

ZSFG CHIEF OF STAFF ACTION ITEMS
Presented to the JCC-ZSFG March 26, 2024
MARCH 2024 MEC Meetings

Clinical Service Rules and Regulations

- Department of Family & Community Medicine Rules & Regulations (summary of changes)
- Department of Family & Community Medicine Rules & Regulations (with tracked changes)
- Department of Family & Community Medicine Rules & Regulations (clean version)

Credentials Committee

- Standardized Procedures – None
- Privileges List – None

Family and Community Medicine

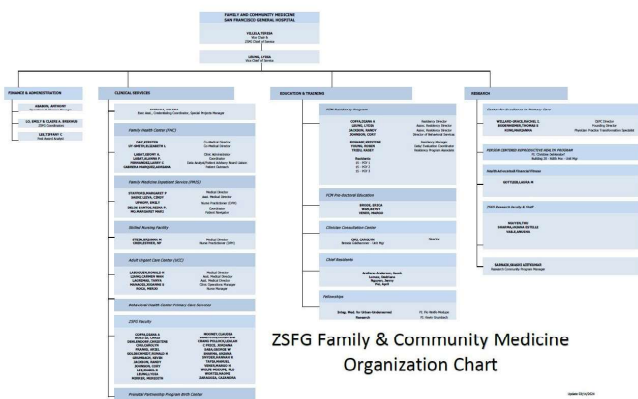
Biennial Report to Medical Executive Committee

March 11, 2024
 Teresa Villela, MD, Chief of Service
 Lydia Leung, MD, Vice Chief of Service

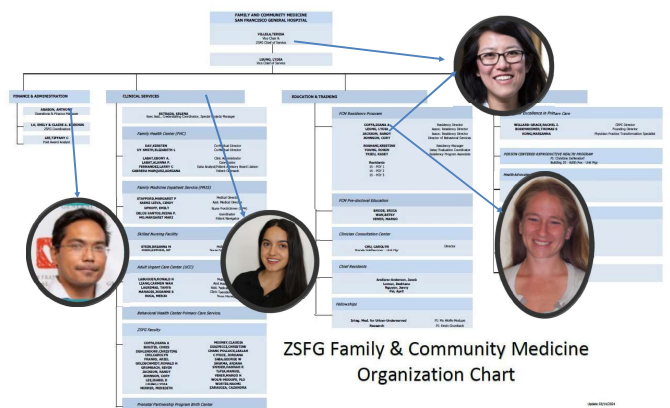


FCM@ZSFG Vision

Healthy Families Vibrant Communities



ZSFG Family & Community Medicine Organization Chart

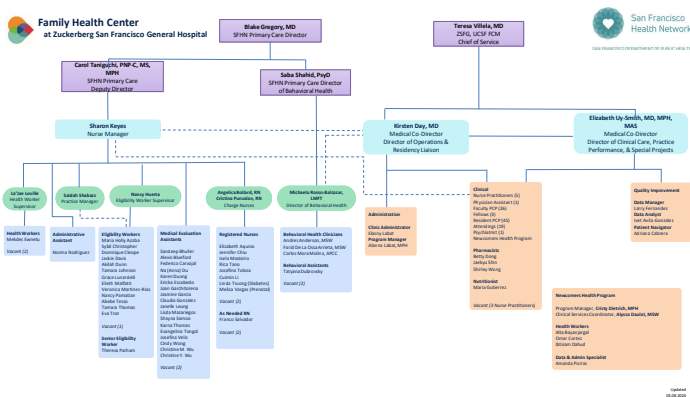


ZSFG Family & Community Medicine Organization Chart

FCM@ZSFG

- **Clinical:** Family Health Center, Family Medicine Inpatient Service, Urgent Care Center, Skilled Nursing Facility (4A), Prenatal Partnership Program, Primary care for patients at Mental Health Rehab Center (MHRC)
- **Education:** Students, residency program, fellowships
- **Community and leadership**
- **Research**

Family Health Center



Family Health Center

52,000 patient visits per year

Full Scope Primary Care

- Chronic illness Care
- Prevention
- Well-child Care
- Reproductive Health
 - Prenatal care
 - Family planning, including IUD, Nexplanon, medication abortion
- Urgent Care for Children and Adults
- Behavioral Health
- Office Procedures
- Home Care
- Telehealth

Family Health Center

Special Clinical Services

- Care of families affected by HIC
- Bridges Clinic – Substance use disorders treatment
- Integrative medicine and acupuncture
- Psychosocial medicine – primary care integration
- Family Care and Reproductive Health Clinic
- Oral health screening and fluoride varnish application
- Youth and young adult services
- Team Lily at FHC
- Black centering families
- Geriatric consultation
- Diabetes team care
- Gender affirming primary care
- Spine health
- PharmD supervised anticoagulation management
- Refugee clinic; Newcomers Health Program
- Group visits: Diabetes, Hypertension, Trauma/Stress, Pain management

Family Health Center

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Family Health Center

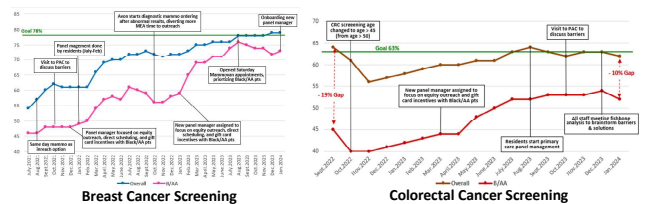
FAMILY HEALTH CENTER
FHC
Leadership Team

Charge Nurses: **Angelica Ballard & Cristina Punzalan**
 Eligibility Worker Supervisor: **Nancy Huerta**
 Health Worker Supervisor: **Lo'Jae Loville**
 Medical Co-Directors: **Kirsten Day & Elizabeth Uy-Smith**
 NP/PA Liaison: **Curt Wands**
 Nurse Manager: **Sharon Kejeas**
 Practice Manager: **Saidah Shabazz**
 Primary Care Behavioral Health Supervisor: **Michaela Rasco-Ralazar**

Family Health Center

FY23-26 Strategic Goals:

Close disparity gaps for all the metrics from people of all backgrounds. Achieve or exceed the equity performance goal for all clinical driver metrics for Black/African American patients.



Family Health Center

FY23-26 Strategic Goals:

Increase opportunities for professional development among clinical staff, exhibited by improved STEP survey scores for non-provider staff for "opportunities at work to learn and grow."

- SURF Grant Awardee
- Partnering with UCSF CEPC for Health Coaching Training
 - Three 4-hour sessions tailored to FHC needs
 - Coaching Basics
 - FAQs for common screenings
 - Communication to confirm understanding and engage in difficult conversations
 - Understanding Medication Management
 - 3 Health Workers and 7 MEAs
 - Train the Trainer

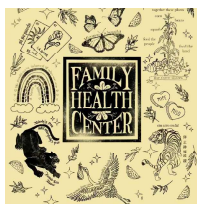


Patient Advisory Councils



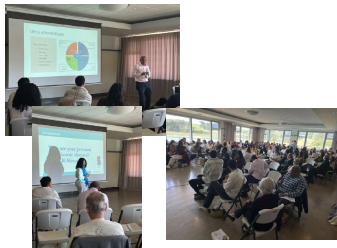
- Family & Community Medicine Resident Selection
 - Co-interviewers for all resident applicants in the 2023-2024 cycle
 - Participated in the Residency Selection Committee
- Presented at the 2023 North America Primary Care Research Group (NAPCRG) conference
- Patient Education Materials
 - *How to Bring Your Mood Up* tipsheet
 - *Incorporating Healthy Habits into Your Daily Life* video

FHC annual retreat 2024



T-Shirt design: Karen Zhang

DPH Office of Health Equity
Workshop Focus on
Identity
Microaggressions
Navigating power dynamics
Building solidarity



FHC annual retreat 2024



Family Medicine Inpatient Service

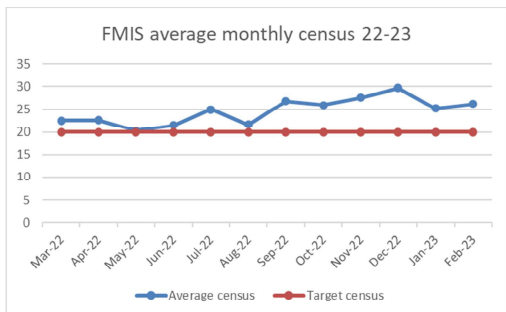


Family Medicine Inpatient Service

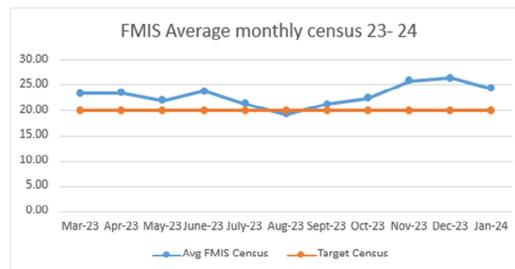


- 1200 admissions/year
- Staffing
 - 2 FM Attendings
 - 4 Senior FM Residents - days
 - 2 First year FM Residents - days
 - 2 FM Residents - nights
 - Nurse practitioner weekdays
 - +/- 4th year student
- Evening shift attending 6pm – 10pm

Family Medicine Inpatient Service Census



Family Medicine Inpatient Service Census



Family Medicine Inpatient Service

- Medical Director: **Margaret Stafford, MD**
- Assistant Medical Director: **Cindy Saenz Leiva, MD**
- Nurse Practitioner: **Emily Uphoff**
- Coordinator: **Reina Delos Santos**
- Patient Navigator: **Mari Mo**



Family Medicine Inpatient Service

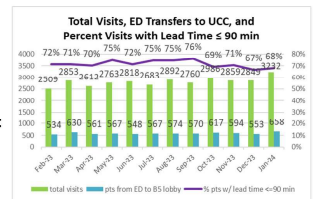
- Multidisciplinary team building
 - Pharmacist, Medical Social Worker(s), RN Care Coordinator, Patient Navigator, Physical Therapist, Residents, Attending Physician
- Duty hours
 - Schedules, communication, hand-offs
 - Shared census: FCM, IM, Cardiology, Hospital Medicine Faculty Service

Adult Urgent Care Center



Adult Urgent Care Center

- Continuing to provide urgent care access for our patients and offload the ED while minimizing wait time and maintaining quality of care
- Record numbers of patient visits: > 2800/month
- 71.7% of patients with visit time < 90 minutes



Adult Urgent Care Center

Leadership Team

From left to right:

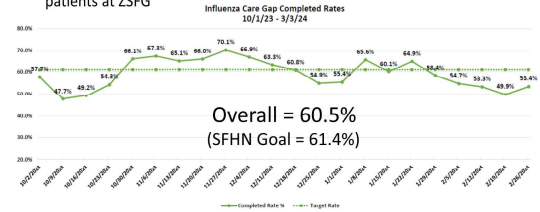
- Angel Manaos – Program Manager
- Ron Labuguen – Medical Director
- Carmen Liang – Associate Medical Director
- Tanya Lagrimas – Assistant Medical Director
- Merjo Roca – Nurse Manager
- Nhu Doan – Administrative Charge Nurse
- Amy Lee – Administrative Charge Nurse



Adult Urgent Care Center

1E – Urgent Care & Flu Clinic

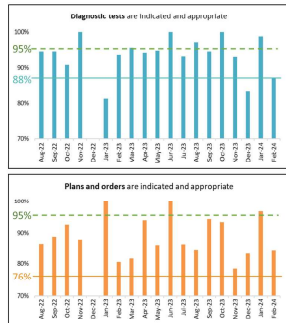
Key player in effort to administer influenza vaccine to specialty care patients at ZSFG



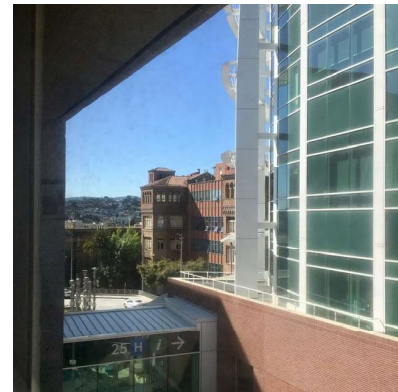
Adult Urgent Care Center

UCC: Quality Care

- Significant improvements in quality metrics from May 2022
 - Diagnostic tests indicated and appropriate (baseline 88%)
 - Plans and orders indicated and appropriate (baseline 76%)



4A Skilled Nursing Facility



4A Skilled Nursing Facility

- Short-term skilled nursing facility
- Post-acute care for patients hospitalized at ZSFG who are otherwise unable to access SNF care, due to
 - Payor, Immigration, or Housing status
 - Substance use disorders
 - Multiple advanced chronic illnesses
 - High needs (antibiotic or wound care frequency, wound vacs, nutrition support, insulin management, specialty follow-up, hemodialysis)
- Important resource for maintaining flow out of hospital
- 30 patient beds (reduced to 28 due to construction)

4A Skilled Nursing Facility

Medical Director:
Brianna Stein

Nurse Practitioner:
Esther Chan

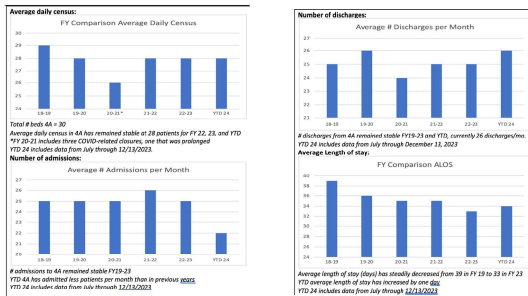
Nurse Manager (interim):
Frank Ladra

Nursing Director:
Tanvi Bhakta

Social workers:
Allison Chapman
Jaqueline Phol Lumpkins



4A Skilled Nursing Facility

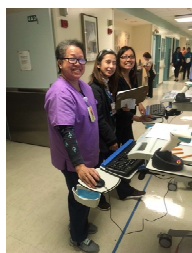


- Average daily census 28
- Admit and discharge average of 6-8 patients per week
- Average LOS is 33 days; median LOS 21 days

4A–Skilled Nursing Facility

- Improvement: Patient Flow
 - Average discharge time: **12:31PM**
 - February 2024: **11:19AM**
 - Average % of discharges before 2PM: **71.7%**
 - February 2024: **88%**
- Improvement: Staffing
 - Filling vacant positions
 - Workflow efficiencies
 - Staff development

4A–Skilled Nursing Facility



Interdisciplinary care:

Pharmacists,
RNs, LVNs, PT,
OT, Nutrition,
Wound Care,
Activity
Leaders,
Consulting
Services



Prenatal Partnership Program

- Co-directors: **Christine Pecci, MD** and **Angie Miller Woo, MD**
- Family physicians from Castro Mission HC, Potrero Hill HC, Silver Avenue FHC, ZFGH Family Health Center
- Work in collaboration with Ob/Gyn and CNM services
- Yearly course in Advanced Life Support in Obstetrics (ALSO) and participation in Birth Center trainings, guideline development/implementation, and quality improvement

Education: Medical Students



- **Margo Vener, MD** Vice Chair for Education
- **Erica Brody, MD** and **Betsy Wan, MD**
- ~ 38 Medical Students at ZSFG
 - 6 on FCM Clerkships at FHC and 6 1st & 2nd Year Medical Students on rotation
 - Longitudinal Clinical Experience—4th year
 - Bridges Curriculum
 - 3 on rotation every 4 weeks on FM Inpatient; ~ 26/year
 - Model SFGH Program (with Pediatrics, Internal Medicine, Surgery)

Education: UCSF

- UCSF Family Nurse Practitioner Students clinical practicum (7 per year)
- Collaborative
 - Primary Care Research Fellowship (DGIM)
 - Primary Care Addiction Fellowship (IM)
- **Fellowship in Integrative Medicine for Underserved Populations**

Education: Regional Projects

- Faculty Development Fellowship for Northern California (Dr. Isabel Lee & Dr. Catalina Triana)
- Support for Hospital Opioid Use Treatment (SHOUT) w/California Health Care Foundation (Dr. Hannah Snyder): <https://www.chcf.org/project/support-hospital-opioid-use-treatment-project-shout/>
- Double Helix Practice Transformation guide for educators (w/Center for Excellence in Primary Care): <https://fcm.ucsf.edu/practice-transformation>
- Clinician Consultation Center. Management of HIV, perinatal HIV, pre-and post-exposure prophylaxis; substance use disorders (Drs. Chu and Goldschmidt) <http://nccc.ucsf.edu/>

Education: Residency Program

Program Director:

Diana Coffa, MD

Associate Program Directors:

Randy Jackson, MD

Lydia Leung, MD

Director of Behavioral Sciences:

Cory Johnson, MD, MPH

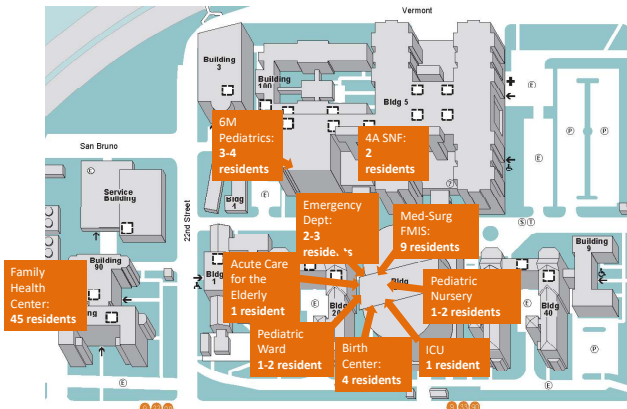
Residency Manager:

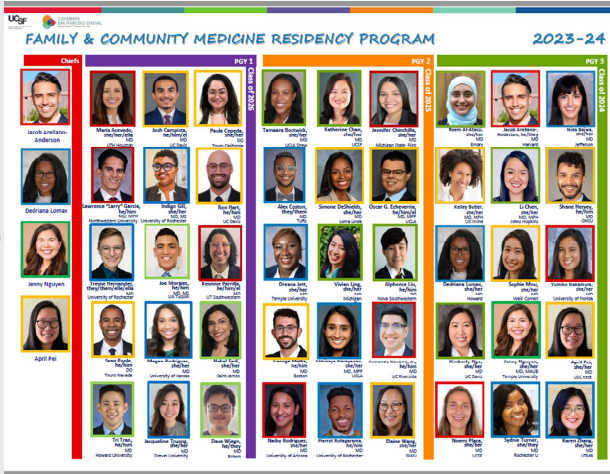
Kristine Roshani



FCM Residency Program

Graduates entering SFHN in the last 3 years	27% (12)
Graduates in last 3 years in areas of unmet need in California	66%
Graduates in last 3 years in areas of unmet need in the U.S.	86%
Current residents from historically excluded communities	67%
Current residents who speak a threshold second language	58%





Community Engagement

- FHC Community Liaisons: Drs. Manuel Tapia and Elizabeth Uy-Smith
- Wellness center at O’Connell High School: Dr. Cazandra Zaragoza
- Student Run Free Clinics – Volunteer FCM and other UCSF faculty preceptors
 - Clínica Martín Baro; UCSF Homeless Clinic; Mabuhay Health Center; SF Hepatitis B Collaborative Mobile Clinic (Vietnamese Community Center)
- Planned Parenthood – Comprehensive reproductive health training for FCM residents (Drs. Dehlendorf, Lee, Pollock)

Research Programs

Center for Health Justice



Research Programs

- [Evidence to drive equity](#) (FCM research report 2023)
- Person Centered Reproductive Health Program: <https://pcrhp.ucsf.edu/> CDehlendorf
- Social Interventions Research and Evaluation Network (SIREN): <https://sirenetwork.ucsf.edu/> LGottlieb, RHamad
- Center for Excellence in Primary Care (CEPC): <https://cepc.ucsf.edu> RWillard-Grace
- CTSI Community Engagement & Health Policy Program. <https://ctsi.ucsf.edu/about-us/programs/community-engagement-health-policy> KGrumbach

Leadership roles

- **Manuel Tapia, MD, MPH**
Vice Chair for Diversity, Equity, Inclusion, and Anti-Oppression
- **Kirsten Day, MD**
Residency Program Director of Diversity, Equity, Inclusion, Justice Advocacy, and Mentorship
- **Christine Dehlendorf, MD, MAS**
- **Danielle Hessler, PhD**
Co-Vice Chairs for Research
- **Isabel Lee, MD**
Vice Chair for Faculty Affairs



Academy of Medical Educators Excellence in Teaching Awards

2023

- Randy Jackson
- Brianna Stein

2022

- Cory Johnson
- Ed Kobayashi
- Anjana Sharma
- Manuel Tapia

2021

- Anthony Mrgudich
- Flo Wolfe-Modupe

Goodbyes



Ron Goldschmidt, MD



Hali Hammer, MD



Jack Chase, MD



Ron Labuguen, MD

Additions



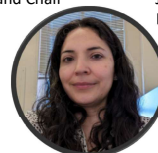
Megan Mahoney, MD
Professor and Chair



Jordana Price, MD
Perinatal Care



Cindy Saenz Leiva, MD
Inpatient Service

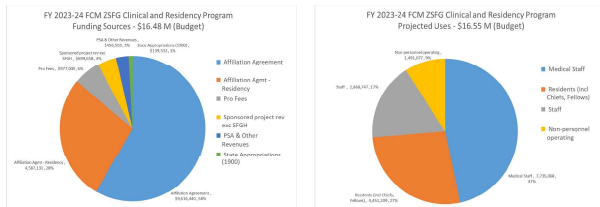


Karen Espino, MD, MPH
Urgent Care, FHC



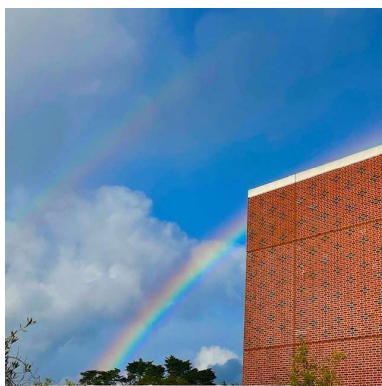
Cazandra Zaragoza, MD, MPH
FCM Health Justice Scholar

FCM ZSFG Clinical and Residency Program Funding Sources and Uses



Summary

- **Challenges/Opportunities**
 - Family Health Center space – pending; 2 more years?
 - Leadership transitions, UCSF and DPH
 - Keeping up with demand-driven salaries for primary care physicians
 - Collaborating on anti-racism at a structural level
- **Strengths**
 - Collaborative and talented leadership teams
 - Continuous support from department and associate dean
 - Mission-driven people: staff, faculty members, administrators, residents
 - Patients and families— engaged in more areas of FCM



FCM RULES AND REGULATIONS

03 11 2024

Summary of updates

Dates

Changed OPPE reporting to *annual*

Organizational chart

Attending physician responsibilities, FHC and FM Inpatient Service

Miscellaneous grammar and wording edits

**FAMILY & COMMUNITY MEDICINE
CLINICAL SERVICE RULES AND REGULATIONS
202~~4~~²**

Style Definition: Heading 7

Style Definition: TOC 2

Style Definition: TOC 3

**FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE
RULES AND REGULATIONS
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**FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE
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I. FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

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

B. MEMBERSHIP REQUIREMENTS

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

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

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

1. Organization

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

a) Chief of Service

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

b) Vice Chief of Service

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

c) Directors, Family Health Center (FHC)

The directors provide leadership and oversight of the FHC and overall direction of clinical and research activities in the FHC (see **Appendix C** for the FHC Clinical Research Policy). The directors shall develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; coordinate the FHC's participation in the Performance Improvement and Patient Safety Program relating to the FHC; and prepare budgets and other reports in collaboration with the Nurse Manager, MSO, and/or Chief of Service.

d) Directors, Family Medicine Inpatient Service (FMIS)

The directors provide leadership and oversight of the FMIS and overall direction of the service, including clinical operations and educational activities. The directors shall develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary, and coordinate FMIS participation in the Performance Improvement and Patient Safety Program.

e) Directors, Prenatal Partnership Program (PPP)

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

f) Director, Skilled Nursing Facility (SNF)

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

2. Clinical Services

a. Family Health Center

The FHC is an ambulatory care setting located on the ZSFG campus on the first and fifth floors of Building 80 and first floor of Building 90. FHC care is delivered using a Family Medicine model. Care is provided with concern for the total health care of the individual and the family, and the scope of practice is not limited by age, sex, organ system, or disease entity. Biological, clinical, and behavioral sciences are integrated in the care provided by family physicians, family nurse practitioners, and physician assistants at the FHC. Hours of operation are 8:30 a.m. to 9:00 p.m. Monday through Thursday, 8:30 a.m. to 5:00 p.m. Friday, and 8:30 a.m. to 12:00 noon on Saturday.

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

Urgent care for FHC patients is available on site on a drop-in basis or by appointment during the hours of operation. After-hours telephone advice is provided by a nurse advice line in collaboration with family medicine faculty members. Patients are encouraged to call for telephone advice during off hours and may be referred for evaluation at the FHC, at the ZSFG Emergency Department, Urgent Care Center, or Pediatric Urgent Care Center as appropriate.

b. ZSFG Family Medicine Inpatient Service

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

c. ZSFG Skilled Nursing Facility

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

d. ZSFG Urgent Care Center

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

e. Prenatal Partnership Program

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

f. Attending Physician Responsibilities

Overall direction of clinical care is the responsibility of the FCM attending staff either directly or through supervision of residents, affiliated medical staff members, and medical students. Requirements for FCM attending physicians are detailed in **Appendices D and E**.

II. CREDENTIALING

A. NEW APPOINTMENTS

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

B. REAPPOINTMENTS

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

1) Modification of Clinical Service

The process for modification of FCM clinical services will be through the appropriate required review process.

2) Staff Status Change

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

3) Modification/Changes to Privileges

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

C. AFFILIATED PROFESSIONALS

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

D. STAFF CATEGORIES

FCM staff members fall into the same categories described in the ZSFG Bylaws and Rules and Regulations, as well as in these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT AND ANNUAL REVIEW OF PRIVILEGES

FCM privileges are developed in accordance with ZSFG Medical Staff Bylaws, Rules, and Regulations, as well as with these Clinical Service Rules and Regulations.

The FCM Privilege Request Form shall be reviewed annually by the Chief of Service.

B. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES

(Refer to **Appendix F**)

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

C. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. PROCTORING AND MONITORING REQUIREMENTS

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

The scope of individual provider activity is determined by level of training and skills obtained in special procedure training. Clinical competence is monitored through direct observation, chart review, and practice audits. In general, the scope of provider activity is in keeping with that defined by the American Board of Family Medicine and the Accreditation Council of Graduate Medical Education (ACGME) Residency Review Committee for Family Medicine. All care delivered by non-licensed residents is directly

supervised by an attending physician in both the inpatient and outpatient settings. Licensed residents may be indirectly supervised only after meeting criteria outlined by the FCM Residency Program Clinical Competence Committee. ~~The FM Inpatient Service physician of record is always a~~ Attending-family physician ~~faculty members are the FM Inpatient Service physicians of record at all times.~~

B. PROCTORING AND COMPETENCY REVIEW

1. INITIAL APPOINTMENT

Initial appointment will include review of qualifications, prerequisites, and previous experience for each privilege requested. The privileges request form (**Appendix F**) specifies the qualifications, prerequisites, and proctoring requirements for each privilege. Proctoring for initial appointment will include direct observation, case review, and review of the medical record. Forms used for documentation of case reviews are included in **Appendix G**.

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

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

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

2. REAPPOINTMENT

- a. Following initial appointment, review will be performed prior to each reappointment. The Chief of Service will be responsible for this evaluation. The evaluation will be based on a combination of concurrent assessment by the medical directors and clinical data sources for ambulatory and inpatient care.
- b. Clinical performance data for review will consist of the following.
 - i. Chart review: A minimum number of cases and charts will be reviewed for each privilege for which the clinician is credentialed, as outlined in the FCM privileges form (**Appendix F**).
 - ii. Clinical indicators and practice profiles: These indicators will be reviewed for the entire population of patients for whom the clinician had primary clinical responsibility during the two-year period preceding reappointment. These will be reported to the provider and the ZSFG Medical Staff Office ~~twice yearly every 11~~ months as an Ongoing Professional Practice Evaluation (OPPE).

- iii. Case presentation: At least once during the reappointment period, each physician will present, to the FCM faculty, a patient case or cases for which he/she is clinically responsible.
- iv: Other information as appropriate, including unusual incidence reports, adverse drug reaction reports, and similar information collected by ZSFG committees.

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

C. ADDITION OF PRIVILEGES

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

D. REMOVAL OF PRIVILEGES

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

V. EDUCATION

The following FCM educational opportunities are regularly offered:

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

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

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

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

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

B. EVALUATION OF RESIDENTS

Residents are evaluated in accordance with ACGME guidelines for both inpatient and outpatient care. The evaluation process consists of written rotation evaluations, written

outpatient evaluations, and written evaluations of required didactic presentations. The FCM Residency Program Clinical Competence Committee reviews evaluations for each resident twice yearly and advises the Residency Program Director through a summary evaluation and promotion recommendations.

VII. FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE CONSULTATION CRITERIA

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

VIII. DISCIPLINARY ACTION

The ZSFG Bylaws, Rules, and Regulations will govern all disciplinary action involving FCM members.

IX. PERFORMANCE IMPROVEMENT/PATIENT SAFETY AND UTILIZATION MANAGEMENT

A. GOALS AND OBJECTIVES

The Chief of Service, or designee, is responsible for evaluation and improvement of clinical performance, for ensuring patient safety, and for ensuring identifying and solutions implementing solutions to quality-of-care issues. As necessary, assistance is invited from other departments, the Performance Improvement/Patient Safety Committee, or the appropriate administrative committee or organization.

B. RESPONSIBILITY

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

C. REPORTING

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

D. CLINICAL INDICATORS

In collaboration with the ZSFG PIPS Department, a calendar of review of clinical indicators of patients is established for each year. The PIPS Department monitors these throughout the year through data, chart, and reviews and patient panel reviews. This

information, along with the information gathered from the PIPS Department is compiled and presented to [the ZSFG](#) PIPS committee.

E. CLINICAL SERVICE ONGOING PROFESSIONAL PRACTICE EVALUATIONS

In collaboration with the ZSFG Performance Improvement and ~~Practice-Patient~~ Safety Department, FCM selects clinical indicators to monitor the performance of each physician with primary direct clinical responsibility for a population of patients. These Ongoing Professional Practice Evaluations (OPPEs; see **Appendix H**) are produced, reviewed, and disseminated to each provider by the Chief of Service. OPPEs for all physicians are compiled and presented to the ZSFG Medical Staff Office ~~twice every~~ eleven months yearly.

F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

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

G. MONITORING AND EVALUATION OF PROFESSIONAL PERFORMANCE

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

X. MEETING REQUIREMENTS

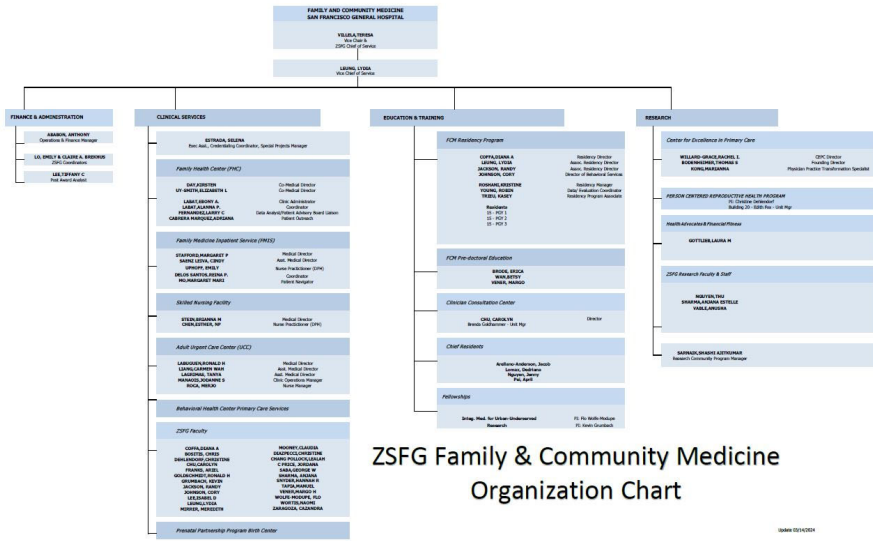
In accordance with ZSFG Bylaws, all active members are expected to show good-faith participation in the governance and quality evaluation process by attending a minimum of 50% of all committee meetings assigned, clinical service meetings, and the annual Medical Staff Meeting.

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

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

XI. ADOPTION AND AMENDMENT

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



APPENDIX B:

JOB DESCRIPTION, CHIEF OF ZSFG FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE

Chief, Family and Community Medicine Service

Zuckerberg San Francisco General Hospital

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

The Chief of Service, in consultation with the Chair of the UCSF Department of Family and Community Medicine, has responsibility for recruiting and supervising faculty members of the department who are based at ZSFG. With the support of the department's manager at ZSFG, the Chief of Service is responsible for managing the department's funds related to ZSFG professional fee income, the Affiliation Agreement between UCSF and the City and County of San Francisco, other funds involving ZSFG clinical operations, and such other funds as the Chair of 77th Department delegates to be principally managed by the Chief of Service.

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

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

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

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

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

A. ADMINISTRATION

1. General Responsibilities

- a) Be responsible and accountable to the governing body through the Medical Executive Committee (MEC) for the clinical and administratively related activities within the clinical service;
- b) Be a participating member of the MEC;
- c) Be responsible for the integration of the clinical service into the primary functions of the organization;

- d) Be responsible for the coordination and integration of inter- and intra-departmental services;
- e) Provide administrative leadership for a culturally sensitive and competent program to the community served by ZSFG; and
- f) Provide administrative leadership for a culturally sensitive environment for UCSF and ZSFG employees and trainees.

2. Planning

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

3. Resource Management

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

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

4. Operations Management

- a) Designate an acting chief when the Chief of Service will be absent for a period longer than 24 hours but less than 30 days. After thirty (30) days, the process described in the Medical Staff Bylaws will be followed;
- b) Assume responsibility for orienting new members and enforce the Medical Staff Bylaws, Rules, Regulations, and Policies, the clinical service rules and regulations, and the hospital's policies and procedures within the respective clinical service;
- c) Participate in the administration of the Clinic Service through cooperation with the Nursing Service, Hospital Administration and all personnel involved in matters affecting patient care.

B. COMMUNICATION

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

3. Promote effective communication and collaboration among health care professionals; and
4. Develop and maintain appropriate relationships within the San Francisco community.

C. PERFORMANCE IMPROVEMENT

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

D. MEDICAL STAFF CREDENTIALING AND PRIVILEGING

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

E. EDUCATION AND RESEARCH

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

Updated 2020

APPENDIX C: FHC CLINICAL RESEARCH POLICY

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

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

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

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

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

Researchers will follow these steps:

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

Approved by:



Lydia Leung, M.D.
Medical Director, Family Health Center

APPENDIX D: ATTENDING PHYSICIAN RESPONSIBILITIES FAMILY HEALTH CENTER

Checklist for Onboarding FHC Attending 2021-22

Accounts and Other Access

- Active directory account
- EPIC
- Resource code build request
- Add to provider/RN pool
- Grant access to in basket to medical directors, FTLs, and practice partner(s)
- EPGS
- CCSF (Everbridge) Alerts – ZSFG, B80/90
- UCSF or DPH e-mail address
- Remote access link
- SFGH badge, buddy badge, disaster cards
- Programming of SFGH badge to gain stairway, elevator, and keypad access
- Online Clinic Resources
- Archived FHC emails
- FCM COVID Central
- FHC Google Drive
- Coming soon FHC Central site

Work space and materials

- Pager
- Office keys
- Name plates
- Personal Duress Alarm (optional)
- Business Cards (for PGP only; contact Jill Thomas)

Training

- EPIC workflow training
- 2 shadowing sessions with FHC attending
- FHC orientation and tour with Med Director or designee
- PMP (signature required)

Documents

- FHC Google Clinic Schedule
- FHC Clinic Guide
- Guidelines for Lab Triage Protocol
- FHC Team Grid
- FHC Practice Partners
- FHC Important Dates
- Resident Facesheet
- Outpatient Attestation Tipsheet
- Precepting Pending Medication Workflow
- Out of Office Tipsheet
- EPCS How to Enroll
- SFGH On Call Protocol
- FHC Provider-EW Pairs
- Specialty Back Line Phone Numbers
- SFGH FCM Phone List

Other documents or resources available

- SFDPH eLinks (includes pharmacy formulary and much more);
- CHN intranet site
- Medication Prior Authorization:
- Sign up for a Cover My Meds account

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- * Medicare D plans
- * SFHP Medi-Cal, SFHP Healthy Workers, SFHP HMO, SFHP Medicare Medical
- * Anthem Blue Cross Medi-Cal Managed Care
- * Straight Medi-Cal
- * HSF
- ☐ FHC Prenatal Guide

Teams

- ☐ Know your team: FTL, LC, BHT, HW, EWS, Residents, Providers, MEA, RN

Mission, SFHN and ZSFG Goals

- ☐ Review FHC org chart
- ☐ Review SFHN/ZSFG annual strategic vision and goals
- ☐ FHC values
- ☐ QI culture and participation
- ☐ Just and safety culture
- ☐ Communications culture

Important policies and procedures

- ☐ Controlled substances policy
- ☐ PPMP (signature required)
- ☐ Direct admission: also see tipsheet on Learning Dashboard in Epic
- ☐ Late patient policy
- ☐ Disaster / emergency planning (Rainbow Chart)
- ☐ SOP
- ☐ Patient forms workflow and bins
- ☐ IPV
- ☐ HIPAA
- ☐ UO
- ☐ Care agreement
- ☐ ED transfers
- ☐ Sexual harassment
- ☐ Privileges and documentation

Expectations

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

Between precepting sessions:

- ☐ Keep up to date with reviewing FHC update emails
- ☐ Ensure that Epic notes are reviewed, cosigned, and locked

During precepting sessions:

- ☐ Attend huddles
- ☐ Serve as consultant
- ☐ Manage clinic flow with GOD (or act as GOD if indicated), nursing team (requires frequent check ins)
- ☐ Support patient care
- ☐ Support residents: direct patient care, administrative tasks, building relationships with team members
- ☐ Serve as role models to all team members as the leader of the clinic

LT Internal updates

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- ☐ — *Contacts list, including Amion*
- ☐ — *Scope of practice (for PCP only)*
- ☐ — *Medical records EPIC workflow*
- ☐ — *ZSFG website (for PCP only)*
- ☐ — *Sign EPCS form and give*
- ☐ — *Central Call center onboarding notification (add to provider description)*
- ☐ — *Email listserv (Provider, Attending, Staff)*
- ☐ — *Review privileges prior to orientation*
- ☐ — *Introduce by email (photo, bio)*

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Points of Contact

Clinical Support

Name	Role	Contact Info	Contact for:
<i>Kimmy Chela</i>	<i>Medical Director Director of Informatics, Perinatal Care, and Medical Staff (Office Bldg 80, room 307)</i>	<i>206-4124 (office) 714-624-1794 (cell) 443-0007 (pager) karamjit.chela@ucsf.edu</i>	<i>- Perinatal e - Provider a - Epic suppo - Approval r</i>
<i>Kirsten Day</i>	<i>Medical Director Director of Operations and Residency Liaison (Office Bldg 80, room 322)</i>	<i>206-6893 (office) 510-501-6806 (cell) 443-6327 (pager) kirsten.day@ucsf.edu</i>	<i>- Clinic oper - Resident concerns - Patient concerns/grievances - Approval for away request</i>
<i>Elizabeth Uy-Smith</i>	<i>Medical Director Director of Clinical Care, Practice Performance, and Special Projects (Office Bldg 80, room 307)</i>	<i>206-2519 (office) 252-339-0697 (cell) 443-0320 (pager) Elizabeth.uy-smith@ucsf.edu</i>	<i>- Staffe once - Policy and procedures - QI support - Peds/Adolescent QI - Approval for away request</i>
<i>Sharon Keyes</i>	<i>Nurse Manager Interim Health Worker Supervisor (Office Bldg 90, room 128)</i>	<i>206-5545 (office) 562-477-3756 (cell) sharon.keyes@sfdph.org</i>	<i>- MEA/RN-c - HW concerns - Patient Advisory Council - Volunteer Program</i>
<i>Cristina Punzalan</i>	<i>Charge Nurse (Office Bldg 90, room 123)</i>	<i>206-0736 (charge RN-banana phone) Cristina.punzalan@sfdph.org</i>	<i>- MEA/RN-c - MEA/RN scheduling - Floor issues</i>
<i>Saidah Shabazz</i>	<i>Practice Manager (Office Bldg 90, room 125)</i>	<i>206-2668 (office) Saidah.shabazz@sfdph.org</i>	<i>- Patient con - Facilities issues - Clinic operations</i>
<i>Nancy Huerta</i>	<i>Interim Patient Access & Eligibility Worker Supervisor</i>	<i>206-4325 (office) nancy.huerta@sfdph.org</i>	<i>- Front Desk - Insurance coverage issues</i>

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- Front Desk
- Insurance coverage issues*

	<i>(Office Bldg 90, room 124)</i>		
<i>Micha Rosso-Balcasar</i>	<i>Behavioral Health Supervisor (Office Bldg 80, room 220)</i>	<i>206-2516 (office) Michael.rosso@sfdph.org</i>	<i>-BHTeonce -Safety concerns (care agreements)</i>

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Residency Support

Name	Role	Contact Info	Contact for
Nhi Tran Caitlin Felder- H e i m	Chief Residents	530-424-9412 (chief line) Office 206-6886 or 206-6887 eresident@fem.ucsf.edu	-Residency issues (esp. day-to-day operation s/clinic issues)
Diana Goffa	Residency Program Director or	415-225-0688 (cell) 443-0835 (pager) Diana.goffa@ucsf.edu	-Resident feedback/concerns
Randy Jackson	Associate Program Director or	732-501-7555 (cell) 415-443-3735 Randy.jackson@ucsf.edu	-Residency related concerns
Lydia Leung	Associate Program Director or Vice-Chief of Service	909-576-9485 (cell) 443-2869 (pager) Lydia.leung@ucsf.edu	-Residency related concerns -Chronic care curriculum; outpatient education curriculum

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Administrative Support

Name	Role	Contact Info	Contact for questions about:
Ebony Labat	FHC Clinic Administrator (mostly offsite, but when onsite Office Bldg 80, room 301)	415-571-9905 (cell) ebony.labat@ucsf.edu	-Primary care clinic -Backup for Practice Manager -Clinic operations -Sick call or late to clinic session calls *Not able to approve away request exceptions or last minute changes
Jill Thomas	Executive Assistant to Teresa Villela, Chief of Service (Office Bldg 80, room 313)	206-2899 (office) jill.thomas@ucsf.edu	-Credentials/privileges -Meetings with Teresa -Secure prescription pads
Alanna Labat	FHC Program Manager (Office Bldg 80, room 301)	206-8453 (office) 415-810-7161 (cell) Alanna.labat2@ucsf.edu	-Incomplete notes -Attending session counts -FHC attending schedules* -MSP timesheet -Sick call or late to precepting shift calls

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			<i>*Not able to approve away request exceptions or last minute changes</i>
<i>Sem Ketema</i>	<i>FHC Front Office (Office Bldg 80, room 320)</i>	<i>206-8610 (office)</i> <i>Semhar.ketema@ucsf.edu</i>	<i>-Laptop needs for sessions</i> <i>-Tap and go access (troubleshooting)</i> <i>-Badge and programming</i> <i>-Conference room reservation</i>

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FHC ATTENDING AND PROVIDER ORIENTATION 2023-24*

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*Full content at: <https://ucsf.app.box.com/s/ylyp3d3kmcresf3p7fm06d4sd9ksee>

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Schedules

- **Main contact = Alanna Labat**
- **Please let Alanna know ASAP if you find any discrepancies in the schedule**
- **If you have any late leave/vacation requests, email Alanna and Kimmy ASAP to get approval**
- **Please do not contact Ebony with schedule requests, including any requests for schedule changes to your continuity clinic. If you have any specific requests regarding your continuity clinic schedule, please email Saidah and Kirsten.**
- **Amion**
- **Quickly look at all your shifts over the week/month**
- **Sign up for OPEN shifts**

- **FHC Google Schedule**
- **Overall clinic provider(s) and specialty clinic information, including GOD information**
- **Shows any last minute updates regarding providers out/moved and specific team location for attending shift**
- **Please look to see which residents are assigned to the clinic team you will be located on for precepting including the list of residents doing telehealth clinics**

Sick calls or emergency situations for PCPs

- **If you are sick and cannot attend during your clinic session, please do the following:**
- **Leave a message on the FHC sick line: 629-206-3487 before 7am AND**
- **Call/text Ebony Labat at 415-571-9905**
- **If you are going to be late to your clinic session, please let Ebony Labat know asap so we can let the nursing team know.**

Sick calls or emergency situations for Preceptors

- **If you are sick and cannot attend during your scheduled precepting shift, please do the following:**
- **Leave a message on the FHC sick line: 629-206-3487 before 7am AND**
- **Call/text Alanna Labat at 415-810-7161**
- **If you are going to be late to your shift, please let Alanna Labat know asap so we can find timely coverage for your shift.**
- **If you are unable to cover the whole shift (remember that clinic often runs late till 12:30pm or 5:30pm), please let Alanna Labat know in advance so that we can also plan coverage as needed.**

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Precepting Session

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

- 1. ***Attend huddle***
- a. ***If attending on 81, attend red team huddle***
- b. ***If attending on 85, the attendings should split up and go to gold and green team huddle***
- i. ***If you are the only attending on 85, go to the team with more residents***
- c. ***Look in Epic to see how many patients each resident has so you can help keep track of clinic flow***

Huddle schedules (same as clinic start times)

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

Huddle content

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

Role of attending in huddles

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

- 2. ***Check that all providers have showed up to clinic***
- a. ***If there are any absent preceptors, please call/page the preceptor (see FCM phone list).***
- i. ***If no response after 10 minutes, please call and notify Alanna Labat***
- b. ***If there are any absent non-resident providers, please call/page the provider (see FCM phone list).***
- i. ***If no response after 10 minutes, please call and notify Ebony Labat***
- c. ***If there are any absent resident providers, please call chief residents on chief line.***
- i. ***If no answer from chief resident, call Ebony Labat or Saidah Shabazz***

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During clinic session, here are your primary responsibilities

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

Precept:

- Residents with appropriate Epic documentation.

Serve as consultant:

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

Manage clinic flow:

- By working with clinician of the day (COD)
 - Place same-day walk in patients into no-show slots for residents to meet target numbers per clinic session. **Decision of moving patients need to go through COD.**
 - At times, be called upon to see patients.
- Work with COD, triage RN to make sure same-day patients are triaged and seen in a timely manner.

Support patient care:

- Help check provider pool in basket: refill prescriptions, manage urgent lab/imaging results, respond to urgent patient advice request messages, and manage patient call (TE) requests
- Help check resident in baskets

Complete your administrative portion of patient care:

- Respond to and address all patient-relevant e-mails
- Clear down your *in basket and the in basket of your attending group* if relevant

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Min # of patients to see per session

- R1: 3-4
- R2: 5-6
- R3: 7-8

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Before leaving clinic session

1. ***You cannot leave until all residents have finished seeing patients and all patients have left the clinic***
2. ***Address all messages in your in basket as well as in the in baskets of your attending group if relevant and ensure the provider pool items are complete***
3. ***Check in with nursing staff that there are no outstanding patient care issues***

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

- ***If you must leave, you should make contact with another attending to see if they can come and relieve you. If none of them can, let Alanna know and she can try to find someone to cover.***
- ***If you have to cover over the lunch hour and you also are precepting in the afternoon, let Alanna know and she can help find coverage so that you can get lunch.***

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- *If a patient's work-up was started and requires continued evaluation in the afternoon, please make sure that the resident signs out the patient to the afternoon drop-in resident.*
- *You should also sign out the patient to the afternoon GI attending and ensure that there is someone in the clinic (e.g., nursing staff) who stays with the patient during the lunch hour.*
- *The morning RN should also sign out the patient to the afternoon GI RN.*

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

- *Drop-in patients who continue to need care after 5:00 should be sent to the ED. Try to make a decision re: ED transfer EARLY.*
- *FHC provider must give sign-out to ED triage RN by calling 206-9417*
- *Appropriate patient transport must be arranged based on patient's stability*
- *Urgent labs or x-ray results that are pending should be signed out by the resident to that evening's first line backup resident (found under Amion uesffem)*

If patients need direct admission to SFGH

See also direct admission tipsheet on Learning Dashboard in Epic.

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

- *Ensure that whoever (could be attending, resident, RN) knows the patient's clinical issue the most is signing out the triage ED RN at 206-9417*
- *Attending must consult with nursing staff to arrange for appropriate transportation, either escorted by FHC staff (if deemed safe and appropriate) or via ambulance (if it's unsafe for escort OR there is no escort available to transport patients)*

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

- *Medical Directors: if related to clinic protocols, patient, or staff safety*
- *Chief Residents or Residency Program Director (Diana Coffa): if related to resident issues*
- *Nurse Manager or Charge Nurse: if related to RN/MEA staffing, nursing, or MEA protocols*
- *Hospital Eligibility Worker Supervisor/Patient Access Supervisor: if related to eligibility worker questions or concerns*
- *BHT Supervisor: if related to behavioral health team issues or concerns*
- *Health worker Supervisor: if related to Health Worker issues or concerns*
- *Other great resources related to SFGH issues*
- *AOD (administrator on duty) – page operator (dial "0")*
- *Specialty clinic consults – page operator and ask for specific specialty clinic/team on call*

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Evaluations of learners

For all learners

- You should give real-time reinforcing and constructive feedback on a regular basis.
- Always review the learner's visit notes as part of their feedback.

For residents

- Since we have consistent clinic days for residents, you will likely be able to complete evaluations based on a longitudinal teaching relationship. Evaluations are scheduled and completed in **MedHub**.
- At the end of your teaching period with a resident, you will receive an email informing you that a new evaluation request has been added to your MedHub evaluations queue. In order to complete the evaluation, you must log into MedHub (<https://ucsf.medhub.com>) using your UCSF MyAccess ID and password. Alternatively, you may access your evaluations through the MedHub Mobile App, which is free for iPhone users in the App Store.
- Within MedHub, you should go to the **Evaluations Tab -> Incomplete Evaluations** to view all the evaluations you are scheduled to complete. Scheduled evaluations should also appear in your **Urgent Tasks** panel on your MedHub homepage. If you would like to submit an unscheduled evaluation of a resident, you may do so by logging into MedHub and going to the **Evaluations Tab -> Initiate Performance Evaluation of a Resident**. Please select the most appropriate form for the rotation or activity.
- Please remember that faculty evaluations of residents **are not anonymous**.
- If you encounter any difficulties accessing or using MedHub or have questions regarding evaluations, please contact the residency's Data and Evaluation Coordinator, TBD.
- If you have concerns about individual residents, you can contact Diana Coffa, Lydia Leung, Randy Jackson, or the chief residents at any time.

Precepting Residents

Before you precept

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

Precepting documentation guidelines

- For unlicensed residents:
 - Pull in the 'Face-to-Face Attending Resident Attestation' using the .attestation smart phrase into your own note.
 - Your note is the note of record, and it must reflect a face-to-face encounter with the patient.
 - Residents who precept with you should ALWAYS assign their locked note to you for co-sign.
- For licensed residents who consult with you (aka micro-precepting)
 - Pull in the 'Not face-to-face Attending Resident Attestation' using the .attestation smart phrase into your own note. You can date stamp your note or summarize the visit with a one-liner to ensure that there is some documentation of micro-precepting.
- For precepting residents on Zoom/telehealth visits:
 - To attest the resident's note, create your own note in Epic and pull in the 'Telephone Visit Attending Resident Attestation' using the .attestation smart phrase. Summarize or time stamp the visit based on resident level of training to ensure that there is some documentation of precepting.
- Prescriptions
 - You send all prescriptions for unlicensed providers. The refills for these prescriptions get sent automatically from the pharmacy to the authorizing provider, so refills will come directly to you and you should refill them as appropriate for any resident provider.
 - Always check to see if you have any unsigned prescriptions in your in-basket before you leave clinic.
- Metrics that matter
- Items required for meaningful use have changed over time. Instead, we are focusing on specific metrics that require special attention for documentation.
 - Medication reconciliation – click on 'Verified' within Medication section
 - Computerized provider order entry (meds, labs, radiology)

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- *Enter E&M code—under LOS section in Epic*
- *WCC documentation—use WCC templates in Epic to pass CHDP audits*
- *Postpartum documentation—must complete CPSP postpartum form once for each postpartum patient within 21-56 days postpartum to pass CPSP audit*

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

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Working with Clinician of the Day

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

- *COD is announced in huddle during each clinic session and can be found on the FHC's google clinic schedule.*

COD primary responsibilities:

- *Manage clinic flow*
- *Identify providers who are backed up in clinic and redistribute their patients to other providers who have no shows or have open slots.*
- *Must communicate with the provider prior to redistribution of patients.*
- *They are actively trying to make sure residents see their target number of patients each session*
- *Serve as consultants for drop-in triage RN to help identify open slots for same-day drop-in patients*
- *Help to manage the provider pool in basket as needed.*
- *Hold the COD banana phone x60731. Located in the red team care station. Pick up at the beginning of each shift and return at the end of each shift onto its charger.*
- *Recommend starting an Epic secure chart with all the 91/95/91 attendings to streamline in-clinic communication.*

Resident of the Day

- *There will be a Resident of the Day, also known as ROD, assigned to MOST clinic days. The primary responsibilities of the ROD are:*
- *See same day drop-in or urgent patients.*
- *See patients redistributed by COD or attending from providers who are backed up in clinic.*
- *Since the ROD also serves as a "back-up" resident for the residency program, they are NOT always available to see patients in clinic. If the ROD is pulled to fulfill other clinical responsibilities for their colleagues, the COD and nursing team will be notified.*
- *Onsite back-up admin resident: if the ROD has been pulled and there are ≥ 3 patients waiting to be seen in drop-in, you can call the chiefs (530) 424-9412 to request that the onsite back-up resident come to help with drop-in. You can see if there is a back-up admin resident available for that clinic session on the FHC Google Schedule. Back-up admin residents are not available every shift.*
- *If the ROD is available and does not have patients (especially at the beginning of the session), please work with the COD to ensure the ROD sees their target number of patients during the clinic session.*
- *Remind the ROD to check the drop in pool in basket during their shift. ROD and drop-in residents are expected to check it once per shift for any urgent lab or phone follow-up and/or anticipated patients coming into drop-in.*

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- *Onsite back-up admin resident: if the ROD has been pulled and there are ≥ 3 patients waiting to be seen in drop-in, you can call the chiefs (530) 424-9412 to request that the onsite back-up resident come to help with drop-in. You can see if there is a back-up admin resident available for that clinic session on the FHG Google Schedule. Back-up admin residents are not available every shift.*

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Evening Clinic Attending Responsibilities

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- *If you are running late, please let Alanna Labat know as early as possible so she can get someone to cover for you.*

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- *Manage flow so that all patients are out of the clinic by 9:00pm.*
- *There are a lot of urgent, transfer or new patient appointments scheduled in evening clinics. Please look at the clinic schedule during huddle to plan for possible tetrising or shuffling of patients if a provider is backed up.*

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- * *Guidelines for moving patients around:*
- *Move adults from one provider to another before you move kids.*
- *Ask providers before you move a patient to another provider in case they know the patient and want to see them.*

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- *Nursing and security staffing is only available until 9:00.*
- *Please anticipate if a patient work-up is going to take longer, initiate transfer to the ED before 8:30.*

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- *Provider Pool: sign in at the start of the shift and review "Rx requests", "Patient Calls", and "Results".*

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W81/W91 Attending Responsibilities

FHC Same-Day Drop-in clinic

- *Patients can be seen on a first-come, first-serve basis*
- *They are briefly triaged by an RN then distributed to either ROD, DI, or any unfilled appointment slots throughout clinic (patients register after being triaged)*

Your role as attending for drop-in clinic

- *You will work directly with triage RN to manage clinic flow and assist in distributing same-day drop-in patients to the residents on the red team, especially if GOD is unavailable.*
- *On occasion, you will be asked to go over to the triage area to see a patient if the triage RN has patient management questions*
- *Please note that any patients in triage with acute or urgent needs should not be given urgent appointments in the evening.*
- *These patients would most likely benefit from an UCC or ED transfer*
- *Only straightforward, non-acute patients should be scheduled into available appointments in the evening when patients were triaged in the morning or afternoon.*
- ***FHC Drop-In Pool:** check-in with the residents regarding the FHC Drop-In Pool. Drop-in residents are expected to check in once per shift for any urgent lab or phone follow-up and/or anticipated patients coming into drop-in.*
- ***If no GOD is available:** the 81 attending becomes the GOD (please see section above on GOD)*
- ***Help check provider pool in basket:** the 81 attending checks the Rx requests tab in the provider pool in basket, but if you have downtime, please help check the remainder of the provider pool*
- ***Prescription Refills:***
- *Only need to do refills for resident PCPs, not for faculty/NP/PA PCPs. You can opt to refill for all if you find that method easier.*
- *Criteria for refilling non-controlled substance medication*
- *Review patient's medication list*
- *Patient must have had 1 visit with an FHC provider within the last 12 months*
- *For high risk medication, you can give a 30-day supply and ask pharmacy to tell patient to make a f/u appointment before more refills are given.*
- *For chronic medications, complete 90-day supplies along with 3 refills*
- *If unclear whether patient has been seen in last 12 months*
- *If the medication seems essential, you can refill for 30-day at your discretion and request for patient to follow-up with an appointment*
- *If the medication is non-essential, you can leave for PCP to decide.*
- *If you have a question about a medication refill:*
- *You can route the refill request to the PCP if not urgent*
- *If urgent, please page or call PCP directly as many providers are only at the FHC once a week*

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- *Criteria for refilling controlled substance medication (should only be refilled for 30 days unless otherwise specified by PCP)*
- *Check Epic to review last PCP note specifying the plan for refills.*
- *Review CURES*
- *Under Chart Review -> Media, look for a "pain agreement" or search within chart for a "controlled substance agreement"*
- *Consider ordering a urine toxicology test if not up to date*
- *If there is a plan for refills, it is ok to give refills if clearly indicated by PCP in their note.*
- *If there is no plan but you feel that the patient should have a refill (due to lack of appts available for pts, etc.), then refill for a month and make sure that the patient has a clear follow-up plan. Be sure to inform PCP via TE.*
- *If there is no plan and you don't think a refill is appropriate, send a high priority TE to the PCP.*

- *On Fridays, all refill requests must be completed by the end of the afternoon session. You may ask the COD or 85 attendings for assistance if you are not able to get through the provider pool in basket. If there are still refills left when everyone leaves on Friday, you must let Alanna Labat know.*

- *See FHC Lab Triage Protocol*

- *Help check resident in baskets:*
- *Inter-visit patient care and in basket management are integral to outpatient primary care. As outpatient preceptors, it is imperative that we teach and model in basket work with the residents.*
- *Each shift: Check in with the residents regarding their in-basket. Clinic attendings are expected to be the primary resource for residents for in-basket management questions.*
- *Ask residents if they have clinical or logistical questions regarding in-basket tasks.*
- *Proactively look through resident in baskets as a way to help them even if they say they don't need help*
- *Provide tips on how to manage and clear items in their in-baskets*
- *Remind residents that the in-clinic attendings are an excellent resource for questions in real time and they can call into the attending rooms if they are offsite.*
- § *In basket items should not be deferred or routed to the FTL unless the resident has already communicated with their practice partner and chiefs about the need for additional FTL support.*
- *For reference, the resident practice partner tipsheet, including resident specific expectations for in basket management, can be found here.*
- *Practice Partner list for 2021-2022*

- *At the end of your precepting session, ensure that all patients have left the clinic by checking all the exam rooms. Attendings MUST stay on site until all patients have left the FHC.*

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• ***Best Practices:***

- ***Arrive to huddle on time to model the importance of huddle attendance to our learners***
- ***Ensure all drop in residents are at huddle. If not present, you can wait 10 minutes to see if they arrive. If after 10 minutes, they have not arrived please call the chiefs on the chief line at 530-424-9412 for assistance.***
- ***Use secure chat as a way to the communicate with all team members present in clinic***
- ***If you are COD, hold the COD phone.***
- ***Consider working on the computer closest to the door in the 81 precepting room so that you can see down the hallway and monitor what is happening in the waiting room and assist as needed to de-escalate any situations that may arise.***
- ***On your schedule in Epic, consider making a sub-schedule called "drop in" and add the drop in resident and drop in RN schedules to make it easier to monitor drop in flow.***
- ***Have Notion/COVID Central/FHC updates email google doc pulled up on your computer as a resource to show residents where they can find various info during your precepting session***
- ***At the last hour of your precepting shift, determine if you will need help with the provider pool and if so, contact the other preceptors and/or COD for assistance.***

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W85 Attending Responsibilities

- *Resident teaching:*
- *R2 Linkage on Mon AM and Wed AM with chronic care teaching from 8:30-9am.*
- *R3 Linkage on Wed PM and Fri PM*
- *We aim to have a consistent group of preceptors for the linkage sessions to provide continuity for residents and patient care.*
- *Chronic Care curriculum and Senior (R2 and R3) Linkage Review: Lydia will email all involved attendings with updates and scheduling plans.*
- *Precept both in person and telehealth residents. Please contact Alanna if you need a laptop for zoom precepting.*
- *If no COD is available, assist the 81 attending to monitor clinic flow*
- *Assist the 85 nursing teams and provide clinical support as needed*
- *Help check provider pool in basket: ensure you are logged in to view the "provider pool" on your in basket. Review "patient calls", "patient advice requests", "results" and all other tabs in the provider pool. Do not need to review "Rx requests".*

Patient Calls: medication refills and review documents

- *Only need to do refills for resident PCPs, not for faculty/NP/PA PCPs. You can opt to refill for all if you find that method easier.*
- *See 81 attending responsibilities section on prescription refills above*
- *Patient calls*
- *The SFGH Medical Records department has very clear instructions about what should be routed here for FHC attendings to check*
- *At times, you may have in basket items routed from the RN or Clinical Support pool that needs provider follow up. We have asked that only resident PCP items be routed to the Provider Pool if urgent follow up is needed.*

Review labs and diagnostic studies

- * *Results*
- * *You can use the guidelines for review of abnormal lab reports to understand when you should:*
- *Outreach to patients during a clinic session and simply sign out/send info to PCP as FYI*
- *Send a TE or page a provider to hand off next steps for a lab/study result*
- *Leave the lab/result for PCP to take care of*
- * *On Fridays, all lab/study results must be reviewed by the end of the afternoon session.*
- *Remember: you may ask the COD or 81 attending for assistance if you are not able to get through the in basket.*
- *If there are still labs to review after everyone leaves on Friday, you must contact Alanna Labat*
- *Help check resident in baskets:*

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- *Inter-visit patient care and in-basket management are integral to outpatient primary care. As outpatient preceptors, it is imperative that we teach and model in basket work with the residents.*
- *Each shift: Check in with the residents regarding their in-basket. Clinic attendings are expected to be the primary resource for residents for in basket management questions.*
- *Ask residents if they have clinical or logistical questions regarding in-basket tasks.*
- *Proactively look through resident in-baskets as a way to help them even if they say they don't need help*
- *Provide tips on how to manage and clear items in their in-baskets*
- *Remind residents that the in-clinic attendings are an excellent resource for questions in real time and they can call into the attending rooms if they are offsite.*
- § *In basket items should not be deferred or routed to the FTL unless the resident has already communicated with their practice partner and chiefs about the need for additional FTL support*
- *For reference, the resident practice partner tipsheet, including resident-specific expectations for in basket management, can be found [here](#).*
- *[Practice Partner list for 2021-2022](#)*

Zoom attending

- *Zoom-attending duties have now been incorporated into the 85 attending duties, unless otherwise specified.*
- *If there is not enough space to safely physically distant at the FHC, we may convert resident continuity clinics to all telehealth visits. Usually there should be no more than 1-2 residents on telephone visit-only clinics. These residents will be listed under the Telephone Clinics on the FHC Google Clinic Schedule.*
- *Attendings must monitor their secure chat messages in Epic, which will change to orange when there is a message, and re-assign any patients as needed to an available provider.*
- *The attending who is taking responsibility for moving the patient will reply to the provider who requested support and to the other preceptors via secure chat so that the communication loop is closed.*
- *Additional tip: If you are reassigning scheduled patients to someone else, please 'Change Provider to Me' at the end of the clinic session. If you do it in advance, the slot that is opened on the original provider's template could be filled by the GGC/NAL without your knowledge. Best to wait until the end of the clinic.*
- *For more details regarding the Zoom precepting workflow, please review the [Zoom standard work](#)*

Newcomers Health Program (NHP)

- *Green team R2 and R3 residents see patients who receive their asylee/refugee health screenings through the Newcomers Health Program. The screenings comprise of 2 visits, an initial health assessment with special attention paid to mental health screening and a follow-up visit to review labs/studies results.*
- *There is a special state-mandated medical form that the residents must fill out.*
- *After the initial visit, there is a follow-up appointment*

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- *NHP patients have a very specific list of labs/studies to complete as part of their health assessment, depending on their country of origin.*
- *If you ever have questions about these screenings, the Newcomers staff is a great resource. Their office is located directly across from the Green Team care team room.*
- *At the end of your precepting session, ensure that all patients have left the clinic by checking all the exam rooms. Attendings MUST stay on site until all patients have left the FHG.*
- *Best Practices:*
 - *Arrive to huddle on time to model the importance of huddle attendance to our learners*
 - *Ensure all residents on your team are at huddle. If not present, you can wait 10 minutes to see if they arrive. If after 10 minutes, they have not arrived please call the chiefs on the chief line at 530-424-9412 for assistance.*
 - *Use secure chat as a way to communicate with all team members present in clinic*
 - *On your schedule in Epic, consider making a sub-schedule called "precepting" and add the gold/green/telehealth residents; schedules to make it easier to monitor clinic flow.*
 - *If there are residents doing telehealth, log into zoom and secure chat them to make sure they are on Epic to do their telehealth clinic.*
 - *Have Notion/COVID Central/FHG updates email google doc pulled up on your computer as a resource to show residents where they can find various info during your precepting session*
 - *At the last hour of your precepting shift, determine if you will need help with the provider pool and if so, contact the other preceptors and/or GOD for assistance*

Min # of patients to see per session
• R1: 3-4
• R2: 5-6
• R3: 7-8

Intern Linkage Attending Responsibilities

Intern Linkage

- *Resident teaching:*
 - *Perinatal linkage usually the second Thursday of each month from 1-1:30pm: Kimmy will email all attendings with updates and scheduling plans*

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- *Outpatient family medicine linkage on designated Thursdays from 1-1:30pm: Lydia will email all involved attendings with updates and scheduling plans*
- *We aim to have a consistent group of preceptors for the linkage sessions to provide continuity for residents and patient care.*
- *It is crucial that you prepare for these sessions by looking over the materials that are emailed to you prior so that resident learning and your knowledge about the FHC specific workflows/practices are enhanced. A great deal of energy and time is put into making the handouts/modules so please use and refer to them.*
- *Help check the in-baskets of interns who are not in clinic including when interns are on vacation*

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

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

*Family Medicine Inpatient Service
Attending Physician Expectations
Revised 3/2022*

Patient Care

All attending physicians are expected to:

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

Teaching

All attending physicians are expected to:

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

Evaluation

All attending physicians are expected to:

- *Meet with all team members to provide performance feedback and to solicit feedback on their own performance*
- *Complete formal evaluations in a timely fashion*

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- *Notify the inpatient service directors if a resident or student may need a focused educational plan*

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Documentation

All attending physicians are expected to:

- *Complete admission History and Physical attestation notes on the day of service. These notes must be completed and in the electronic health record by no later than the morning following admission*
- *Complete a daily progress note on all patients seven days per week*
- *Attending physicians attest resident notes and add to them as needed*
- *Medical student progress notes are not part of the medical record and attending physicians must generate and document a progress note separate from that of the student*
- *Document procedures they have supervised by writing a procedure note using the templates available in the electronic health record*

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Professionalism

All attending physicians are expected to:

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

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Practice Improvement

All attending physicians are expected to:

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

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APPENDIX F: FAMILY & COMMUNITY MEDICINE PRIVILEGES

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

**FCM FAMILY AND COMMUNITY MEDICINE 2008
(10/08 MEC) (03/11 Admin. Rev.) (10/21 MEC)**

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

Applicant _____

Requested Approved

14.00 OUTPATIENT CARE PRIVILEGES

14.01 Ambulatory Care Privileges for Family Medicine prepared physicians

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

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

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.03 Behavioral Health Center Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Concurrence of Behavioral Health Center Medical Director required.

Signature, Behavioral Health Center Medical Director

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

14.10 INPATIENT CARE PRIVILEGES

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

14.11 Family Medicine Inpatient Service Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.12 Skilled Nursing Facility Care Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Concurrence of Skilled Nursing Facility Medical required.

Signature, Skilled Nursing Facility Medical Director

14.13 Nursery Privileges

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

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

Proctoring: Case review for 3 newborn admissions.

Reappointment: Case review of 2 newborn admissions.

14.20 PERINATAL PRIVILEGES

Render care to women during the perinatal period, including specific privileges 14.21 – 14.27, if requested and approved below.

14.21 Normal Vaginal Delivery

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

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

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

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

Reappointment: Review of 3 cases.

Requested Approved

14.22 Vacuum-assisted Delivery (Obstetrics Consultation Required)

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

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

Reappointment: Case review of 1 delivery using vacuum assistance.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.23 First Assist in Cesarean Delivery (Obstetrics Consultation Required)

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

Proctoring: Case review and direct observation of 5 Cesarean deliveries.

Reappointment: Case review of 1 Cesarean delivery.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.24 Ultrasound in Pregnancy

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

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

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

Reappointment: Case review of 2 ultrasound images.

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

14.25 External Cephalic Version

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; active FCM Cesarean delivery privileges; and documentation of a minimum of 2 procedures.

Proctoring: Concurrent review of 2 cases.

Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.26 Cesarean Delivery

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of 12 month fellowship including training in operative obstetrics; and documentation of a minimum of 50 Cesarean deliveries or active Cesarean delivery privileges within the last 5 years.

Proctoring: Concurrent review of 5 Cesarean deliveries.

Reappointment: Satisfactory performance of a minimum of 10 Cesarean deliveries in 2 years; case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.27 Postpartum Sterilization

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; and documentation of a minimum of 10 procedures within the last 2 years.

Proctoring: Concurrent review of 2 cases.

Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.30 SPECIAL PRIVILEGES

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

14.31 Lumbar Puncture

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

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

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

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

14.32 Paracentesis

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

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

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

14.33 Thoracentesis

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

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

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

14.34 Placement of Central Venous Catheter, including Femoral Venous Catheter

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

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

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

14.35 Intrauterine Procedures

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

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

Proctoring: Review of 2 cases.

Reappointment: Review of 2 cases.

14.36 Surgical Termination of First-trimester Intrauterine Pregnancy

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

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

Proctoring: Case review of 3 surgical terminations.

Reappointment: Case review of 2 terminations.

14.37 Vasectomy

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

14.40 LIMITED AMBULATORY CARE PRIVILEGES

14.41 Acupuncture

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

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

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

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

14.42 Dentistry

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.43 Clinical Psychology

Provide individual and family counseling and therapy.

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.44 Allergy and Immunology

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

14.50 WAIVED TESTING

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

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

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

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

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

14.60 STRAIN-COUNTERSTRAIN MANIPULATIVE MEDICINE PRIVILEGES

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

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

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

Reappointment: Review of five 5 cases.

14.70 CLINICAL AND TRANSLATION SCIENCE INSTITUTE (CTSI) RESEARCH

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

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

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

Reappointment: All OPPE metrics acceptable.

Concurrence of the CTSI Director required.

 Signature, CTSI Director

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested _____ Approved _____

14.80 ADDICTION MEDICINE

Provide addiction medicine consultative services and treatment to patients in the inpatient and ambulatory settings.

Prerequisites: Currently board admissible, certified, or re-certified by the American Board of Addiction Medicine OR by the American Board of Preventative Medicine Addiction Medicine Subspecialty and board admissible, certified or re-certified by the American Board of Internal Medicine, an Internal Medicine Subspecialty, American Board of Family Medicine, American Board of Pediatrics, American Board of Psychiatry and Neurology, or American Board of Emergency Medicine. Approval of the Director of the Addiction Medicine Service required for all applicants.

Proctoring: Review of 5 cases. Review to be performed by Addiction Medicine Service Director or designee.

Reappointment: Review of 3 cases. Review to be performed by Addiction Medicine Service Director or designee.

Concurrence of the Addiction Medicine Service Director or Designee required.

Signature, Addiction Medicine Service Director or Designee

SIGNATURES

, MD

Date

Teresa J. Villela, MD, Chief of Service

Date

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

APPENDIX: Privileging Criteria Detail

PRIVILEGES	INITIAL PROCTORING CRITERIA	REAPPOINTMENT CRITERIA (every 2 years)
14.00 Outpatient Clinic		
14.01 Ambulatory Care Privileges for Family Medicine prepared physicians	Review of 5 cases	Review of 3 cases
14.02 Ambulatory Care Privileges for Internal Medicine or Emergency Medicine prepared physicians	Review of 5 cases	Review of 3 cases
14.03 Behavioral Health Center Privileges	Review of 5 cases	Review of 3 cases
14.10 Inpatient Care		
14.11 Family Medicine Inpatient Service Privileges	Review of 5 cases	Review of 3 cases
14.12 Skilled Nursing Facility Care Privileges	Review of 5 cases	Review of 3 cases
14.13 Nursery Privileges	Case review of 3 newborn admissions	Case review of 2 newborn admissions
14.20 Perinatal Care		
14.21 Normal Vaginal Delivery	Case review and direct observation of a minimum of 3 deliveries	Review of 3 cases
14.22 Vacuum Assisted Deliveries (OB consultation required)	For applicants with documentation of prior successful performance of a minimum of 25 vacuum assisted deliveries— case review and direct observation of a minimum of 2 deliveries using vacuum assistance. For applicants with documentation of fewer than 25 vacuum-assisted deliveries—case review and direct observation of 5 deliveries using vacuum assistance.	Case review of 1 delivery using vacuum assistance
14.23 First Assist in Cesarean Section (OB consultation required)	Case review and direct observation of 5 Cesarean Section	Case review of 1 Cesarean Section
14.24 Ultrasound in Pregnancy	For applicants with documentation of satisfactory performance of at least 25 ultrasounds in pregnancy at another institution (residency or medical staff): case review and direct observation of 5 ultrasounds in pregnancy. For applicants without documentation: case review and direct observation of 25 ultrasounds in pregnancy.	Case review of 2 ultrasound images
14.30 Special Privileges		
14.31 Lumbar Puncture	Review of 2 cases	Review of 2 cases
14.32 Paracentesis	Review of 2 cases	Review of 2 cases
14.33 Thoracentesis	Review of 2 cases	Review of 2 cases
14.34 Placement of central venous catheter, including femoral venous catheter	Review of 2 cases	Review of 2 cases
14.35 Intrauterine Procedure: a) endometrial biopsy, b) insertion of intrauterine device (IUD)	Review of 2 cases	Review of 2 cases
14.36 Surgical termination of first trimester of pregnancy at appropriate facilities	Case of review of 3 surgical terminations	Case review of 2 terminations
14.37 Vasectomy	Review of 5 cases	Review of 3 cases
14.40 Limited Ambulatory Care Privileges		
14.41 Acupuncture	5 direct observations and 5 cases to be reviewed by a medical staff member who maintains unproctored status for acupuncture privileges within the CHN/ZSFG system. Direct observations and chart reviews may be on the same patient or on different patients. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for reappointment recommendations.	Review 5 cases by a medical staff member who maintains unproctored status for acupuncture privileges within the CHN/ZSFG system. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for reappointment recommendations
14.42 Dentistry	Review of 5 cases	Review of 3 cases
14.43 Clinical Psychology	Review of 5 cases	Review of 3 cases
14.44 Allergy and Immunology	Review of 5 cases	Review of 3 cases

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

PRIVILEGES	INITIAL PROCTORING CRITERIA	REAPPOINTMENT CRITERIA (every 2 years)
14.50 Waived Testing		
14.50 Waived Testing: a) fecal occult blood; b) vaginal pH testing; c) urine pregnancy; d) urine dipstick	By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.	Renewal of privileges requires documentation, every two years, of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.
14.60 Strain-Counterstrain manipulative medicine		
14.60 Strain-Counterstrain manipulative medicine	5 direct observations and 5 cases to be reviewed by a SFGH medical staff member who either maintains Strain-Counterstrain privileges or is a Doctor of Osteopathy who has received training in the Strain-Counterstrain technique.	Review of 5 cases
14.80 Addiction Medicine		
14.80 Addiction Medicine	Review of 5 cases. Review to be performed by Addiction Medicine Service Director or designee.	Review of 3 cases. Review to be performed by Addiction Medicine Service Director or designee.

APPENDIX G: CHART REVIEW FORMS

ZSFG Family and Community Medicine

CHART REVIEW

Appt/Reappt										
Provider	Site	Appt. Type	Reviewer	Signature	Date					
MRN	Encounter Date	Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA	Acceptable
History, exam, and diagnostic studies reflect patient's condition and reason for visit or admission										
Assessment and problem identification are accurate and complete										
Therapeutic plans/regimens meet accepted standards										
Psychosocial factors are noted and included in development of therapeutic plans										
Problem list is reviewed and updated										
Medication list is reviewed and updated										
Allergies are reviewed and updated when needed										
Health care maintenance is reviewed and updated when needed										
Patient education is documented										
IF SUPERVISING TRAINEES: Note reflects expected level of involvement in care of patient										
Comments										

Corrective Action None Needed Provider Counseled Topic Discussed in Staff Mtg Other:

Use this form for Privileges 14.01, 14.02, 14.03, 14.11, 14.12, 14.13, 14.41
March 2022

Init/Reappt					
Provider	Service	Appt Type	Reviewer	Signature	Date

Procedure	MRN	Encounter Date	Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA
Indication for procedure is documented, including history and exam														
Informed consent obtained in the patient's language														
"Time-out" procedure completed and documented														
Procedure performed/supervised with satisfactory technical skill														
Post-procedure education and management														
Management of complications (if any)														

Comments

Corrective Action
 None Needed
 Provider Counseled
 Topic Discussed in Staff Mtg
 Other:

Init/Reappt					
Provider	Clinic	Appt. Type	Reviewer	Signature	Date

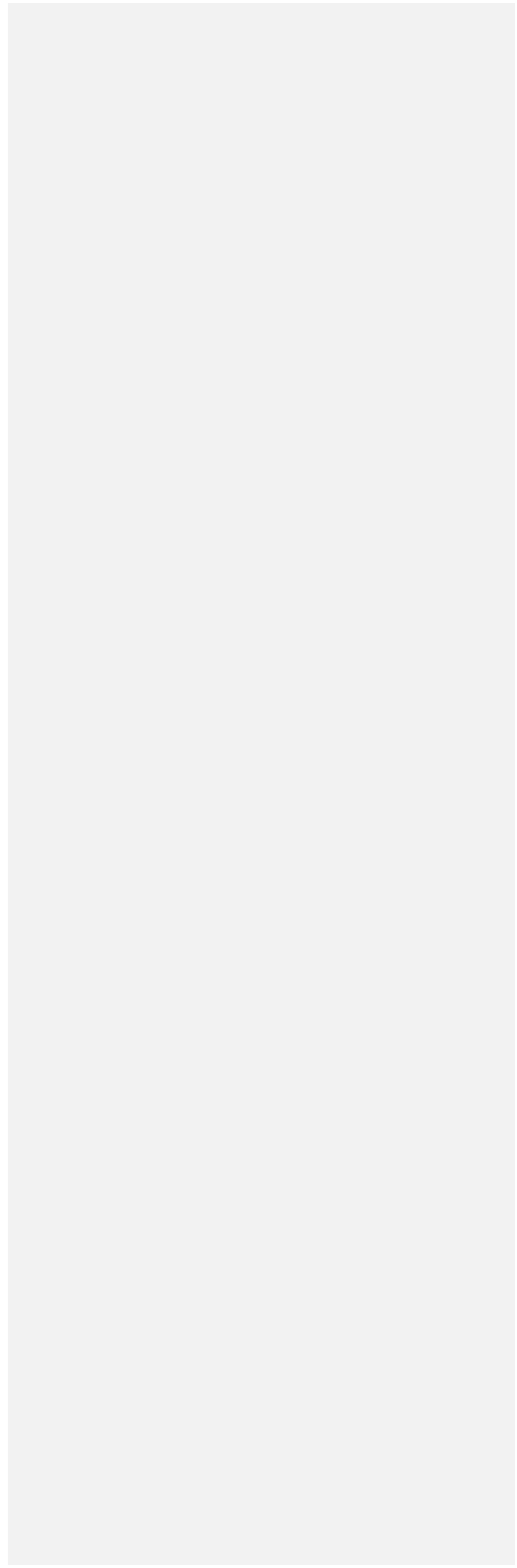
MRN											
Encounter Date	Acceptable	Improve	Unacceptable	MA	Acceptable	Improve	Unacceptable	MA	Acceptable	Improve	Unacceptable
Statement of patient's view of problem											
Important interpersonal relationship noted.											
Assessment of patient's problem in context of relationship.											
Therapeutic plan noted.											
Progress of therapeutic plan noted.											
Overall care meets high standards.											

Comments

Corrective Action
 None Needed
 Provider Counseled
 Topic Discussed in Staff Mtg
 Other: _____

Use this form for Privilege 14.43
March 2022

APPENDIX H: OPPE FORM AND THRESHOLDS



FCM OPPE 2020		Acceptable	Marginal	Unacceptable	Not Relevant	Comments	DATA Source
Patient Care							
1. SBP <130 for patients diagnosed with HTN	≥ 60%	51-59%	≤ 50%				Epic unedited
2. Percent of patient panel aged 50-75 with up to date colorectal cancer screening	≥ 40%	25-39%	≤ 24%				Epic unedited
3. Procedure complications attributable to provider	0-1	2	≥ 3				Department Review
Medical/Clinical Knowledge							
4. Board certification	Active/Current	<2 years overdue	≥ 2 years overdue				MSO (Halogen reports, board cert, license)
5. CME activity within past year	≥ 50 hours	31-49 hours	≤ 30 hours				Department Review
Practice Based Learning and Improvement							
6. Completion of annual required ZSFG training modules	Prior to deadline	Within 60 days of deadline	≥ 60 days delayed				MSO (Halogen reports, board cert, license)
7. Participation in maintenance of Board certification activities	Current	n/a	Not current				Department Review
Interpersonal and Communication Skills							
8. Cases of concern/patient complaints/UOs/sentinel events	<2	2	>2				Department Review
9. Cases of concern/Colleague, Staff, Trainee complaints/UOs/sentinel events	<2	2	>2				Department Review
Professionalism							
10. Attendance at monthly department clinical meetings	≥ 60%	41-59%	≤ 40%				Department Review
11. Cases of concern/staff concerns/UOs/sentinel events	<2	2	>2				Department Review
Systems Based Practice							
12. Primary Care: patient panel size	≥ 80% of target	70-79% of target	≤ 69% of target				Epic unedited
13. Outpatient: Closing notes within 72 hours	> 90%	80-89%	< 80%				Epic unedited
14. Inpatient and SNF: Completing discharge summaries within 72 hours	> 90%	80-89%	< 80%				Epic unedited
DATA SOURCES							
Epic unedited							
Department Review							
MSO (Halogen reports, board cert, license)							

FCM OPPE 2020		Acceptable	Marginal	Unacceptable	Not Relevant	Comments	DATA Source:
Patient Care:							
1. SNP -150 for patients diagnosed with HTN	≥ 60%	51-59%	≤ 50%				Epic unedited
2. Percent of patient panel aged 50-75 with up to date colorectal cancer screening	≥ 40%	25-39%	≤ 24%				Epic unedited
3. Procedure complications attributable to provider:	0-1	2	≥ 3				Department Review
Medical/Clinical Knowledge:							
4. Board certification	Active/Current	<2 years overdue	≥ 2 years overdue				MDO (Halogen reports, board cert, license)
5. CME activity within past year	≥ 50 hours	33-49 hours	≤ 30 hours				Department Review
Practice Based Learning and Improvement:							
6. Completion of annual required ZSFG training modules	Prior to deadline	Within 60 days of deadline	≥ 60 days delayed				MDO (Halogen reports, board cert, license)
7. Participation in maintenance of Board certification activities	Current	n/a	Not current				Department Review
Interpersonal and Communication Skills:							
8. Cases of concern/patient complaints/UCOs/sentinel events	<2	2	>2				Department Review
9. Cases of concern/Colleague, Staff, Trainee complaints/UCOs/sentinel events	<2	2	>2				Department Review
Professionalism:							
10. Attendance at monthly department clinical meetings	≥ 60%	41-59%	≤ 40%				Department Review
11. Cases of concern/staff concerns/UCOs/sentinel events	<2	2	>2				Department Review
Systems Based Practice:							
12. Primary Care: patient panel size	≥ 80% of target	70-79% of target	≤ 69% of target				Epic unedited
13. Outpatient, inpatient and SNF: Completing discharge summaries and closing notes within 72 hours	> 90%	80-89%	< 80%				Epic unedited
DATA SOURCES:							
Epic unedited							
Department Review							
MDO (Halogen reports, board cert, license)							

**FAMILY & COMMUNITY MEDICINE
CLINICAL SERVICE RULES AND REGULATIONS
2024**

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

A. SCOPE OF SERVICE

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

B. MEMBERSHIP REQUIREMENTS

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

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

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

1. Organization

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

a) Chief of Service

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

b) Vice Chief of Service

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

c) Directors, Family Health Center (FHC)

The directors provide leadership and oversight of the FHC and overall direction of clinical and research activities in the FHC (see **Appendix C** for the FHC Clinical Research Policy). The directors shall develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; coordinate the FHC's participation in the Performance Improvement and Patient Safety Program relating to the FHC; and prepare budgets and other reports in collaboration with the Nurse Manager, MSO, and/or Chief of Service.

d) Directors, Family Medicine Inpatient Service (FMIS)

The directors provide leadership and oversight of the FMIS and overall direction of the service, including clinical operations and educational activities. The directors shall develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary, and coordinate FMIS participation in the Performance Improvement and Patient Safety Program.

e) Directors, Prenatal Partnership Program (PPP)

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

f) Director, Skilled Nursing Facility (SNF)

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

2. Clinical Services

a. Family Health Center

The FHC is an ambulatory care setting located on the ZSFG campus on the first and fifth floors of Building 80 and first floor of Building 90. FHC care is delivered using a Family Medicine model. Care is provided with concern for the total health care of the individual and the family, and the scope of practice is not limited by age, sex, organ system, or disease entity. Biological, clinical, and behavioral sciences are integrated in the care provided by family physicians, family nurse practitioners, and physician assistants at the FHC. Hours of operation are 8:30 a.m. to 9:00 p.m. Monday through Thursday, 8:30 a.m. to 5:00 p.m. Friday, and 8:30 a.m. to 12:00 noon on Saturday.

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

Urgent care for FHC patients is available on site on a drop-in basis or by appointment during the hours of operation. After-hours telephone advice is provided by a nurse advice line in collaboration with family medicine faculty members. Patients are encouraged to call for telephone advice during off hours and may be referred for evaluation at the FHC, at the ZSFG Emergency Department, Urgent Care Center, or Pediatric Urgent Care Center as appropriate.

b. ZSFG Family Medicine Inpatient Service

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

c. ZSFG Skilled Nursing Facility

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

d. ZSFG Urgent Care Center

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

e. Prenatal Partnership Program

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

f. Attending Physician Responsibilities

Overall direction of clinical care is the responsibility of the FCM attending staff either directly or through supervision of residents, affiliated medical staff members, and medical students. Requirements for FCM attending physicians are detailed in **Appendices D and E**.

II. CREDENTIALING

A. NEW APPOINTMENTS

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

B. REAPPOINTMENTS

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

1) Modification of Clinical Service

The process for modification of FCM clinical services will be through the appropriate required review process.

2) Staff Status Change

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

3) Modification/Changes to Privileges

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

C. AFFILIATED PROFESSIONALS

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

D. STAFF CATEGORIES

FCM staff members fall into the same categories described in the ZSFG Bylaws and Rules and Regulations, as well as in these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT AND ANNUAL REVIEW OF PRIVILEGES

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

B. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES

(Refer to **Appendix F**)

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

C. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. PROCTORING AND MONITORING REQUIREMENTS

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

The scope of individual provider activity is determined by level of training and skills obtained in special procedure training. Clinical competence is monitored through direct

observation, chart review, and practice audits. In general, the scope of provider activity is in keeping with that defined by the American Board of Family Medicine and the Accreditation Council of Graduate Medical Education (ACGME) Residency Review Committee for Family Medicine. All care delivered by non-licensed residents is directly supervised by an attending physician in both the inpatient and outpatient settings. Licensed residents may be indirectly supervised only after meeting criteria outlined by the FCM Residency Program Clinical Competence Committee. The FM Inpatient Service physician of record is always a family physician faculty member.

B. PROCTORING AND COMPETENCY REVIEW

1. INITIAL APPOINTMENT

Initial appointment will include review of qualifications, prerequisites, and previous experience for each privilege requested. The privileges request form (**Appendix F**) specifies the qualifications, prerequisites, and proctoring requirements for each privilege. Proctoring for initial appointment will include direct observation, case review, and review of the medical record. Forms used for documentation of case reviews are included in **Appendix G**.

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

If the minimum number of proctored cases is insufficient for making a valid determination of clinical competence, proctoring will continue until a valid determination of clinical competence is achieved. This determination will be made jointly by the proctor and the Chief of Service.

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

2. REAPPOINTMENT

- a.** Following initial appointment, review will be performed prior to each reappointment. The Chief of Service will be responsible for this evaluation. The evaluation will be based on a combination of concurrent assessment by the medical directors and clinical data sources for ambulatory and inpatient care.
- b.** Clinical performance data for review will consist of the following.
 - i.** Chart review: A minimum number of cases and charts will be reviewed for each privilege for which the clinician is credentialed, as outlined in the FCM privileges form (**Appendix F**).
 - ii.** Clinical indicators and practice profiles: These indicators will be reviewed for the entire population of patients for whom the

clinician had primary clinical responsibility during the two-year period preceding reappointment. These will be reported to the provider and the ZSFG Medical Staff Office every 11 months as an Ongoing Professional Practice Evaluation (OPPE).

- iii. Case presentation: At least once during the reappointment period, each physician will present, to the FCM faculty, a patient case or cases for which he/she is clinically responsible.
- iv: Other information as appropriate, including unusual incidence reports, adverse drug reaction reports, and similar information collected by ZSFG committees.

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

C. ADDITION OF PRIVILEGES

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

D. REMOVAL OF PRIVILEGES

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

V. EDUCATION

The following FCM educational opportunities are regularly offered:

- Department of Family and Community Medicine Grand Rounds, monthly
- FCM Clinical Staff Meetings, monthly
- Morbidity and Mortality Conference, monthly
- Case conferences at attending faculty meetings, monthly
- Faculty Development Sessions, minimum three per year
- Other FCM-sponsored seminars and conferences

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

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

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

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

B. EVALUATION OF RESIDENTS

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

VII. FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE CONSULTATION CRITERIA

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

VIII. DISCIPLINARY ACTION

The ZSFG Bylaws, Rules, and Regulations will govern all disciplinary action involving FCM members.

IX. PERFORMANCE IMPROVEMENT/PATIENT SAFETY AND UTILIZATION MANAGEMENT

A. GOALS AND OBJECTIVES

The Chief of Service, or designee, is responsible for evaluation and improvement of clinical performance, for ensuring patient safety, and for identifying and implementing solutions to quality-of-care issues. As necessary, assistance is invited from other departments, the Performance Improvement/Patient Safety Committee, or the appropriate administrative committee or organization.

B. RESPONSIBILITY

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

C. REPORTING

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

D. CLINICAL INDICATORS

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

E. CLINICAL SERVICE ONGOING PROFESSIONAL PRACTICE EVALUATIONS

In collaboration with the ZSFG Performance Improvement and Patient Safety Department, FCM selects clinical indicators to monitor the performance of each physician with primary direct clinical responsibility for a population of patients. These Ongoing Professional Practice Evaluations (OPPEs; see **Appendix H**) are produced, reviewed, and disseminated to each provider by the Chief of Service. OPPEs for all physicians are compiled and presented to the ZSFG Medical Staff Office every eleven months.

F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

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

G. MONITORING AND EVALUATION OF PROFESSIONAL PERFORMANCE

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

X. MEETING REQUIREMENTS

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

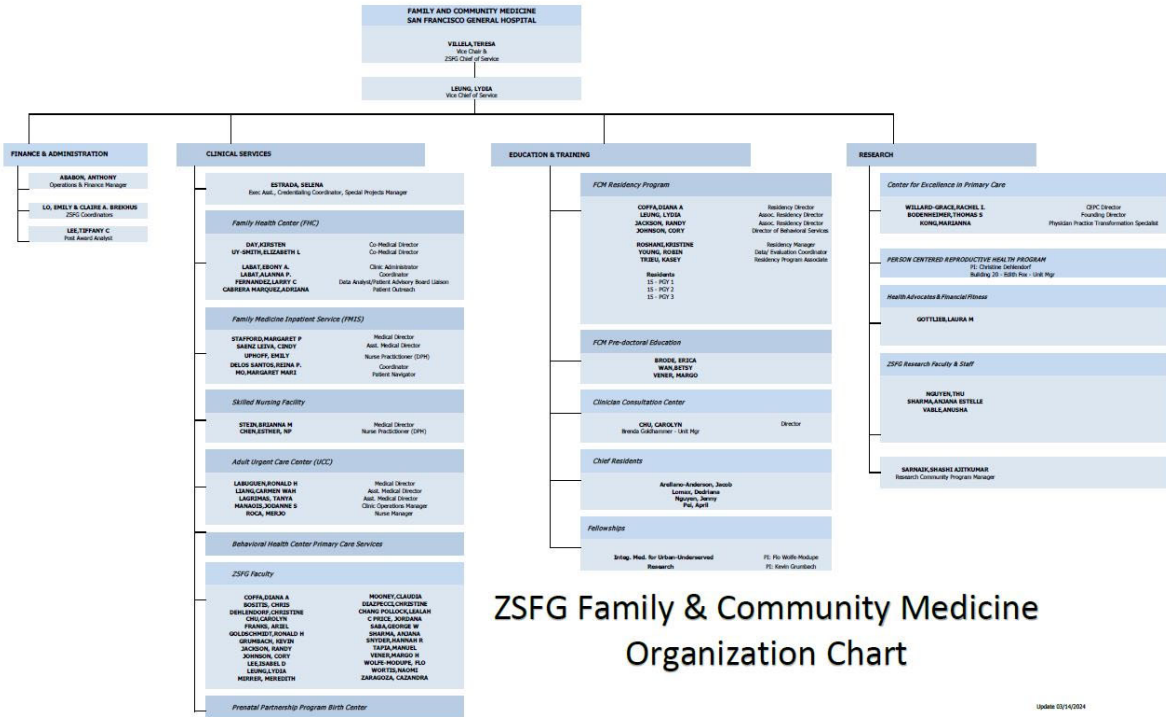
FCM members shall meet as frequently as necessary, but at least quarterly, to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

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

XI. ADOPTION AND AMENDMENT

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

APPENDIX A: FAMILY & COMMUNITY MEDICINE ORGANIZATIONAL STRUCTURE



**ZSFG Family & Community Medicine
Organization Chart**

Update 02/14/2024

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

Chief, Family and Community Medicine Service

Zuckerberg San Francisco General Hospital

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

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

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

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

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

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

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

A. ADMINISTRATION

1. General Responsibilities

- a) Be responsible and accountable to the governing body through the Medical Executive Committee (MEC) for the clinical and administratively related activities within the clinical service;

- b) Be a participating member of the MEC;
- c) Be responsible for the integration of the clinical service into the primary functions of the organization;
- d) Be responsible for the coordination and integration of inter- and intra-departmental services;
- e) Provide administrative leadership for a culturally sensitive and competent program to the community served by ZSFG; and
- f) Provide administrative leadership for a culturally sensitive environment for UCSF and ZSFG employees and trainees.

2. Planning

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

3. Resource Management

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

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

4. Operations Management

- a) Designate an acting chief when the Chief of Service will be absent for a period longer than 24 hours but less than 30 days. After thirty (30) days, the process described in the Medical Staff Bylaws will be followed;
- b) Assume responsibility for orienting new members and enforce the Medical Staff Bylaws, Rules, Regulations, and Policies, the clinical service rules and regulations, and the hospital's policies and procedures within the respective clinical service;
- c) Participate in the administration of the Clinic Service through cooperation with the Nursing Service, Hospital Administration and all personnel involved in matters affecting patient care.

B. COMMUNICATION

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

C. PERFORMANCE IMPROVEMENT

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

D. MEDICAL STAFF CREDENTIALING AND PRIVILEGING

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

E. EDUCATION AND RESEARCH

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

Updated 2020

APPENDIX C: FHC CLINICAL RESEARCH POLICY

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

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

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

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

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

Researchers will follow these steps:

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

Approved by:



Lydia Leung, M.D.
Medical Director, Family Health Center

APPENDIX D: ATTENDING PHYSICIAN RESPONSIBILITIES FAMILY HEALTH CENTER

FHC ATTENDING AND PROVIDER ORIENTATION 2023-24*

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*Full content at: <https://ucsf.app.box.com/s/yfyo3d3kmcreaf3pzfm06d4zdg9ksee>

APPENDIX F: FAMILY & COMMUNITY MEDICINE PRIVILEGES

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

**FCM FAMILY AND COMMUNITY MEDICINE 2008
(10/08 MEC) (03/11 Admin. Rev.) (10/21 MEC)**

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

Applicant _____

Requested Approved

_____ **14.00 OUTPATIENT CARE PRIVILEGES**

_____ **14.01 Ambulatory Care Privileges for Family Medicine prepared physicians**
Perform basic procedures within the usual and customary scope of Family Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for patients of all ages in the Family Health Center (FHC), FHC satellites, or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service, and may write informational notes in the ZSFG inpatient medical record.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

_____ **14.02 Ambulatory Care Privileges for Internal Medicine or Emergency Medicine prepared physicians**
Perform basic procedures within the usual and customary scope of Internal Medicine or Emergency Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Family Health Center (FHC), FHC satellites or the patient's home. All procedures requiring anesthesia to be performed under local anesthesia. May refer patients for admission to the appropriate Inpatient Service and may write informational notes in the ZSFG inpatient medical record.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Internal Medicine or the American Board of Emergency Medicine.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

_____ **14.03 Behavioral Health Center Privileges**
Performs basic procedures within the usual and customary scope of Family Medicine or Internal Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the Behavioral Health Center.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine or the American Board of Internal Medicine.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

Concurrence of Behavioral Health Center Medical Director required.

Signature, Behavioral Health Center Medical Director

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

_____ 14.10 **INPATIENT CARE PRIVILEGES**
Admit and be responsible for hospitalized adults. Admissions may include medical, surgical, gynecological, and neurological problems, and medical complications in pregnant patients with obstetric consultation. May also follow patients admitted to critical care units in a consultative capacity.

_____ 14.11 **Family Medicine Inpatient Service Privileges**
Perform basic procedures within the usual and customary scope of Family Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for hospitalized adults.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

_____ 14.12 **Skilled Nursing Facility Care Privileges**
Perform basic procedures within the usual and customary scope of Family Medicine or Internal Medicine, including but not limited to diagnosis, management, treatment, preventive care, and minor procedures for adult patients in the ZSFG Skilled Nursing Facility (SNF).
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine or the American Board of Internal Medicine.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

Concurrence of Skilled Nursing Facility Medical required.

Signature, Skilled Nursing Facility Medical Director

_____ 14.13 **Nursery Privileges**
Render care to well newborns, including admitting and performing routine evaluations and management.
Prerequisite: Currently admissible, certified, or recertified by the American Board of Family Medicine.
Proctoring: Case review for 3 newborn admissions.
Reappointment: Case review of 2 newborn admissions.

_____ 14.20 **PERINATAL PRIVILEGES**
Render care to women during the perinatal period, including specific privileges 14.21 – 14.27, if requested and approved below.

_____ 14.21 **Normal Vaginal Delivery**

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

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

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

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

Reappointment: Review of 3 cases.

Requested Approved

14.22 Vacuum-assisted Delivery (Obstetrics Consultation Required)

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

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

Reappointment: Case review of 1 delivery using vacuum assistance.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.23 First Assist in Cesarean Delivery (Obstetrics Consultation Required)

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

Proctoring: Case review and direct observation of 5 Cesarean deliveries.

Reappointment: Case review of 1 Cesarean delivery.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.24 Ultrasound in Pregnancy

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

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

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

Reappointment: Case review of 2 ultrasound images.

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

14.25 External Cephalic Version

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; active FCM Cesarean delivery privileges; and documentation of a minimum of 2 procedures.

Proctoring: Concurrent review of 2 cases.

Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.26 Cesarean Delivery

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of 12 month fellowship including training in operative obstetrics; and documentation of a minimum of 50 Cesarean deliveries or active Cesarean delivery privileges within the last 5 years.

Proctoring: Concurrent review of 5 Cesarean deliveries.

Reappointment: Satisfactory performance of a minimum of 10 Cesarean deliveries in 2 years; case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.27 Postpartum Sterilization

Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; and documentation of a minimum of 10 procedures within the last 2 years.

Proctoring: Concurrent review of 2 cases.

Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.30 SPECIAL PRIVILEGES

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

14.31 Lumbar Puncture

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

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

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

			Reappointment: Review of 2 cases, one of which may be performed on a simulated model.
_____	_____		
Requested	Approved		
_____	_____		
		14.32 Paracentesis	Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases, one of which may be performed on a simulated model. Reappointment: Review of 2 cases, one of which may be performed on a simulated model.
_____	_____		
		14.33 Thoracentesis	Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases, one of which may be performed on a simulated model. Reappointment: Review of 2 cases, one of which may be performed on a simulated model.
_____	_____		
		14.34 Placement of Central Venous Catheter, including Femoral Venous Catheter	Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases, one of which may be performed on a simulated model. Reappointment: Review of 2 cases, one of which may be performed on a simulated model.
_____	_____		
		14.35 Intrauterine Procedures	
		a. Endometrial Biopsy	
		b. insertion of Intrauterine Device (IUD)	
			Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases. Reappointment: Review of 2 cases.
_____	_____		
		14.36 Surgical Termination of First-trimester Intrauterine Pregnancy	Perform surgical abortions in the first trimester of pregnancy at appropriate facilities at ZSFG. Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of at least 20 hours of formal training in surgical abortion, including first-trimester ultrasound for confirmation of intrauterine pregnancy and determination of gestational age, during residency or a CME program; and documentation of 50 procedures. Proctoring: Case review of 3 surgical terminations. Reappointment: Case review of 2 terminations.
_____	_____		
		14.37 Vasectomy	Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine and completion, as a licensed physician, of a minimum of 20 vasectomy procedures under supervision of a privileged and board-certified Urologist or Family Physician. Proctoring: Review of 5 cases. Reappointment: Review of 3 cases.

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

14.40 LIMITED AMBULATORY CARE PRIVILEGES

14.41 Acupuncture

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

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

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

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

14.42 Dentistry

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.43 Clinical Psychology

Provide individual and family counseling and therapy.

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.44 Allergy and Immunology

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

_____ _____
 _____ _____
 _____ _____
 _____ _____

14.50 WAIVED TESTING

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

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

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

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

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

_____ _____

14.60 STRAIN-COUNTERSTRAIN MANIPULATIVE MEDICINE PRIVILEGES

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

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

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

Reappointment: Review of five 5 cases.

_____ _____

14.70 CLINICAL AND TRANSLATION SCIENCE INSTITUTE (CTSI) RESEARCH

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

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

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

Reappointment: All OPPE metrics acceptable.

Concurrence of the CTSI Director required.

 Signature, CTSI Director

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested _____ Approved _____

14.80 ADDICTION MEDICINE

Provide addiction medicine consultative services and treatment to patients in the inpatient and ambulatory settings.

Prerequisites: Currently board admissible, certified, or re-certified by the American Board of Addiction Medicine OR by the American Board of Preventative Medicine Addiction Medicine Subspecialty and board admissible, certified or re-certified by the American Board of Internal Medicine, an Internal Medicine Subspecialty, American Board of Family Medicine, American Board of Pediatrics, American Board of Psychiatry and Neurology, or American Board of Emergency Medicine. Approval of the Director of the Addiction Medicine Service required for all applicants.

Proctoring: Review of 5 cases. Review to be performed by Addiction Medicine Service Director or designee.

Reappointment: Review of 3 cases. Review to be performed by Addiction Medicine Service Director or designee.

Concurrence of the Addiction Medicine Service Director or Designee required.

Signature, Addiction Medicine Service Director or Designee

SIGNATURES

, MD

Date

Teresa J. Villela, MD, Chief of Service

Date

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

APPENDIX: Privileging Criteria Detail

PRIVILEGES	INITIAL PROCTORING CRITERIA	REAPPOINTMENT CRITERIA (every 2 years)
14.00 Outpatient Clinic		
14.01 Ambulatory Care Privileges for Family Medicine prepared physicians	Review of 5 cases	Review of 3 cases
14.02 Ambulatory Care Privileges for Internal Medicine or Emergency Medicine prepared physicians	Review of 5 cases	Review of 3 cases
14.03 Behavioral Health Center Privileges	Review of 5 cases	Review of 3 cases
14.10 Inpatient Care		
14.11 Family Medicine Inpatient Service Privileges	Review of 5 cases	Review of 3 cases
14.12 Skilled Nursing Facility Care Privileges	Review of 5 cases	Review of 3 cases
14.13 Nursery Privileges	Case review of 3 newborn admissions	Case review of 2 newborn admissions
14.20 Perinatal Care		
14.21 Normal Vaginal Delivery	Case review and direct observation of a minimum of 3 deliveries	Review of 3 cases
14.22 Vacuum Assisted Deliveries (OB consultation required)	For applicants with documentation of prior successful performance of a minimum of 25 vacuum assisted deliveries— case review and direct observation of a minimum of 2 deliveries using vacuum assistance. For applicants with documentation of fewer than 25 vacuum-assisted deliveries— case review and direct observation of 5 deliveries using vacuum assistance.	Case review of 1 delivery using vacuum assistance
14.23 First Assist in Cesarean Section (OB consultation required)	Case review and direct observation of 5 Cesarean Section	Case review of 1 Cesarean Section
14.24 Ultrasound in Pregnancy	For applicants with documentation of satisfactory performance of at least 25 ultrasounds in pregnancy at another institution (residency or medical staff): case review and direct observation of 5 ultrasounds in pregnancy. For applicants without documentation: case review and direct observation of 25 ultrasounds in pregnancy.	Case review of 2 ultrasound images
14.30 Special Privileges		
14.31 Lumbar Puncture	Review of 2 cases	Review of 2 cases
14.32 Paracentesis	Review of 2 cases	Review of 2 cases
14.33 Thoracentesis	Review of 2 cases	Review of 2 cases
14.34 Placement of central venous catheter, including femoral venous catheter	Review of 2 cases	Review of 2 cases
14.35 Intrauterine Procedure: a) endometrial biopsy; b) insertion of intrauterine device (IUD)	Review of 2 cases	Review of 2 cases
14.36 Surgical termination of first trimester of pregnancy at appropriate facilities	Case of review of 3 surgical terminations	Case review of 2 terminations
14.37 Vasectomy	Review of 5 cases	Review of 3 cases
14.40 Limited Ambulatory Care Privileges		
14.41 Acupuncture	5 direct observations and 5 cases to be reviewed by a medical staff member who maintains unproctored status for acupuncture privileges within the CHN/ZSFG system. Direct observations and chart reviews may be on the same patient or on different patients. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committee recommendations.	Review 5 cases by a medical staff member who maintains unproctored status for acupuncture privileges within the CHN/ZSFG system. A summary monitoring report will be sent to the respective clinical service to be forwarded to the appropriate committees for reappointment recommendations
14.42 Dentistry	Review of 5 cases	Review of 3 cases
14.43 Clinical Psychology	Review of 5 cases	Review of 3 cases
14.44 Allergy and Immunology	Review of 5 cases	Review of 3 cases

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

PRIVILEGES	INITIAL PROCTORING CRITERIA	REAPPOINTMENT CRITERIA (every 2 years)
14.50 Waived Testing		
14.50 Waived Testing: a) fecal occult blood; b) vaginal pH testing; c) urine pregnancy; d) urine dipstick	By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.	Renewal of privileges requires documentation, every two years, of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.
14.60 Strain-Counterstain manipulative medicine		
14.60 Strain-Counterstain manipulative medicine	5 direct observations and 5 cases to be reviewed by a SFGH medical staff member who either maintains Strain-Counterstrain privileges or is a Doctor of Osteopathy who has received training in the Strain-Counterstrain technique.	Review of 5 cases
14.80 Addiction Medicine		
14.80 Addiction Medicine	Review of 5 cases. Review to be performed by Addiction Medicine Service Director or designee.	Review of 3 cases. Review to be performed by Addiction Medicine Service Director or designee.

APPENDIX G: CHART REVIEW FORMS

ZSFG Family and Community Medicine

CHART REVIEW

Appt/Reappt					
Provider	Site	Appt Type	Reviewer	Signature	Date

	MRN	Encounter Date	Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA
History, exam, and diagnostic studies reflect patient's condition and reason for visit or admission														
Assessment and problem identification are accurate and complete														
Therapeutic plans/regimens meet accepted standards														
Psychosocial factors are noted and included in development of therapeutic plans														
Problem list is reviewed and updated														
Medication list is reviewed and updated														
Allergies are reviewed and updated when needed														
Health care maintenance is reviewed and updated when needed														
Patient education is documented														
IF SUPERVISING TRAINEES: Note reflects expected level of involvement in care of patient														

Comments

Corrective Action
 None Needed
 Provider Counseled
 Topic Discussed in Staff Mtg
 Other:

Use this form for Privileges 14.01, 14.02, 14.03, 14.11, 14.12, 14.13, 14.41
March 2022

SFGH Family and Community Medicine

PROCEDURE REVIEW

CLINICAL PRACTICE

Init/Reappt					
Provider	Service	Appt Type	Reviewer	Signature	Date

Procedure												
MRN												
Encounter Date												
	Acceptable	Improve	Unacceptable	N/A	Acceptable	Improve	Unacceptable	N/A	Acceptable	Improve	Unacceptable	N/A
Indication for procedure is documented, including history and exam												
Informed consent obtained in the patient's language												
"Time-out" procedure completed and documented												
Procedure performed/supervised with satisfactory technical skill												
Post-procedure education and management												
Management of complications (if any)												

Comments

<input type="checkbox"/> Corrective Action	<input type="checkbox"/> None Needed	<input type="checkbox"/> Provider Counseled	<input type="checkbox"/> Topic Discussed in Staff Mtg	<input type="checkbox"/> Other:
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Use this form for Privileges 14.21, 14.22, 14.23, 14.24, 14.25, 14.26, 14.27, 14.31, 14.32, 14.33, 14.34, 14.35, 14.36, 14.37, 14.41, 14.60
March 2022

Init/Reappt					
Provider	Clinic	Appt Type	Reviewer	Signature	Date

	MRN																	
Encounter Date		Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA	Acceptable	Improve	Unacceptable	NA	
Statement of patient's view of problem																		
Important interpersonal relationship noted.																		
Assessment of patient's problem in context of relationship.																		
Therapeutic plan noted.																		
Progress of therapeutic plan noted.																		
Overall care meets high standards.																		

Comments

<input type="checkbox"/> Corrective Action	<input type="checkbox"/> None Needed	<input type="checkbox"/> Provider Counseled	<input type="checkbox"/> Topic Discussed in Staff Mtg	<input type="checkbox"/> Other:
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APPENDIX H: OPPE FORM AND THRESHOLDS

FCM OPPE 2020		Acceptable	Marginal	Unacceptable	Not Relevant	Comments	DATA Source
Patient Care	1. SBP <150 for patients diagnosed with HTN	≥ 60%	51-59%	≤ 50%			Epic unedited
	2. Percent of patient panel aged 50-75 with up to date colorectal cancer screening	≥ 40%	25-39%	≤ 24%			Epic unedited
	3. Procedure complications attributable to provider	0-1	2	≥ 3			Department Review
Medical/Clinical Knowledge	4. Board certification	Active/Current	<2 years overdue	≥ 2 years overdue			MSO (Halogen reports, board cert, license)
	5. CME activity within past year	≥ 50 hours	31-49 hours	≤ 30 hours			Department Review
Practice Based Learning and Improvement	6. Completion of annual required ZSFG training modules	Prior to deadline	Within 60 days of deadline	≥ 60 days delayed			MSO (Halogen reports, board cert, license)
	7. Participation in maintenance of Board certification activities	Current	n/a	Not current			Department Review
	8. Cases of concern/patient complaints/UOs/sentinel events	<2	2	>2			Department Review
Interpersonal and Communication Skills	9. Cases of concern/Colleague, Staff, Trainee complaints/UOs/sentinel events	<2	2	>2			Department Review
	10. Attendance at monthly department clinical meetings	≥ 60%	41-59%	≤ 40%			Department Review
Systems Based Practice	11. Cases of concern/staff concerns/UOs/sentinel events	<2	2	>2			Department Review
	12. Primary Care: patient panel size	≥ 80% of target	70-79% of target	≤ 69% of target			Epic unedited
	13. Outpatient, Inpatient and SNP: Completing discharge summaries and closing notes within 72 hours	> 90%	80-89%	< 80%			Epic unedited
DATA SOURCES:							
Epic unedited:							
Department Review:							
MSO (Halogen reports, board cert, license):							