

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

A. **SCOPE OF SERVICE**

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

B. **MEMBERSHIP REQUIREMENTS**

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

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

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

1. **Organization**

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

a) **Chief of Service**

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

b) **Vice Chief of Service**

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

c) Directors, Family Health Center (FHC)

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

d) Directors, Family Medicine Inpatient Service (FMIS)

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

e) Directors, Prenatal Partnership Program (PPP)

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

f) Director, Skilled Nursing Facility (SNF)

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

2. Clinical Services

a. Family Health Center

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

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

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

b. ZSFG Family Medicine Inpatient Service

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

c. ZSFG Skilled Nursing Facility

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

d. ZSFG Urgent Care Center

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

e. Prenatal Partnership Program

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

f. Attending Physician Responsibilities

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

II. CREDENTIALING

A. NEW APPOINTMENTS

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

B. REAPPOINTMENTS

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

1) Modification of Clinical Service

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

2) Staff Status Change

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

3) Modification/Changes to Privileges

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

C. AFFILIATED PROFESSIONALS

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

D. STAFF CATEGORIES

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

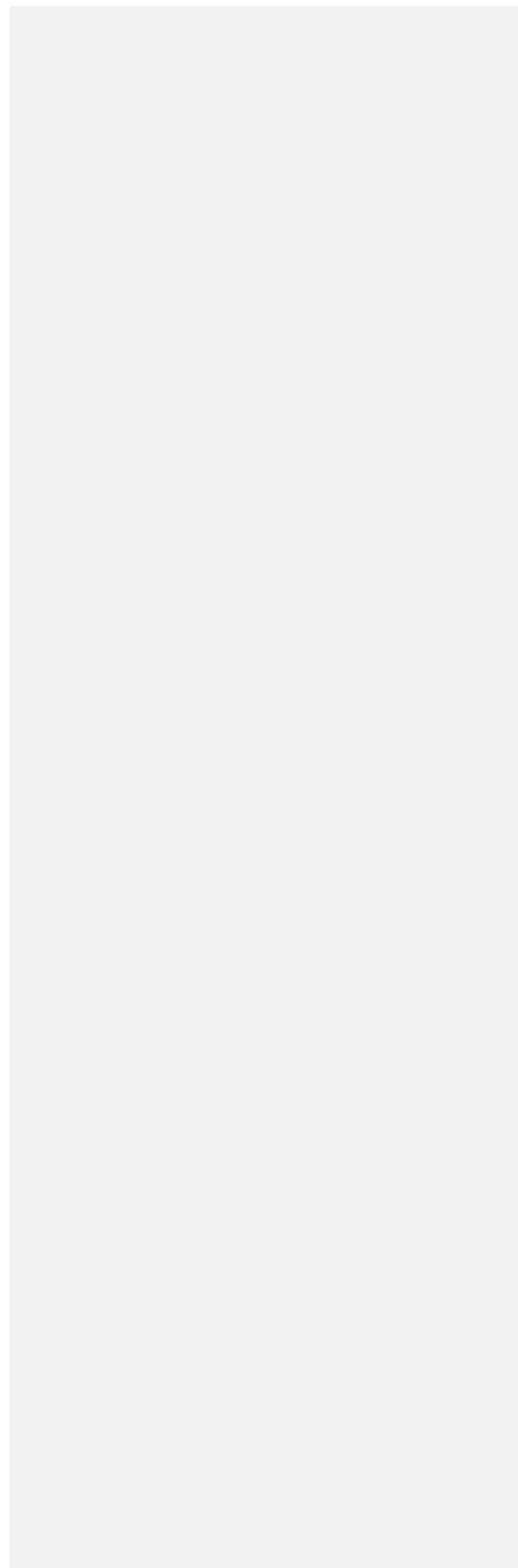
III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT AND ANNUAL REVIEW OF PRIVILEGES

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

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

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B. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES

(Refer to **Appendix F**)

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

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C. TEMPORARY PRIVILEGES

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

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IV. PROCTORING AND MONITORING

A. PROCTORING AND MONITORING REQUIREMENTS

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

The scope of individual provider activity is determined by level of training and skills obtained in special procedure training. Clinical competence is monitored through direct observation, chart review, and practice audits. In general, the scope of provider activity is in keeping with that defined by the American Board of Family Medicine and the Accreditation Council of Graduate Medical Education (ACGME) Residency Review Committee for Family Medicine. All care delivered by non-licensed residents is directly supervised by an attending physician in both the inpatient and outpatient settings. Licensed residents may be indirectly supervised only after meeting criteria outlined by

the FCM Residency Program Clinical Competence Committee. Attending family physicians are the FM Inpatient Service physicians of record at all times.

B. PROCTORING AND COMPETENCY REVIEW

1. INITIAL APPOINTMENT

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

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

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

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

2. REAPPOINTMENT

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

iv: Other information as appropriate, including unusual incidence reports, adverse drug reaction reports, and similar information collected by ZSFG committees.

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

C. ADDITION OF PRIVILEGES

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

D. REMOVAL OF PRIVILEGES

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

V. EDUCATION

The following FCM educational opportunities regularly offered:

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

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

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

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

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

B. EVALUATION OF RESIDENTS

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

VII. FAMILY & COMMUNITY MEDICINE CLINICAL SERVICE CONSULTATION CRITERIA

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

VIII. DISCIPLINARY ACTION

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

IX. PERFORMANCE IMPROVEMENT/PATIENT SAFETY AND UTILIZATION MANAGEMENT

A. GOALS AND OBJECTIVES

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

B. RESPONSIBILITY

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

C. REPORTING

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

D. CLINICAL INDICATORS

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

E. CLINICAL SERVICE PRACTITIONERS PERFORMANCE ONGOING PROFESSIONAL PRACTICE EVALUATIONS PROFILES

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

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F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

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

G. MONITORING AND EVALUATION OF PROFESSIONAL PERFORMANCE

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

X. MEETING REQUIREMENTS

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

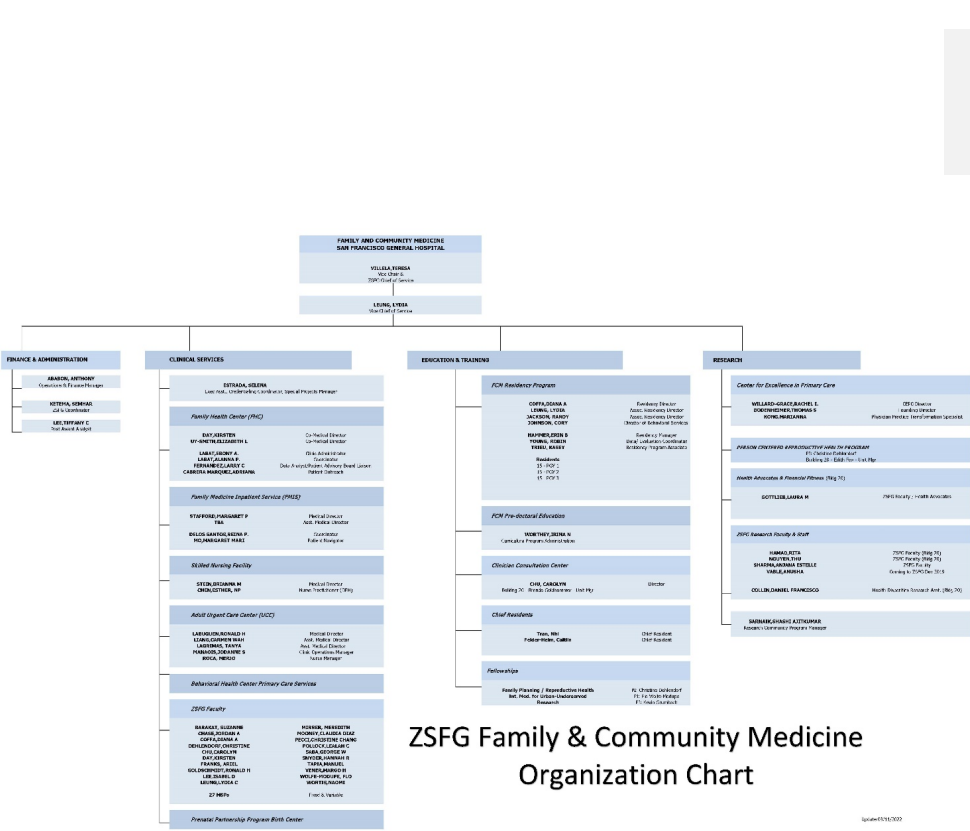
FCM members shall meet as frequently as necessary, but at least quarterly, to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

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

XI. ADOPTION AND AMENDMENT

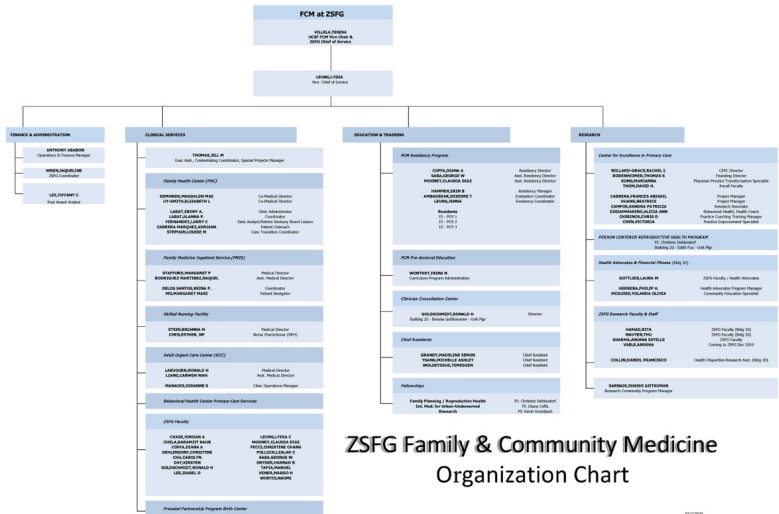
The FCM Rules and Regulations will be adopted and revised annually by a majority vote of all active service members.

APPENDIX A: FAMILY & COMMUNITY MEDICINE ORGANIZATIONAL STRUCTURE



ZSFG Family & Community Medicine Organization Chart

Updated 01/14/2020



ZSFG Family & Community Medicine Organization Chart

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

**Chief, Family and Community Medicine Service
Zuckerberg San Francisco General Hospital**

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

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

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

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

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

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

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

A. ADMINISTRATION

1. General Responsibilities

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

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

2. Planning

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

3. Resource Management

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

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

4. Operations Management

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

B. COMMUNICATION

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

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

C. PERFORMANCE IMPROVEMENT

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

D. MEDICAL STAFF CREDENTIALING AND PRIVILEGING

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

E. EDUCATION AND RESEARCH

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

Updated 2020

APPENDIX C: FHC CLINICAL RESEARCH POLICY

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

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

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

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

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

Researchers will follow these steps:

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

Approved by:



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

APPENDIX D: ATTENDING PHYSICIAN RESPONSIBILITIES FAMILY HEALTH CENTER

Checklist for Onboarding FHC Attending 2021-22

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Accounts and Other Access

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

Work space and materials

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

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Training

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

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Documents

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

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Other documents or resources available

- SFDPH eLinks (includes pharmacy formulary and much more):
 - CHN intranet site
 - Medication Prior Authorization:
 - Sign up for a Cover My Meds account
 - Medicare D plans
 - SFHP Medi-Cal, SFHP Healthy Workers, SFHP HMO, SFHP Medicare-Medical
 - Anthem Blue Cross Medi-Cal Managed Care
 - Straight Medi-Cal
 - HSF
- FHC Prenatal Guide

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Teams

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

Mission, SFHN and ZSFG Goals

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

Important policies and procedures

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

Expectations

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

Between precepting sessions:

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

During precepting sessions:

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

LT Internal updates

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

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Points of Contact

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Clinical Support

Name	Role	Contact Info	Contact for:
Kimmy Chela	Medical Director Director of Informatics, Perinatal Care, and Medical Staff (Office Bldg 80, room 307)	206-4124 (office) 714-624-1794 (cell) 443-0007 (pager) karamjit.chela@ucsf.edu	- Perinatal care issues - Provider and faculty support - Epic support - Approval for away request exceptions and last minute changes (please email Kimmy, Kirsten, and Elizabeth)
Kirsten Day	Medical Director Director of Operations and Residency Liaison (Office Bldg 80, room 322)	206-6893 (office) 510-501-6806 (cell) 443-6327 (pager) Kirsten.day@ucsf.edu	- Clinic operations - Resident concerns - Patient concerns/grievances - Approval for away request exceptions and last minute changes (please email Kimmy, Kirsten, and Elizabeth)
Elizabeth Uy-Smith	Medical Director Director of Clinical Care, Practice Performance, and Special Projects (Office Bldg 80, room 307)	206-2519 (office) 252-339-0697 (cell) 443-0320 (pager) Elizabeth.uy-smith@ucsf.edu	- Staff concerns - Policy and procedures - QI support - Peds/Adolescent QI - Approval for away request exceptions and last minute changes (please email Kimmy, Kirsten, and Elizabeth)
Sharon Keyes	Nurse Manager Interim Health Worker Supervisor (Office Bldg 90, room 128)	206-5545 (office) 562-477-3756 (cell) sharon.keyes@sfdph.org	- MEA/RN concerns - HW concerns - Patient Advisory Council - Volunteer Program
Cristina Punzalan	Charge Nurse (Office Bldg 90, room 123)	206-0736 (charge RN banana phone) Cristina.punzalan@sfdph.org	- MEA/RN concerns - MEA/RN scheduling - Floor issues
Saidah Shabazz	Practice Manager (Office Bldg 90, room 125)	206-2668 (office) Saidah.shabazz@sfdph.org	- Patient concerns/grievances - Facilities issues - Clinic operations
Nancy Huerta	Interim Patient Access & Eligibility Worker Supervisor (Office Bldg 90, room 124)	206-4325 (office) nancy.huerta@sfdph.org	- Front Desk/EW concerns - Insurance coverage issues
Micha Rosso-Balcazar	Behavioral Health Supervisor (Office Bldg 80, room 220)	206-2516 (office) Michaeol.rosso@sfdph.org	- BHT concerns - Safety concerns (care agreements)

Residency Support

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

Administrative Support

Name	Role	Contact Info	Contact for questions about:
Ebony Labat	FHC Clinic Administrator (mostly offsite, but when onsite Office Bldg 80, room 301)	415-571-9905 (cell) ebony.labat@ucsf.edu	- Primary care clinic schedules* - Backup for Practice Manager - Clinic operations - Sick call or late to clinic session calls * Not able to approve away request exceptions or last minute changes
Jill Thomas	Executive Assistant to Teresa Villela, Chief of Service (Office Bldg 80, room 313)	206-2899 (office) Jill.thomas@ucsf.edu	- Credentials/privileges - Meetings with Teresa - Secure prescription pads
Alanna Labat	FHC Program Manager (Office Bldg 80, room 301)	206-8453 (office) 415-810-7161 (cell) Alanna.labat2@ucsf.edu	- Incomplete notes - Attending session counts - FHC attending schedules* - MSP timesheet - Sick call or late to precepting shift calls * Not able to approve away request exceptions or last minute changes
Sem Ketema	FHC Front Office (Office Bldg 80, room 320)	206-8610 (office) Semhar.ketema@ucsf.edu	- Laptop needs for observation sessions - Tap and go access (troubleshooting) - Badge and programming - Conference room reservation

Schedules

- Main contact = Alanna Labat
 - Please let Alanna know ASAP if you find any discrepancies in the schedule
 - If you have any late leave/vacation requests, **email Alanna and Kimmy** ASAP to get approval
 - Please do **not** contact Ebony with schedule requests, including any requests for schedule changes to your continuity clinic. If you have any specific requests regarding your continuity clinic schedule, please **email Saidah and Kirsten**.
- Amion
 - Quickly look at all your shifts over the week/month
 - Sign up for OPEN shifts
- FHC Google Schedule
 - Overall clinic provider(s) and specialty clinic information, including COD information
 - Shows any last-minute updates regarding providers out/moved and specific team location for attending shift
 - Please look to see which residents are assigned to the clinic team you will be located on for precepting including the list of residents doing telehealth clinics

Sick calls or emergency situations for PCPs

- If you are sick and cannot attend during your clinic session, please do the following:
 - Leave a message on the FHC sick line: 628-206-3487 before 7am **AND**
 - Call/text Ebony Labat at 415-571-9905
- If you are going to be late to your clinic session, please let Ebony Labat know asap so we can let the nursing team know.

Sick calls or emergency situations for Preceptors

- If you are sick and cannot attend during your scheduled precepting shift, please do the following:
 - Leave a message on the FHC sick line: 628-206-3487 before 7am **AND**
 - Call/text Alanna Labat at 415-810-7161
- If you are going to be late to your shift, please let Alanna Labat know asap so we can find timely coverage for your shift.
- If you are unable to cover the whole shift (remember that clinic often runs late till 12:30pm or 5:30pm), please let Alanna Labat know in advance so that we can also plan coverage as needed.

Precepting Session

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

1. Attend huddle

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

Huddle schedules (same as clinic start times)

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

Huddle content

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

Role of attending in huddles

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

2. Check that all providers have showed up to clinic

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

During clinic session, here are your primary responsibilities

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

Precept:

- Residents with appropriate Epic documentation.

Serve as consultant:

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

Manage clinic flow:

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

Support patient care:

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

Complete your administrative portion of patient care:

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

Min # of patients to see per session

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

Before leaving clinic session

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

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

- If you must leave, you should make contact with another attending to see if they can come and relieve you. If none of them can, let Alanna know and she can try to find someone to cover.
- If you have to cover over the lunch hour and you also are precepting in the afternoon, let Alanna know and she can help find coverage so that you can get lunch.
- If a patient's work-up was started and requires continued evaluation in the afternoon, please make sure that the resident signs out the patient to the afternoon drop-in resident.
 - You should also sign out the patient to the afternoon 81 attending and ensure that there is someone in the clinic (e.g., nursing staff) who stays with the patient during the lunch hour.
 - The morning RN should also sign out the patient to the afternoon 81 RN.

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

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

If patients need direct admission to SFGH

See also direct admission tipsheet on Learning Dashboard in Epic.

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

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

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

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

Evaluations of learners

For all learners

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

For residents

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

Before you precept

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

Precepting documentation guidelines

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

Items required for meaningful use have changed over time. Instead, we are focusing on specific metrics that require special attention for documentation.

 - Medication reconciliation – click on 'Verified' within Medication section
 - Computerized provider order entry (meds, labs, radiology)
 - Enter E&M code – under LOS section in Epic
 - WCC documentation – use WCC templates in Epic to pass CHDP audits
 - Postpartum documentation – must complete CPSP postpartum form once for each postpartum patient within 21-56 days postpartum to pass CPSP audit

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

Working with Clinician of the Day

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

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

COD primary responsibilities:

- Manage clinic flow
- Identify providers who are backed up in clinic and redistribute their patients to other providers who have no-shows or have open slots.
 - Must communicate with the provider prior to redistribution of patients.
 - They are actively trying to make sure residents see their target number of patients each session
- Serve as consultants for drop-in triage RN to help identify open slots for same-day drop-in patients
- Help to manage the provider pool in basket as needed.
- Hold the COD banana phone x60731. Located in the red team care station. Pick up at the beginning of each shift and return at the end of each shift onto its charger.
- Recommend starting an Epic secure chart with all the 81/85/91 attendings to streamline in clinic communication.

Resident of the Day

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

Evening Clinic Attending Responsibilities

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- If you are running late, please let Alanna Labat know as early as possible so she can get someone to cover for you.
- Manage flow so that all patients are out of the clinic by 9:00pm.
 - There are a lot of urgent, transfer or new patient appointments scheduled in evening clinics. Please look at the clinic schedule during huddle to plan for possible tetrising or shuffling of patients if a provider is backed up.
 - Guidelines for moving patients around:
 - Move adults from one provider to another before you move kids.
 - Ask providers before you move a patient to another provider in case they know the patient and want to see them.
 - Nursing and security staffing is only available until 9:00.
 - Please anticipate if a patient work-up is going to take longer, initiate transfer to the ED before 8:30.
- Provider Pool: sign in at the start of the shift and review "Rx requests", "Patient Calls", and "Results".

FHC Same-Day Drop-in clinic

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

Your role as attending for drop-in clinic

- You will work directly with triage RN to manage clinic flow and assist in distributing same-day drop in patients to the residents on the red team, especially if COD is unavailable.
- On occasion, you will be asked to go over to the triage area to see a patient if the triage RN has patient management questions
- Please note that any patients in triage with acute or urgent needs should not be given urgent appointments in the evening.
 - These patients would most likely benefit from an UCC or ED transfer
- Only straightforward, non-acute patients should be scheduled into available appointments in the evening when patients were triaged in the morning or afternoon.
- FHC Drop-In Pool: check-in with the residents regarding the FHC Drop-In Pool. Drop-in residents are expected to check it once per shift for any urgent lab or phone follow-up and/or anticipated patients coming into drop-in.
- If no COD is available: the 81 attending becomes the COD (please see section above on COD)
- Help check provider pool in basket: the 81 attending checks the Rx requests tab in the provider pool in basket, but if you have downtime, please help check the remainder of the provider pool

○ Prescription Refills:

- Only need to do refills for resident PCPs, not for faculty/NP/PA PCPs. You can opt to refill for all if you find that method easier.
- Criteria for refilling non-controlled substance medication
 - Review patient's medication list
 - Patient must have had 1 visit with an FHC provider within the last 12 months
 - For high risk medication, you can give a 30-day supply and ask pharmacy to tell patient to make a f/u appointment before more refills are given.
 - For chronic medications, complete 90-day supplies along with 3 refills
 - If unclear whether patient has been seen in last 12 months
 - If the medication seems essential, you can refill for 30-day at your discretion and request for patient to follow-up with an appointment.
 - If the medication is non-essential, you can leave for PCP to decide.
- If you have a question about a medication refill:
 - You can route the refill request to the PCP if not urgent
 - If urgent, please page or call PCP directly as many providers are only at the FHC once a week
- Criteria for refilling controlled substance medication (should only be refilled for 30-days unless otherwise specified by PCP)
 - Check Epic to review last PCP note specifying the plan for refills.

- Review CURES
 - Under Chart Review -> Media, look for a “pain agreement” or search within chart for a “controlled substance agreement”
 - Consider ordering a urine toxicology test if not up to date
 - If there is a plan for refills, it is ok to give refills if clearly indicated by PCP in their note.
 - If there is no plan but you feel that the patient should have a refill (due to lack of appts available for pts, etc.), then refill for a month and make sure that the patient has a clear follow-up plan. **Be sure to inform PCP via TE.**
 - If there is no plan and you don’t think a refill is appropriate, send a high priority TE to the PCP.
- On Fridays, all refill requests must be completed by the end of the afternoon session. You may ask the COD or 85 attendings for assistance if you are not able to get through the provider pool in basket. If there are still refills left when everyone leaves on Friday, you must let Alanna Labat know.
- See FHC Lab Triage Protocol
- Help check resident in baskets:
 - Inter-visit patient care and in basket management are integral to outpatient primary care. As outpatient preceptors, it is imperative that we teach and model in basket work with the residents.
 - Each shift: Check-in with the residents regarding their in basket. Clinic attendings are expected to be the primary resource for residents for in basket management questions.
 - Ask residents if they have clinical or logistical questions regarding in basket tasks.
 - Proactively look through resident in baskets as a way to help them even if they say they don’t need help
 - Provide tips on how to manage and clear items in their in baskets
 - Remind residents that the in-clinic attendings are an excellent resource for questions in real time and they can call into the attending rooms if they are offsite.
 - § In basket items should **not** be deferred or routed to the FTL unless the resident has already communicated with their practice partner and chiefs about the need for additional FTL support.
 - For reference, the resident practice partner tipsheet, including resident-specific expectations for in basket management, can be found [here](#).
 - Practice Partner list for 2021-2022
- At the end of your precepting session, ensure that all patients have left the clinic by checking all the exam rooms. Attendings MUST stay on site until all patients have left the FHC.
- Best Practices:
 - Arrive to huddle on time to model the importance of huddle attendance to our learners
 - Ensure all drop in residents are at huddle. If not present, you can wait 10 minutes to see if they arrive. If after 10 minutes, they have not arrived please call the chiefs on the chief line at 530-424-9412 for assistance.
 - Use secure chat as a way to communicate with all team members present in clinic
 - If you are COD, hold the COD phone.

- Consider working on the computer closest to the door in the 81 precepting room so that you can see down the hallway and monitor what is happening in the waiting room and assist as needed to de-escalate any situations that may arise.
- On your schedule in Epic, consider making a sub-schedule called "drop in" and add the drop in resident and drop in RN schedules to make it easier to monitor drop in flow.
- Have Notion/COVID Central/FHC updates email google doc pulled up on your computer as a resource to show residents where they can find various info during your precepting session
- At the last hour of your precepting shift, determine if you will need help with the provider pool and if so, contact the other preceptors and/or COD for assistance.

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W85 Attending Responsibilities

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

Patient Calls: medication refills and review documents

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

Review labs and diagnostic studies

- Results
 - You can use the guidelines for review of abnormal lab reports to understand when you should:
 - o Outreach to patients during a clinic session and simply sign out/send info to PCP as FYI
 - o Send a TE or page a provider to hand off next steps for a lab/study result
 - o Leave the lab/result for PCP to take care of
 - On Fridays, all lab/study results **must be reviewed** by the end of the afternoon session.
 - o Remember: you may ask the COD or 81 attending for assistance if you are not able to get through the in basket.
 - o If there are still labs to review after everyone leaves on Friday, you must contact Alanna Labat.
- Help check resident in baskets:
 - o Inter-visit patient care and in basket management are integral to outpatient primary care. As outpatient preceptors, it is imperative that we teach and model in basket work with the residents.
 - o Each shift: Check-in with the residents regarding their in basket. Clinic attendings are expected to be the primary resource for residents for in basket management questions.

- Ask residents if they have clinical or logistical questions regarding in basket tasks.
- Proactively look through resident in baskets as a way to help them even if they say they don't need help
- Provide tips on how to manage and clear items in their in baskets
- Remind residents that the in-clinic attendings are an excellent resource for questions in real time and they can call into the attending rooms if they are offsite.
 - § In basket items should **not** be deferred or routed to the FTL unless the resident has already communicated with their practice partner and chiefs about the need for additional FTL support.
 - For reference, the resident practice partner tipsheet, including resident-specific expectations for in basket management, can be found here.
 - Practice Partner list for 2021-2022

Zoom attending

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

Newcomers Health Program (NHP)

- Green team R2 and R3 residents see patients who receive their asylee/refugee health screenings through the Newcomers Health Program. The screenings comprise of 2 visits, an initial health assessment with special attention paid to mental health screening and a follow-up visit to review labs/studies results.
 - There is a special state-mandated medical form that the residents must fill out.
 - After the initial visit, there is a follow-up appointment.
 - NHP patients have a very specific list of labs/studies to complete as part of their health assessment, depending on their country of origin.
- If you ever have questions about these screenings, the Newcomers staff is a great resource. Their office is located directly across from the Green Team care team room.
- At the end of your precepting session, ensure that all patients have left the clinic by checking all the exam rooms. Attendings MUST stay on site until all patients have left the FHC.
- **Best Practices:**
 - Arrive to huddle on time to model the importance of huddle attendance to our learners
 - Ensure all residents on your team are at huddle. If not present, you can wait 10 minutes to see if they arrive. If after 10 minutes, they have not arrived please call the chiefs on the chief line at 530-424-9412 for assistance.
 - Use secure chat as a way to the communicate with all team members present in clinic

- On your schedule in Epic, consider making a sub-schedule called “precepting” and add the gold/green/telehealth residents; schedules to make it easier to monitor clinic flow.
- If there are residents doing telehealth, log into zoom and secure chat them to make sure they are on Epic to do their telehealth clinic.
- Have Notion/COVID Central/FHC updates email google doc pulled up on your computer as a resource to show residents where they can find various info during your precepting session
- At the last hour of your precepting shift, determine if you will need help with the provider pool and if so, contact the other preceptors and/or COD for assistance

Min # of patients to see per session

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

Intern Linkage Attending Responsibilities

Intern Linkage

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

Checklist for Onboarding FHC Attendings

Accounts and Other Access

- Active directory account**
- Epic account access**
- LGR account**
- CHN number**
- Med Web Account**
- CCSF Alerts**
- UCSF or DPH e-mail address**

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- ☐ *Remote access link*
- ☐ *ZSFG badge, buddy badge, disaster cards*
- ☐ *Programming of ZSFG badge to gain stair-way and elevator access*
- ☐ *Evernote account*
- *Epic Central: <https://www.evernote.com/pub/cresident192/Epiccentral>*
- *FHC Attending: <https://www.evernote.com/pub/cresident192/fhcattending>*
- *FHC Documents: <https://www.evernote.com/pub/cresident192/fhcdocuments>*
- *Community Resources/Referrals/Tips <https://www.evernote.com/pub/cresident192/communityresourcesreferralstips>*
- ☐ *Laminated contact cards (for FHC and residency)*
- ☐ *Internal updates:*
- *Team grid*
- *Contacts list*
- *Scope of practice*
- *Medical records Epic workflow*
- *SFHN website*
- *Practice partner*
- *Central Call center onboarding notification (add to provider description)*
- *Email listserv (Provider, Attending, Staff)*
- *Pagerbox*
- *Business cards (if PCP)*

Work space and materials

- ☐ *Pager*
- ☐ *Office keys*
- ☐ *Name plates*
- ☐ *Secure rx pads*

Training

- ☐ *Epic workflow training*
- ☐ *2 shadowing sessions with experienced FHC attending*
- ☐ *FHC orientation and tour with medical director or designee*

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Documents (all available on Evernote)

- ☐ *Review Pain policy (signature required)*
- ☐ *FHC standing meetings*
- ☐ *FHC Clinic Guide*
- ☐ *Guidelines for Lab Review*
- ☐ *FHC Labs, DI, Procedures and Referrals*
- ☐ *FHC campus map*
- ☐ *FHC team grid*

Other documents or resources available

- ☐ *ZSFG ambulatory services website: <http://www.sfghambulatoryservices.com/>*
- ☐ *SFDPH eLinks (includes pharmacy formulary and much more)*

Miscellaneous

- ☐ *Welcome kits*

Teams

- ☐ *Introduce to team*
- *By email (all of FHC)*
- ☐ *Know your:*
 - *Faculty team lead*
 - *Lead clinician*
 - *Lead nurse*
 - *Team clerk*
 - *Core MEA*
 - *BHT team*
 - *Additional staff on your team*
 - *Residents*
 - *Fellow providers*

Mission, SFHN and ZSFG Goals

- ☐ *Review org chart*
- ☐ *Review SFHN/ZSFG annual strategic vision and goals*
- ☐ *FHC mission*
- ☐ *QI culture and participation*
- ☐ *Safety culture*
- ☐ *Communications culture*

Important policies and procedures

- ☐ *Direct admission*
- ☐ *Late patient policy*
- ☐ *Missed appointments*
- ☐ *Disaster / emergency planning (Rainbow Chart)*
- ☐ *SOP*
- ☐ *Chronic pain*
- ☐ *Patient forms*
- ☐ *IPV*
- ☐ *HIPAA*
- ☐ *UO*

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- ☐ Behavioral agreement
- ☐ ED transfers

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Expectations

- 44 sessions / year for each 0.1 FTE*
- Culture of a true practice*
- Huddles attendance*
- Timely completion of patient care documentation*

Between precepting sessions:

- Keep up to date with reviewing FHC email updates*
- Ensure that Epic notes are reviewed, cosigned, and locked*

During precepting sessions:

- Attend huddles*
- Serve as consultant*
- Manage clinic flow with COD, nurse team leads (requires frequent check ins)*
- Support patient care*
- Support residents: direct patient care, administrative tasks, building relationships with team members*
- Serve as role models to all team members as the leader of the clinic*

Points of Contact

Administrative Support

<i>Name</i>	<i>Role</i>	<i>Contact Info</i>	<i>Contact for questions about:</i>
<i>Ebony Labat</i>	<i>FHC Clinic</i>	<i>206-6891 (office) 443-7412 (pager) ebony.labat@ucsf.edu</i>	<i>- Primary care clinic schedules - FHC attending schedules</i>

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<i>Jill Thomas</i>	<i>Executive</i>	<i>206-2899 <u>jill.thomas@ucsf.edu</u></i>	<i>-Epic account access -Credentials/privileges -Meetings with chief of service -Secure prescription pads</i>

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<i>Kasey Trieu</i>	<i>FCM</i>	<i>206-8610 (office)</i> <i>diane.kiukuk@ucsf.edu</i>	<ul style="list-style-type: none"> -Laptop needs for observation sessions -Tap and go access (troubleshooting) -Unlocked notes for Epic -Attending session counts -MSP timesheet -Meetings with Lydia -Badge and programming

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Clinical Support

<i>Name</i>	<i>Role</i>	<i>Contact Info</i>	<i>Contact for:</i>
<i>Maggie Edmunds</i>	<i>Medical Co-Director</i>	<i>206-5316 (office) 443-8208 (pager) magdalen.edmunds@ucsf.edu</i>	QI role Formatted: Heading 7 -Prenatal care issues -Backup for Medical Director -Clinic operations -Faculty support
<i>Ellie Uy-Smith</i>	<i>Medical Co-Director</i>	<i>206-2519 (office) 443-0320 (pager) Elizabeth.uy-smith@ucsf.edu</i>	Peds Formatted: Heading 7 -Backup for Medical Director -Resident concerns -Staff concerns -Policy and procedures
<i>Sharon Keyes</i>	<i>Nurse Manager</i>	<i>206-5545 (office) 327-1007 (pager) Sharon.Keyes@sfdph.org</i>	MEA Formatted: Heading 7 -Clinic operations
<i>Nancy Huerta</i>	<i>Interim Hospital Eligibility/Patient Access Supervisor</i>	<i>206-4325 (office) Nancy.Huerta@sfdph.org</i>	Clerical Formatted: Heading 7 Formatted: Heading 7, Pattern: Clear
<i>Saidah Shabazz</i>	<i>Practice Manager</i>	<i>Saidah.Shabazz@sfdph.org</i>	Formatted: Heading 7 Facility Formatted: Heading 7 -Clinic operations -Sick call or late to shift calls during business hours
<i>Danielle Guidry</i>	<i>Health Worker Supervisor</i>	<i>Danielle.guidry@sfdph.org</i>	HW co Formatted: Heading 7 -Patient Advisory Council -Volunteer Program

Residency Support

<i>Name</i>	<i>Role</i>	<i>Contact Info</i>
<i>Maddy Grandy Ashley Tsang Tem Weldeyesus</i>	<i>Chief Residents</i>	<i>(530) 424-9412 No texts cresident@fcm.ucsf.edu</i>
<i>Diana Coffa</i>	<i>Residency Director</i>	<i>443-0835 (pager) Diana.coffa@ucsf.edu</i>

Sick calls or Emergencies

1. If you are sick and cannot attend during your scheduled precepting shift, please do the following:
- a) Leave a message on the sick line: 206-3487 before 7:30am AND

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- b) **Page Ebony Labat between 8am-5pm**
- 2. **If you are going to be late to your shift, please let Ebony Labat know asap so we can find timely coverage for your shift.**
- 3. **If you are unable to cover the whole shift (remember that clinic often runs late until 12:30pm or 5:30pm), please let Ebony Labat know in advance so that we can plan coverage as needed.**

Precepting Session

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

- 1. **Write down your name, CHN number, and contact info (pager/cell) on the white board in the attending room**
- 2. **Attend huddle**
 - a. **If attending on 81, attend red team huddle**
 - b. **If attending on 85, the attendings should split up going to gold and green team huddle**
- i. **If you are the only attending on 85, go to the team with more residents**
- e. **Write down how many patients each resident has so you can keep track of clinic flow**

Huddle schedules (same with clinic start times)

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

Huddle content

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

Role of attending in huddles

- Act as a huddle coach
- Pay attention to any providers who are missing or late.

- 3. **Check that all providers have showed up to clinic**
- a. **If there are any absent providers, please call or page the provider (using the phone list updated on Evernote)**
- i. **If no answer from resident, page chief residents**
- ii. **If no answer from chief resident, page Ebony Labat (443-7412)**

During clinic session, here are your primary responsibilities

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

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Precept:

- Residents and medical students along with appropriate Epic documentation

Serve as consultants:

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

Manage clinic flow:

- By working with clinician of the day (COD) and team lead RN
 - Place same-day walk in patients into no-show slots for residents to meet target numbers per clinic session
- Work with COD, triage RN to make sure same-day patients are triaged and seen in a timely manner

Support patient care:

- Refill prescriptions (81 attending)
- Review labs and diagnostic studies (85 attending)

Complete your administrative portion of patient care:

- Respond to and address all patient-relevant e-mails
- Clear down your Epic jellybeans
- Check your LCR eReferral checklist as residents will list you as the attending on record for patient referrals

Target # pts seen per session: R1: 3-4 R2: 5-6 R3: 7-8

Before leaving clinic session

1. ***You cannot leave until all residents have finished seeing patients***
2. ***Address all your Epic in-basket notifications and emails***
3. ***Check in with nursing staff that there are no outstanding patient care issues***

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

- ***If you have to leave, you should make contact with another attending to see if they can come and relieve you. If none of them can, let Ebony know and she can try to find someone to cover.***
- ***If you have to cover over the lunch hour and you also are precepting in the afternoon, let Ebony know and she can help find coverage so you can get lunch.***
- ***If a patient's work-up was started and requires for continued evaluation in the afternoon, please make sure that the resident signs out the patient to the afternoon drop-in resident***
- ***You should also sign out the patient to the afternoon 81 attending and ensure that there is someone in the clinic who stays with the patient during the lunch hour.***
- ***The morning RN should also sign out the patient to the afternoon 81 RN.***

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

- * ***Drop-in patients who continue to need care after 5:00 can be signed out to an Urgent Care Center provider by the resident or sent to the ED.***
- ***Patients sent to the ED***
- * ***FHC attending must give sign out to ED attending in charge (AIC) by calling 206-8111***

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- * ~~Team RN needs to sign out to ED RN~~
- * ~~Appropriate patient transport must be arranged~~
- ~~Patients signed out to UCC provider~~
- * ~~Resident or FHC attending must give sign out to UCC provider in charge by calling 206-9053~~
- * ~~Team RN needs to sign out to UCC RN~~
- * ~~Patient must be transported to UCC~~
- * ~~Urgent labs or x-ray results that are pending should be signed out by the resident to that evening's R2 backup resident~~

~~If patients need direct admission to ZSFG
See Direct Admission protocol~~

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

- * ~~FHC attending must give sign out to ED attending in charge (AIC) by calling 206-9111~~
- * ~~Team RN needs to sign out to ED RN~~
- * ~~Attending must consult with nursing staff to arrange for appropriate transportation, either escorted by FHC staff (if deemed safe and appropriate) or via ambulance~~

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

- ~~Chief residents or residency director (Diana Coffa): if it's related to resident issues~~
- ~~Medical director/Practice Manager: if related to clinic protocols, patient or staff safety. In general, our team lead RNs know this well.~~
- ~~Nurse Manager or charge nurse: if related to RN/MEA staffing, nursing or MEA protocols~~
- ~~Administrative Operations Supervisor: if related to patient scheduling~~
- ~~Other great resources related to ZSFG issues~~
- ~~AOD (administrator on duty) — page operator (dial "0")~~
- ~~Specialty clinic consults — page operator and ask for specific specialty clinic/team on-call~~

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Evaluations of learners

For all learners

- You should give real-time constructive feedback on a regular basis.
- Always review the learners' progress notes as part of their feedback.

For residents

- You will be contacted by the residency's Evaluations Coordinator to evaluate residents as a cohort. Now that we have consistent clinic days for residents, you will likely be able to complete evaluations based on a longitudinal teaching relationship.
- If you have concerns about individual residents, you can contact Diana Coffa, the chief residents or Lydia Leung at any time.

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Precepting Residents

Before you precept

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

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Precepting documentation guidelines

- ***For unlicensed residents:***
- ***Attest their note using the 'Attending Resident Attestation' on their Epic progress note. You will then write a brief SOAP note and sign it note.***
- ***Your note is the note of record, and it must reflect a face-to-face encounter with the patient***
- ***For licensed residents who consult with you (aka micro-precepting)***
- ***Attest their note using the 'Non face-to-face Attending Resident Attestation' on their Epic progress note.***
- ***Prescriptions***
- ***You cosign all prescriptions for unlicensed providers.***
- ***You must log into Epic with your own tap and go badge to co-sign.***
- ***Always check to see if you have any unsigned prescriptions before you leave clinic. Residents or nursing staff might assign 'Telephone Encounters' to you if they spoke with you about a medication refill for a patient who did not have an actual clinic encounter that day.***

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

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Working with Clinician of the Day

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

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- ***COD is announced in huddle during each clinic session***

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COD primary responsibilities:

- ***Management of clinic flow***

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- *Identifying providers who are backed up in clinic and redistributing their patients to other providers who have no shows or have open slots.*
- *They should be speaking with the provider prior to redistribution of patients.*
- *They are actively trying to make sure residents see their target number of patients each session*
- *Serve as consultants for drop-in triage RN to help identify open slots for same-day drop-in patients to the FHC.*
- *If attendings are very busy, help with reviewing labs and refilling medications.*

Resident of the Day

- *There will be a Resident of the Day, also known as ROD, assigned to MOST clinic days. The primary responsibilities of the ROD are:*
- *See same-day drop-in or urgent patients.*
- *See patients redistributed by COD or attending from providers who are backed up in clinic.*
- *Since the ROD also serves as a "back-up" resident for the residency program, they are NOT always available to see patients in clinic. If the ROD is pulled to fulfill other clinical responsibilities for their colleagues, the COD and team leads (RNs) will be notified.*
- *If the ROD is available and does not have patients (especially at the beginning of the session), please work with the COD to ensure the ROD sees their target number of patients during the clinic session.*

Evening-Clinic Attending: Special Responsibilities

- *If you are running late, please let Ebony Labat know as early as possible so she can get someone to cover for you.*
- *Manage flow so that all patients are out of the clinic by 9:00pm.*
- *There are a lot of urgent, transfer or new patient appointments scheduled in evening clinics. Take a look at the clinic schedule during huddle to plan for possible tetrising or shuffling of patients if a provider is backed up.*
- * *Guidelines for moving patients around:*
- *Move adults from one provider to another before you move kids.*
- *Ask providers before you move a patient to another provider in case they know the patient and intend to see them.*
- *Nursing and security staffing is only available until 9:00.*
- *Please anticipate if a patient work-up is going to take longer, initiate transfer to the ED or UCC starting at 9:30.*
- *Medication refills: Check the 'T' and 'E' jellybeans when you start your shift.*
- *Lab and diagnostic review: Check 'L' jellybeans when you start your shift.*

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81 Attending- Special Responsibilities

FHC Same-Day-Drop-in clinic

- *Patients can be seen on a first-come, first-serve basis*
- *They are triaged by an RN then distributed to either ROD, DI or any unfilled appointment slots throughout clinic (patients register after being triaged)*
- *We are moving away from an initial triage system and trying to have patients simply placed into open appointment slots for improved access to same-day care*

Your role as attending for drop-in clinic

- *You will work directly with triage RN to manage clinic flow and assist in distributing same-day drop-in patients to the residents on the red team, especially if COD is unavailable.*
- *On occasion, you will be asked to go over to the triage area to see a patient if the triage RN has patient management questions*
- *Please note that any patients in triage with acute or urgent needs should not be given UR appointments in the evening.*
- *These patients would most likely benefit from a UCC or ED transfer*
- *Only straightforward, non-acute patients should be given UR appointment in the evening when patients were triaged in the morning or afternoon.*

Prescription Refills

- *Criteria for refilling non-controlled substance medication*
- *Check Epic and LGR to make sure medication is on the patient's active medication list*
- *Patient must have had 1 visit with an FHC provider within the last 12 months*
- *For high-risk medication, you can give a 30-day supply and ask pharmacy to tell patient to make a f/u appointment before more refills are given.*
- *For chronic medications, complete 90-day supplies along with 3 refills*
- *If unclear whether patient has been seen in last 12 months*
- *If the medication seems essential, you can refill for 30-day at your discretion and request for patient to follow-up*
- *If the medication is non-essential, you can leave for PCP to decide*

- *If you have a question about a medication refill:*
- *You can send a 'TE' to PCP if not urgent*
- *If urgent, please page or call PCP directly as many providers are only at the FHC once a week*

- *Criteria for refilling controlled substance medication (should only be refilled for 30-days unless otherwise specified by PCP)*
- *Check Epic to see if there is a clinical alert specifying the plan for refills.*
- *If there is a plan for refills, it is ok to give refills if clearly spelled out by PCP in Epic.*

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- *If there is no plan but you feel that the patient should have a refill (due to lack of appts available for pts, etc), then refill for a month and make sure that the patient has a clear follow-up plan. Be sure to inform PCP via TE.*
- *If there is no plan and you don't think a refill is appropriate, send a TE to the PCP.*
- *If you did not complete the refills by the end of the clinic session, please sign out to the afternoon or evening clinic attending*
- *On Fridays, all refill requests must be completed by the end of the afternoon session. You may ask the COD or 85 attendings for assistance if you are not able to get through the jellybeans. If there are still refills left when everyone leaves on Friday, you must make contact with the Saturday clinic providers and ask them to complete them.*

85 Attending: Special Responsibilities

1. Newcomers Health Program (NHP)

- *Green team R2 and R3 residents see patients who receive their asylee/refugee health screenings through the Newcomers Health Program. The screenings comprise of 2 visits, an initial health assessment with special attention paid to mental health screening and a follow-up visit to review labs/studies results.*
- *There is a special state-mandated medical form that the residents must fill out*
- *After the initial visit, there is a follow-up appointment*
- *NHP patients have a very specific list of labs/studies to complete as part of their health assessment, depending on their country of origin.*
- *If you ever have questions about these particular screenings, the Newcomers staff is a great resource. Their office is located directly across from the Green Team nursing room.*

2. Review labs and diagnostic studies

- *You can use the guidelines for review of abnormal lab reports to understand when you should:*
- *Outreach to patients during a clinic session and simply sign out/send info to PCP as FYI*
- *Send an e-mail or page a provider to hand off next steps for a lab/study result*
- *Leave the lab/result for PCP to take care of*
- *If you are unable to complete review by the end of clinic, please sign out to afternoon or evening attending to complete*
- *On Fridays, all lab/study results must be reviewed by the end of the afternoon session.*
- *Remember: you may ask the COD or 81 attending for assistance if you are not able to get through the jellybeans.*

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If there are still labs to review everyone leaves on Friday, you must make contact with the Saturday clinic providers and ask them to complete them.

Abnormal lab/study panel managers

(About to revise workflow soon, please look out for email announcements)

- Positive FIT: Chit Lee Chong, RN
 - Will call patient and make colonoscopy referrals, provides education
 - You can forward all positive FIT to Epic bin: FHC, Abnormal FIT
 - Does not make colonoscopy referrals or inform patients of abnormal FIT test
- Abnormal mammograms: Linda Truong, RN
 - Receives abnormal results from Avon Breast Center
 - Calls patient to inform of result
 - Refers and schedules patient for diagnostic mammogram or biopsy, as indicated
- Abnormal pap: Linda Truong, RN
 - Receives abnormal results from pathology
 - Calls patient to inform of result
 - Refers and schedules patient for appropriate follow-up at 5M or FHC
- Abnormal QFT: Ying X. Chen, MEA
 - Checks for positive QFT results in Epic on a weekly basis
 - Calls patient to obtain CXR
 - Follows up with patients to complete CXR and schedules appt for LTBI treatment (if requested by provider)
 - Does not discuss abnormal CXR results with patients or initiate LTBI treatment

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Updated 12/18/2019

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

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

Family Medicine Inpatient Service

Attending Physician Expectations

Revised ~~3/2/20~~22~~14~~

Patient Care

All attending physicians are expected to:

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

Teaching

All attending physicians are expected to:

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

Evaluation

All attending physicians are expected to:

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

- Notify the inpatient service directors if a resident or student ~~may be performing below the expected competency level and is in need of~~ a focused educational plan.

Documentation

All attending physicians are expected to:

- Complete admission History and Physical attestation notes on the day of service. These notes must be completed and in the ~~electronic health medical~~ record by no later than the morning following admission. ~~The Family Medicine Inpatient Service analyst or your team will file these notes during the week. On the weekends, the attending physician is responsible for filing admission notes in the medical record.~~
- ~~Generate/Complete~~ a daily progress note on all patients seven days per week
 - ~~You can~~ Attending physicians attest resident notes and add to them as needed
 - ~~by writing on and signing the physical note.~~ Medical student progress notes are not part of the medical record and attending physicians must generate and document a progress note separate from that of the student's. Patients need progress notes written separately; the FMIS analyst will create templates for these notes.
- Document ~~any and all~~ procedures they have supervised by writing a ~~p~~ "Procedure ~~n~~ Note" using the templates ~~available in provided~~ the electronic health record.

Professionalism

All attending physicians are expected to:

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

Practice Improvement

All attending physicians are expected to:

- Report and review cases with the inpatient service directors when ~~there is a concern that~~ the care provided to a patient requires additional review (e.g. a Morbidity and Mortality case review).

APPENDIX F: FAMILY & COMMUNITY MEDICINE PRIVILEGES

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

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

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

Applicant _____

Requested _____ Approved _____

14.00 OUTPATIENT CARE PRIVILEGES

14.01 Ambulatory Care Privileges for Family Medicine prepared physicians

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

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

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.03 Behavioral Health Center Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Concurrence of Behavioral Health Center Medical Director required.

Signature, Behavioral Health Center Medical Director

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

FCM FAMILY AND COMMUNITY MEDICINE 2008
(10/08 MEC) (03/11 Admin. Rev.) (10/16 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

14.00 OUTPATIENT CLINIC PRIVILEGES

14.01 Ambulatory Care Privileges for Family Medicine prepared physicians

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

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

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.03 Behavioral Health Center Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Concurrence of Behavioral Health Center Medical Director required.

Signature, Behavioral Health Center Medical Director

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested Approved

14.10 INPATIENT CARE PRIVILEGES

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

14.11 Family Medicine Inpatient Service Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.12 Skilled Nursing Facility Care Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Concurrence of Skilled Nursing Facility Medical required.

Signature, Skilled Nursing Facility Medical Director

14.13 Nursery Privileges

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

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

Proctoring: Case review for 3 newborn admissions.

Reappointment: Case review of 2 newborn admissions.

14.20 PERINATAL PRIVILEGES

Render care to women during the perinatal period, including specific privileges 14.21 - 14.24, if requested and approved below.

14.21 Normal Vaginal Delivery

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

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

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

Reappointment: Review of 3 cases.

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

14.10 INPATIENT CARE PRIVILEGES

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

14.11 Family Medicine Inpatient Service Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.12 Skilled Nursing Facility Care Privileges

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

Concurrence of Skilled Nursing Facility Medical required.

Signature, Skilled Nursing Facility Medical Director

14.13 Nursery Privileges

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

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

Proctoring: Case review for 3 newborn admissions.

Reappointment: Case review of 2 newborn admissions.

14.20 PERINATAL PRIVILEGES

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

14.21 Normal Vaginal Delivery

Page 2

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

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

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

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

Reappointment: Review of 3 cases.

Requested Approved

14.22 Vacuum-assisted Delivery (Obstetrics Consultation Required)

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

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

Reappointment: Case review of 1 delivery using vacuum assistance.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.23 First Assist in Cesarean Delivery (Obstetrics Consultation Required)

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

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

Reappointment: Case review of 1 Cesarean delivery.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.24 Ultrasound in Pregnancy

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

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

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

Reappointment: Case review of 2 ultrasound images.

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested Approved

14.22 Vacuum-assisted Deliveries (Obstetrics Consultation Required)

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

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

Reappointment: Case review of 1 delivery using vacuum assistance.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.23 First Assist in Cesarean Section (Obstetrics Consultation Required)

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

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

Reappointment: Case review of 1 Cesarean Section.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.24 Ultrasound in Pregnancy

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

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

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

Reappointment: Case review of 2 ultrasound images.

14.30 SPECIAL PRIVILEGES

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

14.31 Lumbar Puncture

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

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

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

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

14.25 External Cephalic Version
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; active FCM Cesarean delivery privileges; and documentation of a minimum of 2 procedures.
Proctoring: Concurrent review of 2 cases.
Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.26 Cesarean Delivery
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of 12 month fellowship including training in operative obstetrics; and documentation of a minimum of 50 Cesarean deliveries or active Cesarean delivery privileges within the last 5 years.
Proctoring: Concurrent review of 5 Cesarean deliveries.
Reappointment: Satisfactory performance of a minimum of 10 Cesarean deliveries in 2 years; case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

14.27 Postpartum Sterilization
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; and documentation of a minimum of 10 procedures within the last 2 years.
Proctoring: Concurrent review of 2 cases.
Reappointment: Case reviews done in accordance with Obstetrics and Gynecology department quality improvement process.

Concurrence of the Obstetrics and Gynecology Service Chief required.

Signature, Obstetrics and Gynecology Service Chief

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

14.31 Lumbar Puncture
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested	Approved	
_____	_____	Reappointment: Review of 2 cases, one of which may be performed on a simulated model.
_____	_____	<p>14.32 Paracentesis Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases, one of which may be performed on a simulated model. Reappointment: Review of 2 cases, one of which may be performed on a simulated model.</p>
_____	_____	<p>14.33 Thoracentesis Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases, one of which may be performed on a simulated model. Reappointment: Review of 2 cases, one of which may be performed on a simulated model.</p>
_____	_____	<p>14.34 Placement of Central Venous Catheter, including Femoral Venous Catheter Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases, one of which may be performed on a simulated model. Reappointment: Review of 2 cases, one of which may be performed on a simulated model.</p>
_____	_____	<p>14.35 Intrauterine Procedures</p> <ol style="list-style-type: none"> a. Endometrial Biopsy b. Insertion of Intrauterine Device (IUD) <p>Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40). Proctoring: Review of 2 cases. Reappointment: Review of 2 cases.</p>
_____	_____	<p>14.36 Surgical Termination of First-trimester Intrauterine Pregnancy Perform surgical abortions in the first trimester of pregnancy at appropriate facilities at ZSFG. Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of at least 20 hours of formal training in surgical abortion, including first-trimester ultrasound for confirmation of intrauterine pregnancy and determination of gestational age, during residency or a CME program; and documentation of 50 procedures. Proctoring: Case review of 3 surgical terminations. Reappointment: Case review of 2 terminations.</p>
_____	_____	<p>14.37 Vasectomy Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine and completion, as a licensed physician, of a minimum of 20 vasectomy procedures under supervision of a privileged and board-certified Urologist or Family Physician. Proctoring: Review of 5 cases. Reappointment: Review of 3 cases.</p>

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

14.40 LIMITED AMBULATORY CARE PRIVILEGES

14.41 Acupuncture

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

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

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

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

14.42 Dentistry

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.43 Clinical Psychology

Provide individual and family counseling and therapy.

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

14.44 Allergy and Immunology

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases

Page 6

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested Approved

14.32 Paracentesis
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.
Reappointment: Review of 2 cases, one of which may be performed on a simulated model.

14.33 Thoracentesis
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.
Reappointment: Review of 2 cases, one of which may be performed on a simulated model.

14.34 Placement of Central Venous Catheter, including Femoral Venous Catheter
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases, one of which may be performed on a simulated model.
Reappointment: Review of 2 cases, one of which may be performed on a simulated model.

14.35 Intrauterine Procedures
 a. Endometrial Biopsy
 b. insertion of Intrauterine Device (IUD)
Prerequisite: Physicians must have FCM Basic Privileges (14.00), Inpatient Care Privileges (14.10), Skilled Nursing Facility (14.12), or Limited Privileges (14.40).
Proctoring: Review of 2 cases.
Reappointment: Review of 2 cases.

14.36 Surgical Termination of First-trimester Intrauterine Pregnancy
 Perform surgical abortions in the first trimester of pregnancy at appropriate facilities at ZSFG.
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine; completion of at least 20 hours of formal training in surgical abortion, including first-trimester ultrasound for confirmation of intrauterine pregnancy and determination of gestational age, during residency or a CME program; and documentation of 50 procedures.
Proctoring: Case review of 3 surgical terminations.
Reappointment: Case review of 2 terminations.

14.37 Vasectomy
Prerequisites: Currently admissible, certified, or recertified by the American Board of Family Medicine and completion, as a licensed physician, of a minimum of 20 vasectomy procedures under supervision of a privileged and board-certified Urologist or Family Physician.
Proctoring: Review of 5 cases.
Reappointment: Review of 3 cases.

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested Approved

_____ _____

14.40 LIMITED AMBULATORY CARE PRIVILEGES

_____ _____

14.41 Acupuncture

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

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

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

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

_____ _____

14.42 Dentistry

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

_____ _____

14.43 Clinical Psychology

Provide individual and family counseling and therapy.

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases.

_____ _____

14.44 Allergy and Immunology

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

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

Proctoring: Review of 5 cases.

Reappointment: Review of 3 cases

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested Approved

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14.50 WAIVED TESTING

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

- Fecal Occult Blood Testing (Hemoccult®)
- Vaginal pH Testing (pH Paper)
- Urine Chemstrip® Testing
- Urine Pregnancy Test (SP® Brand Rapid Test)

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

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

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

14.60 STRAIN-COUNTERSTRAIN MANIPULATIVE MEDICINE PRIVILEGES

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

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

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

Reappointment: Review of five 5 cases.

14.70 CLINICAL AND TRANSLATION SCIENCE INSTITUTE (CTSI) RESEARCH

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

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

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

Reappointment: All OPPE metrics acceptable.

Concurrence of the CTSI Director required.

Signature, CTSI Director

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

Requested _____ Approved _____

14.80 ADDICTION MEDICINE

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

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

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

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

Concurrence of the Addiction Medicine Service Director or Designee required.

Signature, Addiction Medicine Service Director or Designee

SIGNATURES

, MD

Date

Teresa J. Villela, MD, Chief of Service

Date

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

APPENDIX: Privileging Criteria Detail

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

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Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Applicant

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

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested Approved

14.50 WAIVED TESTING

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

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

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

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

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

14.60 STRAIN-COUNTERSTRAIN MANIPULATIVE MEDICINE PRIVILEGE

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

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

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

Reappointment: Review of five 5 cases.

14.70 Clinical and Translational Science Institute (CTSI) Research

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

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

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

Reappointment: All OPPE metrics acceptable.

Concurrence of the CTSI Director required.

 Signature, CTSI Director

SIGNATURES

Provider

Date

Chief of Service

Date

Page 6

APPENDIX G: CHART REVIEW FORMS

Appt/Reappt				
Provider	Site	Appt Type	Reviewer	Signature
Date				

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

Comments

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

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

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Init/Reappt					
Provider	Service	Appt Type	Reviewer	Signature	Date

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

Comments

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

**Privileges for Zuckerberg San Francisco General Hospital and Trauma Center
AFF 2014 FAMILY AND COMMUNITY MEDICINE**

Applicant _____

Indicate PRIMARY CLINIC Site: _____

- _____ _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____
- _____ Clinic Site(s)
 - _____ Family Health Center
 - _____ Adult Urgent Care Center
 - _____ Skilled Nursing Facility
 - _____ Behavioral Health Center

Requested _____ Approved _____

CORE STANDARDIZED PROCEDURES

Prerequisites: Active California license; board certification; Basic Life Support (BLS) training and certification from an approved provider; possession of a Medicare/Medical Provider identifier or have submitted an application; possession of Furnishing Number and DEA number or, if no Furnishing or DEA number, explanation is required. Must be an FNP if working with children; must be an ANP or FNP if working with adults.
Proctoring: 5 chart reviews and direct observation, with at least one case representing each core protocol. The reviewer will be the Medical Director or other physician designee.
Reappointment: 5 chart reviews every 2 years. Chart review shall include at least 1 case representing each core protocol.

- _____ _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____
- A. Core Management, Primary and Inpatient Units
 - B. Core Management, Acute and Urgent Care
 - C. Core Management, Prenatal Care
 - D. Core Management, Furnishing Medications and Drug Orders
 - E. Core Management, Discharge of Inpatients (4A Skilled Nursing Facility and Behavioral Health Unit Only)
 - F. Core Management, Benign Malignant Breast Conditions (Breast Clinic Only)

SPECIAL STANDARDIZED PROCEDURES

Incision and Drainage of Abscess

Prerequisite: 1 year experience in wound care. Training per FCM guidelines.
Proctoring: 2 direct observations for a new provider; 1 direct observation for an experienced provider. Chart review of all proctored cases.
Reappointment: Performance of 2 procedures and 2 chart reviews every 2 years.

Arthrocentesis and Intra-articular Injections

Prerequisite: Training by a qualified provider.
Proctoring: 2 direct observations for a new provider; 1 direct observation for an experienced provider for each injection site. Chart review of all proctored cases.
Reappointment: Performance of 2 procedures and 2 chart reviews every 2 years.

Nail Debridement

Prerequisite: Training by a qualified provider. Review of unit policies.
Proctoring: Direct observation of 2 successful procedures for a new provider; direct observation of 1 successful procedure for an experienced provider. Chart review of all observed procedures.
Reappointment: Performance of 1 procedure per year and 1 chart review every 2 years.

**Privileges for Zuckerberg San Francisco General Hospital and Trauma Center
AFF 2014 FAMILY AND COMMUNITY MEDICINE**

Applicant _____

_____ **Splinting**

Prerequisite: Training by a qualified provider; 1 year experience in wound care.
Proctoring: Direct observation of 2 procedures for a new provider; 1 direct observation for an experienced provider. Chart review of all observed procedures.
Reappointment: Performance of 1 procedure and 1 chart review every two years.

_____ **Surface Trauma and Wound Care**

Prerequisite: Completion of a wound care course at ZSFG or qualified training center.
Proctoring: Direct observation of 2 successful procedures for a new provider; 1 direct observation for an experienced provider. Chart review of all observed procedures.
Reappointment: Performance of 1 procedure and 1 chart review every 2 years.

_____ **Contraceptive Implant and Removal**

Prerequisite: Completion of a sponsored training program. At least 6 months experience in women's healthcare.
Proctoring: Direct observation of 2 successful insertions and 2 successful removals for a new provider; direct observation of 1 successful insertion and 1 successful removal for an experienced provider. Chart review on all observations.
Reappointment: Performance of 1 insertion and 1 removal; 2 chart reviews every 2 years.

_____ **Insertion and Removal of Intrauterine Device**

Prerequisite: At least 6 months experience in women's healthcare.
Proctoring: Direct observation of 2 insertions and 2 removals and 2 chart reviews.
Reappointment: Performance of 1 insertion and 1 removal and 1 chart review every 2 years.

_____ **Endometrial Biopsy**

Prerequisite: At least 6 months experience in women's healthcare. Review of unit policies.
Proctoring: Direct observation of 2 successful procedures for a new provider; direct observation of 1 successful procedure for an experienced provider. Chart review of all direct observations.
Reappointment: Performance of 1 procedure and 1 chart review every 2 years.

_____ **Skin Biopsy**

Prerequisite: Completion of a training program approved by the Medical director.
Proctoring: Direct observation of 2 successful performances of each type of biopsy for a new provider; direct observation of 1 successful performance of each type of biopsy for an experienced provider. Chart review of all direct observations.
Reappointment: Direct observation of 1 procedure and 1 chart review every 2 years.

_____ **Trigger Point Injections**

Prerequisite: 3 direct observation of procedure being completed by a qualified provider. Review of anatomy and procedure sites.
Proctoring: Direct observation of 2 successful procedures for each injection site for a new provider and 1 direct observation of a successful procedure for each injection site for an experienced provider. Chart review of all direct observations.
Reappointment: Performance of 2 procedures and 2 chart reviews per 2 years.

**Privileges for Zuckerberg San Francisco General Hospital and Trauma Center
AFF 2014 FAMILY AND COMMUNITY MEDICINE**

Applicant _____

Waived Testing

Prerequisite: Appointment as a member of the Affiliated Staff in Family and Community Medicine.

Proctoring: Successful completion of the Halogen quizzes for each Waived Test with a completion score of 80% or better.

Reappointment: Successful completion of the Halogen quizzes for each waived test with a completion score of 80% or better.

- a. **Fecal Occult Blood Testing**
- b. **Vaginal pH Testing**
- c. **Urine Pregnancy Testing**
- d. **Urine Dipstick Testing**

SIGNATURES

Applicant _____ Date _____

Chief of Service _____ Date _____

APPENDIX G: CHART REVIEW

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Init/Reappt				
Provider	Clinic	Appt Type	Reviewer	Signature
				Date

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

Comments

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

Proctoring and chart reviews are conducted using the following forms:

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ZSFG Family and Community Medicine
CHART REVIEW—PRIMARY CARE
 CLINICAL PRACTICE

Reviewer _____ CHN ID _____ Signature _____ Review Date _____	Provider _____ CHN ID _____ Patient MRN _____ Review Type _____	MD _____ DO _____	NP _____ PA _____
Clinic Family Health Center Urgent Care Center Behavioral Health Center Skilled Nursing Facility		New Appointment Reappointment	

EVALUATION

	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History is complete and accurate.				
Physical exam is complete and accurate.				
Lab studies are indicated and appropriate.				
Assessment and problem identification are accurate and complete.				
Plans are documented and appropriate.				
Follow-up is appropriate for active problems.				
Therapeutic regimens meet accepted standards.				
Patient education is documented.				
Charting and documentation are complete and accurate.				
Problem list is complete, accurate, and updated in LCR.				
Medication list is complete, accurate, and updated in LCR.				
Allergies are noted in LCR.				
Health care maintenance is reasonably up to date.				
Psychosocial factors are noted and included in plans.				
Writing is legible.				
Overall care meets high standards.				

Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Comments

CORRECTIVE ACTION

None Needed	Provider Counseled	Topic Discussed in Staff Meeting	Other:
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Use this form for Privileges 14.01, 14.02, 14.03, 14.12

ZSFG Family and Community Medicine
CHART REVIEW—PRIMARY CARE
 PRECEPTORS, NO CLINICAL PRACTICE

Reviewer _____ CHN ID _____ Signature _____ Review Date _____	Provider _____ CHN ID _____ Patient MRN _____ Review Type New Appointment Reappointment	MD NP DO PA
--	--	----------------------

EVALUATION

	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History is complete and accurate.				
Physical exam is complete and accurate.				
Lab studies are indicated and appropriate.				
Assessment and problem identification are complete, accurate.				
Plans are documented and appropriate.				
Follow-up is appropriate for active problems.				
Attending precepting note is legible.				
Problem list is up to date.				
Medication list is up to date.				
Allergies are noted.				
Health care maintenance is addressed.				
Attending note reflects appropriate involvement in care of patient.				

Please explain any "Improvement Needed" or "Not Acceptable" ratings.

Comments

CORRECTIVE ACTION

None Needed	Provider Counseled	Topic Discussed in Staff Meeting	Other:
-------------	--------------------	----------------------------------	--------

ZSFG Family and Community Medicine, Family Medicine Inpatient Service
INPATIENT CHART REVIEW

Reviewer _____	Provider _____ MD DO
CHN ID _____	CHN ID _____
Signature _____	Patient MRN _____
Review Date _____	Review Type <input type="checkbox"/> New Appointment <input type="checkbox"/> Reappointment

EVALUATION				
	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History is complete and accurate.				
Physical exam is complete and accurate.				
Lab studies are indicated and appropriate.				
Assessment and problem identification are accurate and complete.				
Plans are documented and appropriate.				
Follow-up is appropriate for active problems.				
Therapeutic regimens meet accepted standards.				
Patient education is documented.				
Charting and documentation are complete and accurate.				
Allergies are noted.				
Psychosocial factors are noted and included in plans.				
Overall care meets high standards.				
<i>Please explain any "Improvement Needed" or "Not Acceptable" ratings.</i>				

Comments

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ZSFG Family and Community Medicine
PROCEDURE REVIEW—PRIMARY CARE
 INITIAL PROCTORING

Reviewer	Provider			MD	DO
CHN ID	CHN ID				
Signature	Patient MRN				
Review Date	Patient Diagnosis				

PROCEDURE INFORMATION			
Date Performed			
Procedure	Ultrasound in Pregnancy Intrauterine Procedure Placement of central & femoral venous catheter Surgical termination of 1 st trimester of pregnancy at appropriate facilities	Strain-Counterstrain Lumbar Puncture	Paracentesis Thoracentesis Vasectomy

CHART REVIEW				
	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History and physical exam				
Use and interpretation of diagnostic testing				
Consent obtained and in chart				
Appropriate documentation of procedure				

PROCEDURE REVIEW				
Pre-procedure assessment and counseling				
Operative management/technical skill				
Post-operative management				
Management of complications				
<i>Please explain any "Improvement Needed" or "Not Acceptable" ratings.</i>				

Comments

ASSESSMENT			
Acceptable	Improvement Needed	Not Acceptable	Reviewed with Provider

Use this form for Privileges 14.24, 14.31, 14.32, 14.33, 14.34, 14.35, 14.36, 14.37, 14.60

ZSFG Family and Community Medicine
PROCEDURE REVIEW—PERINATAL CARE
 INITIAL PROCTORING

Reviewer	Provider			MD	DO
CHN ID	CHN ID				
Signature	Patient MRN				
Review Date	Patient Diagnosis				

PROCEDURE INFORMATION	
Date Performed	
Procedure	

CHART REVIEW				
	Acceptable	Improvement Needed	Not Acceptable	Not Applicable
History and physical exam				
Use and interpretation of diagnostic testing				
Consent obtained and in chart				
Appropriate documentation of procedure				

PROCEDURE REVIEW				
Pre-procedure assessment and counseling				
Operative management/technical skill				
Post-operative management				
Management of complications				
<i>Please explain any "Improvement Needed" or "Not Acceptable" ratings.</i>				

<i>Comments</i>	

ASSESSMENT			
Acceptable	Improvement Needed	Not Acceptable	Reviewed with Provider

Use this form for Privileges 14.21, 14.23

APPENDIX H: OPPE FORM AND THRESHOLDS

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

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Zuckerberg San Francisco General Hospital and Trauma Center—Ongoing Professional Practice Evaluation (OPPE)

Evaluation Period: _____ No patient care and/or clinical teaching for this time period.
(If checked, metrics need not be completed, but Y/N questions AND chief signature with date required.)

Last, First, Degree: _____ Appt Status: _____ CHN ID: _____
Home Svc/Div/Clinic _____
Service: **Family & Community Medicine** if other than FCM: _____ Comments: _____

Metric	Acceptable	Marginal*	Unacceptable*	Not Relevant This Period	Comments
OUTPATIENT SVCS: Medical & Affiliated Staff					
Primary Care Providers					
Active patient panel per clinical FTE—set in collaboration with health center medical director; marginal = 20-30% under target; unacceptable = >30% under target	>80% of target	70-80% (absolute) of target	<70% (absolute) of target		
Patients age 51-75 with current colorectal cancer screen	≥40 %	25-39%	<25%		
Patients age 52-69 w/mammogram screen every other year	≥60%	50-59%	<50%		
Patients >age 12 with current Tdap immunization	>70%	60-69%	<60%		
Non Primary Care Providers					
If no primary care panel, clinic hours/month	>4 hr	2-3 hr	<2 hr		
All Providers					
Electronic notes completion—number cumulative weekly overdue/unlocked notes per clinical FTE per six-month period (overdue=more than 5 days from day of service)	<150	150-250	>250		
Cases of concern/patient complaints/UOs/sentinel events	<2	2	>2		
INPATIENT SVCS: Medical Staff Only					
Deaths attributable to provider	0, or any non-preventable	≥1 possibly preventable	≥1 preventable		
Average length of stay (SDM=standard deviations of median)	Within 2 SDM	Within 3 SDM	Outside 3 SDM		
Readmissions within 30 days (SDM=standard deviations of median)	Within 2 SDM	Within 3 SDM	Outside 3 SDM		
Procedure complications attributable to provider	0-1	2	≥3		
Cases of concern/patient complaints/UOs/sentinel events	<2	2	>2		

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(If checked, metrics need not be completed, but Y/N questions AND chief signature with date required.)

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Home Svc/Div/Clinic _____
Service: **Family & Community Medicine** if other than FCM: _____ Comments: _____

REQUIRED FOR EVERY PRACTITIONER ON ROSTER

- Yes No Recommend continued current privileges
- Yes No Recommend a Focused Professional Practice Evaluation (FPPE); IF YES, attach detailed FPPE plan
- Yes No Recommend the following changes to current privileges:
- Yes No To my knowledge, this practitioner does not have a medical/mental health condition that could affect clinical care or judgement. (If such a condition exists, please reference the plan for monitoring this condition.)

Chief of Service (or designee) _____ Date: _____
Electronic signature acceptable

Practitioner Signature* _____ Date: _____
Electronic signature *Required only if "marginal" or "unacceptable" notes above acceptable

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