

**COMMUNITY PRIMARY CARE CLINICAL SERVICE
RULES AND REGULATIONS**

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**COMMUNITY PRIMARY CARE (CPC) CLINICAL SERVICE
 RULES AND REGULATIONS
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I. COMMUNITY PRIMARY CARE CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

The Community Primary Care (CPC) service has direct responsibility for the conduct of medical care within all its ambulatory clinical sites. The purpose of the CPC service is to:

1. Ensure that all patients receive the highest quality health care and associated services. It is the mission ~~of the~~ of the CPC service to provide accessible, sustainable, high quality health care to San Franciscans who seek primary care medical services through SFDPH. The guiding philosophy is one of community-oriented primary care, which includes the following principles: a) integration of health and psychosocial services provided to individuals with public health services that focus on the health of the community as a whole; b) a commitment to working with the community as a partner, combining the professional expertise of the Department of Public Health and the CPC service with the experience and insight of the community, to develop comprehensive health needs assessments and plans to address those needs; and c) a multi-disciplinary model of care that can respond to the range of health and psychosocial problems experienced by the community.
2. Ensure that access to care is not adversely affected by race, sex, religion, national origin, [immigration status](#), age, handicap, sexual orientation, diagnosis, [ability to pay](#), or source of payment, subject to state and federal laws and regulations.
3. Ensure that all providers and staff in our clinics maintain high quality performance of their professional duties.

B. MEDICAL STAFF MEMBERSHIP REQUIREMENTS

Requirements for membership in the CPC service include:

1. A position as a clinician in one or more of the CPC health centers,

Membership on the medical or affiliated professional staff of Zuckerberg San Francisco General Hospital (ZSFG) membership on the Medical Staff of Zuckerberg San Francisco General Hospital shall be extended only to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in [SFGH-ZSFG Medical Staff Bylaws](#), Article II, Rules and Regulations and accompanying manuals.

C. ORGANIZATION and STAFFING OF THE COMMUNITY PRIMARY CARE CLINICAL SERVICE

1. Organization of the CPC service

_____The Community Primary Care (CPC) service is the clinical service of ZSFG comprised of the _____community-based primary care health centers and associated programs of the San Francisco _____Health Network, the health care delivery arm of the San Francisco Department of Public Health _____(SFDPH). The Community Primary Care (CPC) service is organized under the laws of the City _____and County of San Francisco through its governing body, the San Francisco Health Commission, _____and the Bylaws of the Medical Staff of Zuckerberg San Francisco General Hospital (ZSFGH). The Rules and _____Regulations of the CPC Service have been created to further delineate the proper conduct of _____Medical Staff and affiliated professional staff professional activities within the Community _____Primary Care service’s clinical sites.

Community Primary Care includes ten health centers and associated satellite locations operating under the jurisdiction and authority of the “parent” health center. In addition, the CPC service has jurisdiction and authority over the professional activities of its members at any other approved site where medical care may occur, such as home visits, visits to patients at ZSFG (except where the Bylaws of the ZSFGH Medical Staff grant authority over professional activities at ZSFG to another clinical service), visits to patients in hospice or skilled nursing facilities, community-based nursing sites, and other such sites. The CPC service does not extend to any clinic or facility not operated by or affiliated with DPH.

2. CPC health centers

The member health centers/[programs](#) of Community Primary Care include:

1. Castro-Mission Health Center
2. Maxine Hall Health Center
3. Silver Avenue Family Health Center
4. Chinatown Public Health Center
5. Ocean Park Health Center
6. Potrero Hill Health Center
7. Southeast Health Center
8. Tom Waddell Urban Health [Center](#)
- ~~Tom Waddell Urban Health Center (primary care)~~
- ~~Tom Waddell Urgent Care~~
- ~~Medical Respite and Sobering Center~~
9. Curry Senior Center
10. Community Health Programs for Youth ([Assisted Care/After Care \(ACAC\)](#), Balboa Teen Health Center, [Burton High School Wellness Center](#), [CARECEN 2nd Chance Tattoo Removal Clinic](#), Cole Street [Youth Clinic](#), [Dimensions Clinic](#), [Michael Baxter Larkin Street Clinic](#), 3rd Street [Youth Center and Clinic](#), [SPY Medical Clinic](#), ~~[Hip Hop to Health Clinic](#)~~, ~~[Hawkins Village](#)~~, ~~[Log Cabin Ranch Clinic](#)~~, ~~[Willie Brown Middle School Health and Wellness Center](#)~~, ~~[New Generation Health Center](#)~~)

11. Whole Person Integrated Care (WPIC)

- Tom Waddell Urgent Care
- Street Medicine/Shelter Health
- Medical Respite and Sobering Center
- Permanent Supportive Housing Nursing

12. Community-based nursing sites which are considered satellites of health centers

3. **CPC Chief of Service**

The responsibilities of the CPC Chief of Service are as follows:

The Chief of Service of the Community Primary Care service shall be a licensed physician and member of the Medical Staff of [ZSFGH](#). The Chief of Service may also serve as Director of Primary Care [and/or Primary Care Chief Medical Officer](#), San Francisco Health Network, Department of Public Health, City and County of San Francisco. In accordance with [ZSFGH](#) Bylaws, the Chief of the CPC service shall be board certified in a primary care specialty.

The Chief of Service is responsible for all professional credentialing and privileging activities within the CPC Service, including the quality of medical care provided by the Medical Staff. The Chief of Service is responsible for enforcement of the [ZSFGH](#) Medical Staff Bylaws, Rules and Regulations and accompanying manuals, and these Rules and Regulations of the CPC Service. The Chief of Service organizes and oversees the conduct of graduate and undergraduate health science education within the CPC service in consultation with the Associate Dean and other appropriate officials of the University of California, San Francisco (UCSF) and the Primary Care Chief Medical Officer. The Chief or his/her designee represents the CPC Medical Staff on appropriate [ZSFGH](#), SFHN, DPH, San Francisco Health Plan, and other committees.

The Chief of Service is responsible for planning, organizing, and directing the clinical activities of Medical Staff within Community Primary Care. He or she participates in the planning, development, and implementation of primary care goals and strategies for care along with other DPH, SFHN and [ZSFGH](#) staff. In addition, the CPC Chief of Service develops, implements, and monitors policies, procedures, systems, and standards for primary care medical services to ensure the effective delivery of medical services in compliance with local, state, and federal laws, rules, and regulations pertaining to the practice of medicine.

4. **CPC health center Medical Directors**

CPC health center Medical Directors are appointed by the SFHN Director of Primary Care and Primary Care Chief Medical Officer, with the approval of the Director of Ambulatory Care, Director of the San Francisco Health Network, and the Director of Health.

CPC Medical Directors are responsible for:

- a. The overall clinical services of the health center.
- b. The supervision and evaluation of clinical work performed by the Medical Staff and affiliated professional members of the CPC service who practice at the health center.
- c. Assuring that the Medical Staff at their health center and affiliated ambulatory care sites practice medicine within the limits of the clinical privileges assigned to them.
- d. Establish and maintain an effective Quality Improvement program at the health center, including gathering and evaluating data related to quality of care and professional standards regarding CPC Service members who practice at their health center, and taking action as may be appropriate. In the performance of these duties, the CPC health center Medical Directors

report directly to the CPC Chief Medical Officer who reports to the Director of Primary Care.

5. Committees of the CPC Service

The members of the CPC Service shall have representatives on standing committees, subcommittees, and ad hoc committees of the ZSFG Medical Staff as appropriate and in accordance with Article VII of the ZSFGH Medical Staff Bylaws.

In addition, SFHN Primary Care shall have the following standing committees and meetings:

- Primary Care Quality Improvement, Metric Orientation, Validation and Standardization Committee-Committee
- Primary Care Management Team Meetings

In addition, the Medical Staff of the CPC service may, from time to time, create its own ad hoc or standing committees, which shall assist in the maintenance of medical staff professional activities within the CPC service.

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG through the Community Primary Care service is in accordance with ZSFG Bylaws Article II, *Medical Staff Membership*, the Medical Staff Rules and Regulations, as well as these Clinical Service Rules and Regulations.

Appointment procedures for the CPC service, ZSFG Medical Staff and Affiliated Professionals are as follows:

1. An applicant for appointment to the CPC service shall complete the relevant DPH application form and submit to the Medical Director of the CPC health center to which the applicant is applying, who will review the DPH application with the CPC Chief Medical Officer. An applicant who wishes to work in multiple CPC health centers may submit his/her application directly to the CPC Chief Medical Officer. The application will be accompanied by documentation including, but not limited to: proof of training, proof of licensure, DEA certification (if applicable), resume, and letters of recommendation attesting to clinical competence and ethical character of the applicant.
2. Minimum training requirements are delineated in Section III - Delineation of Clinical Privileges.
3. An application for appointment to the Zuckerberg San Francisco General Hospital Medical Staff or Affiliated Professional will be submitted to the ZSFG Medical Staff Office for processing in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, and the CPC Rules and Regulations. Applications are reviewed and forwarded by the Chief of Service to the ZSFG Medical Staff Credentials Committee with a written recommendation for delineated privileges to be granted. Upon review and recommendation by the ZSFG Credentials Committee, the application is forwarded to the Medical Executive Committee. Final approval is received from the Health Commission.

4. Granting of clinical privileges within CPC is contingent upon successful completion of the application process for ZSFG Medical Staff or Affiliated Professional Staff. Initial staff appointments are proctored for one year, during which time proctoring activity will occur as defined in Section IV. A.2.

B. REAPPOINTMENTS

The process of reappointment to the Medical Staff of ZSFG through the Community Primary Care service is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these clinical service Rules and Regulations.

1) Medical staff status change

The process for medical staff status change for members of the Community Primary Care clinical service is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these clinical service rules and regulations.

2) Modification/changes to privileges

The process for modification/change to privileges for members of the Community Primary Care clinical service is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

C. PRACTITIONER PERFORMANCE PROFILES

CPC service practitioner performance profiles are maintained by each CPC health center Medical ~~Director, and~~ Director and reviewed by the CPC Chief of Service. In order to have clinical privileges renewed, practitioners must demonstrate ongoing clinical competence, as demonstrated by chart reviews, peer review, Ongoing Provider Performance Evaluations (OPPE), and SFDPH performance appraisals.

D. AFFILIATED PROFESSIONALS

The process for appointment and reappointment for Affiliated Professionals through the Community Primary Care Clinical Service is in accordance with the ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations. Affiliated professionals include nurse practitioners, nurse midwives, physician assistants, licensed acupuncturists, and clinical pharmacists. All affiliated professionals shall maintain a current job description at their clinical site, and shall operate under Standardized Procedures approved by the Committee on Interdisciplinary Practice and the Credentials Committee.

E. STAFF CATEGORIES

The Community Primary Care Clinical Service shall fall into the same staff categories, which are described in Article III of the ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

III. DELINEATION OF CLINICAL PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Community Primary Care clinical service privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations, as well as these clinical service Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Community Primary Care Privilege Request Form shall be reviewed annually and modified as indicated.

C. CLINICAL PRIVILEGES and MODIFICATION/CHANGE TO PRIVILEGES

1. CPC clinical service privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Rules and Regulations, and accompanying manuals. All requests for clinical privileges in the Community Primary Care service will be evaluated and approved by the CPC Chief of Service, the ZSFG Medical Staff Credentials Committee and the Governing Body. The granting of these privileges is subject to verification of proficiency based on the applicant's education, training, experience, and demonstrated competency. The applicant shall have the burden of establishing his or her qualifications and competency for the clinical privileges requested.
2. All requests for clinical privileges are proctored during a mandatory one-year period. During the proctoring period, the CPC member will be reviewed and evaluated, according to the guidelines laid out in the Rules and Regulations of the CPC service.
3. Community Primary Care service privileges permit practice within the community-based clinics of the San Francisco Department of Public Health and other approved locations where medical care is provided by CPC Medical Staff members.
4. Applicants and CPC members may request additional privileges or privileges in other ZSFG Clinical Services at any time. The CPC Chief of Service must be notified by the applicant of privileges requested of and granted by other ZSFG clinical services.
5. All CPC service members must be members of the ZSFG Medical Staff or Affiliated Professionals. Medical Staff membership will be Active for clinicians who work 50% or more time in CPC sites, and Courtesy for those who work less than 50% time in CPC sites.
6. All Active and Courtesy members of the CPC Service will have equal voting and membership rights within the CPC Service. Voting and membership rights within the ZSFG Medical Staff are as defined by the ZSFG Medical Staff Bylaws. The CPC Service membership is represented on the Medical Executive Committee of ZSFG by the CPC Chief of Service.
7. Applicants requesting clinical privileges in the CPC service shall fill out the CPC Privilege Request Form, newly revised July 2009, to include expanded special privileges for procedures no longer encompassed within core privileges. These special privileges require additional documentation of procedures performed within prior two years and if any complications occurred.
8. Successful applicants for limited privileges (i.e. Podiatry, Licensed Clinical Psychologist, Psychiatry) in the CPC service are subject to those policies adopted by the ZSFG Medical Staff clinical services which define conditions of practice for these specialties (e.g., the definition of an outpatient procedure), and are further subject to appropriate peer review within their specialty.
9. The process for modification/change to the privileges of members of the CPC service is in accordance with the ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these clinical service Rules and Regulations.

D. TEMPORARY PRIVILEGES

Temporary privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations, as well as these clinical service Rules and Regulations.

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

Monitoring and proctoring requirements for the Community Primary Care clinical service shall be the responsibility of the Chief of Service.

- 1. INITIAL APPOINTMENT** will be made on the basis of demonstrated competence in the candidate's previous training and/or clinical practice.
 - a. **PHYSICIANS** must demonstrate completion of residency training in a primary care specialty or prior experience in clinical primary care practice in the CPC health centers (prior to July 1, 2000) with demonstrated clinical competency equivalent to having completed a residency training program in a primary care specialty. Equivalent clinical competence will be demonstrated by proctoring outcomes, peer review, experience, letters of recommendation, and similar criteria.
 - b. **NURSE PRACTITIONERS** must demonstrate completion of training in an appropriate primary care specialty and certification by the California Board of Registered Nurses as a Nurse Practitioner.
 - c. **PHYSICIAN ASSISTANTS** must demonstrate completion of training in an appropriate primary care specialty and certification by the appropriate state-licensing agency.
 - d. **DENTISTS, CLINICAL PHARMACISTS, PODIATRISTS, PSYCHOLOGISTS, LICENSED ACUPUNCTURISTS** must demonstrate completion of training in their respective field and certification/licensure by the appropriate state-licensing agency.

2. PROCTORING

- a. During the **PROCTORING** period (one [1] year), the number of representative cases specified in the CPC privileging requirements will be reviewed as part of the proctoring process.
- b. The Medical Directors of the CPC health centers/clinical sites are responsible for proctoring all providers based at their site or appointing a proctor for privileges which they do not hold. The site Medical Director or his/her designee will review the appointee's charts in the context of on-going site peer review and CPC Quality & Utilization Management activities.
- c. When the Medical Director of a health center is the candidate to be proctored, the Chief of Service or Chief Medical Officer will designate a proctor.
- d. The Chief of Service will be reviewed by the Medical Director of a health center/clinical site at which he or she maintains a continuity primary care practice.

- e. Proctoring activity will be documented. Other reviews and quality and utilization management activities based at the candidate's clinical site or within the CPC Service will be considered in the candidate's overall assessment.
- f. A summary proctoring report will be sent by the health center/site Medical Director to the CPC Chief of Service. Notification of proctoring activities will be forwarded to the ZSFG Medical Staff Office.
- g. Proctoring of equivalent clinical scope of service provided at another CPC, SFHN, or UCSF health center may satisfy proctoring requirements, per approval by the CPC Chief of Service.

3. REAPPOINTMENT

- a. For **REAPPOINTMENT**, an evaluation of clinical competence will be performed prior to each reappointment. The Chief of Service will be responsible for this evaluation, which will include a review of the number of representative cases specified in the CPC privileging requirements.
- b. The clinical performance of the Chief of Service will be reviewed by a Medical Director of the clinical site at which he or she maintains a continuity primary care practice.
- c. Reports of performance which are less than completely satisfactory will be reviewed and investigated by the Chief of Service.
- d. Proctoring of equivalent clinical scope of service provided at another CPC, SFHN, or UCSF health center may satisfy proctoring requirements, per approval by the CPC Chief of Service.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Community Primary Care clinical service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these clinical service Rules and Regulations.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for the Community Primary Care clinical service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these clinical service Rules and Regulations.

V. EDUCATION OF MEDICAL STAFF AND TRAINEES AT THE CPC HEALTH CENTERS

Each CPC health center is responsible for its own continuing medical education programs, including patient care conferences and invited outside speakers. In addition, each physician and affiliated professional member of the CPC service is accorded paid time for continuing medical education in accordance with Department of Public Health policy. CPC service members are encouraged to attend Primary Care Grand Rounds, co-sponsored by the Division of General Internal Medicine and Family & Community Medicine. Quarterly CPC Medical Staff meetings shall include 2 hours of CME activities each quarter.

The CPC Service supports and facilitates graduate and undergraduate education in the health centers and the Chief Medical Officer is responsible for approving and overseeing the conduct of medical education within the CPC service, in consultation with the appropriate officials of UCSF and the house staff training programs.

VI. COMMUNITY PRIMARY CARE CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

A. HOUSESTAFF TRAINING PROGRAMS IN THE CPC HEALTH CENTERS

Each CPC Health Center may participate in house staff training programs, if appropriate for that health center. As of ~~May~~^{July} 1, 20~~21~~¹⁸~~86~~, the following CPC Health Centers have ongoing house staff training programs for UCSF residents:

[Castro Mission Health Center](#)

[Curry Senior Center](#)

[Maxine Hall Health Center](#)

[Silver Avenue Family Health](#)

[Southeast Health Center](#)

[Tom Waddell Urban Health Center](#)

[Whole Person Integrated Care- Tom Waddell Urgent Care](#)

~~Maxine Hall~~[Southeast Health Center](#)

~~SFPC~~[Primary Care Internal Medicine](#)

~~Tom Waddell Health Center~~ [Primary Care Medicine](#)

Other health centers may accept house staff from UCSF and other accredited training programs under an approved MOU for time-limited rotations.

Each CPC health center which provides house staff training is responsible for meeting all residency program training requirements of the “parent” residency training program, including appropriate documentation of the attending physician supervision. The CPC Chief Medical Officer is responsible for supporting residency training programs at the health centers.

B. HOUSESTAFF SUPERVISION

Attending physicians 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. The Medical Director of each health center involved in house staff training, or designee, shall consult with the residency program director, or designee, in evaluating the progress of each house staff member in assuming progressively independent roles in primary care activities.

C. HOUSESTAFF ROLES, RESPONSIBILITIES, & PATIENT CARE ACTIVITIES

House staff in the CPC service will function as primary care providers in training, assuming progressive responsibility for coordinating care for the primary care of patients assigned to them. An exception is any house staff member who is doing a rotation in a CPC health center in a specialty area (i.e., psychiatry, podiatry, or clinical psychology), in which case the role of such house staff will be according to the specialty area involved. Responsibilities include provision of primary care services, provision of urgent care services, and coordination of medical care with appropriate specialty services and psychosocial services, all under the supervision of attending [physicians](#)~~faculty~~.

D. HOUSESTAFF EVALUATION PROCESS

The Medical Director of each health center involved in house staff training is responsible for the evaluation process of all house staff members. The Medical Director or designee shall consult with the relevant residency program director, or designee, in developing evaluation criteria. Each house staff member is evaluated by the attending faculty who supervised that house staff member in a meaningful way, such evaluations to be coordinated by the health center Medical Director or designee. The patient care activities of each house staff member shall be closely scrutinized by the attending [physician faculty](#) for quality of care. Clinical comments on patient care matters shall be shared with house staff members by attending [physicians faculty](#) as the patient care is delivered and supervised.

E. PATIENT CARE ORDERS

As the CPC service is an outpatient service, all orders written by house staff in the CPC health centers shall be ambulatory care orders (e.g. orders to the nursing staff to administer an outpatient medication or injection, orders for diagnostic tests, orders for patient education, and so on). House staff may independently write patient care orders in accordance with [ZSFGH](#) Medical Staff and residency program procedures (e.g. house staff may order diagnostic tests only if the attending physician's name and CHN number is included, house staff may write prescriptions for outside pharmacies only if they are licensed by the State of California, house staff may write prescriptions for controlled substances only if they possess a DEA certificate, etc.).

VII. COMMUNITY PRIMARY CARE CLINICAL SERVICE CONSULTATION CRITERIA

Consultations may be made to the CPC health centers for the following reasons:

1. Referrals for primary care.
2. Referrals to a patient's primary care provider from a hospital-based service.
3. Referrals for specialty care (podiatry, psychiatry, psychology, social work, dental services, etc.)

Referrals for primary care may be made by calling per established protocols or electronically scheduling an [appointment, and appointment and](#) should be accompanied by appropriate patient-related information. Referrals to a patient's primary care provider from a hospital-based service should be according to established protocols. Referrals for specialty care should be according to the protocols of each specialty.

Consultations made by the medical staff and affiliated professional staff in the CPC health centers for specialty, diagnostic, emergency, and acute care services at ZSFG shall be made in accordance with applicable ZSFG and SFHN policies (e.g. the consultation form or [eReferral-eConsult](#) is filled out appropriately, the referring provider's name and CHN number, [health center and](#) telephone/fax number, and [provider's](#) pager number [or cell phone](#) are included, the reason for the consultation is clearly spelled out, etc.)

VIII. DISCIPLINARY ACTION

The Zuckerberg San Francisco General Hospital Medical Staff Bylaws and Rules and Regulations will govern all disciplinary actions for medical staff-related matters involving members of the Community Primary Care clinical service. Disciplinary action for administrative matters shall be according to Department of Public Health policies and procedures.

IX. PERFORMANCE IMPROVEMENT/PATIENT SAFETY (PIPS) and UTILIZATION MANAGEMENT

GOALS, OBJECTIVES

The Community Primary Care (CPC) service ~~shall have an ongoing~~ actively participates in the San Francisco Health Network Primary Care Performance Improvement and Patient Safety program with the following goals:

- 1) to monitor and evaluate the quality and appropriateness of patient care,
- 2) to pursue opportunities to improve patient care, -and
- 3) to resolve identified problems.

~~In order to accomplish these goals, a SFHN Primary Care Quality Improvement Committee is constituted as both the CPC service Quality Improvement Committee and the Quality Improvement Committee of the Primary Care section of the San Francisco Health Network. The Primary Care Quality Improvement Committee shall include participation from all SFHN Primary Care health centers.~~

~~Core components of the Primary Care Performance Improvement infrastructure will include the Primary Care Performance Improvement Review Committee and Daily Management Systems.~~

In addition, Quality Performance Improvement will be addressed at monthly SFHN Primary Care Management Team meetings ~~- and Primary Care Quality Improvement, Metric-Oriented, Validation and Standardization (PC QI/MOVS) and Validation Committee meetings.~~ Quality assurance is addressed primarily at health center-specific meetings. ~~Primary Care wide quality assurance is addressed in monthly PC Management Teams meetings and in other forums.~~

The objectives of the Primary Care Quality Improvement, Metrics Validation, Orientation, Validation and Standardization PC QI/MOVS) Committee meetings ~~Quality Performance Improvement committee Review Committee, Daily Management Systems,~~ and the Primary Care Management Teams and Metric Orientation meetings are:

1. Identification and assessment of problems in the delivery of patient care;
2. Development and implementation of plans designed to identify opportunities for improvement in patient care;
3. Creation and implementation of standardized monitoring systems that regularly evaluate indicators of clinical performance;
4. Maintenance of a database that documents the effectiveness of the aforementioned clinical performance indicators;
5. Use of relevant findings from quality reviews to appraise the effectiveness of medical care provided;
6. ~~Building consensus on~~ Engage PC leaders and managers in priority areas for improvement to promote standard practices, efficient use of central QIPI resources, and overall improvement in population health and care experience;
7. Efficiency in the delivery of service (to minimize morbidity and mortality as well as to avoid unnecessary delays in care).

To insure appropriate care and safety of all patients receiving care in the CPC service, it is understood that this care is provided chiefly in the CPC health centers and satellite locations, but care may also be provided in other relevant ambulatory areas (the home, community sites, etc.).

All quality and utilization management information and subsequent analyses, records, proceedings, and memoranda of decisions from the SFHN Primary Care [Quality Improvement Metrics Orientation, Validation, and Standardization Committee meetings](#) ~~QI-committee~~ [PI-Review Committee](#) and SFHN Management Teams meetings shall be protected as confidential records under California law. Physicians and staff who have access to this information in the performance of their quality and utilization management activities shall be charged to take all appropriate steps to ensure the confidentiality of this information and to safeguard its legal protection.

RESPONSIBILITY

The CPC Chief of Service, ~~is and~~ [SFHN Primary Care Chief Medical Officer, and Primary Care Director of Population Health and Quality](#) are responsible for ensuring solutions to quality of care issues and to pursuing continuous quality improvement activities. As necessary, assistance is invited from other departments and committees (~~for e.g.~~ the ZSFG Performance Improvement and Patient Safety Committee, Ambulatory Care Committee, Medical Executive Committee,).

The SFHN Primary Care [Quality Improvement, Metrics Orientation, Validation and Standardization Committee](#) ~~Quality Performance Improvement committee~~ [Review Committee](#) and SFHN Primary Care Management Teams are responsible for coordinating quality improvement and quality assurance activities within Primary Care section of the San Francisco Health Network.

1. The organizational structure of the Primary Care [Quality Improvement, Metrics Orientation, Validation, and Standardization](#) ~~Quality Performance Improvement Review~~ Committee and the Primary Care Management Teams meeting are as follows:

a. **Composition**

~~Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization Committee~~ ~~The Primary Care~~ [Quality Performance Improvement Review Committee](#) shall consist of the [Primary Care Director of Population Health and Quality](#), at least one management team member from each [primary care sites](#), and the QI analysts. ~~CPC Chief of Service, the Primary Care section Chief Medical Officer, Director of Nursing, Director of Primary Care Behavioral Health, at least one health center Medical Director, at least one staff physician, one nurse practitioner/physician assistant, one health center Nurse Manager and/or staff nurse. All SFHN Primary Care health centers will all be represented on the committee and Director of Operations.~~ The committee will be chaired by the Primary Care Director of [Population Health and Quality](#) ~~ity Improvement and Population Health~~.

The Primary Care Management Team meetings are led by the SFHN Primary Care Leadership Team and shall consist of health center medical directors, nurse managers, operational ~~and~~ behavioral health leads [and QI analysts](#). All SFHN Primary Care health centers will all be represented.

b. **Frequency of meetings**

~~Meetings of the~~The Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization ~~Quality Performance Improvement Review~~ Committee ~~and will meet quarterly.~~ SFHN Primary Care Management Teams will ~~each meet take place~~ monthly. ~~Each and~~ will meet no less than 9 times a year.

c. Responsibilities

The Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization ~~QI Performance Improvement Review~~ Committee and Primary Care Management Teams will be responsible for monitoring the Quality Performance Improvement and Quality Assurance activities of the Primary Care delivery sites. Each Primary Care health center will create its own health center Quality Improvement Committee, chaired or co-chaired by the health center Medical Director, which will direct QI activities at the health center and affiliated sites and will report to the Primary Care ~~QI Committee Leadership Team~~. Meetings of each of the health center QI Committees will take place monthly and will meet no less than 9 times a year. Written minutes of the meetings will be maintained at the health center in a confidential file. The scope of activities monitored by the health center QI Committees and/or ~~the~~ Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization ~~QI Performance Improvement Review~~ Committee will include the following areas:

- 1. ~~Performance~~Annual scorecard performance metric and dashboard review**
Regular review and analysis of opportunities and strategies for improvement of Primary Care Driver ~~Metrie~~Metrics on the annual scorecard and other dashboards will take place both within the Primary Care QIPI Review Committee and the Primary Care Management Teams meeting.
- 2. Patient satisfaction surveys**
~~Each health center Medical Director will be responsible for analyzing results~~There will be ~~r~~Regular review of a patient satisfaction survey ~~no less than yearly quantitative and qualitative data.~~ The survey ~~used~~administered will be ~~either~~the NRC Real-time survey ~~CG CAPHS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems)~~ or a ~~paper based~~paper-survey based survey administered by the health center. ~~The results of this survey will be summarized and submitted for review to the Primary Care QI Committee and Driver metrics will be reviewed~~ at monthly Primary Care Management Team meetings.
- 3. Peer review**
Peer review will take place as ongoing chart reviews and yearly performance appraisal reports done by the health center Medical Directors and the CPC Chief of Service via an established peer review protocol.
- 4. Review of unusual occurrence reports and patient concerns**
All unusual occurrence reports regarding CPC providers will be forwarded to the appropriate health center manager, ~~the CPC Chief of Service~~ and the SFHN Primary Care director responsible for overseeing the area of concern (~~ie.e.~~ behavioral health, nursing, medical, or front office/operations-). Patient concerns are reviewed and addressed by the ~~Medical Director or appropriate health center~~ manager ~~who supervises~~and the ~~involved~~

~~staff member.~~ central Primary Care-Care Experience team. Health center managers are responsible for documenting responses and resolution for UOs and patient concerns.

5. Systems review

Systems problems brought to the attention of the health center Medical Directors regarding the performance of diagnostic, ~~e~~-consultation, emergency, acute, ancillary, and on-call services as they affect patient care will be submitted to the Primary Care Director or Deputy Director for review.

6. Special program audits

All special programs operating within CPC which conduct audits and reviews (such as Family Planning, Perinatal Services, the Healthcare for the Homeless program, etc.) will submit findings of any review audits to the Primary Care Quality Improvement Metrics, Orientation, Validation, and Standardization-QIPI Review Committee for incorporation into service-wide quality assurance and improvement planning.

7. Problem analysis and resolution

Each health center QI Committee will be responsible for summarizing the results of the aforementioned activity areas reviewed, and submitting/documenting both an analysis and a plan for resolution of any problems to the Primary Care QI Committee identified.

REPORTING

Each CPC health center Quality Improvement Committee reports to the Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization Quality Performance Improvement Review Committee ~~and Primary Care Leadership Team.~~ Annual Health Center ~~summary~~ reports ~~to the QI committee~~ shall include the following subject areas:

1. ~~Summary~~ Annual PI scorecard plan, including identification of ~~quality of care indicator results (improvements or declines) and plans~~ PI driver metrics with target goals for improvement ~~based on the results.~~ Primary Care-wide indicators reflecting SFHN ~~and SFGH~~ QI performance improvement priorities each year are decided and apply to each health center.
2. Summary of clinic-specific prioritized quality improvement initiatives
3. ~~Performance on Deliverables for~~ health plan performance improvement ~~programs~~
4. Calendar of Quality Improvement Program activities ~~for upcoming year~~
5. ~~Scope of Service~~
5. ~~Any other information deemed pertinent by the clinic staff re:~~ Quality Improvement Issues

The Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization Quality Performance Improvement Review Committee reports to the ZSFG Performance Improvement and Patient Safety Committee of the ZSFG Medical Staff. ~~The information gathered by the Primary Care QI Committee~~ Annual summary reports of priority metrics and improvement activities will be submitted ~~in the form of annual summary reports~~ to the Performance Improvement and Patient Safety Committee. Performance improvement, patient safety, and utilization management activity records will be maintained by the CPC service. ~~Minutes of~~ and the SFHN Primary Care Quality Improvement,

Metrics Orientation, Validation, and Standardization Committee ~~Quality Improvement Committee will be sent to the Medical Staff Services Department section.~~

CLINICAL INDICATORS

The ~~CPC service and the~~ SFHN Primary Care ~~division~~section and CPC service, through the Chief of Service ~~and~~ working in collaboration with the Primary Care ~~QI Committee~~Director of Population Health and Quality and Population Health and Chief Medical Officer, shall establish clinical indicators of patient care which shall be monitored and evaluated as quality indicators. Periodic reports of such clinical indicators shall be made to the Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization ~~QI Review~~ Committee and Primary Care Management Teams.

Each CPC health center with an appropriate patient population shall participate in collecting and compiling the clinical indicators selected by the Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization ~~QI Review~~ Committee. In addition, each health center may elect to choose other clinical indicators that are appropriate to the patient population at that health center. Performance on clinical quality indicators which apply to specific special populations will be reviewed by special QI work groups, which will also lead QI efforts in these areas (ie chronic pain management, HIV, children's health, and prenatal). These clinical indicators will be reported to the Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization ~~QI Review~~ Committee.

CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

CPC service providers' Medical Staff performance profiles are maintained by each health center Medical Director and reviewed by the CPC Chief of Service. In order to have clinical privileges renewed, each practitioner must demonstrate ongoing clinical competence, as demonstrated by chart reviews, peer review, twice yearly Ongoing Professional Performance Evaluation (OPPE), and yearly San Francisco Department of Public Health performance appraisals. (See Section II: Credentialing).

MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE

Each CPC health center Medical Director monitors and evaluates each provider for appropriateness of patient care, and further monitors and evaluates the appropriateness of the range of patient services at that health center. The CPC Chief of Service reviews all provider evaluations and monitors the range of patient care services throughout the CPC service. Trends and recommendations for service improvement and quality improvement are reported to the Primary Care Quality Improvement, Metrics Orientation, Validation, and Standardization ~~QI Review~~ Committee.

MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Each CPC health center Medical Director is responsible for monitoring and evaluating the clinical and professional performance of all staff physicians and affiliated professionals at that health center. The CPC Chief Medical Officer is responsible for evaluating CPC health center Medical Directors. Performance appraisals are completed every year using SFDPH Performance Appraisal forms. Performance appraisal will include clinical performance appraisal, including OPPE results,

administrative performance appraisal, and appraisal of participation in continuous quality improvement activities of the health center.

Relevant findings of the quality and utilization management activities of the CPC service, such as peer review appraisals, are considered as part of the appraisal and reappointment process of CPC service members. This information will also be used as part of the process of renewal and revision of clinical privileges of members of the CPC service.

X. MEETING REQUIREMENTS

CPC health center Medical Directors shall meet at least monthly to consider ongoing clinical and administrative issues of relevance to the CPC service, with such meetings to be convened by the Primary Care Chief Medical Officer. Monthly Primary Care Medical Director meetings are for both CPC and ZSFG-based Medical Directors. The entire CPC service (the CPC medical staff and affiliated professionals) shall meet at least quarterly; amendments to the Rules and Regulations and other matters requiring a vote of the entire service membership will be brought before these meetings. In addition, meetings of the entire CPC medical service shall be used to keep the members apprised of current developments and to solicit their input for ongoing service-related issues.

In accordance with ZSFG Medical Staff Bylaws 7.2.I, 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 and clinical service meetings.

As defined in the ZSFG Medical Staff Bylaws, Article VII, 7.2.G., a quorum is constituted by at least three (3) voting members of the active staff for the purpose of conducting business.

XI. ADDITIONAL CLINICAL SERVICE SPECIFIC INFORMATION

A. MEDICAL RECORDS

The medical staff of the CPC service will follow the medical records policies as defined in the ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these clinical service Rules and Regulations (except as those policies pertain only to on-campus [ZSFGH](#) sites).

B. CPR CERTIFICATION

CPR certification is recommended for all medical staff physicians, nurse practitioners, and physician assistants.

C. INFORMED CONSENT

Each clinical site shall maintain a list of procedures performed at that site that require informed consent. Informed consent shall be obtained in the manner described in the ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these clinical service Rules and Regulations.

XII. ADOPTION AND AMENDMENT

The Community Primary Care clinical service Rules and Regulations will be adopted and revised by majority vote of all active CPC service members annually at a quarterly CPC service [meetings/meeting](#). For purposes of

*Zuckerberg San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110*

such votes, active CPC service members will include all CPC members of the active medical staff, courtesy medical staff, affiliated professionals, and those medical staff members designated as active CPC service members by the Chief of Service.

APPENDIX A – COMMUNITY PRIMARY CARE PRIVILEGE DELINEATION FORM

Privileges for 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.
Requested Approved

CPC COMMUNITY PRIMARY CARE 2008 (-07/09 MEC-)

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

Requested Approved

_____ _____

8.10 BASIC PRIVILEGES: ADULT

Provides medical care to adults (18 years of age or older) with primary medical problems, provides preventive health care, and performs minor treatment procedures in the OUTPATIENT SETTING. Includes routine exam and treatment procedures including anoscopy, incision and draining of superficial abscess, minor surgical procedures, e.g. excisional biopsies or laceration repair, and arthrocentesis. All procedures requiring anesthesia to be performed under local anesthesia.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the ABMS Board of Family Medicine or Internal Medicine ~~or a member of the Clinical Service prior to 10/17/00~~. Clinical competence will be demonstrated by proctoring outcomes, peer review, experience, letters of recommendation and similar criteria. Training and/or experience must include care of adults (e.g., internal medicine or family medicine).

PROCTORING: A minimum of 5 representative cases will be reviewed for initial proctoring.

REAPPOINTMENT: For reappointment, a review of a minimum of 3 outpatient cases.

_____ _____

8.20 BASIC PRIVILEGES: PEDIATRICS

Provides medical care to children and transitional youth (0 to 24 years of age) with primary medical problems, provides preventive health care, and performs minor treatment procedures in the OUTPATIENT SETTING. Includes routine exam and treatment procedures including anoscopy, incision and draining of superficial abscess, minor surgical procedures, e.g. excisional biopsies or laceration repair, and arthrocentesis. All procedures requiring anesthesia to be performed under local anesthesia.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the ABMS Board in Pediatrics or Family Medicine ~~or a member of the Clinical Service prior to 10/17/00~~. Clinical competence will be demonstrated by proctoring outcomes, peer review, experience, letters of recommendation and similar criteria. Training and/or experience must include care of children and transitional youth (e.g., family medicine or pediatrics).

PROCTORING: A minimum of 5 representative cases will be reviewed for initial proctoring.

REAPPOINTMENT: For reappointment, a review of a minimum of 3 outpatient cases.

_____ _____

8.30 BASIC PRIVILEGES: PERINATAL CARE

Provides prenatal care to pregnant women and pre- and postpartum care in the ambulatory setting, in accordance with protocols of the CPC Service. All procedures requiring anesthesia to be performed under local anesthesia.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the ABMS Board of Family Medicine ~~or a member of the Clinical Service prior to 10/17/00~~. Clinical competence will be demonstrated by proctoring outcomes, peer review, experience, letters of recommendation and similar criteria. Training and/or experience must include perinatal care (e.g., family medicine).

PROCTORING: A minimum of 5 representative cases will be reviewed for initial proctoring.

REAPPOINTMENT: For reappointment, a review of a minimum of 3 outpatient cases.

Privileges for – Zuckerberg San Francisco General Hospital

Requested Approved

_____ _____

8.40 CPC PROCEDURE PRIVILEGES

Physicians may apply for each of the following procedural privileges separately, based on qualifications and scope of practice. Must be currently Board Admissible, Board Certified, or Re-Certified by the ABMS Board of Family Medicine or Internal Medicine ~~or a member of the Clinical Service prior to 10/17/00.~~

_____ _____

8.41 Lumbar puncture

PREREQUISITES: Physicians must have CPC Basic Privileges (8.10 or 8.20).

PROCTORING: Review of 2 cases

REAPPOINTMENT: Review of 2 cases

_____ _____

8.42 Paracentesis

PREREQUISITES: Physicians must have CPC Basic Privileges (8.10).

PROCTORING: Review of 2 cases

REAPPOINTMENT: Review of 2 cases

_____ _____

8.43 Intrauterine Procedures

PREREQUISITES: Physicians must have CPC Basic Privileges (8.10 or 8.20).

PROCTORING: Review of 2 cases

REAPPOINTMENT: Review of 2 cases

_____ _____

a. Endometrial Biopsy

b. Insertion of Intrauterine Device (IUD)

_____ _____

8.45 Colposcopy and Cryosurgery for Gynecologic Procedures

PREREQUISITES: Physicians must have CPC Basic Privileges (8.10).

PROCTORING: Review of 2 cases

REAPPOINTMENT: Review of 2 cases Requested

_____ _____

8.46 Contraceptive Implant Insertion/Removal

PREREQUISITES: Physicians must have CPC Basic Privileges (8.10 or 8.20)

PROCTORING: Proof of completion specialized course in insertion/removal of device.

REAPPOINTMENT: Review of 2 cases.

_____ _____

8.47 Laser Surgery

Removal of congenital and acquired lesions (tattoos, hemangiomas, pigmented lesions)

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Medical Specialties, ~~or a member of the Service prior to 10/17/00.~~

Appropriate training, complete the laser safety module prepared by the ZSFGH Laser Safety Committee –and baseline eye examination within the previous 1 year.

PROCTORING: 2 observed procedures by a member of the medical staff with laser surgery privileges at ZSFGH

REAPPOINTMENT: 2 cases in the previous two years reviewed by a member of the medical staff with laser surgery privileges at ZSFGH.

_____ _____

8.50 LIMITED CPC PRIVILEGES

Includes Patient Management limited to the areas below:

_____ _____

8.51 CPC PODIATRY

Evaluation and non-invasive treatment of common podiatric medical pathology including corns, callous, nails, -General referrals and consultation with regard to basic podiatric medical pathology. Surgical procedures ~~includes~~include nail avulsion,

chemical

matrixectomies, biopsy and debridement of cutaneous lesions or simple infection process relative to nail and skin. All procedures requiring anesthesia to be performed under local anesthesia in the outpatient setting.

PREREQUISITES: Satisfactory completion of an approved residency program in Podiatric Medicine required.

PROCTORING: Review of 5 cases
REAPPOINTMENT: Review of 3 cases Requested
SERVICE APPROVAL: Initial approval and reappointment review and approval by CHIEF, ORTHOPEDIC SURGERY OR DESIGNEE REQUIRED:

8.52 CPC LICENSED CLINICAL PSYCHOLOGY

Provide individual and family counseling and therapy.

PREREQUISITES: Clinical Psychologists must hold a doctoral degree in Psychology from an approved APA accredited program, and must be licensed 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.

SERVICE REVIEW: Initial approval and reappointment review and approval by CHIEF, PSYCHIATRY SERVICE OR DESIGNEE REQUIRED:

8.53 CPC PSYCHIATRY

Outpatient management of psychiatric problems and conditions.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry ~~or a member of the Community Primary Care Clinical Service prior to 10/17/00.~~

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

SERVICE REVIEW: Initial approval and reappointment review and approval by CHIEF, PSYCHIATRY SERVICE OR DESIGNEE REQUIRED:

8.54 CPC NEUROLOGY

Perform memory evaluation and/or other special neurological assessments.

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

PROCTORING: A minimum of 5 representative cases will be reviewed for initial Proctoring.

REAPPOINTMENT: Review of 3 cases.

SERVICE REVIEW: Initial approval and reappointment review and approval by CHIEF, NEUROLOGY OR DESIGNEE REQUIRED:

8.55 CPC DENTISTRY

Provides professional dental services to general hospital and dental clinic patients; instructs patients in correct oral hygiene and dental care; performs dental operations and treats mouth diseases; refers cases requiring difficult oral surgery and medical attention to proper department.

PREREQUISITES: Requires completion of the curriculum of an approved school of dentistry and possession of the D.M.D. degree or D.D.S. degree. Requires possession of valid license to practice dentistry issued by the State Board of Dental Examiners.

PROCTORING: A minimum of 5 representative cases will be reviewed for initial proctoring.

REAPPOINTMENT: Review of 3 cases.

SERVICE REVIEW: Initial approval and reappointment review and approval by CHIEF, ORAL AND MAXILLOFACIAL SURGERY OR DESIGNEE REQUIRED:

8.56 CPC ACUPUNCTURE

Performs acupuncture, acupressure, and moxibustion in the ~~CHN-SFHN~~ facilities or in the patient's home.

PREREQUISITES: [Current and valid license issued by the State of California Acupuncture Board of the Department of Consumer Affairs in accordance California Code Section 4938. Completion of a clean needle technique course.](#)

~~Successful completion, by a licensed physician, of at least 200 hours~~

~~instruction and didactic training course given by a UC or other nationally recognized university.~~

~~—PROCTORING: [D5](#) direct observations and [chart reviews on 5 different patientseases to be reviewed](#)—~~

by a medical staff member who maintains unproctored status for Acupuncture Privileges

~~—within the [CHN/SFGH/SFHN](#) 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 five 5 cases by a medical staff member who maintains unproctored status for Acupuncture Privileges within the [CHN/SFGH/SFHN](#) system. A summary

monitoring report will be sent to the respective Clinical Service to be forwarded to the appropriate committees for reappointment recommendation.

8.57 CPC OBSTETRICS AND GYNECOLOGY

[Outpatient management of ~~Obstreties~~Obstetrics and Gynecology problems and conditions.](#)

PREREQUISITES: [Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Obstetrics & Gynecology.](#)

PROCTORING: [Review of 5 cases](#)

REAPPOINTMENT: [Review of 3 cases](#)

SERVICE REVIEW: [Initial approval and reappointment review and approval by](#)

[CHIEF, OB & GYNECOLOGY OR DESIGNEE REQUIRED:](#)

8.58 CPC REPRODUCTIVE HEALTH

[\(NB: No need to apply for this if privileged in CPC Basic Peds or CPC Ob/Gyn as this privilege falls within their scope\)](#)

[Perform family planning, preconception counseling, STD prevention, IPV prevention, and other outpatient management related to sexual health, excluding pregnancy, for patients aged ~~6126-24.~~](#)

PREREQUISITES: [Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Obstetrics & Gynecology, Family Medicine or Pediatrics.](#)

PROCTORING: [Review of 5 cases](#)

REAPPOINTMENT: [Review of 3 cases](#)

SERVICE REVIEW: [Initial approval and reappointment review and approval by](#)

[CHIEF, OB & GYNECOLOGY OR DESIGNEE REQUIRED:](#)

8.60 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.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics/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.

- A. Fecal Occult Blood Testing (Hemoccult®)
- B. Vaginal pH Testing (pH Paper)
- C. Urine Chemstrip® Testing
- D. Urine Pregnancy Test (SP® Brand Rapid Test)

Privileges for Zuckerberg — San Francisco General Hospital

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 – HOUSE STAFF COMPETENCIES

The house staff in the CPC service consist of house staff from UCSF/ZSFG residency programs and occasionally other accredited training programs under an approved MOU. There are no separate CPC house staff. The relevant house staff competencies of the Departments of General Internal Medicine and Family and Community Medicine are maintained by the residencies under the oversight of the UCSF Dean at Zuckerberg San Francisco General Hospital.

APPENDIX C – CHIEF OF SERVICE JOB DESCRIPTION

CLINICAL SERVICE CHIEF OF COMMUNITY PRIMARY CARE SERVICE JOB DESCRIPTION

Chief of Community Primary Care
Position Summary:

The Chief of Community Primary Care is responsible for the credentialing and privileging of all CPC Service medical staff. He or she 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 (ZSFG) and the Department of Public Health (DPH). The Chief also ensures 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 Community Primary Care Service reports directly to the Director of Primary Care, if different, and to the Director of Ambulatory Care, if the Chief of CPC is the Director of Primary Care. The Chief of Service 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 Director of Health, the Director of SFHN Ambulatory Care, and the ~~ZSFG~~ Chief Executive Officer, 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 Community Primary Care is board certified in a primary care specialty, ~~has a UCSF faculty appointment,~~ and is a member of the active Medical Staff at ZSFG.

Major Responsibilities, in collaboration with the Primary Care Chief Medical Officer:

- 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, SFHN, and the DPH;
- In collaboration with the Chief Executive Officer and other ZSFG and SFHN leaders, developing and implementing policies and procedures that support the provision of services by reviewing and approving the 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 San Francisco Health Network;
- In collaboration with the Chief Executive Officer and other ZSFG and SFHN 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.

APPENDIX D – SENTINEL EVENT MANAGEMENT – Community Primary Care Service

**SENTINEL EVENT MANAGEMENT
 CPC QI Committee DRAFT May 2006**

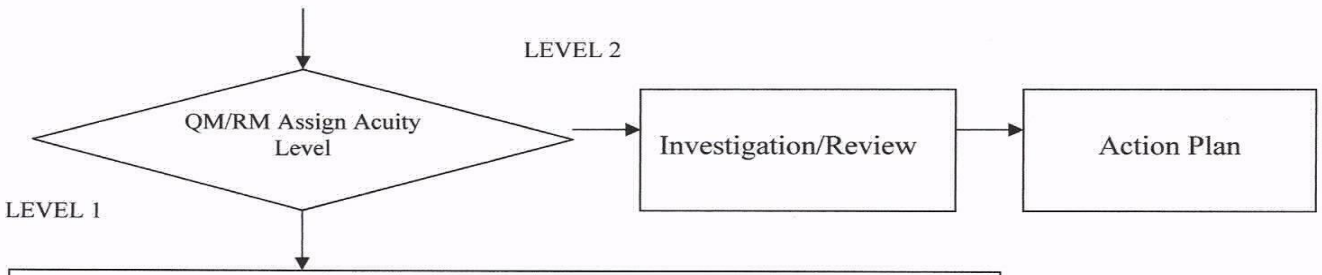
Unusual Occurrence, Event or Condition deferred to be Sentinel Event by Risk Management

Risk Containment
 ❖ Ensure Safety of Patients/Staff/Visitors
 ❖ Assess Environment
 ❖ Begin Staff/Patient
 ❖ Review of Records

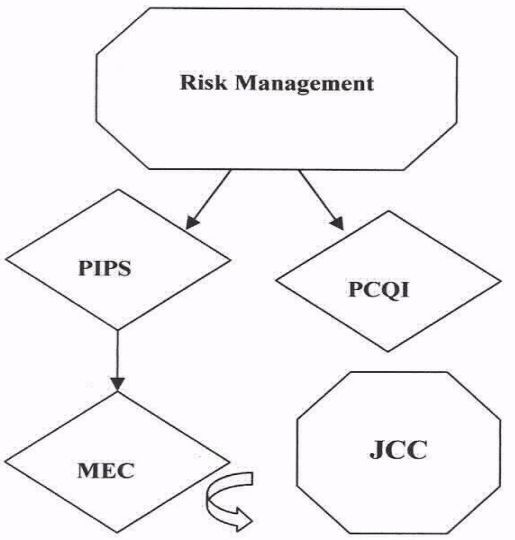
Notification

DPH Internal	External
Health Center Management Team	DHS
COPC Management Team	Other Regulatory Bodies per Policies & Procedures
QM/RM at SFGH	
Deputy Director of Community Programs	

- Level 1:**
 -Unanticipated Death
 -Permanent Loss of function
 -Patient Suicide
 -Infant Abduction
 -Sexual Assault
- Level 2:**
 Serious Nature Warrants Investigation:
 -Not related to patient's illness
 -Not associated with deviation from practice
- Near Miss:**
 -Deviation from practice
 -Indicate need for change or Improvement



Investigation Review by SFGH Risk Management
 ❖ Complete all interviews and other case reviews
 ❖ Review all available data and identify additional information needed



Root Cause Analysis Concluded in 45 Days
 ❖ Study the Problem and Develop Risk Reduction Strategies
 ❖ Identify all contributory factors, direct causes, proximal causes, risk points
 ❖ Conduct a Literature Review and Consider Data in Review of Events and Development of Action Plan

Develop Action Plan
 ❖ Focus on systems issues
 ❖ Implement Additional Recommendations from Risk Management
 ❖ Include Plan for Evaluation of Effectiveness
 ❖ Each Health Center QI Committee tracks completion of plan

Improved Safety & Performance
 Based on Improved Systems & Processes