLUDING FINE NEEDLE ASPIRATIONS)</p> <p><u>PROCTORING</u>: Satisfactory performance of at least 50 diagnostic examinations during the three (3) month probationary period.</p> <p><u>REAPPOINTMENT</u>: Satisfactory performance of at least 100 diagnostic examinations during the past two (2) years.</p>   | —        | —        |
| <p>4.45 MOLECULAR GENETIC PATHOLOGY</p> <p><u>PROCTORING</u>: Satisfactory performance of at least 5 diagnostic examinations during the three (3) month probationary period.</p> <p><u>REAPPOINTMENT</u>: Satisfactory performance of at least 10 diagnostic examinations during the past two (2) years.</p>   | —        | —        |
| <p>4.50 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH</p> <p>Admit and follow adult patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.</p> <p><u>PREREQUISITES</u>: Currently Board Admissible, Certified, or Re-Certified by one of the boards of the American Board of Medical Specialties. Approval of the Director of the CTSI (below) is required for all applicants.</p> <p><u>PROCTORING</u>: All OPPE metrics acceptable</p> <p><u>REAPPOINTMENT</u>: All OPPE metrics acceptable</p> | —        | —        |

\_\_\_\_\_  
CTSI Medical Director

\_\_\_\_\_  
Date

I hereby request clinical privileges as indicated above.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**APPROVED BY**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

|           |                               |                             |     |        |                 |                  |             |              |              |              |                 |               | Threshold Ranges   | Threshold Ranges  | Threshold Ranges  | Threshold Ranges   | Threshold Ranges   | Threshold Ranges   | Threshold Ranges   | Threshold Ranges  | Threshold Ranges   | Threshold Ranges   | Threshold Ranges  | Threshold Ranges  | Threshold Ranges  | Threshold Ranges  | Threshold Ranges  | Threshold Ranges   |   |  |  |   |
|-----------|-------------------------------|-----------------------------|-----|--------|-----------------|------------------|-------------|--------------|--------------|--------------|-----------------|---------------|--|---|---|--|--|--|--|---|--|--|---|---|---|---|---|--|---|--|--|---|
|           |                               |                             |     |        |                 |                  |             |              |              |              |                 |               | 1 = Acceptable: < 3%   | 1 = Acceptable: < 10%   | 1 = Acceptable: Active/Current  | 1 = Acceptable: Completes 2 CME Annually   | 1 = Acceptable: Licensed   | 1 = Acceptable: Current  | 1 = Acceptable: > 30% attendance of consensus conferences during their scheduled service   | 1 = Acceptable: > 3 rating  | 1 = Acceptable: > 50% attendance   | Acceptable: 0 violations   | Acceptable: < 2   | 1 = Acceptable: ≥ 60% ≤ 30 days   | 1 = Acceptable: ≥ 60% ≤ 30 days   | 1 = Acceptable: ≥ 60% ≤ 4 days  | 1 = Acceptable: ≥ 60% ≤ 30 days   | 1 = Acceptable: ≥ 60% of cases < 25 minutes  | Acceptable: > 90%   |  |  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              |                 |               | 2 = Marginal: 3%   | 2 = Marginal: 10 - 20%  | 2 = Marginal: Received letter that boards are due at next reappointment   | 2 = Marginal: Completes 1 CME Annually   | Marginal = n/a   | Marginal: n/a  | 2 = Marginal: 15 - 30% attendance  | 2 = Marginal: 2 - 3 rating  | 2 = Marginal: 25-50% attendance  | Marginal: 1 violation  | Marginal: 2 - 4   | 2 = Marginal: 21%-59% ≤ 3 days  | 2 = Marginal: 21%-59% ≤ 20 days   | 2 = Marginal: 21%-59% ≤ 4 days  | 2 = Marginal: 21-59% ≤ 30 days  | 2 = Marginal: 40-59% of cases within 25 minutes  | Marginal: 80-90%  |  |  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              |                 |               | 3 = Unacceptable: > 3%   | 3 = Unacceptable: > 20%   | 3 = Unacceptable: Administrative suspension from medical staff during the 6 month reporting period for lack of board certification  | 3 = Unacceptable: Completes 0 CME  | 2 = Unacceptable: Not Licensed   | 2 = Unacceptable: Not Current  | 3 = Unacceptable: < 15% attendance   | 3 = Unacceptable: < 2 rating  | 3 = Unacceptable: < 25% attendance   | Unacceptable: > 1 violation  | Unacceptable: > 4   | 3 = Unacceptable: ≥ 20% ≤ 3 days  | 3 = Unacceptable: ≥ 20% ≤ 20 days   | 3 = Unacceptable: ≥ 20% ≤ 4 days  | 3 = Unacceptable: < 20% ≤ 20 days   | 3 = Unacceptable: < 40% cases within 25 minutes  | Unacceptable: < 80% 90%   |  |  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              |                 |               | Chief's comment: not automated   | Chief's comment: not automated  | Chief's comment: supplied by Medical Staff Services review  | Chief's comment: not automated, for on-site facility only  |  | Chief's comment: not automated   | Chief's comment: not automated   | Chief's comment: not automated  | Chief's comment: not automated   | Chief's comment: not automated   | Chief's comment: not automated  | Chief's comment: not automated, only applicable categories listed   | Chief's comment: not automated, only applicable categories listed   | Chief's comment: not automated, only applicable categories listed   | Chief's comment: not automated, only applicable categories listed   | Chief's comment: not automated   |   |  |  |   |
| Last Name | First Name                    | Degree                      | NPI | Status | Home Department | Division/ Clinic | Department1 | Div/Clinic 2 | Department 3 | Div/Clinic 3 | OPPE Start Date | OPPE End Date | Metric 1<br>ACGME Core Competency: Patient Care<br>Final Diagnosis Discrepancies with Major Impact<br>Data Source: Department Records (CoPath) | Metric 2<br>ACGME Core Competency: Patient Care<br>Frozen Section Deferrals<br>Data Source: Department Records (CoPath) | Metric 3<br>ACGME Core Competency: Medical/Clinical Knowledge<br>Current Board Certification<br>Data Source: Medical Staff Services | Metric 4<br>ACGME Core Competency: Medical/Clinical Knowledge<br>Participates in Department CME<br>Data Source: Department Records | Metric 5<br>ACGME Core Competency: Medical/Clinical Knowledge<br>CA Medical License<br>Data Source: Medical Staff Office | Metric 6<br>ACGME Core Competency: Practice-Based Learning and Improvement<br>Completion of Required Annual Hospital Trainings<br>Data Source: Medical Staff Services Confirmation | Metric 7<br>ACGME Core Competency: Professionalism<br>Consensus Conference Attendance Based on PFE % and Service Schedule<br>Data Source: Department Records | Metric 8<br>ACGME Core Competency: Interpersonal and Communication Skills<br>Resident Evaluations of Pathology Attendings<br>Data Source: Department Data | Metric 9<br>ACGME Core Competency: Interpersonal and Communication Skills<br>Participates in Department Committees (PIPS and Faculty Meetings)<br>Data Source: Department Data | Metric 10<br>ACGME Core Competency: Professionalism<br>Adherence to ZSFG Code of Conduct<br>Data Source: Department Data | Metric 11<br>ACGME Core Competency: Professionalism<br>Absence of Complaints, Concerns, Up or Sentinel Events<br>Data Source: Department Data | Metric 12<br>ACGME Core Competency: System-Based Practice<br>Surgical (S) Case Turnaround Times<br>Data Source: Department data | Metric 13<br>ACGME Core Competency: System-Based Practice<br>Electron Microscopy (EM) Case Turnaround Times<br>Data Source: Department data | Metric 14<br>ACGME Core Competency: System-Based Practice<br>Cytology Non-gyn & FNA cases (C) Case Turnaround Times<br>Data Source: Department data | Metric 15<br>ACGME Core Competency: System-Based Practice<br>Gyn Cytology (PAP) Case Turnaround Times<br>Data Source: Department data | Metric 16<br>ACGME Core Competency: System-Based Practice<br>Frozen Section Turnaround Times<br>Data Source: Department Data | Metric 17:<br>ACGME Core Competency: System-Based Practice<br>Note Closure Metric: 180<br>Data Source: Epic | Comments                                     |  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | 1  | 1   |   |  | 1  |  | 1  |   | 1  | 0  | 0   | 0   | 1   |   |   | 1  |   | No electron microscopy.                      |  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | 1  | 1   |   |  | 1  |  | 1  |   | 1  | 0  | 0   | 0   | 1   |   |   | 1  |   | No electron microscopy. Surgical cases only. |  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | 1  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | Remote work only limited to renal biopsy electron microscopy cases. No conference or committee required. CMEs performed at UCSF.   |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | Remote work only limited to dermatology (surgical) cases. No clinical activities during this period. No conference or committee participation required. CMEs performed at UCSF.          |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | No PS duties. Electron microscopy turnaround time not provided due to technical problems with this provider-- No conference or committee participation required. CMEs performed at UCSF. |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | 1  |   |   |  | 1  |  | 1  |   | 1  | 0  | 0   | 0   | 1   | 1   | 1   | 1  |   |  | Remote work only limited to dermatology (surgical) cases. No clinical activities during this period. No conference or committee participation required. CMEs performed at UCSF.          |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  | 1  |  | 1  |   | 1  | 0  | 0   | 0   |   |   |   |  | 1   |  | Surgical cases only. No electron microscopy.   |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | Remote work only limited to dermatology (surgical) cases. No clinical activities during this period. No conference or committee participation required. CMEs performed at UCSF.          |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | 1  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | Remote work only limited to hematology cases. No Frozen Sections during this period. No conference or committee participation required. CMEs performed at UCSF. No electron microscopy.  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | Remote work only limited to dermatology (surgical) cases. No clinical activities during this period. No conference or committee participation required. CMEs performed at UCSF.          |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | 1  | 1   |   |  | 1  |  | 1  |   | 1  | 0  | 0   | 0   | 1   | 1   | 1   | 1  |   |  | No electron microscopy.  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | Remote work only limited to dermatology (surgical) cases. No clinical activities during this period. No conference or committee participation. CMEs performed at UCSF.                   |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  | 0   | 0   |   |   |   |  |   |  | Remote work only limited to renal biopsy electron microscopy cases. No conference or committee participation. CMEs performed at UCSF.  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | 1  | 1   |   |  | 1  |  | 1  |   | 1  | 0  | 0   | 0   | 1   | 1   | 1   | 1  |   |  | No electron microscopy.  |   |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  |   | 0   | 0   |   |   |  |   |  |  | Remote work only limited to renal biopsy electron microscopy cases. No conference or committee participation. CMEs performed at UCSF. |
|           |                               |                             |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     |  |   |   |  |  |  |  |   |  |  |   | 0   | 0   |   |   |  |   |  |  | Remote work only limited to renal biopsy electron microscopy cases. No conference or committee participation. CMEs performed at UCSF. |
| g         | Anatomic Pathology Consultant | No Add-Ons w/AnatPath Privs |     |        |                 |                  |             |              |              |              | 7/1/2021        | 6/30/2022     | done   | done  | done  | done   | done   | done   | done   | DONE  | DONE   | done   | done  | done  | done  | done  | done  | done   | done  | done   |  |   |