

ZSFG JOINT CONFERENCE COMMITTEE MEETING

June 25, 2024

MEDICAL STAFF Report

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ZSFG CHIEF OF STAFF REPORT
Presented to JCC-ZSFG on June 25, 2024
June 2024 MEC Meeting

I. Changes in MEC Membership

- A. Elected Staff
1. Chief of Staff - Mary P. Mercer, MD is the new Chief of Staff. She will also join the Executive Team.
 2. Members-at-Large – The following were elected: (1) Elaine Alexandra Brown, MD, (2) Lucy Z. Kornblith, MD, and (3) Manuel A. Tapia.
- B. Departing Members – With terms ending as members-at-large, the services of the following were recognized: (1) Starr Knight, MD, (2) Nandini Palaniappa, MD, and (3) Phiroz Tarapore, MD.

II. Changes in Leadership Staffing

- A. Director of Research – Dr. Lucy Kornblith has been appointed as the Director of Research, UCSF and ZSFG.
- B. UCSF Vice-Dean – Dr. Elena Fuentes-Afflick will be leaving UCSF/ZSFG. Her dedicated leadership, extensive contributions, and tremendous service were noted. Dr. Jeff Critchfield is the Interim UCSF Vice-Dean.

III. Otolaryngology – Head and Neck Surgery (OHNS) Service Report: Megan Durr, MD, Service Chief

The highlights of the report are as follows:

- A. Departmental Personnel and Structure – Dr. Andrew Murr is the Department Chair. The Department’s divisions are the following: (1) Head and Neck and Skull Base Surgery, (2) Otolaryngology/Neurotology, (3) Laryngology and Voice Disorder, (4) Facial Plastic and Reconstructive Surgery, (5) Pediatric Otolaryngology, and (6) Rhinology/Sinus Surgery and General Otolaryngology.
- B. Faculty and Residents - There are 36 active clinical faculty, 25 residents, and 4 fellows.
1. Faculty and Staff
 - ZSFG OHNS Core Clinical Faculty- Dr. Durr heads the core clinical faculty, comprising of 8 members.
 - UCSF OHNS Fellows, 2023-2024 –There are 4 fellows with 2 on regular rotation for OR Clinic in ZSFG.
 - ZSFG OHNS Clinical Faculty – Drs. Andrew Murr and Andrew Goldberg provide coverage at ZSFG.
 - ZSFG OHNS Volunteer Faculty- There are 5 volunteer faculty.
 - ZSFG Audiologists- There are 4 audiologists. A full-time audiology resident will be joining soon.
 - ZSFG Administrative Staff – Ms. Lorel Hiramoto and Ms. Josephine Hermoso have provided support.
 2. Residents
 - Number - There are 5 residents per year for the 5-year training; there are 25 residents in total. The ZSFG team is composed of a PGY-4, PGY-3, and PGY-2; they rotate at ZSFG for a little over 2 months.
 - Resident Rotation – The residents gain broad clinical experience in the OR, outpatient clinic, consultative service, emergent/elective services and trauma. The Service is a resident-facilitated one, with residents themselves engaged in hands-on management of services (manage OR schedule and resident assignments).
- C. Clinical Service - In January 2024, the Service moved from 4M Clinic to the new 4J Clinic which improved patient care, clinic workflows, and patient satisfaction.
1. Clinical Scope of Service – They are as follows: operating room, inpatient service, outpatient clinic, eConsult, inpatient consultation, emergency department, urgent care consultation, and LHH.
 2. Clinical Schedule – Mondays and Wednesdays are full clinic days, while Tuesdays and Thursdays are full OR days. Fridays are half OR and half clinic, primarily for subspecialty services. With the move to 4J Clinic, clinic and OR services can now be concurrently provided which will hopefully reduce work queue.
 3. Clinical Volume - The annualized volumes for FY 23-24 are as follows: (1) e-consults: 2225, (2) completed outpatient visits: 4149 (caveat – all scopes breaking), and (3) audiology: 2640 e-consults and 1312 completed visits (contracted through UCSF Medical Center). Moreover, the Service lost 30% of its OR block time due to COVID. However, the last quarter was the busiest one with about 110 cases. A breakdown of the OR case distribution was presented with many relating to sinus and cancer. About a third of cases (i.e., cancer, trach, trauma) need to be done within a few weeks.
 4. ZSFG Call – The resident call is shared by 3 residents with facial trauma call taken every 3rd night. The faculty call is available 24/7/365; all adult UCSF OHNS faculty participate, including courtesy faculty.
- D. Performance Improvement and Patient Safety Initiatives
1. PIPS
 - Improving Multimodal Analgesia for Post Otolaryngologic Surgery - There has been a significant decrease in the number of opioid prescriptions for pain satisfaction.
 - Updating Emergency Airway Access Form – A multidisciplinary team (respiratory care services, trauma, general surgery, ICU, and more) worked on this initiative. The form is available and well received.

- Improving OR Block Utilization – The Service has done very well and ranked first in block utilization (mid 90%) for the past months.
 - Integrating Dental Preventative Care into OHNS Cancer Surveillance – The Service recently received a competitive grant from American Academy of Otolaryngology for this project which will be operational in a few months. The Service is partnering with the Dental School to assess dental outcomes.
2. Hospital and Medical Staff Committees – A list of OHNS faculty involved in various committees was presented.
- E. Education – The robust OHNS Residency Program provides training for residents and medical students from different levels. The Service offers anesthesia resident scope training, ZSFG Primary Care lecture series, LHH staff education, ZSFG Respiratory Care Services Outreach, and UCSF CME courses. The Resident Education includes the following:
1. Educational Conferences – There are daily service rounds with attending at ZSFG, weekly resident and faculty-run didactic sessions, weekly head and neck tumor board, and weekly departmental Grand Rounds.
 2. Simulation – Simulation is done at the new Microvascular Free Flap Lab, Rhinology/Skull Base Lab, and Temporal Bone Lab. There are ultrasound training course and temporal bone simulation.
 3. Leadership Training Curriculum – Whole-needs assessment, resident interviews, and faculty surveys were done to identify topics most needed for the curriculum. The topics include leadership styles, difficult conversations, and public speaking.
- F. Wellness
1. Resident and Faculty Wellness - Residents meet outside the hospital to get to know each other and meet families. Faculty have dinners for brainstorming and social networking.
 2. Department Wellness and Educational Events – For staff wellness, the entire staff meets quarterly to review topics such as a new procedure, new patient education, and more.
- G. Research – Research efforts have grown, partly due to space in Pride Hall. Amrita Bhat, the Service’s first year-long OHNS research fellow funded by ZSFG, had multiple projects with main focus on barriers and access to sleep surgery. A summary of key recent ZSFG OHNS publications was presented; these include care outcomes for cancer, sleep surgery, and more.
- H. Community Outreach and Global Health
1. Community Outreach - The efforts have intensified for the past few years. The Service has developed relationships with the Chinatown neighborhood, Mission District student-run free clinic, and Black Health Initiative in Fillmore.
 2. Global Health – Dr. Mary Xue is the co-founder of the Global OHNS Initiative. She is involved in the African Head and Neck Society with joint research projects and educational initiatives.
- I. Finances for FY 23-24
1. Professional Fee Collections- The estimate is about \$447K, a 32% increase from previous year’s collections.
 2. Professional Fee Collection Ratio – Efforts led to increased collection ratio from 15% in FY22-23 to 25% in FY23-24 (similar to collection ratio of academic years prior to FY22-23).
 3. OHNS Revenue – The total revenue for 9 months is \$2M, primarily from the Affiliation Agreement of \$1.5M. For the Affiliation Agreement, there is clinical staffing of 3.95 FTE: faculty at 1.95 and APP at 2.0.
- J. Summary
1. Strengths – These include the people, mission-driven service, strong residency program, growing clinical expertise, growing research enterprise, and financially lean operation/staffing model.
 2. Challenges- These include meeting clinical demand, OR block time, outfitting new 4J clinic with equipment to optimize space (*replace scopes-to be discussed with Dr. Gabe Ortiz*), and outfitting second audiology booth.
 3. Goals – These include improving access to clinic and OR, optimizing new clinic space, growing research enterprise, and improving access to sub-specialists.

Dr. Ortiz, along with other MEC members, found the presentation and the Service’s activities very impressive. Dr. Durr’s leadership marked by engagement, creativity, and development of people was highlighted. *Approval requested for the Otolaryngology Surgery service rules and regulations.*

ZSFG CHIEF OF STAFF ACTION ITEMS
Presented to the JCC-ZSFG June 25, 2024
JUNE 2024 MEC Meetings

Clinical Service Rules and Regulations

- Otolaryngology Rules & Regulations (summary of changes)
- Otolaryngology Rules & Regulations (with tracked changes)
- Otolaryngology Rules & Regulations (clean version)

Credentials Committee

- Standardized Procedures – None
- Privileges List –None



Department of Public Health

London Breed
Mayor

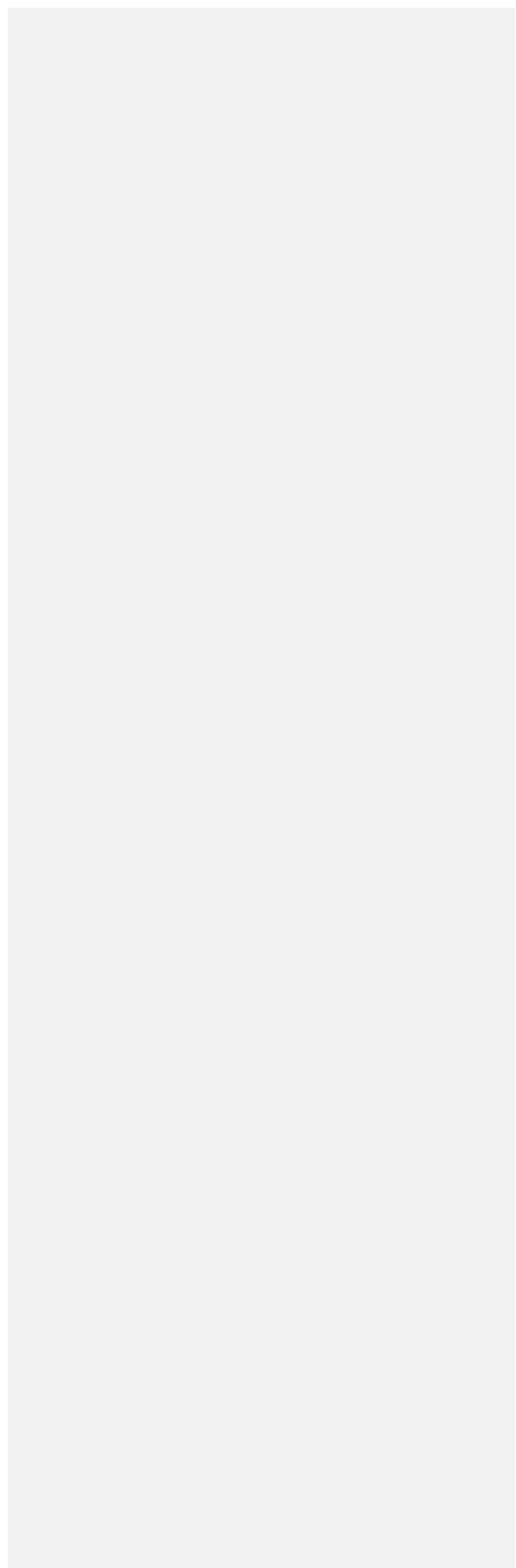
Gabriel Ortiz, MD, PhD
Chief of Staff

Medical Executive Committee (MEC)
Summary of Changes

Document Name:	<i>ZSFG Clinical Service Rules and Regulations</i>
Clinical Service :	<i>Otolaryngology Head and Neck Surgery</i>
Date of last approval:	2022
Summary of R&R updates:	<i>Updated the document to reflect our move to 4J, the current resident rotation length of 2 months, and included Physician Assistant along with Nurse Practitioner title where appropriate</i>
Update #1:	Updated Otolaryngology clinic to 4J
Update #2:	<i>Changed resident rotation length from 3 months to the current 2 months</i>
Update #3:	<i>Indicated Physician Assistant along with references to Nurse Practitioner, where appropriate</i>
Update #4:	<i>Grammatical changes where appropriate</i>
Update #5:	

**OTOLARYNGOLOGY CLINICAL SERVICE
RULES AND REGULATIONS**

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**OTOLARYNGOLOGY CLINICAL SERVICE
RULES AND REGULATIONS
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I. OTOLARYNGOLOGY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

The Otolaryngology Head and Neck Surgery Clinical Service offers complete inpatient, outpatient and emergency care for all aspects of diseases that afflict the head and neck. The regular attending staff offers expertise in maxillofacial trauma, otology, laryngology, facial plastic surgery, head and neck surgery, ~~sleep surgery,~~ and general otolaryngologic procedures. The resident and attending staff work closely with the Audiology and Speech Therapy departments at ZSFG and offer complete audiologic, speech and swallowing evaluation for children and adults. All staff will comply with HIPAA guidelines as per the ZSFG Bylaws and Rules and Regulations.

B. MEMBERSHIP REQUIREMENTS

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

C. ORGANIZATION OF OTOLARYNGOLOGY CLINICAL SERVICE

The Otolaryngology Clinical Service consists of the ~~Otolaryngology Treatment Room,~~ Audiology Service, and Otolaryngology Clinic. Please refer to Appendix for established guidelines.

II. CREDENTIALING

A. NEW APPOINTMENTS

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

1. Guidelines for Appointment

- a. Certification by the American Board of Otolaryngology, or another specialty board appropriate to the privileges requested, within two years of appointment, is required.

DEA certification is required for active and courtesy staff.

B. REAPPOINTMENTS

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

1. Practitioners Performance Profiles

Reappointment to the medical staff requires an appraisal of the care given by the practitioner during his or her preceding appointment. This appraisal will be based upon direct observation of patient care when possible; review of the operative reports accrued in the preceding time period, review of the Morbidity and Mortality conference report files, and review of several randomly audited medical records.

2. Modification of Clinical Service

Modification of Clinical Services offered by the Otolaryngology –Head and Neck Surgery at ZSFG will only be made after discussion with the ZSFG Dean’s Office and a representative of the ZSFG administration with at least 30 days of written notification.

3. Staff Status Change

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

4. Modification/Changes to Privileges

The process for Modification/Change to Privileges for members of the Otolaryngology Services is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

5. On-Call Oversight

Faculty are expected to meet hospital, departmental, and ACGME requirements for on-call oversight. The call schedule is developed by the Department of Oto/HNS at UCSF School of Medicine and requires 24 hour/day, 7 day/week, 365 days per year coverage of ZSFG.

C. AFFILIATED PROFESSIONALS

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

D. STAFF CATEGORIES

Otolaryngology Clinical Service staff fall into the same staff categories which are described in Article III of the ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Otolaryngology Clinical Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Otolaryngology Clinical Service Privilege Request Form shall be reviewed annually in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. CLINICAL PRIVILEGES

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

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. MONITORING (PROCTORING) REQUIREMENTS

Monitoring (proctoring) requirements for the Otolaryngology Clinical Service shall be the Responsibility of the Chief of the Service. (See II.B.1. & 2 above).

1. Goals and Objectives

The goals and objectives are to provide a one-year observation period following appointment to the medical staff to ensure that ~~the~~ privileges ~~which have been~~ applied for are appropriate for the individual practitioner.

2. Participation

All new appointees to the medical staff during the first 6 months of their clinical appointment will be proctored.

3. Appraisal of Patient Care

Evaluation of patient care will be by:

- a. Observation of care provided during surgery.
- b. Assessment of the appropriateness of care delivered as observed on ward rounds.
- c. Review of minimum of 5 case files.
- d. Review of Morbidity and Mortality Reports relevant to the particular practitioner.

4. Individual Responsibilities

- a. Department Chief:
 1. Review the above information and make a recommendation either to continue or drop the physician from the medical staff.
 2. Make observations of patient care intraoperatively, on ward rounds and by assessment of patient complications or appointment of another physician to do the proctoring.
- b. Administrative Assistant:
 1. Review list of current hospital staff who require proctoring.
 2. Assemble relevant information for review by Chief on an annual basis so that pertinent recommendations can be made.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Otolaryngology Clinical Service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for the Otolaryngology Clinical Service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations.

V. EDUCATION

The Otolaryngology-Head and Neck Surgery Clinical Service at the Zuckerberg San Francisco ~~General~~ ~~is~~ ~~General~~ ~~is~~ is a cornerstone of the Otolaryngology-Head and Neck Surgery residency program at UCSF. Residents in their PGY-2, PGY-3, and PGY-4 years spend ~~two~~ ~~free~~ months at ZSFG, or the allotted time as determined by the number of residents in a given class. The majority of their trauma experience, outpatient care, and general otolaryngology-head and neck surgery cases are centered at this site. In addition, medical students regularly rotate on the service as either a mandatory third year clerkship (introduction to Otolaryngology) or as a fourth year sub-intern. Otolaryngology-Head and Neck Surgery faculty at the ZSFG ~~are~~ ~~s~~ actively involved in the residency and medical student teaching program at UCSF on many levels. In addition, all members of the staff can attend UCSF department courses for CME credits.

VI. OTOLARYNGOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

A. RESIDENT EVALUATIONS

1. Individual Responsibilities

The Chief of Service and other attending staff are responsible for monitoring care provided by the resident staff. The Chief of Service provides the required reports. Attending faculty supervise house staff in such a way that the house staff assume progressively increasing responsibility for patient care according to their level of training ability and experience.

- Role, responsibility, and patient care activities of the house staff: The house staff have primary responsibility for the clinical care of patients on the wards, in the clinic, and in the operating room under the supervision of attending staff. It is the goal of the program to have the residents develop a formal therapeutic relationship with the patients and to have patients identify the housestaff as the primary care provider. This includes initial history and physical exams, medical test decision making, procedures, and analysis of care options and therapeutic interventions. This educational environment is consistently monitored by the real-time presence of the attending staff who closely monitor and supervise house staff interactions and decision making. It should be remembered that the house staff are all eligible for California State Licensure to practice independently as physicians and surgeons in the state of California by having completed ACGME approved surgical internships.
- The attending staff and program director make decisions about the extent to which the resident can practice independently by analyzing a variety of factors including in-service scores, ~~home study course scores~~, rotation evaluations, semi-annual formal performance evaluations, ABO surgical experience data, and also by direct, daily contact and observation.
- Resident Evaluation Process: the residents are evaluated in accordance with ACGME requirements for Otolaryngology/Head and Neck Surgery. The residents participate in Grand Rounds, Morbidity and Mortality conference, regularly scheduled didactic lectures, journal clubs, ~~text-book chapter readings~~, ~~the Home Study Course~~, the annual in-service examination, and individual rotation evaluations on the MedHub system in accordance with Graduate Medical Education Committee guidelines. American Board of Otolaryngology/Head and Neck Surgery surgical experience reports are examined semi-annually in formal reviews with the Program Director and Chair. Clinical comments and evaluations are made to the house staff on a daily basis by the attending staff and Chief of Service.
- Patient Care Orders: house staff may independently write patient care orders.

2. Activities Reviewed

Observations of resident performance include those made:

- Intraoperatively
- On ward rounds

- During review of patient charts
- Referrals by committee or other departments
- During Grand Rounds
- During conference presentations
- On review of Morbidity and Mortality Reports

3. Reporting

A report of each resident's performance is completed and forwarded to the Chairman and/or program Director, Department of Otolaryngology/Head and Neck Surgery UCSF immediately following completion of each resident's rotation at ZSFG.

VII. OTOLARYNGOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

The Otolaryngology-Head and Neck Surgery Clinical Service consult service will evaluate all patients in consultation within 12 hours of being requested by a ZSFG physician. Urgent consultation (within one hour) and Emergent consultation (immediate) are also available as needed. The senior resident in Otolaryngology-Head and Neck Surgery (the ZSFG Chief Resident) is responsible for all consultation requests. An Otolaryngology-Head and Neck Surgery attending will evaluate all consults within 24 hours of any consultation request.

VIII. DISCIPLINARY ACTION

The Zuckerberg San Francisco ~~General Medical~~ General Medical Staff Bylaws, Rules and Regulations and accompanying manuals will govern all disciplinary action involving members of the ZSFG Otolaryngology Clinical Service.

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY & UTILIZATION MANAGEMENT

A. GOALS AND OBJECTIVES

1. To ensure that patients receive appropriate diagnoses and good care with proper medications, treatment and therapy.
2. To avoid unnecessary days of inpatient care.
3. To minimize morbidity.
4. To minimize nosocomial infections.
5. To enhance the value of the clinical service educational programs.

B. RESPONSIBILITY

Service Chief

The Service Chief has the overall responsibility for the PIPS program. Design, initiation, implementation and follow-up of patient care evaluation activities may be delegated to other members of the clinical service.

Administrative Assistant:

1. Maintain Performance Improvement & Patient Safety (PIPS) files
2. Search Otolaryngology Clinical Service PIPS database.
3. Assemble information as needed for PIPS review.

C. RESIDENT PARTICIPATION

Residents participate actively in the Morbidity and Mortality Conferences. Residents provide observations to the Service Chief regarding clinical attendings. Observations

regarding the Chief of Otolaryngology/Head and Neck Surgery are made directly to the Chair, Otolaryngology/Head and Neck Surgery, UCSF.

D. MONITORING COMPONENTS

Some or all of the following ongoing monitors are utilized to review and evaluate the quality and appropriateness of care provided by the department:

1. Mortality Report records
2. Morbidity and Mortality Conference records
3. Review of non-tissue case referrals
4. Clinical monitors
5. Attending evaluations of housestaff
6. Housestaff evaluations of attendings and rotations and programs
7. Referrals: Utilization Review, incident reports, malpractice cases, transfusion reactions, adverse drug reactions.

E. EVALUATION

1. As clinical service problems, patterns, and trends are identified, appropriate assessments methodologies to determine the cause and extent of the problem will be selected and may include:
 - a. Medical audit utilizing predetermined clinically valid criteria
 - b. Experimental design and research
 - c. Staff discussion
 - d. Outside consultation
2. Action: Remedial actions may include:
 - a. In-service education and training programs
 - b. New/revised policies and procedures
 - c. Staffing changes
 - d. Equipment changes
 - e. Counseling and proctoring
 - f. Referral to outside committee for follow-up when appropriate
3. Reevaluation:

Reevaluation and monitoring will be completed to ensure that certain problems have been eliminated or reduced insofar as possible.

F. PERFORMANCE IMPROVEMENT DRIVER METRICS

1. -OR block utilization; monitored on a monthly basis
2. TNAA (third next available appointment), monitored on a monthly basis
3. Outpatient no-show rate, monitored on a monthly basis

G. REPORTING

Evidence of all Otolaryngology Clinical Service Performance Improvement and Patient Safety activity will be maintained and reported during the monthly Morbidity and Mortality meetings held in conjunction with the rest of the UCSF clinical service as part

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of the CME-certified Grand Rounds Conference schedule. Summaries of the meetings will be maintained within the department on a monthly basis and are available to the PIPS committee upon request.

The Chief of the Service or designee will be responsible for ensuring the correction of clinical service patient care issues. Assistance from the Performance Improvement and Patient Safety will be requested when certain problems cross clinical service/committee boundaries and/or when the clinical service is unable to correct the problem.

A yearly formal report encompassing ongoing clinical monitors will be submitted to the PIPS committee for review.

H. PEER REVIEW

Appraisal of clinical service and individual patterns of care, as required by reviews and evaluations conducted by the clinical service (e.g., Performance Improvement & Patient Safety, Infection Control) will be completed. This information will be utilized by the Chief of the Service in the medical staff reappointment process and delineation of privileges.

Patterns of care will be discussed during the monthly Mortality and Morbidity Conference meetings.

I. EVALUATION

The clinical service Performance Improvement and Patient Safety Plan will be evaluated annually. Questions to be answered include:

1. Did the program achieve its stated objectives and goals? If not, what goals were not achieved and what changes are necessary to achieve the desired goals?
2. What evidence is there of improved patient care as a result of the clinical service's Performance Improvement and Patient Safety (PIPS) Program?
3. What is needed to make the PIPS program more effective?
4. What components of the plan require alteration or deletion?

J. REVIEW OF PATHOLOGY REPORTS

1. Objective

To ensure that all pathology specimens removed by the Otolaryngology - Head & Neck Clinical Service are followed-up when necessary and result in adequate treatment.

2. Responsibility

a. Service Chief:

The Service Chief or designee reviews all reports submitted to ensure that treatment has been appropriate and complete. Takes action to initiate complete treatment and correct treatment errors when necessary.

3. Operations

Reports of operations performed by the service are maintained in departmental files under each attending's name.

4. Action

Problems with follow-up that are encountered will be discussed with the responsible resident/attending.

K. CLINICAL INDICATORS

Refer to Section IX.D, E., & F. above

L. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Refer to Section IX.D., E., & F. above

M. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Refer to Section IX, D., E., & F., above

N. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Refer to Section IX, D., E., & F., above

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X. MEETING REQUIREMENTS

In accordance with ZSFG Medical Staff Bylaws 7.2.I, all Active Members are expected to show good faith participation in the governance and quality evaluation process of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical service meetings and the annual Medical Staff Meeting.

Otolaryngology Clinical Services 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. Staff meetings are often held in conjunction with the UCSF Departmental Faculty meetings which are held approximately monthly. Minutes of the departmental meetings are kept on file in the departmental office.

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

XI. ADOPTION AND AMENDMENT

The Otolaryngology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all full-time Active members of the Otolaryngology Service as often as necessary but at least every three years.

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ATTACHMENT A: JOB DESCRIPTION

CLINICAL SERVICE CHIEF OF OTOLARYNGOLOGY SERVICE JOB DESCRIPTION

Chief of Otolaryngology Clinical Service

Position Summary:

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

Reporting Relationships:

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

Position Qualifications:

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

Major Responsibilities:

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

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

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

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

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

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

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**ATTACHMENT B: OTOLARYNGOLOGY CLINICAL SERVICE PRIVILEGE REQUEST
FORM**

APPENDIX: ORGANIZATION - OTOLARYNGOLOGY CLINICAL SERVICE

1. OTOLARYNGOLOGY ~~PROCEDURE CLINIC/TREATMENT ROOM~~

a. Goals and Objectives

To establish guidelines for the safe and effective completion of procedures in the Otolaryngology Clinic

b. Procedures

All cases done require prior clearance by an otolaryngology attending who will assume responsibility for the case.

Under the guidance of an attending surgeon any case which may be safely accomplished under local anesthesia may be done as long as the attending surgeon has privileges for that type of procedure. Sedation may not be given for these procedures

The following procedures may be performed under these guidelines:

- Removal of intranasal polyps
- Incisional and excisional biopsies of non-vascular nasal masses
- Cauterization or radiofrequency ablation of nasal turbinates
- Incisional or excisional biopsies and removal of facial ulcerations, tumors, neck masses, skin, and skin anomalies.
- Repair of facial lacerations
- Myringotomy and insertion of pressure equalization tubes
- Irrigation of paranasal sinuses
- Removal of intermaxillary fixation, archbars and other oral appliances.
- Closed reduction of nasal fractures

c. Staffing

At least one physician and an attendant will be available for participation in all cases.

Cases will be scheduled during designated clinic time or at other times only if it will not interfere with the ~~normal~~ functioning of the clinic, and that adequate nursing staffing can be available.

d. Equipment

Only those procedures for which equipment can be assembled preoperatively for the completion of the entire procedure will be undertaken in the clinic treatment room.

2. AUDIOLOGY SERVICE

a. **Objective**

To establish an audiology service to provide diagnostic evaluation, screening, testing and rehabilitation services for individuals with known or suspected hearing disorders with appropriate staff, space, equipment and supplies.

b. **General Requirements**

Policy & Procedure Manual:

Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with the Chief, Department of Otolaryngology—Head & Neck Surgery and a representative of the Director of Hospitals and Clinics, Zuckerberg San Francisco General.

1. Policies and procedures shall be approved by the Chief, Department Otolaryngology - Head & Neck Surgery and the Director of Hospitals and Clinics, Zuckerberg San Francisco General.

2. Policies and procedures shall be reviewed annually by the Chief, Otolaryngology - Head & Neck Surgery and Director of the Audiology Service and revised as necessary.

c. **Organization**

Director: A qualified audiologist will have overall responsibility for the audiology service.

A qualified audiologist must have at least a Master's Degree in Audiology, a Certificate of Clinical Competence (CCC) from the American Speech, Hearing and Language Association (ASHA) and a California State License in Audiology.

The audiologist who directs the section will be accountable to the Chief, Department of Otolaryngology - Head & Neck Surgery or his or her designee regarding patient care.

The audiologist who directs the section will be accountable to the Director of Hospital and Clinics regarding administrative matters.

d. **Responsibilities of the audiologist shall include:**

1. Development and implementation of pertinent policies and procedures.
2. Coordination of a system of scheduled inpatient and ambulatory care patient services.
3. Recommendation of the type and number of staff needed to perform the required services.
4. Recommendation of the type and amount of equipment and facilities needed to perform the required services.

5. Establishment of continuing educational opportunities for staff personnel.
6. Participation in the review and evaluation of the quality and appropriateness of patient care.
 7. Preparation of all required reports.
8. Development of appropriate job description for additional staff personnel as they are available.
9. Insuring that routine maintenance and calibration of equipment is accomplished and properly documented.
10. Teaching audiometric techniques to medical students and housestaff.
11. Participation in multidisciplinary teaching conferences.

e. **Staffing**

Supervision:

All services will be provided by, or under the direction of, an audiologist who meets the qualifications specified above.

Under the direct supervision of a qualified audiologist, audiology services may be provided by an individual who has completed the academic requirements in audiology and is in the process of obtaining the required professional experience necessary for certification.

Audiologists will be provided from the UCSF Audiology Department per the University contract.

The Chief, Department of Otolaryngology - Head & Neck Surgery or his/her designee will be available during the hours which audiology services are provided to provide professional consultation as required by the audiologist.

f. **Equipment and Supplies**

At least the following equipment shall be provided:

Audiometers:

1. One clinical audiometer
2. Immittance audiometer

Additional Diagnostic Tests and Materials:

1. Appropriate toys for play audiometry
2. Loud speakers
3. An otoscope
4. Tape deck

Calibration:

All audiometers will be calibrated to ANSI standards two times a year by an outside contractor. A record of calibrations will be kept in the audiometric test suite.

g. **Physical Plant**

1. Audiologic evaluations will be conducted in an audiometric test suite, which meets ANSI standards for reduction of background noise.

2. The room will be large enough for sound field-testing and be equipped with two speakers.
3. The audiometric test suite will be accessible by wheelchair.
4. Counseling -and -treatment -areas -will- be -provided -adjacent -to -the audiometric test suite by request to the clinic nurse.

h. **Services Provided**

Audiologic services will be provided for total age range population from children to geriatric patients. Specialty consultation for infants and special tests are available at UCSF. Audiologic evaluations appropriate to rule out, establish, or monitor the type and degree of auditory dysfunction in a wide variety of pathologies and conditions will be available. These will include but ~~not be~~ not be limited to:

1. Pathologies of the auditory system
2. Exposure to ototoxic drugs
3. Exposure to loud noise
4. Head trauma
5. Delayed language development
6. Vertigo of unknown etiology
7. Prenatal, perinatal and neonatal high risk factors

Comprehensive audiologic services will be administered to establish a patient's hearing threshold, to monitor a patient's hearing level, to assist in the identification of site of lesion of hearing loss, to assess communication abilities and disabilities, and to indicate potential benefit from surgery, use of a hearing aid and aural rehabilitation.

i. **Basic Audiometry:**

Baseline or monitoring audiologic evaluations must include but are not limited to the following:

1. Air conduction pure tone audiometry
2. Bone conduction pure tone audiometry

j. **Diagnostic Audiometry:**

Diagnostic audiology evaluations must include, but are not limited to the following:

1. Air and bone conduction pure tone audiometry.
2. Speech reception thresholds
3. Speech discrimination scores.

Site of lesion audiologic evaluations must include but are not limited to the following:

1. Air and bone conduction pure tone audiometry
2. Speech reception thresholds
3. Speech discrimination scores including PB roll-over testing.
4. Immittance audiometry including acoustic reflex decay when possible.

k. **Additional Tests:**

Other audiologic tests may be performed at UCSF at the discretion of the audiologist or physician performing or supervising the test procedure to include:

1. ABR
2. ENG
3. Otoacoustic emissions.

l. **Hearing Aid Evaluations:**

Hearing aid evaluations and counseling are not provided.

m. **Aural Rehabilitation Services:**

1. Aurally disabled patients shall be referred to any appropriate source for aural rehabilitation services including auditory training, speech reading and hearing aid evaluation.
2. Counseling for parents of aurally disabled children shall be provided.

n. **High Risk Infants**

Screening for high-risk neonatal patients or infants will be provided by referral to the University of California, San Francisco, Department of Otolaryngology, for ABR audiometry.

o. **Case Management**

1. Patients seen for audiologic services may be referred by a physician or outside referral agency.
3. Audiometric test results will be recorded in the patient's medical record.
4. Notation will be made as to the audiologist's impression of the test results and any pertinent audiologic recommendations regarding necessity for further testing, need for amplification and/or aural rehabilitation services.
5. In addition to chart notes, copies of audiometric test results and recommendations will be sent to all outside referring physicians and agencies.

p. **Case Responsibility:**

1. Following audiologic evaluation, the patient will be returned to the referring physician for follow-up and continued medical management.
2. The audiologist will assume primary responsibility for the patient only when the referring physician requests that the audiologist assumes responsibility for a patient whose primary need is amplification and/or aural rehabilitation.
3. Patients for whom the audiologist has assumed primary responsibility will be referred back to his physician for consultation if significant changes are noted in auditory or vestibular status.

3. **OTOLARYNGOLOGY CLINIC**

a. **Objectives**

To establish guidelines for the safe and effective diagnosis and outpatient treatment of otolaryngologic conditions.

b. **General Requirements**

The otolaryngology clinic will be organized and run in the ~~4JM~~ clinic area. Rooms ~~1 and 6 are equipped with an operating microscope to use for otologic clinic procedures. All rooms have adequate lighting to be used for diagnosis and otolaryngology procedures as itemized in the protocol for the otolaryngology treatment room. 4M14, and rooms 4M50 through 4M59 will be utilized for the otolaryngology clinic.~~

~~Room 4M59 will be supplied with an operating microscope and operating table with adequate lighting to be utilized for diagnosis and otolaryngology procedures as itemized in the protocol for the otolaryngology treatment room.~~

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c. **Personnel**

1. DEPARTMENTAL CHIEF: Responsible for the overall management of the physician staff of the otolaryngology clinic. Responsible for setting policy for management of the clinic in consultation with the Nurse Manager.
2. NURSE MANAGER, ~~4JM CLINIC~~;S: Responsible for the overall supervision of the nursing staff of the otolaryngology clinic.
3. SENIOR RESIDENT: Responsible for the coordination of resident attendance and resident and medical student teaching in the otolaryngology clinic.
4. JUNIOR RESIDENT/MEDICAL STUDENT: Patient Care as directed by the senior resident.
5. NURSE PRACTITIONER(S) and/or PHYSICIAN ASSISTANT(S): Responsible for e-referral as needed and other clinical duties as approved by ZSFG Affiliated Professional Staff Standardized Procedures and Protocols.
6. CLINICAL NURSE: Responsible for effective operation of the clinic as indicated below.
7. LICENSED VOCATIONAL NURSE/MEA: Responsibilities as listed below.
8. CLERICAL PERSONNEL: Responsible for making appointments and registering patients into the clinic.

d. **Schedule**

The Otolaryngology Clinic will run on the following schedule:

Monday: ~~8:15-30~~a.m. -5:00 p.m.
Tuesday: No formal clinic
Wednesday: 8:15a.m.- 5:00 p.m.
Thursday: 8:15-~~10:30~~~~a~~12:00p.m.
Friday: 1:00 - 5:00 p.m.

e. **Appointments**

Patients may be referred by the emergency room or by other clinic/hospital physicians. Patients may also be scheduled in response to e-referral.

f. **Patient Visits**

Patients will be classified into the following categories:

1. NEW PATIENTS: These patients will routinely be scheduled for appointment time slots as indicated by templates approved by the OHNS chief of service.
2. FOLLOW-UP PATIENTS: These patients will routinely be scheduled

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as above.

3. DROP-IN PATIENTS: These patients do not have previous appointments that have been cleared by the clinic nurse or physicians. These patients will be seen after scheduled patients unless earlier evaluation is required for their condition.
4. INPATIENT CONSULTATIONS: These patients will be scheduled as acuity dictates.
5. OTOLARYNGOLOGY INPATIENTS: These patients will be seen, as required, when treatment requires use of clinic facilities.
6. AFTER HOURS CONSULTATIONS: Clinic rooms will be available for resident and attending evaluation of patients who are seen after normal clinic hours. Only patients who require specific equipment and facilities of the otolaryngology clinic should be seen in these areas.

G. **Patient Processing**

1. REGISTRATION: All patients will register per the current hospital policy.
2. ORDER OF PATIENT TREATMENT: Patients will be seen in the order of their arrival and based upon appointment time. This may be altered in the event of conditions requiring urgent treatment.
3. LAB AND X-RAY DATA: Prior to the patient being seen, the nursing staff will review the patient's record from the previous visit and ensure that laboratory and x-ray data previously ordered are available for review by the physician. He/she will attempt to locate these results if they are not in the electronic medical record.
4. HEAD AND NECK EXAM: On initial evaluation, patients will have a complete otolaryngology exam. The completeness of the exam will be modified as indicated on subsequent visits.
5. CLINICAL RECORDS: Providers will complete the outpatient clinical record immediately after seeing the patient. All outpatient encounters will be documented medical record system.
The face sheet will be completed by the provider prior to patient departure and the MEA will schedule other appointments and return visits.
6. AUDIOMETRIC EXAMS: Audiometric exams will be scheduled as outlined in the chapter on Audiology in the Clinical Service's Policy and Procedure Manual.

**OTOLARYNGOLOGY CLINICAL SERVICE
RULES AND REGULATIONS
2024**

**OTOLARYNGOLOGY CLINICAL SERVICE
RULES AND REGULATIONS
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I. OTOLARYNGOLOGY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

The Otolaryngology Head and Neck Surgery Clinical Service offers complete inpatient, outpatient and emergency care for all aspects of diseases that afflict the head and neck. The regular attending staff offers expertise in maxillofacial trauma, otology, laryngology, facial plastic surgery, head and neck surgery, sleep surgery, and general otolaryngologic procedures. The resident and attending staff work closely with the Audiology and Speech Therapy departments at ZSFG and offer complete audiologic, speech and swallowing evaluation for children and adults. All staff will comply with HIPAA guidelines as per the ZSFG Bylaws and Rules and Regulations.

B. MEMBERSHIP REQUIREMENTS

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

C. ORGANIZATION OF OTOLARYNGOLOGY CLINICAL SERVICE

The Otolaryngology Clinical Service consists of the Audiology Service, and Otolaryngology Clinic. Please refer to Appendix for established guidelines.

II. CREDENTIALING

A. NEW APPOINTMENTS

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

1. Guidelines for Appointment

- a. Certification by the American Board of Otolaryngology, or another specialty board appropriate to the privileges requested, within two years of appointment, is required.

DEA certification is required for active and courtesy staff.

B. REAPPOINTMENTS

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

1. Practitioners Performance Profiles

Reappointment to the medical staff requires an appraisal of the care given by the practitioner during his or her preceding appointment. This appraisal will be based upon direct observation of patient care when possible; review of the operative reports accrued in the preceding time period, review of the Morbidity and Mortality conference report files, and review of several randomly audited medical records.

2. Modification of Clinical Service

Modification of Clinical Services offered by the Otolaryngology –Head and Neck Surgery at ZSFG will only be made after discussion with the ZSFG Dean’s Office and a representative of the ZSFG administration with at least 30 days of written notification.

3. Staff Status Change

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

4. Modification/Changes to Privileges

The process for Modification/Change to Privileges for members of the Otolaryngology Services is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

5. On-Call Oversight

Faculty are expected to meet hospital, departmental, and ACGME requirements for on-call oversight. The call schedule is developed by the Department of Oto/HNS at UCSF School of Medicine and requires 24 hour/day, 7 day/week, 365 days per year coverage of ZSFG.

C. AFFILIATED PROFESSIONALS

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

D. STAFF CATEGORIES

Otolaryngology Clinical Service staff fall into the same staff categories which are described in Article III of the ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Otolaryngology Clinical Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Otolaryngology Clinical Service Privilege Request Form shall be reviewed annually in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. CLINICAL PRIVILEGES

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

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. MONITORING (PROCTORING) REQUIREMENTS

Monitoring (proctoring) requirements for the Otolaryngology Clinical Service shall be the Responsibility of the Chief of the Service. (See II.B.1. & 2 above).

1. Goals and Objectives

The goals and objectives are to provide a one-year observation period following appointment to the medical staff to ensure that the privileges applied for are appropriate for the individual practitioner.

2. Participation

All new appointees to the medical staff during the first 6 months of their clinical appointment will be proctored.

3. Appraisal of Patient Care

Evaluation of patient care will be by:

- a. Observation of care provided during surgery.
- b. Assessment of the appropriateness of care delivered as observed on ward rounds.
- c. Review of minimum of 5 case files.
- d. Review of Morbidity and Mortality Reports relevant to the particular practitioner.

4. Individual Responsibilities

- a. Department Chief:
 1. Review the above information and make a recommendation either to continue or drop the physician from the medical staff.
 2. Make observations of patient care intraoperatively, on ward rounds and by assessment of patient complications or appointment of another physician to do the proctoring.
- b. Administrative Assistant:
 1. Review list of current hospital staff who require proctoring.
 2. Assemble relevant information for review by Chief on an annual basis so that pertinent recommendations can be made.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Otolaryngology Clinical Service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for the Otolaryngology Clinical Service shall be in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations.

V. EDUCATION

The Otolaryngology-Head and Neck Surgery Clinical Service at the Zuckerberg San Francisco General is a cornerstone of the Otolaryngology-Head and Neck Surgery residency program at UCSF. Residents in their PGY-2, PGY-3, and PGY-4 years spend two months at ZSFG, or the allotted time as determined by the number of residents in a given class. The majority of their trauma experience, outpatient care, and general otolaryngology-head and neck surgery cases are centered at this site. In addition, medical students regularly rotate on the service as either a mandatory third year clerkship (introduction to Otolaryngology) or as a fourth year sub-intern. Otolaryngology-Head and Neck Surgery faculty at the ZSFG are actively involved in the residency and medical student teaching program at UCSF on many levels. In addition, all members of the staff can attend UCSF department courses for CME credits.

VI. OTOLARYNGOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

A. RESIDENT EVALUATIONS

1. Individual Responsibilities

The Chief of Service and other attending staff are responsible for monitoring care provided by the resident staff. The Chief of Service provides the required reports. Attending faculty supervise house staff in such a way that the house staff assume progressively increasing responsibility for patient care according to their level of training ability and experience.

- Role, responsibility, and patient care activities of the house staff: The house staff have primary responsibility for the clinical care of patients on the wards, in the clinic, and in the operating room under the supervision of attending staff. It is the goal of the program to have the residents develop a formal therapeutic relationship with the patients and to have patients identify the housestaff as the primary care provider. This includes initial history and physical exams, medical test decision making, procedures, and analysis of care options and therapeutic interventions. This educational environment is consistently monitored by the real-time presence of the attending staff who closely monitor and supervise house staff interactions and decision making. It should be remembered that the house staff are all eligible for California State Licensure to practice independently as physicians and surgeons in the state of California by having completed ACGME approved surgical internships.
- The attending staff and program director make decisions about the extent to which the resident can practice independently by analyzing a variety of factors including in-service scores, rotation evaluations, semi-annual formal performance evaluations, ABO surgical experience data, and also by direct, daily contact and observation.
- Resident Evaluation Process: the residents are evaluated in accordance with ACGME requirements for Otolaryngology/Head and Neck Surgery. The residents participate in Grand Rounds, Morbidity and Mortality conference, regularly scheduled didactic lectures, journal clubs, textbook chapter readings, the annual in-service examination, and individual rotation evaluations on the MedHub system in accordance with Graduate Medical Education Committee guidelines. American Board of Otolaryngology/Head and Neck Surgery surgical experience reports are examined semi-annually in formal reviews with the Program Director and Chair. Clinical comments and evaluations are made to the house staff on a daily basis by the attending staff and Chief of Service.
- Patient Care Orders: house staff may independently write patient care orders.

2. Activities Reviewed

Observations of resident performance include those made:

- Intraoperatively
- On ward rounds

- During review of patient charts
- Referrals by committee or other departments
- During Grand Rounds
- During conference presentations
- On review of Morbidity and Mortality Reports

3. Reporting

A report of each resident's performance is completed and forwarded to the Chair and/or program Director, Department of Otolaryngology/Head and Neck Surgery UCSF immediately following completion of each resident's rotation at ZSFG.

VII. OTOLARYNGOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

The Otolaryngology-Head and Neck Surgery Clinical Service consult service will evaluate all patients in consultation within 12 hours of being requested by a ZSFG physician. Urgent consultation (within one hour) and Emergent consultation (immediate) are also available as needed. The senior resident in Otolaryngology-Head and Neck Surgery (the ZSFG Chief Resident) is responsible for all consultation requests. An Otolaryngology-Head and Neck Surgery attending will evaluate all consults within 24 hours of any consultation request.

VIII. DISCIPLINARY ACTION

The Zuckerberg San Francisco General Medical Staff Bylaws, Rules and Regulations and accompanying manuals will govern all disciplinary action involving members of the ZSFG Otolaryngology Clinical Service.

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY & UTILIZATION MANAGEMENT

A. GOALS AND OBJECTIVES

1. To ensure that patients receive appropriate diagnoses and good care with proper medications, treatment and therapy.
2. To avoid unnecessary days of inpatient care.
3. To minimize morbidity.
4. To minimize nosocomial infections.
5. To enhance the value of the clinical service educational programs.

B. RESPONSIBILITY

Service Chief

The Service Chief has the overall responsibility for the PIPS program. Design, initiation, implementation and follow-up of patient care evaluation activities may be delegated to other members of the clinical service.

Administrative Assistant:

1. Maintain Performance Improvement & Patient Safety (PIPS) files
2. Search Otolaryngology Clinical Service PIPS database.
3. Assemble information as needed for PIPS review.

C. RESIDENT PARTICIPATION

Residents participate actively in the Morbidity and Mortality Conferences. Residents provide observations to the Service Chief regarding clinical attendings. Observations

regarding the Chief of Otolaryngology/Head and Neck Surgery are made directly to the Chair, Otolaryngology/Head and Neck Surgery, UCSF.

D. MONITORING COMPONENTS

Some or all of the following ongoing monitors are utilized to review and evaluate the quality and appropriateness of care provided by the department:

1. Mortality Report records
2. Morbidity and Mortality Conference records
3. Review of non-tissue case referrals
4. Clinical monitors
5. Attending evaluations of housestaff
6. Housestaff evaluations of attendings and rotations and programs
7. Referrals: Utilization Review, incident reports, malpractice cases, transfusion reactions, adverse drug reactions.

E. EVALUATION

1. As clinical service problems, patterns, and trends are identified, appropriate assessments methodologies to determine the cause and extent of the problem will be selected and may include:
 - a. Medical audit utilizing predetermined clinically valid criteria
 - b. Experimental design and research
 - c. Staff discussion
 - d. Outside consultation
2. Action: Remedial actions may include:
 - a. In-service education and training programs
 - b. New/revised policies and procedures
 - c. Staffing changes
 - d. Equipment changes
 - e. Counseling and proctoring
 - f. Referral to outside committee for follow-up when appropriate
3. Reevaluation:

Reevaluation and monitoring will be completed to ensure that certain problems have been eliminated or reduced insofar as possible.

F. PERFORMANCE IMPROVEMENT DRIVER METRICS

1. OR block utilization; monitored on a monthly basis
2. TNAA (third next available appointment), monitored on a monthly basis
3. Outpatient no-show rate, monitored on a monthly basis

G. REPORTING

Evidence of all Otolaryngology Clinical Service Performance Improvement and Patient Safety activity will be maintained and reported during the monthly Morbidity and Mortality meetings held in conjunction with the rest of the UCSF clinical service as part

of the CME-certified Grand Rounds Conference schedule. Summaries of the meetings will be maintained within the department on a monthly basis and are available to the PIPS committee upon request.

The Chief of the Service or designee will be responsible for ensuring the correction of clinical service patient care issues. Assistance from the Performance Improvement and Patient Safety will be requested when certain problems cross clinical service/committee boundaries and/or when the clinical service is unable to correct the problem.

A yearly formal report encompassing ongoing clinical monitors will be submitted to the PIPS committee for review.

H. PEER REVIEW

Appraisal of clinical service and individual patterns of care, as required by reviews and evaluations conducted by the clinical service (e.g., Performance Improvement & Patient Safety, Infection Control) will be completed. This information will be utilized by the Chief of the Service in the medical staff reappointment process and delineation of privileges.

Patterns of care will be discussed during the monthly Mortality and Morbidity Conference meetings.

I. EVALUATION

The clinical service Performance Improvement and Patient Safety Plan will be evaluated annually. Questions to be answered include:

1. Did the program achieve its stated objectives and goals? If not, what goals were not achieved and what changes are necessary to achieve the desired goals?
2. What evidence is there of improved patient care as a result of the clinical service's Performance Improvement and Patient Safety (PIPS) Program?
3. What is needed to make the PIPS program more effective?
4. What components of the plan require alteration or deletion?

J. REVIEW OF PATHOLOGY REPORTS

1. Objective

To ensure that all pathology specimens removed by the Otolaryngology - Head & Neck Clinical Service are followed-up when necessary and result in adequate treatment.

2. Responsibility

a. Service Chief:

The Service Chief or designee reviews all reports submitted to ensure that treatment has been appropriate and complete. Takes action to initiate complete treatment and correct treatment errors when necessary.

3. Operations

Reports of operations performed by the service are maintained in departmental files under each attending's name.

4. Action

Problems with follow-up that are encountered will be discussed with the responsible resident/attending.

K. CLINICAL INDICATORS

Refer to Section IX.D. E., & F. above

L. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Refer to Section IX.D., E., & F. above

M. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Refer to Section IX, D., E., & F., above

N. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Refer to Section IX, D., E., & F., above

X. MEETING REQUIREMENTS

In accordance with ZSFG Medical Staff Bylaws 7.2.I, all Active Members are expected to show good faith participation in the governance and quality evaluation process of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical service meetings and the annual Medical Staff Meeting.

Otolaryngology Clinical Services 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. Staff meetings are often held in conjunction with the UCSF Departmental Faculty meetings which are held approximately monthly. Minutes of the departmental meetings are kept on file in the departmental office.

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

XI. ADOPTION AND AMENDMENT

The Otolaryngology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all full-time Active members of the Otolaryngology Service as often as necessary but at least every three years.

ATTACHMENT A: JOB DESCRIPTION

**CLINICAL SERVICE CHIEF OF OTOLARYNGOLOGY SERVICE
JOB DESCRIPTION**

Chief of Otolaryngology Clinical Service

Position Summary:

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

Reporting Relationships:

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

Position Qualifications:

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

Major Responsibilities:

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

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

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

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

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

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

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**ATTACHMENT B: OTOLARYNGOLOGY CLINICAL SERVICE PRIVILEGE REQUEST
FORM**

APPENDIX: ORGANIZATION - OTOLARYNGOLOGY CLINICAL SERVICE

1. OTOLARYNGOLOGY PROCEDURE CLINIC

a. Goals and Objectives

To establish guidelines for the safe and effective completion of procedures in the Otolaryngology Clinic

b. Procedures

All cases done require prior clearance by an otolaryngology attending who will assume responsibility for the case.

Under the guidance of an attending surgeon any case which may be safely accomplished under local anesthesia may be done as long as the attending surgeon has privileges for that type of procedure. Sedation may not be given for these procedures

The following procedures may be performed under these guidelines:

- Removal of intranasal polyps
- Incisional and excisional biopsies of non-vascular nasal masses
- Cauterization or radiofrequency ablation of nasal turbinates
- Incisional or excisional biopsies and removal of facial ulcerations, tumors, neck masses, skin, and skin anomalies.
- Repair of facial lacerations
- Myringotomy and insertion of pressure equalization tubes
- Irrigation of paranasal sinuses
- Removal of intermaxillary fixation, archbars and other oral appliances.
- Closed reduction of nasal fractures

c. Staffing

At least one physician and an attendant will be available for participation in all cases.

Cases will be scheduled during designated clinic time or at other times only if it will not interfere with the normal functioning of the clinic, and that adequate nursing staffing can be available.

d. Equipment

Only those procedures for which equipment can be assembled preoperatively for the completion of the entire procedure will be undertaken in the clinic treatment room.

2. AUDIOLOGY SERVICE

a. **Objective**

To establish an audiology service to provide diagnostic evaluation, screening, testing and rehabilitation services for individuals with known or suspected hearing disorders with appropriate staff, space, equipment and supplies.

b. **General Requirements**

Policy & Procedure Manual:

Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with the Chief, Department of Otolaryngology-Head & Neck Surgery and a representative of the Director of Hospitals and Clinics, Zuckerberg San Francisco General.

1. Policies and procedures shall be approved by the Chief, Department Otolaryngology - Head & Neck Surgery and the Director of Hospitals and Clinics, Zuckerberg San Francisco General.

2. Policies and procedures shall be reviewed annually by the Chief, Otolaryngology - Head & Neck Surgery and Director of the Audiology Service and revised as necessary.

c. **Organization**

Director: A qualified audiologist will have overall responsibility for the audiology service.

A qualified audiologist must have at least a Master's Degree in Audiology, a Certificate of Clinical Competence (CCC) from the American Speech, Hearing and Language Association (ASHA) and a California State License in Audiology.

The audiologist who directs the section will be accountable to the Chief, Department of Otolaryngology - Head & Neck Surgery or his or her designee regarding patient care.

The audiologist who directs the section will be accountable to the Director of Hospital and Clinics regarding administrative matters.

d. **Responsibilities of the audiologist shall include:**

1. Development and implementation of pertinent policies and procedures.

2. Coordination of a system of scheduled inpatient and ambulatory care patient services.

3. Recommendation of the type and number of staff needed to perform the required services.

4. Recommendation of the type and amount of equipment and facilities needed to perform the required services.

5. Establishment of continuing educational opportunities for staff personnel.
6. Participation in the review and evaluation of the quality and appropriateness of patient care.
 7. Preparation of all required reports.
8. Development of appropriate job description for additional staff personnel as they are available.
9. Insuring that routine maintenance and calibration of equipment is accomplished and properly documented.
10. Teaching audiometric techniques to medical students and housestaff.
11. Participation in multidisciplinary teaching conferences.

e. **Staffing**

Supervision:

All services will be provided by, or under the direction of, an audiologist who meets the qualifications specified above.

Under the direct supervision of a qualified audiologist, audiology services may be provided by an individual who has completed the academic requirements in audiology and is in the process of obtaining the required professional experience necessary for certification.

Audiologists will be provided from the UCSF Audiology Department per the University contract.

The Chief, Department of Otolaryngology - Head & Neck Surgery or his/her designee will be available during the hours which audiology services are provided to provide professional consultation as required by the audiologist.

f. **Equipment and Supplies**

At least the following equipment shall be provided:

Audiometers:

1. One clinical audiometer
2. Immittance audiometer

Additional Diagnostic Tests and Materials:

1. Appropriate toys for play audiometry
2. Loud speakers
3. An otoscope
4. Tape deck

Calibration:

All audiometers will be calibrated to ANSI standards two times a year by an outside contractor. A record of calibrations will be kept in the audiometric test suite.

g. **Physical Plant**

1. Audiologic evaluations will be conducted in an audiometric test suite, which meets ANSI standards for reduction of background noise.

2. The room will be large enough for sound field-testing and be equipped with two speakers.
3. The audiometric test suite will be accessible by wheelchair.
4. Counseling and treatment areas will be provided adjacent to the audiometric test suite by request to the clinic nurse.

h. **Services Provided**

Audiologic services will be provided for total age range population from children to geriatric patients. Specialty consultation for infants and special tests are available at UCSF. Audiologic evaluations appropriate to rule out, establish, or monitor the type and degree of auditory dysfunction in a wide variety of pathologies and conditions will be available. These will include but not be limited to:

1. Pathologies of the auditory system
2. Exposure to ototoxic drugs
3. Exposure to loud noise
4. Head trauma
5. Delayed language development
6. Vertigo of unknown etiology
7. Prenatal, perinatal and neonatal high risk factors

Comprehensive audiologic services will be administered to establish a patient's hearing threshold, to monitor a patient's hearing level, to assist in the identification of site of lesion of hearing loss, to assess communication abilities and disabilities, and to indicate potential benefit from surgery, use of a hearing aid and aural rehabilitation.

i. **Basic Audiometry:**

Baseline or monitoring audiologic evaluations must include but are not limited to the following:

1. Air conduction pure tone audiometry
2. Bone conduction pure tone audiometry

j. **Diagnostic Audiometry:**

Diagnostic audiology evaluations must include, but are not limited to the following:

1. Air and bone conduction pure tone audiometry.
2. Speech reception thresholds
3. Speech discrimination scores.

Site of lesion audiologic evaluations must include but are not limited to the following:

1. Air and bone conduction pure tone audiometry
2. Speech reception thresholds
3. Speech discrimination scores including PB roll-over testing.
4. Immittance audiometry including acoustic reflex decay when possible.

k. **Additional Tests:**

Other audiologic tests may be performed at UCSF at the discretion of the audiologist or physician performing or supervising the test procedure to include:

1. ABR
2. ENG
3. Otoacoustic emissions.

l. **Hearing Aid Evaluations:**

Hearing aid evaluations and counseling are not provided.

m. **Aural Rehabilitation Services:**

1. Aurally disabled patients shall be referred to any appropriate source for aural rehabilitation services including auditory training, speech reading and hearing aid evaluation.
2. Counseling for parents of aurally disabled children shall be provided.

n. **High Risk Infants**

Screening for high-risk neonatal patients or infants will be provided by referral to the University of California, San Francisco, Department of Otolaryngology, for ABR audiometry.

o. **Case Management**

1. Patients seen for audiologic services may be referred by a physician or outside referral agency.
3. Audiometric test results will be recorded in the patient's medical record.
4. Notation will be made as to the audiologist's impression of the test results and any pertinent audiologic recommendations regarding necessity for further testing, need for amplification and/or aural rehabilitation services.
5. In addition to chart notes, copies of audiometric test results and recommendations will be sent to all outside referring physicians and agencies.

p. **Case Responsibility:**

1. Following audiologic evaluation, the patient will be returned to the referring physician for follow-up and continued medical management.
2. The audiologist will assume primary responsibility for the patient only when the referring physician requests that the audiologist assumes responsibility for a patient whose primary need is amplification and/or aural rehabilitation.
3. Patients for whom the audiologist has assumed primary responsibility will be referred back to his physician for consultation if significant changes are noted in auditory or vestibular status.

3. **OTOLARYNGOLOGY CLINIC**

a. **Objectives**

To establish guidelines for the safe and effective diagnosis and outpatient treatment of otolaryngologic conditions.

b. **General Requirements**

The otolaryngology clinic will be organized and run in the 4J clinic area. Rooms 1 and 6 are equipped with an operating microscope to use for otologic clinic procedures. All rooms have adequate lighting to be used for diagnosis and otolaryngology procedures as itemized in the protocol for the otolaryngology treatment room.

c. **Personnel**

1. DEPARTMENTAL CHIEF: Responsible for the overall management of the physician staff of the otolaryngology clinic. Responsible for setting policy for management of the clinic in consultation with the Nurse Manager.
2. NURSE MANAGER, 4J CLINIC: Responsible for the overall supervision of the nursing staff of the otolaryngology clinic.
3. SENIOR RESIDENT: Responsible for the coordination of resident attendance and resident and medical student teaching in the otolaryngology clinic.
4. JUNIOR RESIDENT/MEDICAL STUDENT: Patient Care as directed by the senior resident.
5. NURSE PRACTITIONER(S) and/or PHYSICIAN ASSISTANT(S): Responsible for e-referral as needed and other clinical duties as approved by ZSFG Affiliated Professional Staff Standardized Procedures and Protocols.
6. CLINICAL NURSE: Responsible for effective operation of the clinic as indicated below.
7. LICENSED VOCATIONAL NURSE/MEA: Responsibilities as listed below.
8. CLERICAL PERSONNEL: Responsible for making appointments and registering patients into the clinic.

d. **Schedule**

The Otolaryngology Clinic will run on the following schedule:

Monday:	8:15a.m. -5:00 p.m.
Tuesday:	No formal clinic
Wednesday:	8:15a.m.- 5:00 p.m.
Thursday:	8:15-12:00p.m.
Friday:	1:00 - 5:00 p.m.

e. **Appointments**

Patients may be referred by the emergency room or by other clinic/hospital physicians. Patients may also be scheduled in response to e-referral.

f. **Patient Visits**

Patients will be classified into the following categories:

1. NEW PATIENTS: These patients will routinely be scheduled for appointment time slots as indicated by templates approved by the OHNS chief of service.
2. FOLLOW-UP PATIENTS: These patients will routinely be scheduled as above.

3. DROP-IN PATIENTS: These patients do not have previous appointments that have been cleared by the clinic nurse or physicians. These patients will be seen after scheduled patients unless earlier evaluation is required for their condition.
4. INPATIENT CONSULTATIONS: These patients will be scheduled as acuity dictates.
5. OTOLARYNGOLOGY INPATIENTS: These patients will be seen, as required, when treatment requires use of clinic facilities.
 6. AFTER HOURS CONSULTATIONS: Clinic rooms will be available for resident and attending evaluation of patients who are seen after normal clinic hours. Only patients who require specific equipment and facilities of the otolaryngology clinic should be seen in these areas.

G. Patient Processing

1. REGISTRATION: All patients will register per the current hospital policy.
2. ORDER OF PATIENT TREATMENT: Patients will be seen in the order of their arrival and based upon appointment time. This may be altered in the event of conditions requiring urgent treatment.
3. LAB AND X-RAY DATA: Prior to the patient being seen, the nursing staff will review the patient's record from the previous visit and ensure that laboratory and x-ray data previously ordered are available for review by the physician. He/she will attempt to locate these results if they are not in the electronic medical record.
4. HEAD AND NECK EXAM: On initial evaluation, patients will have a complete otolaryngology exam. The completeness of the exam will be modified as indicated on subsequent visits.
5. CLINICAL RECORDS: Providers will complete the outpatient clinical record immediately after seeing the patient. All outpatient encounters will be documented medical record system.
The face sheet will be completed by the provider prior to patient departure and the MEA will schedule other appointments and return visits.
6. AUDIOMETRIC EXAMS: Audiometric exams will be scheduled as outlined in the chapter on Audiology in the Clinical Service's Policy and Procedure Manual.

UCSF

University of California
San Francisco



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Otolaryngology-Head and Neck Surgery Service Report

Zuckerberg San Francisco General Hospital and
Trauma Center

Megan Durr, MD

Chief of Otolaryngology-Head and Neck Surgery, ZSFG

6/10/2024



Departmental Personnel and Structure



UCSF Departmental Structure

- Andrew Murr, MD, Chair
- Head and Neck and Skull Base Surgery
 - Patrick Ha, MD
 - Ivan El-Sayed, MD
 - William Ryan, MD
 - Chase Heaton, MD
 - Jonathon George, MD
 - Mary Jue Xu, MD
 - Trina Sheedy, PA
 - Zainab Farzal, MD (fellow)
- Otolaryngology/Neurotology
 - Charles Limb, MD
 - Steven Cheung, MD
 - Aaron Tward, MD
 - Jeffrey Sharon, MD
 - Song Cheng, BM, BCh
- Laryngology and Voice Disorders
 - Clark Rosen, MD
 - VyVy Young, MD
 - Yue Ma, MD
 - Tyler Crosby, MD
 - Ian Bowers, DO (fellow)

■ Facial Plastic and Reconstructive Surgery

- Daniel Knott, MD
- Chase Heaton, MD
- Andrea Park, MD
- Elaine Bigelow, MD (fellow)

■ Pediatric Otolaryngology

- Kristina Rosbe, MD
- Anna Meyer, MD
- Dylan Chan, MD
- Garani Nadaraja, MD
- Joanne Czechowicz, MD
- Jordan Virbalas, MD
- Jacqueline Weinstein, MD
- Kimberly Luu, MD
- Lia Jacobson, MD
- Grace Banik, MD
- Steven Engebretsen, DO (fellow)

■ Rhinology/Sinus Surgery and General Otolaryngology

- Andrew N. Goldberg, MD
- Andrew H. Murr, MD
- Steven Pletcher, MD
- Jolie Chang, MD
- Patricia Loftus, MD
- Jose Gurrola, MD
- Anna Butrymowicz, MD
- Caroline Schlocker, MD

ZSFG Faculty and Residents

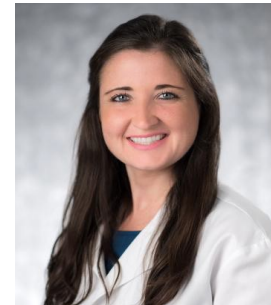


ZSFG OHNS Core Clinical Faculty



Megan Durr, MD, (0.6 FTE)

- General Otolaryngology
- Sleep Apnea/Snoring Surgery
- Facial Trauma Surgery



Patricia Loftus, MD, (0.5 FTE)

- Rhinology/Skull Base Surgery
- General Otolaryngology
- Facial Trauma Surgery



• Mary Xu, MD, (0.3 FTE)

- Head and Neck Oncologic Surgery
- Endocrine Surgery



Anna Butrymowicz, MD (0.15 FTE)

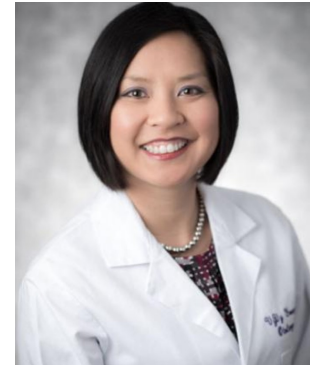
- General Otolaryngology
- Facial Trauma Surgery

ZSFG OHNS Core Clinical Faculty



Song Cheng, MD (0.08 FTE)

- Otolaryngology/Neurotology



VyVy Young, MD (0.05 FTE)

- Laryngology



Shauna Brodie, NP

- Director, Outpatient OHNS
4J Clinic Operations
- Cancer Care Coordination



Lori Ross, PA (start date 6/25/24)

- Outpatient OHNS 4J Clinic

UCSF OHNS Fellows, 2023-2024

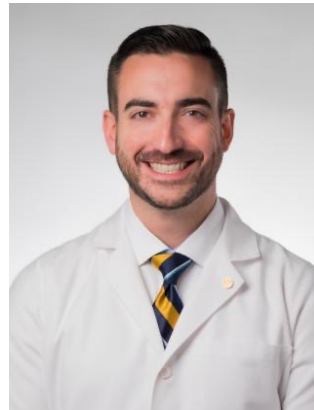
- Elaine Bigelow, MD

- Facial Plastic and Reconstructive Surgery



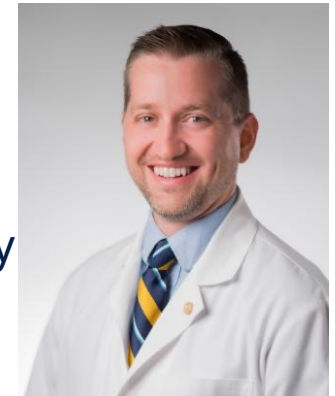
- Ian Bowers, MD

- Laryngology



- Steven Engebretsen, DO

- Pediatric Otolaryngology



- Zainab Farzal, MD

- Head and Neck Oncological Surgery



ZSFG OHNS Clinical Faculty

- Andrew Murr, MD, FACS

- Rhinology and Sinus Surgery
- General Otolaryngology
- Facial Trauma surgery



- Andrew Goldberg, MD, FACS, MSCE

- Rhinology, Sinus and Skull base surgery
- Facial Plastic Surgery
- General Otolaryngology
- Sleep Surgery
- Facial Trauma surgery



ZSFG OHNS Volunteer Faculty



Hilary Brodie, MD



Adrian House, MD



Jacob Johnson, MD



Gerald Kangelaris, MD



Andrea Yeung, MD

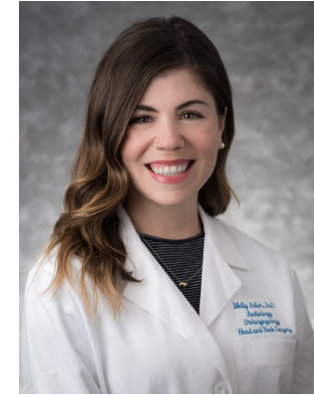
ZSFG Audiologists



Emily Kidwell, AuD



Pricilla Giler, AuD



Molly Adler, AuD



Kortney Bush, AuD



Audiology Resident
Coming Soon

ZSFG Administrative Staff

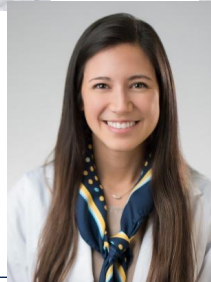
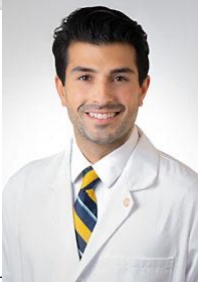
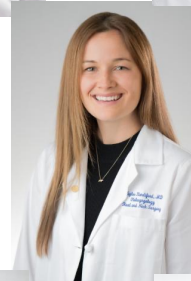
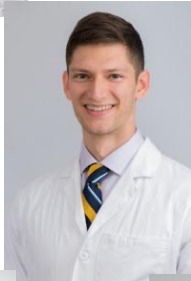
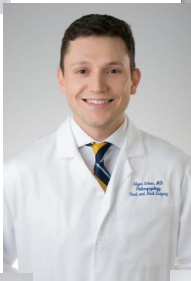
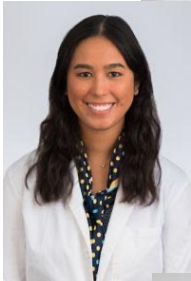
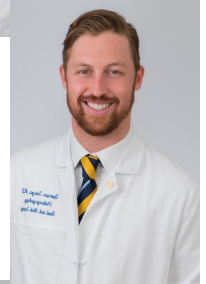
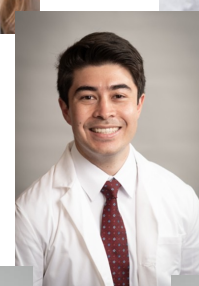
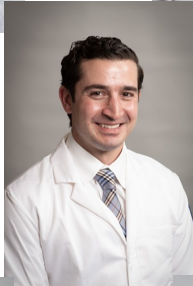
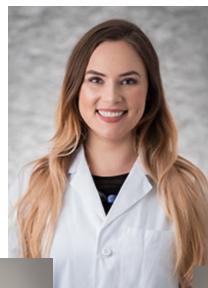
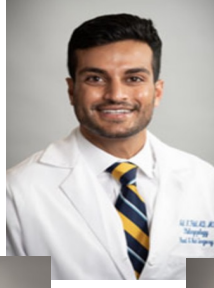


Lorel Hiramoto
Business Manager



Josephine Hermoso
Operations and Coding Analyst

UCSF OHNS Residents



UCSF OHNS Residents



ZSFG Resident Rotation

- 5 residents/year clinical training
- PGY-4
- PGY-3
- PGY-2



ZSFG Resident Rotation

- Broad clinical experience
 - Operating Room
 - Outpatient clinic
 - Consultative service (inpatient, ED, urgent care)
 - Emergent and elective services
 - Trauma
- Resident-facilitated service
 - PGY-4 chief resident
 - Hands-on management of service
 - Manage OR schedule
 - Resident assignments

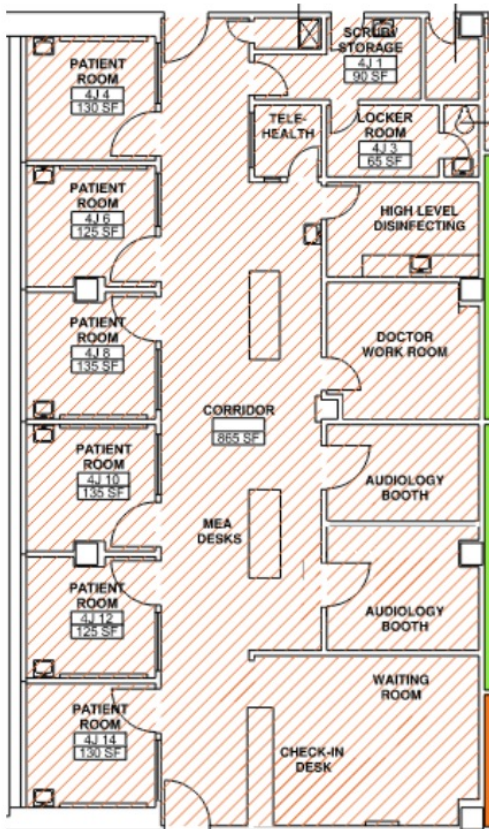


Clinical Service



Clinical Service – New 4J Clinic

Floor plan of new 4J clinic includes 6 exam rooms with MEA desks in the middle space. Along the opposite wall are 2 audiology booths, a provider workroom, and a private provider room for telehealth visits.



Center hallway of 4J (exam rooms along left)



Patient exam room in 4J



4J clinic staff

Clinical Scope of Service

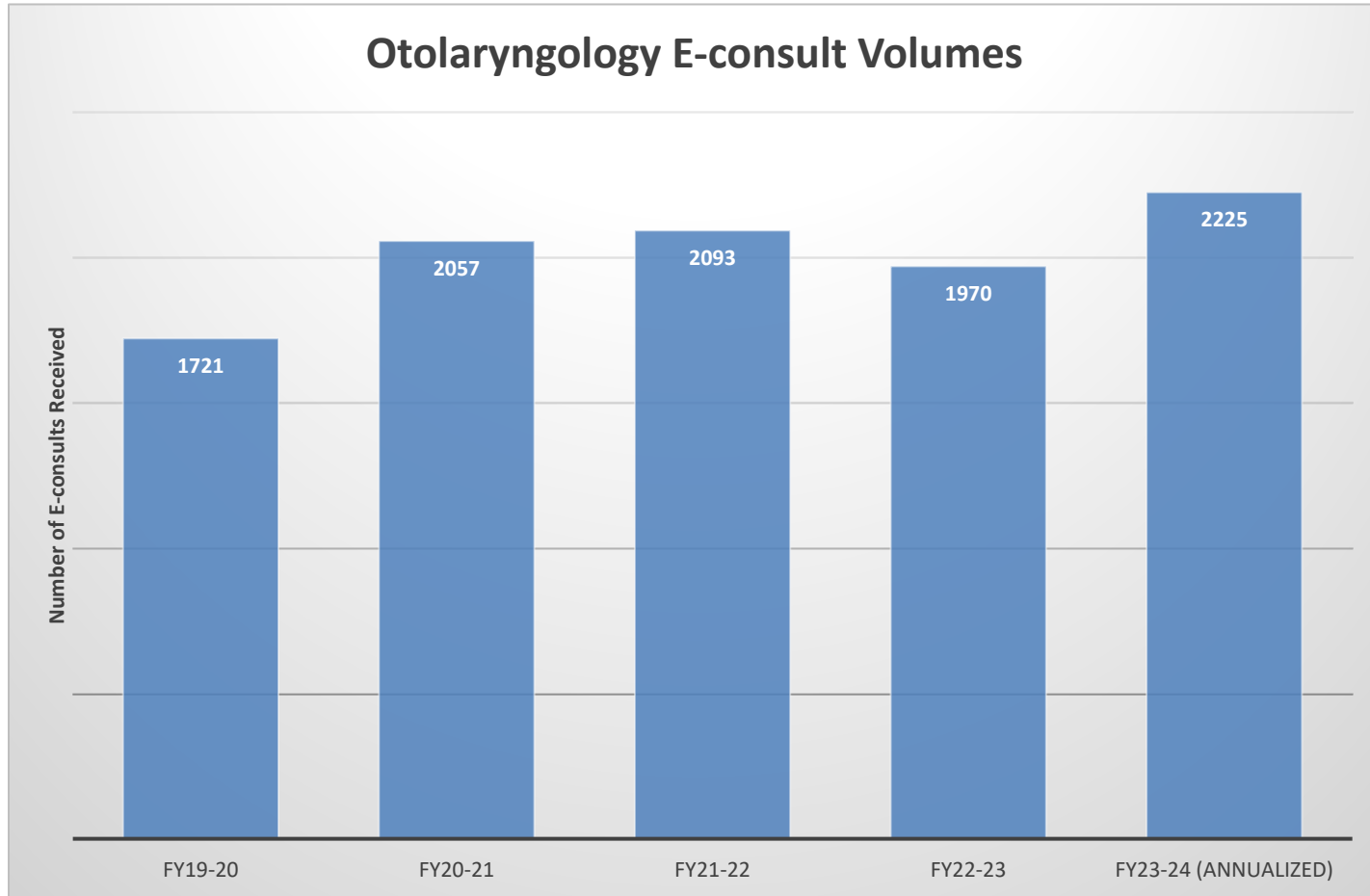
- Operating Room
- Inpatient service
- Outpatient clinic
- eConsult
- Inpatient consultation
- Emergency Department
- Urgent Care/PC consultation
- Laguna Honda Hospital



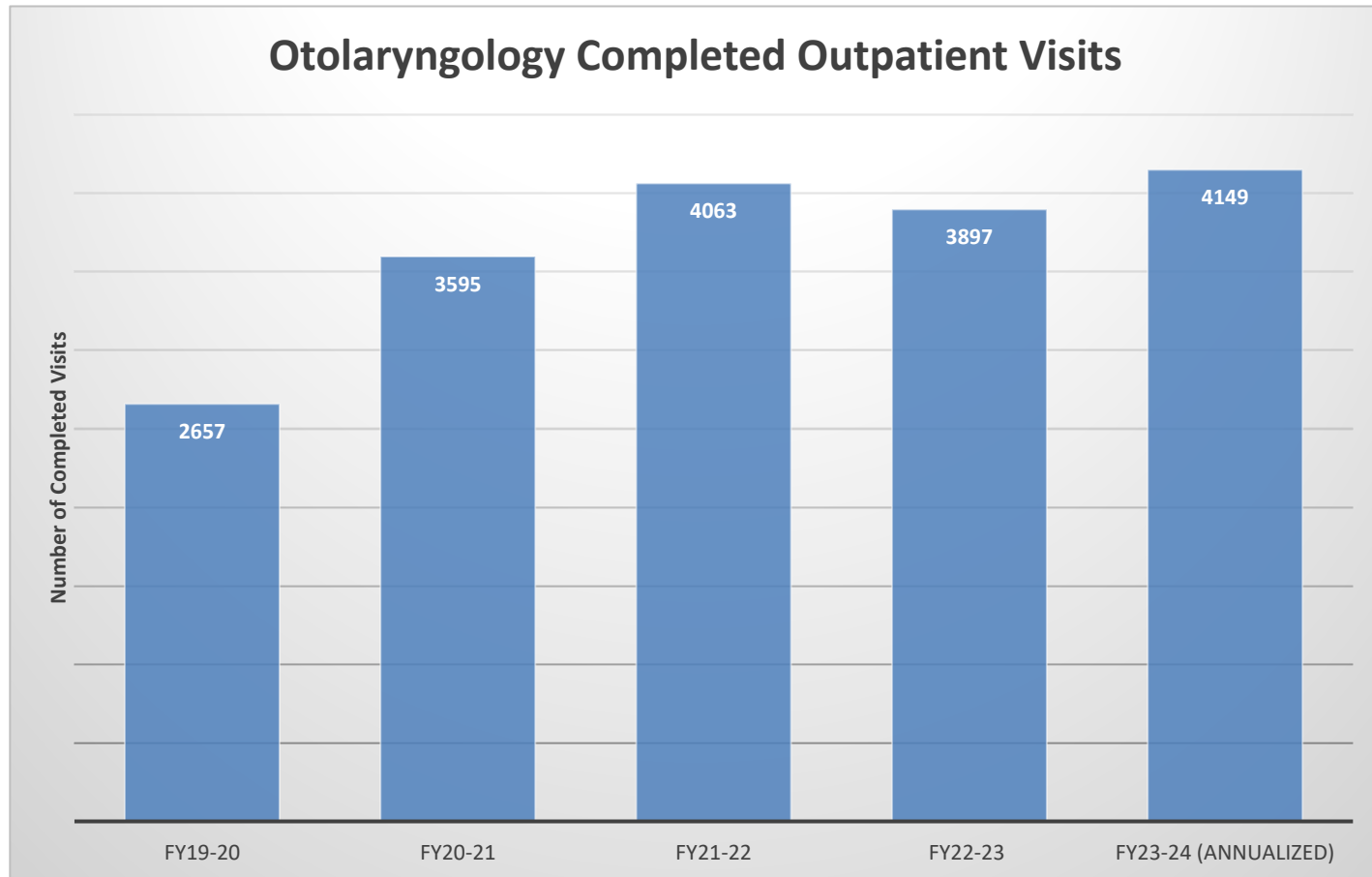
Clinical Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Clinic	OR	Clinic	OR and Procedure Clinic	OR and APP clinic
PM	Clinic	OR	Clinic	OR	Clinic

Clinical Volume: eConsult

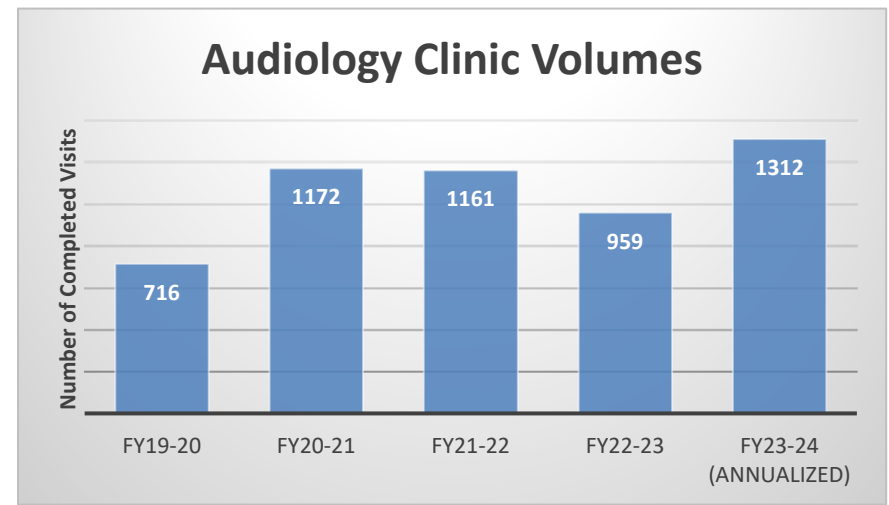
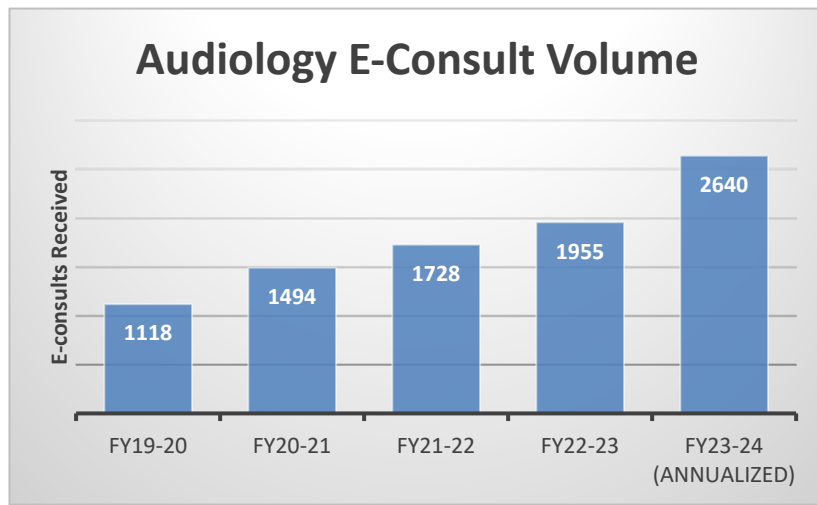


Clinical Volume: Ambulatory Visits

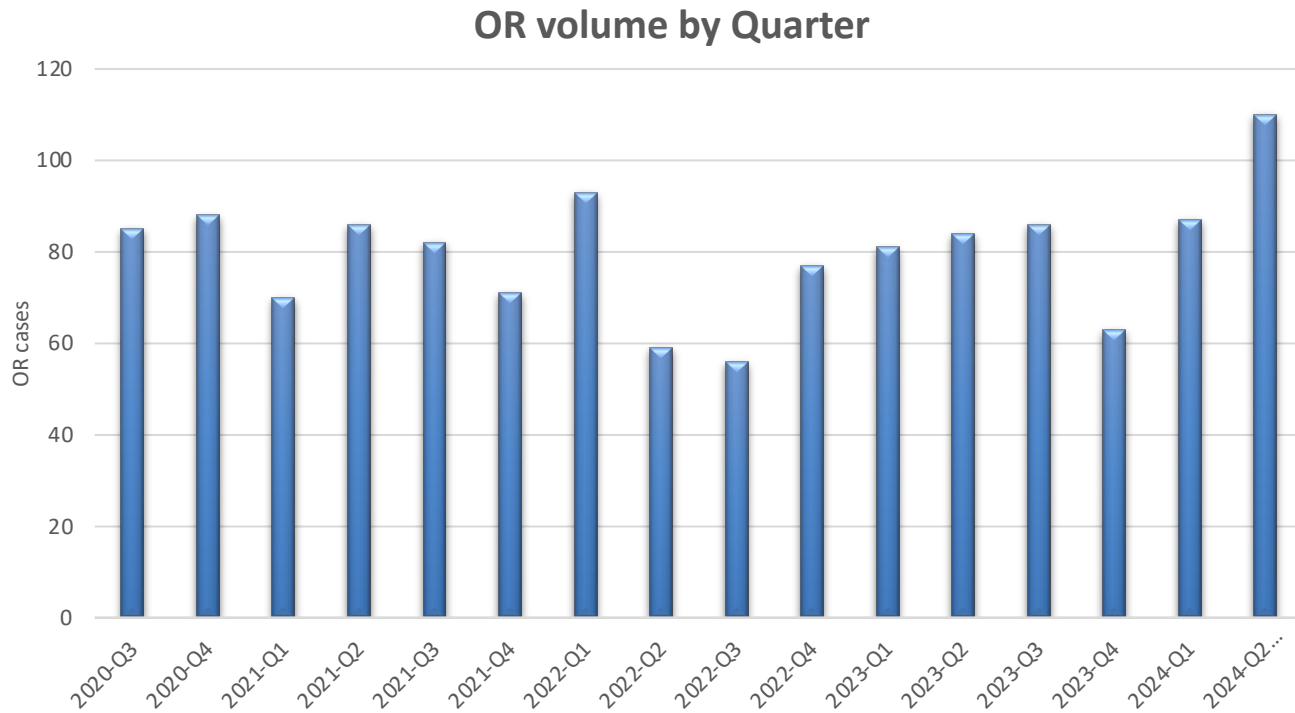


Audiology

- Contracted through UCSF Medical Center
- Management of the Audiology Department at ZSFG is under the direction of Payal Anand, AuD, Director.
- Full clinic schedule 5 days/week



OR Volume



ZSFG Call

- Resident Call
 - Overnight home call shared by 3 residents
 - Junior resident call backed by senior resident
 - Facial Trauma call every 3rd night
- Faculty call
 - 24/7/365
 - All adult UCSF OHNS faculty participate, including courtesy faculty



Performance Improvement and Patient Safety

Karla Pionowska-Hirschfeld, MD, Megan Durr, MD, Jose Herrera, RN, MSN, CNL

Background

- In 2015, emergency department presented nearly 1 million days' worth of opioids to Medicare beneficiaries.
- In some studies, as much as 75% of prescribed opiates were unused post-operatively after otolaryngologic surgery.
- Recent studies focusing on opioid prescriptions have shown that opioid prescriptions for otolaryngologic surgery are not associated with increased bleeding risk in the post-operative period and do result in increased use of opioids post-operatively.
- Empowering patient and provider education about multi-modal pain management can decrease the quantity of opiates prescribed and used after discharge and does not increase opioid post-operative pain scores.

Project Goals

We aimed to improve patient access to post-operative multimodal analgesics with the following target:

	Current	Target
Tylenol	21%	>50%
NSAIDs	15%	>25%
Opioids	55%	<25%

Additionally, we aimed to provide patients with standardized discharge pain medication instructions (CONSIDERATION) with goal of 60% of discharge patients receiving the new instructions.

PROBLEM STATEMENT: We aimed to decrease post-operative opiate use and improve access to multi-modal analgesics at discharge in patients undergoing otolaryngologic surgery.

80% more patients were prescribed Tylenol at discharge
Three times more patients (55%) received NSAIDs at discharge
25% fewer patients are now prescribed opioids at discharge

Project Plan and Interventions

- Created discharge checklist and working groups to review Medicare on-call analgesics to determine which procedures are safe for post-op NSAID use.
- Developed standardized discharge pain medication instructions with sample multimodal analgesic schedule and education for safe opioid use.
- Collected patient questionnaires before and after implementation of discharge instructions to determine patient satisfaction with instructions and trends in post-op opiate use.

Project Outcomes, Results & Impact

Decreases in Tylenol and NSAIDs Prescribed at Discharge

Decreases in Opioids Prescribed at Discharge

More patients prescribed opiates at discharge

Patients Reported More Control Post-Op

Patients satisfied with my pain control post-op

Patients satisfied with my written discharge instructions

Conclusions, Next Steps, & Lessons Learned

Conclusions

- Education provided about multi-modal analgesics via effectively with participating providers.
- Patients remain satisfied with post-op pain management despite decreased opioid prescriptions.

Next Steps

- Incorporate PAINDEFINITION into our patient and caregiver discharge instructions for more suboptimal use.
- Consider translating the discharge instructions into other languages.

Lessons Learned

- Proactive departmental review of data analysis of post-op outcomes and PAINDEFINITION led to a successful trial in identifying additional targets to improve quality of care.
- Our metrics have the "Follow Surgical Discharge Data" Prescription Dashboard can help inform differences in quality improvement measurement.

Residents & Fellow Leading Interprofessional Continuous Improvement Teams (REFLECT)
 UCSF Health Improvement Symposium 2024

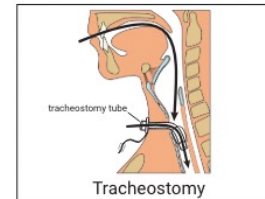


Emergency Airway Access Form

Patient Name: _____
 DOB: _____
 MRN: _____

This form is to be completed by a provider / surgeon for all patients with a surgical airway or having laryngectomy or tracheostomy procedures.

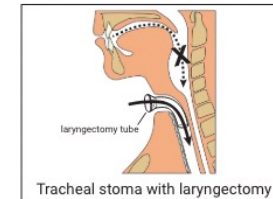
Upper airway connection to trachea IS patent
 check



Ventilation is possible by upper airway (nose/mouth) OR tracheostomy.

1. Current tracheostomy: # _____
2. Date of Surgery: ___/___/___
3. If requires direct intubation of stoma:
 Trach tube: # _____
 ETT: # _____

Upper airway connection to trachea IS NOT patent
 check



Ventilation is possible **ONLY** through tracheal stoma (CANNOT INTUBATE from above)

1. Current airway: _____
2. Date of Surgery: ___/___/___
3. If requires direct intubation of stoma:
 Trach tube: # _____
 ETT: # _____

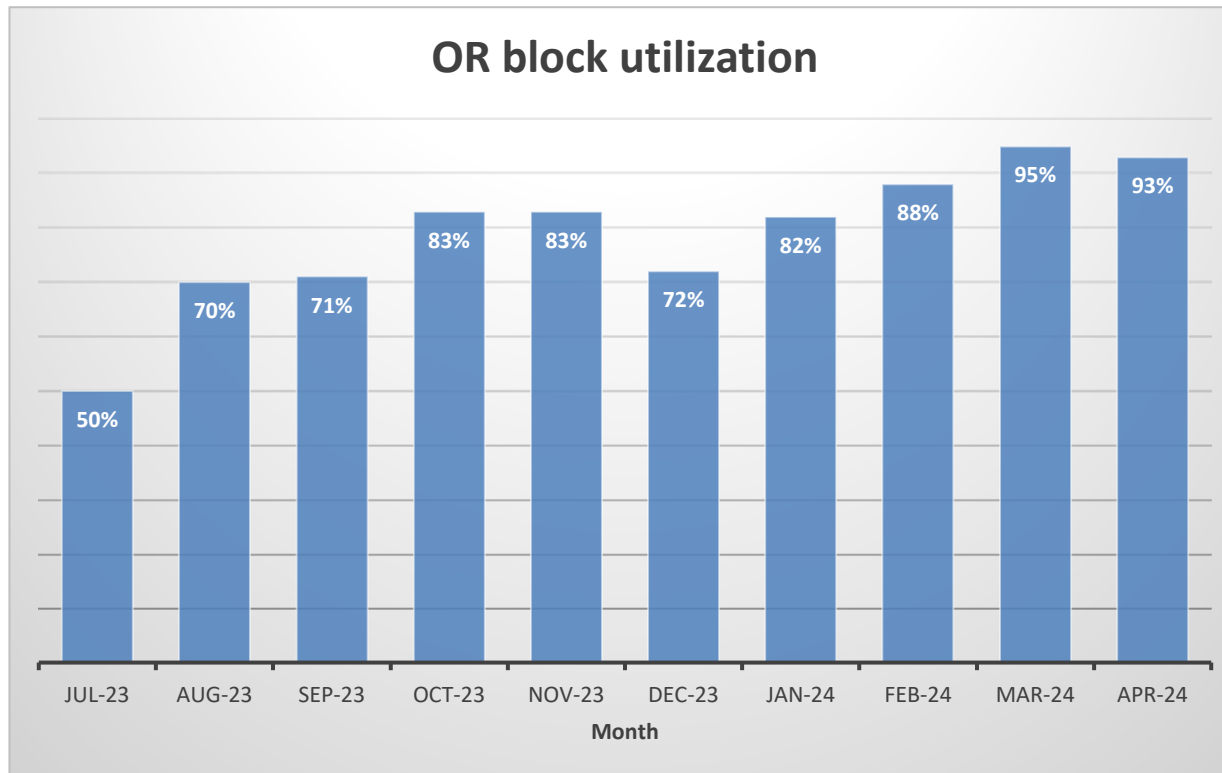
Special Instructions:
 (stay sutures, Bjork flap, notable anatomical features)

First tracheostomy change completed Date: ___/___/___

Surgery Team: _____ Pager / Phone #: _____

Form completed by:
 Name: _____ CHN#: _____ Date: ___/___/___

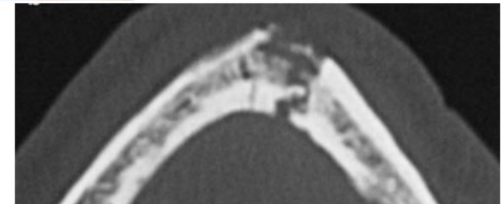
OR Block Utilization



Integrating Dental Preventative Care into ENT cancer surveillance

Why does dental care for head and neck cancer patients matter?

- Radiation therapy →
 - 90% dry mouth
 - 50% dental decay
 - 15% osteoradionecrosis



Integrating Dental Preventative Care into ENT cancer surveillance



National
Comprehensive
Cancer
Network®

NCCN Guidelines Version 4.2024
Head and Neck Cancers

PRINCIPLES OF ORAL/DENTAL EVALUATION AND MANAGEMENT^{1,2}

- ◇ **High potency topical fluoride – continue long term after therapy**
 - **Daily 1.1% NaF gel or SNF₂ gel, brush on or in custom dental trays; or**
 - **Daily 1.1% NaF dentifrice; or**
 - **Fluoride varnish application, three times per year; or**
 - **Calcium phosphate artificial saliva rinse**
- ◇ **Regular frequent dental evaluations to detect dental disease**

GREATER BAY AREA

Dentists who see
Medi-Cal patients

3%

Integrating Dental Preventative Care into ENT cancer surveillance



Grant funding from MZHF

Assess baseline knowledge and access to dental care in HNC patients

Apply fluoride varnish in clinic at routine visits associated with patient educational material

Partner with Dental School to assess dental outcomes

Performance Improvement: Administrative Service

- Megan Durr, MD
 - CPG Clinical Operations, Metrics and Performance (COMP) committee
 - Operating Room Committee
 - Block Time Committee
 - Ambulatory Care Committee
 - Medical Executive Committee
- Patricia Loftus MD and Andrew Goldberg, MD
 - Operating Room Committee
 - Block Time Committee
- Shauna Brodie, CRNP and Mary Jue Xue, MD
 - ZSFG Cancer Committee
- Andrew Murr, MD
 - UCSF Dean's Office, Chairs and Directors

Education



Education

- OHNS Residency Program
- 140.01C MS IV elective in Otolaryngology
- 140.05 MS III elective in Otolaryngology
- MS I OR Assist elective
- Anesthesia resident scope training
- ZSFG Primary Care lecture series
- LHH staff education
- ZSFG Respiratory Care services outreach
- UCSF CME courses

ZSFG Resident Education

■ Educational Conferences

- Daily service rounds with attending at ZSFG
- Weekly resident-directed educational conference (UCSF)
- Weekly faculty-run didactic session (UCSF)
- Weekly head and neck tumor board (UCSF and ZSFG)
- Weekly departmental Grand Rounds (UCSF)
 - M&M
 - Invited guests



ZSFG Resident Education

■ Simulation

- Microvascular Free Flap Lab
- Ultrasound Training Course
- Rhinology/Skull Base Lab
- Temporal Bone Lab
- Temporal Bone Simulation



ZSFG Resident Education

- Leadership Training Curriculum

Leadership Styles

Difficult Conversations

Public Speaking



Resident Wellness



Faculty Wellness – Faculty Dinners

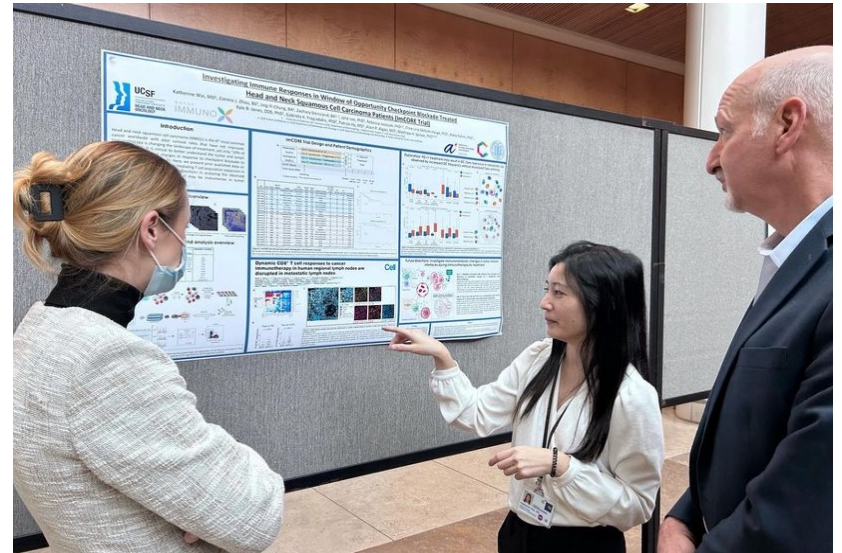
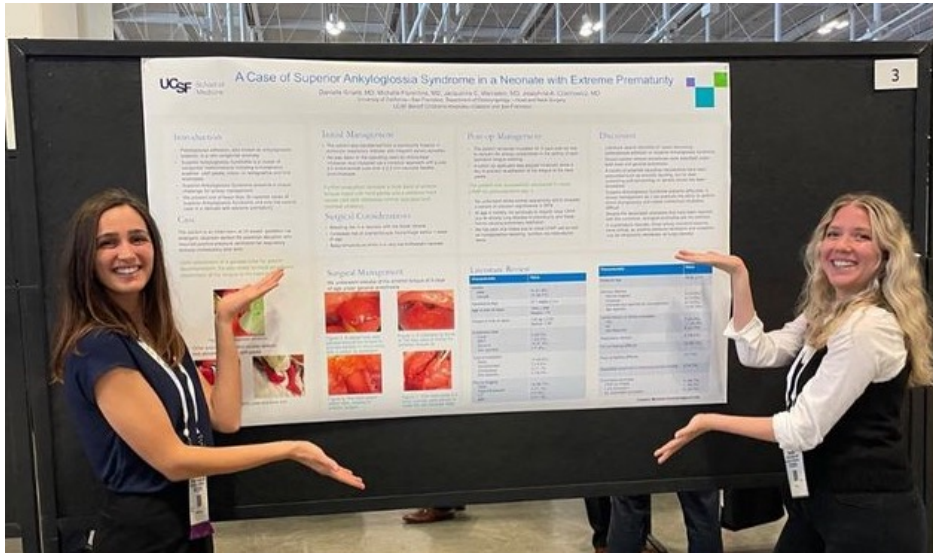


Department Wellness and Educational Events

- Inaugural event was a half-day relationship centered communication event
- Staff education
- Future projects include patient education and post-op instructions



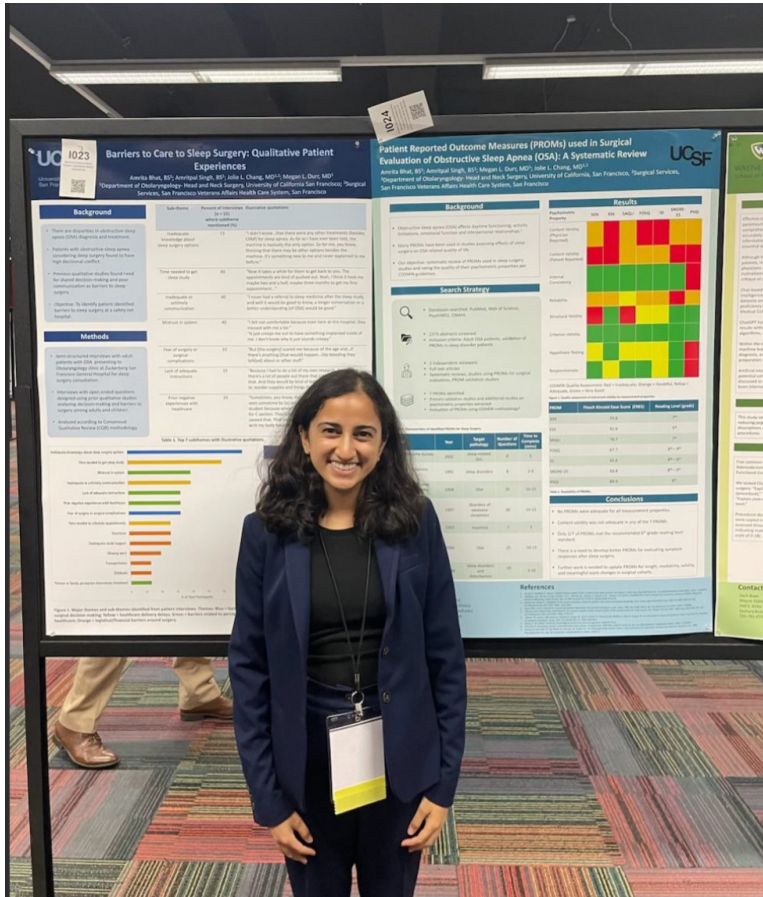
Research



Pride Hall



Research



Barriers to Care to Sleep Surgery: Qualitative Patient Experiences

Amrita Bhat, BS¹; Amritpal Singh, BS¹; Jolie L. Chang, MD^{1,2}; Megan L. Durr, MD¹

¹Department of Otolaryngology Head and Neck Surgery, University of California San Francisco;
²Surgery Service, Department of Veterans Affairs Medical Center, San Francisco, California

Perspectives on Barriers to Care for Obstructive Sleep Apnea and Positive Airway Pressure Alternatives

Michelle Florentine, MD, Arushi Gulati, MD, Jolie Chang, MD, Megan Durr, MD

Hearing, Balance, Olfactory Changes in Mild TBI





Sultan Al Azzawi,
Dr. Megan Durr, Dr. Steven Cheung, Dr. Jolie Chang
School of Medicine, University of California, San Francisco, CA

Amrita Bhat: First ever year-long OHNS research fellow funded by ZSFG

Key Recent ZSFG OHNS Publications

The Laryngoscope
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Rhinological and Otological Society, Inc.

Sociodemographic and Healthcare System Barriers to PAP Alternatives for Adult OSA: A Scoping Review

Amritpal Singh, BS ; Amrita Bhat, BS; Jasmeet Saroya, BS ; Jolie Chang, MD ; Megan L. Durr, MD 

State of the Art Review

Leadership Training Curriculum for Otolaryngology–Head and Neck Surgery Residents: A Scoping Review

Taylor C. Standiford, MD^{1*} , Yasmin Eltawil, BS^{2*} , Megan L. Durr, MD³ , Steven D. Pletcher, MD¹ , and Jolie L. Chang, MD⁴ 

JAMA Otolaryngology–Head & Neck Surgery | Original Investigation

The Global Otolaryngology–Head and Neck Surgery Workforce

Beatriz Petrucci, MD, Samuel Okerosi, MBChB, MMed; Rohiv H. Patterson, MD, MPH; Sara B. Hobday, MD; Valerie Salano, MBChB, MMed; Christopher J. Waterworth, Dip Aud; Robert M. Brody, MD; Holly Sprow, MD; Blake C. Alkire, MD, MPH; Johannes J. Fagan, MBChB, MMed; FCS; Sharon Ovnat Tamir, MD; Carolina Dier, MD, PhD; Mahmood F. Blutta, DPhil; Ivy W. Maina, MD; Jonathan C. Pang, BA; Davina Daudu, MD, BSc; Allan G. Mukuzi, MBChB; Tarika Srinivasan, BA, BA; Carolina A. Pietrobbon; Sheng-Po Hao, MD, FICS; Doreen Nakku, MBChB, MMed; Amina Seguya, MBChB, MMed; Taseer F. Din, MBChB, MMed; FCORL; Olga Dpoutsoy Mbovogo, MD; Lilian W. Mokoh, MMed; Farzeesh Jashiek-Ahmed, MBBS; Tyler J. Law, MD; Elizabeth A. Holt, PhD, MPH, BHS; Ali Haider Bangesh, MBBS; Yikali Zemene, MD; Tirus S. Ibeikwe, MD; Omar Raphiou Diallo, MD; Jaqueline Alvarado, MD; Wakisa K. Mulwafu, FCORL, PhD; John E. Ferron, MCh, ORL-HNS; Adrian M. Agus, MD, PhD, FRCS (Ed); MMedSc(Bham); Pavel Dolezal, MD, PhD; Édouard Amara Mudeherez, MMed; Karen M. Mojica, MD; Ricardo Silva Rueda, MD; Mary Jue Xu, MD

Systematic Review/Meta-analysis—Issues in Research

Representation of Race and Sex in Sleep Surgery Studies

Peter Debbaneh, MD¹ , Kimberly Ramirez², Nikolas Block-Wheeler, MD, MS¹, and Megan Durr, MD¹

Utility of telephone visits at an urban safety-net hospital during 2020: A retrospective review

Eric K. Kim BA¹  | Joseph Kidane BS¹  | Shauna Brodie RN, MS, FNP² | Delphine S. Tuot MDCM, MAS^{3,4} | Jeffrey D. Sharon MD²



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Head and Neck Surgery
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DOI: 10.1177/01945998221088759
http://otojournal.org
SAGE

Original Research

Gaps in Treatment and Surveillance: Head and Neck Cancer Care in a Safety-Net Hospital

Karina Yu, MD¹, Marisa Westbrook, MPH², Shauna Brodie, RN, MS, FNP³, Sarah Lisker^{4,5}, Eric Vittinghoff, PhD⁶, Vivian Hua⁷, Marika Russell, MD³, and Urmimala Sarkar, MD, MPH^{4,5}

STUDY PROTOCOL

Open Access

Customized registry tool for tracking adherence to clinical guidelines for head and neck cancers: protocol for a pilot study

Matthew D. Hickey¹, Sarah Lisker^{1,2}, Shauna Brodie³, Eric Vittinghoff¹, Marika D. Russell³ and Urmimala Sarkar^{1,2*} 

Original Study

Dizziness After Traumatic Brain Injury: A Prospective TRACK-TBI Analysis of Risk Factors, Quality of Life, and Neurocognitive Effects

*Ricky Chae, †Jason Barber, †‡Nancy R. Temkin, *Jeffrey D. Sharon, and the TRACK-TBI Investigators

HEAD AND NECK CANCER

Human Papillomavirus–Associated Head and Neck Malignancies in Sub-Saharan Africa: A Systematic Review

Samuel Okerosi, MBChB, MMed¹; Lillian Wairimu Mokoh, MBChB, MMed²; Fidel Rubagumya, MD, MMed^{3,4}; Brandon Asuman Niyibizi, BPharm⁵; Aslam Nkya, MD, MMed⁶; Katherine Van Loon, MD, MPH^{6,7}; Geoffrey Buckle MD, MPH^{6,7}; Stephen Bent, MD⁶; Patrick Ha, MD^{7,8}; Johannes J. Fagan, MBChB, FCS, MMed⁹; Dianna Ng, MD¹⁰; Joyce Aswani, MMed¹¹; and Mary Jue Xu, MD^{7,8}



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SAGE



Community Outreach



Chinatown events – smoking cessation presentation

Chinatown Community Outreach Events

Chinatown events - head and neck cancer and smoking cessation talk

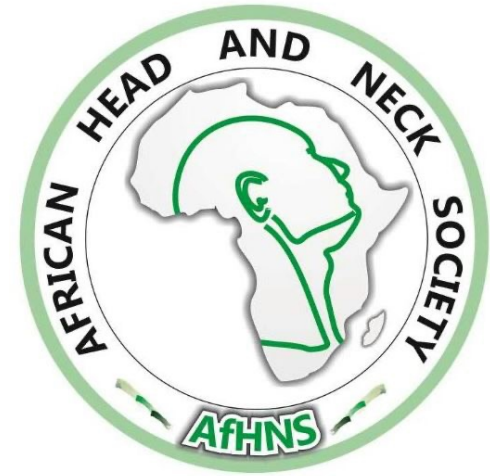


Chinatown Community Outreach Events

Chinatown community health fair – head and neck cancer screening event



Global Health

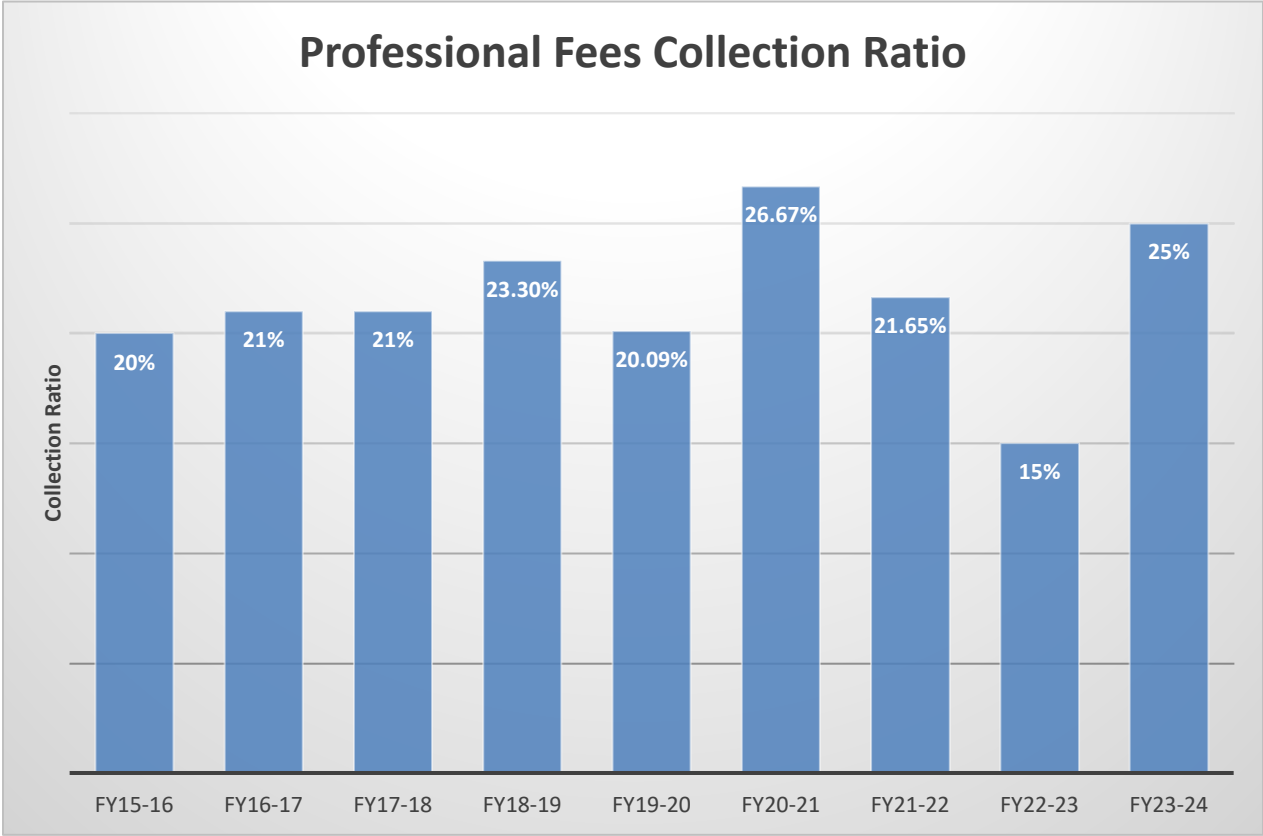


Finances

Professional Fee Collections

OHNS Professional Fee Collections	
2017-18	\$341,971
2018-19	353,512
2019-20	345,280
2020-21	419,577
2021-22	395,380
2022-23	338,748
2023-2024 (9 months)	335,236
2023-2024 (12 month estimate, ~32% increase from previous year)	446,981

Professional Fee Collection Ratio



OHNS Revenue, FY 23-24

■ Laguna Honda Hospital Contract	\$28,013
■ Pro Fee Collections	\$335,236 (9 months)
■ Mng Care Capitated Payment	\$38,237 (mid-year only)
■ PIP/SURF payments	\$113,090 (9 months)

Total (non-affiliation revenue)	\$514,576 (9 months)
■ Affiliation Agreement	\$1,492,000

Grand Total (with affiliation revenue) \$2,006,576 (9 months)

Affiliation Agreement

Clinical staffing: 3.95 FTE

- Faculty 1.95

- APP 2.0



Strengths

- People
- Mission-driven service; committed to ZSFG True North Metrics
- Strong resident program with ample educational activities
- Stable clinical enterprise with new space allocation
- Financially lean operation and staffing model

Challenges

- Meeting clinic demand (OHNS and audiology)
- OR block time remains below pre-covid baseline
- Outfitting new clinic with appropriate equipment to optimize usage of the space
- Outfitting and staffing second audiology booth in new clinic

Future

- Improve access to clinic and OR
- Continue to grow research enterprise
- Gender-affirming facial surgery at ZSFG
- Improve access to sub-specialists



Thank you!

