

**OPHTHALMOLOGY CLINICAL SERVICE
RULES AND REGULATIONS**

~~2019~~2021

Approved by MEC ~~March 2019~~ TBD March 8, 2021

**OPHTHALMOLOGY CLINICAL SERVICES
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I. OPTHALMOLOGY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

It is the intention of the Ophthalmology Clinical Service, Zuckerberg San Francisco General Hospital and Trauma Center, to provide the highest quality and prompt eye care to our children and adult patients.

B. MEMBERSHIP REQUIREMENTS

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

C. ORGANIZATION OF OPTHALMOLOGY CLINICAL SERVICE

- Chief of Service
- Associate Chief of Service
- Director of Retina Service
- Director of Glaucoma Service
- Director of Comprehensive Ophthalmology Service
- Director of Pediatric Ophthalmology Service

1. Chief of Service

- a. The Chief of Service is appointed in accordance with ZSFG Bylaws, Article IX, *Clinical Services*.
- b. The Chief of Service will be evaluated at regular intervals by the Executive Committee of the Medical Staff in accordance with the Bylaws of the Medical Staff.
- c. The Chief of Service shall perform the duties outlined in the Bylaws, Rules and Regulations for the Medical Staff, as minimum. Refer to Appendix D.
- d. The Chief of Service shall work with the Associate Dean's Office, ZSFG, to be certain that requirements of the Affiliation Agreement between CCSF and UCSF are fulfilled.

2. Associate Chief of Service

- a. The Associate Chief of Service is appointed by the Chief of Service.
- b. The Associate Chief of Service's performance is evaluated at least annually by the Chief of Service in accordance with the program outlined below. Less than satisfactory performance will be referred to the Medical Staff Office for action.

- c. The Associate Chief of Service shall perform clinical service administrative duties as requested by the Chief of Service. The Associate Chief of Service shall represent the Chief of Service in his absence.

3. Director of Retina Service

- a. The Director of Retina Service is appointed by the Chief of Service.
- b. The Director of Retina Service's performance is evaluated at least annually by the Chief of Service in accordance with the program outlined below. Less than satisfactory performance will be referred to the Medical Staff Office for action.
- c. The Director of Retina Service shall oversee all aspects of clinical care of patients on the retina service.

4. Director of Glaucoma Service

- a. The Director of Glaucoma Service is appointed by the Chief of Service.
- b. The Director of Glaucoma Service's performance is evaluated at least annually by the Chief of Service in accordance with the program outlined below. Less than satisfactory performance will be referred to the Medical Staff Office for action.
- c. The Director of Glaucoma Service shall oversee all aspects of clinical care of patients on the glaucoma service.

5. Director of Comprehensive Ophthalmology Service

- a. The Director of Comprehensive Ophthalmology Service is appointed by the Chief of Service.
- b. The Director of Comprehensive Ophthalmology Service's performance is evaluated at least annually by the Chief of Service in accordance with the program outlined below. Less than satisfactory performance will be referred to the Medical Staff Office for action.
- c. The Director of Comprehensive Ophthalmology Service shall oversee all aspects of clinical care of patients on the comprehensive ophthalmology service.

6. Director of Pediatric Ophthalmology Service

- a. The Director of Pediatric Ophthalmology Service is appointed by the Chief of Service.
- b. The Director of Pediatric Ophthalmology Service's performance is evaluated at least annually by the Chief of Service in accordance with the program outlined below. Less than satisfactory performance will be referred to the Medical Staff Office for action.
- c. The Director of Pediatric Ophthalmology Service shall oversee all aspects of clinical care of patients on the pediatric ophthalmology service.

7. Attending Physician Responsibility

- a. An attending physician (board certified or qualified) with current hospital staff privileges will be available during all clinic sessions for resident consultation.
- b. Attending physician (board certified or qualified) coverage is required on all surgical cases performed by the Ophthalmology Service. This regulation is to be waived only in emergencies where the delay in proceeding to surgery required to obtain attending coverage would be vision or life threatening. Such cases will be documented in writing by the resident in charge and signed by the Chief of Service. Such records will be maintained in the Ophthalmology Clinical Service Performance Improvement and Patient Safety (PIPS) files.

8. Committees

- a. Ophthalmology Clinical Service Credentials Review Committee

The Ophthalmology Clinical Service shall maintain a Credentials Review Committee. It shall be the responsibility of this committee to review the credentials of staff members. The committee shall be composed of all Ophthalmology salaried medical staff members with non-proctored privileges. The Chief of Service (or his representative) shall serve as Chairman of the Committee and it shall be the Chairman's responsibility to forward the recommendations of this committee to the ZSFG Credentials Committee.

- b. Ophthalmology Clinical Service Performance Improvement & Patient Safety (PIPS) Committee

The Ophthalmology Clinical Service shall maintain a Performance Improvement & Patient Safety Committee. It shall be the responsibility of this committee to oversee the quality of procedures outlined in this document. The committee shall be composed of all Ophthalmology salaried staff members with non-proctored privileges. The Chief of Service (or his representative) shall serve as Chairman of the Committee and it shall be the Chairman's responsibility to execute the recommendations of the committee.

- c. A quorum of any Ophthalmology Clinical Service committee shall consist of one half of its members.

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG through the Ophthalmology Clinical Service is in accordance with ZSFG Bylaws Article II, *Medical Staff Membership and Appointments/Reappointments* as well as these Clinical Service Rules and Regulations.

B. REAPPOINTMENTS

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

1) Practitioners Performance Profiles

Practitioner Performance Profiles are maintained by the Chief of the Ophthalmology Service.

2) Staff Status Change

The process for Staff Status Change for members of the Ophthalmology Services is in accordance with ZSFG Bylaws, Rules and Regulations.

3) Modification/Changes to Privileges

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

C. AFFILIATED PROFESSIONALS

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

D. STAFF CATEGORIES

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

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Ophthalmology Clinical Services privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V, *Clinical Privileges*, Rules and Regulations. (Refer to Appendix A)

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Ophthalmology Clinical Services Privilege Request Form shall be reviewed annually.

C. CLINICAL PRIVILEGES

Ophthalmology Clinical Service privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Article V, *Clinical Privileges*, Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Ophthalmology Clinical Service. The Credentials Committee shall oversee and recommend clinical privilege actions.

1. Requirements for Ophthalmology Clinical Service Privileges

- a. Compliance with Section IX.G Monitoring & Evaluation of Professional Performance of Ophthalmology resulting in an approved description of clinical privileges (see Appendix A – *Ophthalmology Clinical Service Privileges*) and annual letter recommending continuation of privileges. New staff physicians working under Section IX.H.1 (New Staff Physicians and Technicians) will be proctored.
- b. Current medical or technical license, or equivalent.
- c. Board certification or eligibility, where appropriate.
- d. Evidence of Continuing Medical (or Technical) Education as required for licensure and by the Medical Staff Office, ZSFG.
- e. Current completed ZSFG/Departmental application for staff privileges.
- f. Staff members shall conform to hospital requirements regarding Body Substance Precautions.
- g. It is recommended that all Ophthalmology Staff members have current CPR certification.
- h. DEA is not required, but is optional for the Ophthalmology staff members.

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

Refer to Section IX.G. Monitoring and Evaluation of Professional Performance of Ophthalmology

A. MONITORING (PROCTORING) REQUIREMENTS

Refer to Section IX.B Performance Improvement & Patient Safety (PIPS) Program

B. ADDITIONAL PRIVILEGES

Additional Privileges are requested in accordance with ZSFG Bylaws, Rules and Regulations.

C. REMOVAL OF PRIVILEGES

Removal of Privileges is requested in accordance with ZSFG Bylaws, Rules and Regulations.

V. EDUCATION

Refer to Section IX.A. Performance Improvement and Patient Safety (PIPS) Program, 6) through 9)

VI. OPHTHALMOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

(Refer to CHN Website for Housestaff Competencies link.)

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

Refer to Section IX.B. Performance Improvement and Patient Safety (PIPS) Program and IX.G Monitoring and Evaluation of Professional Performance of Ophthalmology.

VII. OPHTHALMOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

Refer to Section IX.B Performance Improvement and Patient Safety.

VIII. DISCIPLINARY ACTION

The Zuckerberg San Francisco General Hospital and Trauma Center Medical Staff Bylaws, Rules and Regulations will govern all disciplinary action involving members of the ZSFG Ophthalmology Clinical Service.

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY AND UTILIZATION MANAGEMENT

A. RESPONSIBILITY

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

B. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) PROGRAM

- 1) The Ophthalmology Clinical Service Performance Improvement & Patient Safety (PIPS) Committee shall oversee QI and patient safety activities and make recommendations to the Chief of Service for action.
- 2) Clinical results, which constitute a “complication” of ophthalmic care, are difficult to define. However, as a minimum, unexpected loss of life or vision, unexpected returns to the operating room, adverse reactions to medical therapy, and post operative infections would fall into this category. Such cases will be detected by methods described in Section IX.B 5 below. They will be reviewed as outlined in accordance with Section IX.B. 6) through 11) below and remedial action advised. Repeat complications of a given nature may constitute care which deviates from acceptable standards. This should be reviewed as described above, and action taken as outlined in Section IX.G. 2) and 3) below, IX.B.. 14) and Section VIII. Actions by staff members which are deemed unethical or illegal may also constitute a deviation from standards of acceptable medical care. Such cases will be referred by the Chief (or Associate Chief) of Service to the Medical Staff Office for action.
- 3) Physicians and technical staff shall be in compliance with Section III.C and IX.G.

- 4) Regular chart review of clinic and inpatient records by the Chief, Associate Chief, and other attending physicians will help insure that all care rendered is consistent with appropriate standards. Outpatient records are reviewed for appropriateness of care and diagnosis, untoward therapeutic results, and completeness of records. No show outpatient records are reviewed by a clinic nurse, and if appropriate, a reminder is provided to the patient regarding the missed appointment and the need for follow-up. Inpatient records are reviewed for appropriateness of treatment and diagnosis, outcome at discharge, completeness of documentation and identification of utilization problems. The "Chief's Signature" indicates that such review has been performed. Deviation from appropriate standards of care will be managed as described in Section IX.B. 6) through 12) and Section IX.G.
- 5) Computerized records of patient visits, diagnoses, surgical procedures, and complications will be maintained. The Ophthalmology Clinical Service Administrative Assistant and Chief of Service review cases coded as complications (see Section IX.B. 2) quarterly for care consistent with acceptable standards. Deviations from appropriate standards of care will be managed as described in Section IX.B. 6) through 12) and Section IX.H. 1) through 3.
- 6) Quarterly meetings shall be held which will include staff physicians, technicians (including Optometry), nurses, administrators, and clerks. The agenda will include specific patient care problems, appointment scheduling, records, and staff interrelationships. Plans for correction of difficulties will be developed.
- 7) Regular meetings are held between the Chief of Service (or his representative) and the resident staff to discuss management of difficult cases and to review clinical problems. Quality and morbidity issues (including infection data) are recorded on the appropriate departmental forms and maintained in the department QI files.
- 8) A weekly morbidity and mortality conference is held for the Department of Ophthalmology, UCSF and its affiliated hospital services. Difficult patient management problems and complications are reviewed. Suggestions for future management and avoidance are proposed. Quality improvement and morbidity issues relevant to ZSFG are recorded on the appropriate departmental form and maintained in the department QI files.
- 9) UCSF Ophthalmology Grand Rounds offers an opportunity to discuss interesting and difficult patient management cases.
- 10) Tissue and infection control data are maintained and included as part of staff members' reappointment review.
- 11) Unusual Laser Incident reports are reviewed by the Ophthalmology Clinical Service Laser Safety Officer. Where appropriate, these are referred to the Ophthalmology Clinical Service Performance Improvement and Patient Safety Committee for action.
- 12) Clerical and nursing staff shall comply with and be hired according to regulations set forth by the City and County of San Francisco. Difficulties in these areas related to patient care shall be referred by the Chief of Service or his representative to the appropriate supervisor for investigation.

- 13) All clinical research programs involving ZSFG Department of Ophthalmology patients shall have Committee on Human Research, UCSF, approval and shall be conducted as approved. Specific permission to include ZSFG patients must be included in the approved protocol and a copy of this must be on file in the Department office. Specific application must also be made to the Associate Dean's office, ZSFG, and approved.
- 14) Ophthalmology Clinical Service quality of care indicators shall be monitored via Section IX.B. 1) through 13). The Indicators are described in Appendix C – Ophthalmology Clinical Service Department Quality of Care Indicators.

C. MEDICAL RECORDS

- 1) Medical records shall be maintained in accordance with requirements of the Bylaws and Rules and Regulations of the Medical Staff.
- 2) Attending physicians are ultimately responsible for the completion of medical records.

D. INFORMED CONSENT

Informed consent shall be obtained in accordance with the Bylaws and Rules and Regulations of the Medical Staff.

E. CLINICAL INDICATORS

Refer to Appendix C – *Ophthalmology Clinical Service Department Quality of Care Indicators*

F. CLINICAL SERVICE PRACTITIONER SERVICE PERFORMANCE PROFILES

Refer to Section IX.B – Performance Improvement and Patient Safety (PIPS) Program

G. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Refer to Section IX.D.

H. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE OPHTHALMOLOGY

1. New Staff Physicians & Technicians

New staff physicians and technicians shall be assigned a proctor for one year to be certain that the care provided is consistent with appropriate standards. This determination shall be made through review as described by Section IX.B. 3) through 11) as well actual clinical observation where appropriate. Full privileges as requested will be granted or modified at the end of that time. A description of these privileges shall be maintained in the Department file.

2. Housestaff

Resident physicians and fellows shall be provided by contract between the City and County of San Francisco and UCSF. Ophthalmology residents shall meet, as a minimum, requirements for continuation as residents set forth by the Department of Ophthalmology, UCSF. Resident and fellow performance is reviewed monthly at

UCSF Departmental meetings. Less than satisfactory evaluation of any resident or fellow requires specific efforts to more closely supervise and improve that resident's performance. Continued unsatisfactory performance will lead to a separation of that resident from the University and secondarily, removal of that resident from duties at ZSFG.

3. Physicians, Affiliated Professionals & ZSFG Employees

Attending physician and technician performance will be evaluated annually by the Chief of Service through review methods described in Section IX.B. 4) through 11). If such review reflects clinical and ethical performance consistent with acceptable standards of care, the Chief of Service will recommend to the Credentials Committee that reappointment occur. Such documentation will be placed in the individual's Department file. Deviation from appropriate standards may result in assignment of a proctor for a period of one year with the goal of raising the quality of care to acceptable levels. Such action must be recommended by the Credentials Committee with advice from the Medical Staff Office, ZSFG. Continued deviation from acceptable standards may result in loss of clinical privileges after appropriate review by the Chief of the Medical Staff and the Medical Staff Office, ZSFG. The Chief of Service shall be reviewed annually by the Associate Chief of Service, as well as by the Executive Committee of the Medical Staff at designated intervals. The Chief shall be subject to the same requirements described above without exception.

X. MEETING REQUIREMENTS

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

The Ophthalmology Clinical Service shall meet as frequently as necessary, but at least quarterly to consider findings from ongoing monitoring and evaluation of quality and appropriateness of the care and treatment provided to patients. Refer to Section I.C.5. Committees for Ophthalmology Clinical Service Committees.

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

XI. ADOPTION AND AMENDMENT

The Rules and Regulations of the Ophthalmology Clinical Service, Zuckerberg San Francisco General Hospital and Trauma Center, may be adopted or amended by a majority vote of a quorum meeting of the Performance Improvement and Patient Safety Committee of Ophthalmology Clinical Service. Recommendations for such changes shall be made at the quarterly meeting of the Ophthalmology Clinical Service Medical Staff. This document replaces any prior Rules and Regulations or Quality Assurance Program of the Ophthalmology Clinical Service, Zuckerberg San Francisco General Hospital and Trauma Center.

APPENDIX A – OPHTHALMOLOGY SERVICE PRIVILEGE REQUEST FORM

Privileges for ~~San Francisco General Hospital~~ Zuckerberg San Francisco General Hospital

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

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

Requested Approved

Requested Approved

26.00 NON-SURGICAL PRIVILEGES/GENERAL OPHTHALMOLOGY

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

PROCTORING: 2 reviews of patient encounters for each subsection.

REAPPOINTMENT: 2 reviews of patient care encounters for each subsection in the previous two years

Basic Privileges: Diagnosis, measurement, and medical management of disorders and abnormalities affecting the eye, ocular adnexa, visual system and related systems. Includes H&Ps, diagnostic and therapeutic treatments, administration of topical anesthesia, and procedures, interventions, and similar activities involving the following areas:

- a. General Ophthalmology
- b. Cornea
- c. Glaucoma
- d. Oncology
- e. Pediatric Ophthalmology
- f. Oculo-Plastics
- g. Retina

26.10 SURGICAL PRIVILEGES/GENERAL OPHTHALMOLOGY

PREREQUISITES: 1. Currently Board Eligible, Board Certified, or Re-Certified by the American Board of Ophthalmology or a member of the Clinical Service prior to 10/17/00 and 2. Completion of the ZSFG laser safety module developed by the ZSFG Laser Safety Committee and provide documentation of baseline eye examination within the previous 1 year.

PROCTORING: Five (5) reviews of operative procedures

REAPPOINTMENT: Three (3) reviews of operative procedures in the previous two years

- a. Primary Cataract Surgery With or Without Intraocular Lens Implantation
- b. Intraocular Lens Exchange
- c. Secondary Placement of Intraocular Lens
- d. Anterior Vitrectomy
- e. Repair of Anterior Segment Lacerations
- f. Pterygium Excision
- g. Minor Eyelid Surgery
- h. Secondary Scleral and Iris Fixated Intraocular Lens Placement

- i. Urgent repair of traumatic injury to the globe or eyelids
- j. Nd: YAG Laser (Posterior and Anterior Capsulotomies)
- k. Argon Laser (Retinal Lasering and Laser Suture Lysis Procedure)

26.10 SPECIAL PRIVILEGES

26.11 COMPLEX CORNEAL SURGERY

PREREQUISITES: Currently Board Eligible, Board Certified, or Re-Certified in Ophthalmology, with fellowship training in Cornea and external disease.
 PROCTORING: 2 observed operative procedures and 3 retrospective review of operative procedures
 REAPPOINTMENT: 3 operative procedures in the previous two years
 Patient management, diagnosis, and medical and surgical treatment of complex corneal disorders:

- a. Corneal Transplantation (Full Thickness and Lamellar)
- b. Excision of Ocular Surface Neoplasms
- c. Corneal Epithelial Debridement
- e. Amniotic Membrane Grafting
- f. Iris Repair
- g. Scleral Patch Grafts

26.12 COMPLEX GLAUCOMA SURGERY

PREREQUISITES: Currently Board Eligible, Board Certified, or Re-Certified in Ophthalmology with fellowship training in Glaucoma; or significant experience in glaucoma surgery, as approved by the department chief.
 PROCTORING: 2 observed operative procedures and 3 retrospective review of operative procedures
 REAPPOINTMENT: 3 operative procedures in the previous two years

Patient management, diagnosis, and medical and surgical treatment of complex glaucoma disorders:

Requested Approved

- a. Trabeculectomy Surgery
- b. Tube Shunt Implantation
- c. Goniotomies
- d. Cyclodestructive Procedures

26.13 COMPLEX VITREORETINAL SURGERY

PREREQUISITES: Currently Board Eligible, Board Certified, or Re-Certified in Ophthalmology and with fellowship training in diseases and surgery of the vitreous and retina; or significant experience in retinal diseases, as approved by the department chief.
 PROCTORING: 2 observed operative procedures and 3 retrospective review of operative procedures
 REAPPOINTMENT: 3 operative procedures in the previous two years

Patient management, diagnosis, and medical and surgical treatment of complex vitreoretinal disorders

- a. Pars Plana Vitrectomies
- b. Pars Plana Lensectomies
- c. Scleral Buckling Procedures
- d. Removal of Intraocular Foreign Bodies
- e. Use of Silicone Oil and Expansile Gases in the Eye
- f. Use of Diathermy
- g. Pneumatic Retinopexies

Zuckerberg San Francisco General Hospital and Trauma Center
1001 Potrero Avenue
San Francisco, CA 94110

I hereby request clinical privileges as indicated above.

Applicant

date

FOR DEPARTMENTAL USE:

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

APPROVED BY:

Division Chief

date

Service Chief

date

APPENDIX B – CRITERIA FOR LASER CREDENTIALS & SAFETY TRAINING

The Ophthalmology Clinical Service criteria for Laser user credentialing shall include one of the following:

1. Satisfaction of hospital criteria that would be required of a Department Laser Safety Officer,

Or

2. Completion of the department sponsored laser science and safety course

And

3. Completion of the vision screening.

Unsatisfactory performance will be handled as outlined in the Ophthalmology Clinical Service policy manual, and may result in loss of laser privileges.

All non-user personnel who may be exposed to laser light shall undergo an annual safety review and vision screening.

Tests, reviews, and vision screening shall be kept in individual personnel file.

APPENDIX C - OPHTHALMOLOGY CLINICAL SERVICE QUALITY OF CARE INDICATORS

<u>Aspect of Care</u>	<u>Indicator</u>	<u>Threshold</u>	<u>HR/HV</u>	<u>I/O</u>	<u>Monitoring</u>
Effectiveness of Therapy					
	1. Operative complications and return to OR	0%	HR	I/O	Computer Database Medical Record Review
	2. Poor vision outcome	0%	HR	I/O	Prospective Analysis Medical Record Review
	3. Perioperative death	0%	LR		Prospective Analysis Medical Record Review
Infection Control					
	1. Post operative infection	0%	LR	I/O	Computer Database Infection Control Committee
	2. EKC rates	0%	LR	O	Computer Database
	3. Compliance with BSP	100%			Attendance at training and review
Response to Patient Needs					
	1. Time to surgical treatment of ruptured globes (<12HRS)	100%	HR	I	Hospital CQI Report Computer Database Medical Chart Review
	2. Unusual occurrence reports/patient grievances	0%	HR	I/O	Special review of all reports

Zuckerberg San Francisco General Hospital and Trauma Center
1001 Potrero Avenue
San Francisco, CA 94110

APPENDIX D - CLINICAL SERVICE CHIEF OF OPHTHALMOLOGY SERVICE JOB DESCRIPTION

Chief of Ophthalmology Clinical Service

Position Summary:

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

Reporting Relationships:

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

Position Qualifications:

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

Major Responsibilities:

The major responsibilities of the Chief of Ophthalmology Clinical Service include the following:

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

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

In collaboration with the Executive Administrator and other ZSFG leaders, participating in the operational processes that affect the Service by participating in the budgeting process, recommending the number of qualified and competent staff to provide care, evaluating space and equipment needs, selecting outside sources for needed services, and supervising the selection, orientation, in-service education, and continuing education of all Service staff;

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

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