

# ZSFG JOINT CONFERENCE COMMITTEE MEETING

July 28, 2025

# MEDICAL STAFF Report

## Contents:

1. Chief Staff Report
2. Chief of Staff Action List
  - a. Pediatrics Rules and Regulations and Service Report
  - b. Revised Psychiatry Standardized Procedures
  - c. Revised Neurology Standardized Procedures
  - d. Revised Pediatrics Urgent Care RN Standardized Procedures
  - e. Revised Psychiatry Emergency Services (PES) RN Standardized Procedures

**ZSFG CHIEF OF STAFF ACTION ITEMS**  
**Presented to the JCC-ZSFG July28, 2025**  
**July 2025 MEC Meetings**

**Clinical Service Report and Rules and Regulations:**

1. Pediatric Rules and Regulations and Service Report

**Credentials Committee:**

1. Revised Psychiatry Standardized Procedures
2. Revised Neurology Standardized Procedures
3. Revised Pediatrics Urgent Care RN Standardized Procedures
4. Revised Psychiatry Emergency Services (PES) RN Standardized Procedures

**ZSFG CHIEF OF STAFF REPORT**  
**Presented to the JCC-ZSFG on July 28, 2025**  
**July 2025 MEC Meetings**

**PEDIATRICS CLINICAL SERVICE REPORTS: Shonul Jain, MD**  
**The highlights of the Pediatric service report are as follows:**

**I. Vision and Mission**

ZSFG Pediatrics aims to enhance the health and well-being of children, youth, and families in San Francisco through exceptional holistic and innovative clinical care, unique educational programs, and strong community partnerships. The Pediatrics mission is to integrate anti-racism, community partnership, cultural humility, health equity, and social justice into their roles. They aim to provide compassionate, trauma-informed care, train learners, optimize health through scholarship, and advocate for systemic anti-racism to promote healthy living.

**II. Scope of Clinical Service-**Clinical programs are divided into three main service areas: inpatient hospitalist services, the Infant Care Center (including well-baby and NICU), and ambulatory care operations in the Children's Health Center. The pediatric service provides demographic data on yearly admissions, highlighting that most pediatric patients are admitted to the pediatric service. Additionally, some patients are admitted to trauma surgery, neurosurgery, and other surgical services. Admissions data also shows seasonal spikes around back-to-school time and there was a notable decrease in winter admissions.

Inpatient Ward/Hospitalist Service- The Pediatric Unit (H26) provides basic medical-surgical level care. The staff is trained in higher-level respiratory capabilities to manage conditions like asthma and bronchiolitis and other upper respiratory. Adolescents over 12 may be admitted to the adult Med-Surg unit. Their main gap is an inpatient mental health services support due to a lack of dedicated pediatric psychiatrist. Efforts are underway to improve critical care support for critically ill pediatric trauma patients, with collaboration from multidisciplinary departments. Future initiatives included collaborating with SICU, trauma, and neurosurgery on early transfer of critically ill trauma patients and incorporating hospitalist fellows into inpatient services.

Infant Care Center is a community Level III neonatal ICU with capacity of 12 Level III NICU beds, 1 isolation room, 5 well baby beds plus 14 dyad rooms (postpartum unit). Challenges includes increasing census, particularly substance-exposed infants. To address high census and diversions, they are piloting a separation of NICU and Newborn services into two distinct attending services, starting July. This initiative aims to improve patient flow and discharge processes. Recently, ZSFG has achieved the prestigious international Baby-Friendly designation. This distinguished honor demonstrates that ZSFG is committed to providing world-class care to all birthing people.

Ambulatory Services- The Children's Health Center (CHC) serves as the pediatric hub for ambulatory pediatric care. Ambulatory pediatric care continues to serve a portion of non-CHC patients, with approximately 10% in primary care, 39% in urgent care, and 31% in specialty care. Primary, urgent care, and specialty care are co-located under a single hospital unit, promoting comprehensive care innovation at every visit. The primary care highlights include an open scheduling system that has resulted in improved access for patients and a lower no-show rate. The Honeycomb Clinic, launched a year ago, is a race-concordant care clinic systematically designed to address healthcare disparities. The implementation of immunization services through a pediatric urgent care clinic has significantly increased citywide immunization rates by 10%. Space and resource constraints remain a challenge, but improvements are expected with upcoming renovations.

**III. Faculty and Staff-** ZSFG Pediatrics consists of 33 core faculty members and associated faculty, including Mission Bay Pediatric Sub-specialties, who significantly contribute to clinical work. The team collaborates with professionals from various departments, fostering strong partnerships. Volunteer clinical faculty, MSP physicians, and nurse practitioners, primarily on the DPH side, are integral to the core faculty. The leadership team includes Shonul Jain, MD who serves as the Chief of Service, Vice Chief of Clinical Services and Pediatric Inpatient Unit, and Vice Chief of Strategy and Partnership, along with medical directors and the Director of Pediatric GME. In 2025, faculty received the ZSFG Foundation Community Hearts and Heroes Award and the GME Excellence and Innovation Award.

**IV. Education:** The Pediatric provides a robust educational program. There is about 8-10 medical students rotating per month. ZSFG is one of three sites for the pediatrics residency program, with 90 pediatric residents rotating annually through various departments. Currently, pediatric fellows work in outpatient neurology, cardiology, dermatology, and teen/family planning clinics. There are ongoing efforts to incorporate more pediatric fellows into ZSFG clinical work, both inpatient (neonatology, hospitalist) and outpatient (expanded subspecialty clinics).

**V. Performance Improvement Patient Safety (PIPS) -**The Pediatrics Service features a comprehensive PIPS program. The Nursery Quality Improvement Projects include the AAP Maternal Infant Health Opioid Use Virtual Learning Collaborative and the MOMMS Project (Motivating & Optimizing Maternal Milk in Safety Net NICUs Collaborative), which aim to enhance maternal and infant health outcomes.

**VI. Research-** The UCSF Center for Child and Community Health at ZSFG leads impactful community-based research initiatives in collaboration with state and national partners.

**VII. Financial Report-** For FY24, ZSFG Pediatrics reported a total revenue of approximately \$12.89 million from various sources, including the SFGH Affiliation Agreement, clinical and affiliation revenue, sponsored projects, and general state appropriations. On the expenditure side, the department allocated around \$12.60 million, with the majority going towards faculty and staff salaries and benefits, and a portion for other non-payroll expenses.

**VIII. Summary-**ZSFG Pediatrics excels with exceptional faculty, staff, and clinical services, supported by strong institutional partnerships and multidisciplinary collaboration. The department is dedicated to education, diversity, equity, and community-engaged research. However, it faces challenges with unpredictable inpatient volumes and financial constraints due to low Medi-Cal reimbursement rates and upcoming cuts. Future goals include sustaining appointment access gains, continuing subspecialty service pilots, improving pediatric critical care access, enhancing the NICU/nursery experience, and ensuring clinical program sustainability amidst fiscal challenges.

**IX. Pediatrics Rules and Regulation-** The Committee members highly commended Dr. Shonul Jain for her outstanding leadership and the exceptional care she provides to our community. Her dedication to patient care, ability to inspire and lead her team, and commitment to improving health outcomes made a lasting positive impact on both patients and colleagues. A motion for the committee to approve the updated Pediatrics Service Rules and Regulations was made and approved. Approval from the Health Commission is requested for the Pediatric Service Report and Rules and Regulations.

City and County of San Francisco

Department of Public Health



**Daniel Lurie**  
Mayor

**Zuckerberg San Francisco General  
Hospital and Trauma Center**

*Mary Mercer, MD*  
Chief of Staff

Medical Executive Committee (MEC)  
Summary of Changes

<b>Document Name:</b>	<i>ZSFG Clinical Service Rules and Regulations</i>
<b>Clinical Service :</b>	<i>Pediatrics</i>
<b>Date of last approval:</b>	<i>July 2023</i>
<b>Summary of R&amp;R updates:</b>	
<b>Update #1:</b>	<i>Rules &amp; Regs, Page 4: Added more detail to job description to Vice Chief of Pediatric position and changed language to allow for multiple people to hold position and share responsibilities.</i>
<b>Update #2:</b>	<i>Appendix A: Updated names of personnel holding officer positions on organizational chart</i>
<b>Update #3:</b>	<i>Appendix B, page 2: Added further detail to Pediatric Vice Chief responsibilities and divided into 2 positions with split responsibilities, as currently held.</i>
<b>Update #4:</b>	<i>Appendix C: updated version of privileges previously approved through MEC/JCC (prior version from last report was from 2011). Formatting changes including putting specialty privileges in alphabetical order and renumbered privileges to correspond. No content changes since last approval in June 2025.</i>
<b>Update #5:</b>	

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**PEDIATRIC  
RULES AND REGULATIONS**

**~~2023~~2025**

PEDIATRIC RULES AND REGULATIONS  
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## **I. DEPARTMENT OF PEDIATRICS**

### **A. SCOPE OF SERVICE**

The Department of Pediatrics at the Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) includes comprehensive primary care services as well as the evaluation, diagnosis, management, and treatment of the illnesses, injuries, and diseases that affect neonates, children, adolescents, and young adults, using appropriate staff, space, equipment, and supplies.

The Pediatric Rules and Regulations define the standards and procedures for members of the department. Standards of clinical practice will be consistent with the standards established by the American Academy of Pediatrics and other pediatric organizations. The Pediatric Rules and Regulations supplement the standards and procedures set forth in the ZSFG Medical Staff Bylaws and Rules and Regulations. If there is a conflict between the Pediatric Rules and Regulations and the ZSFG Medical Staff Bylaws, the Medical Staff Bylaws will prevail unless there are circumstances where the Pediatric department adopts a more stringent standard.

The Department of Pediatrics at the ZSFG will review and revise all policies and procedures every three years or more frequently, if needed.

### **B. MEMBERSHIP REQUIREMENTS**

Membership on the Medical Staff of the ZSFG is a privilege which shall be extended to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in the ZSFG Medical Staff Bylaws.

### **C. ORGANIZATION (Appendix A)**

The officers of the Department of Pediatrics at the ZSFG are the Chief of Pediatrics, the Vice Chief(s) of Pediatrics, the Acting Chief of Pediatrics, the Director(s) of Education, the Medical Director of the Children's Health Center, the Medical Director of the Infant Care Center, the Medical Director of the Pediatric Inpatient Unit, and the Medical Director of the Nocturnist Service.

#### **1. Chief of Pediatrics**

- a. Appointment and review of the Chief of Pediatrics will occur by the process specified in the Medical Staff Bylaws.
- b. Responsibilities (Appendix B)
  - i. Provide overall direction of the clinical, educational, and scholarly activities for the department; and
  - ii. Review and recommend all new appointments, requests for privileges, and reappointments; and
  - iii. Appoint the remaining officers of the department; and
  - iv. Oversee the financial affairs of the department; and
  - v. Attend the Medical Executive Committee, the Dean's meeting, the Chiefs of Service meeting, and other meetings, as called from time to time by the Executive Administrator or the Chief of Staff; and
  - vi. Assure that the quality of patient care provided in Pediatrics is monitored and evaluated; and
  - vii. Implement any needed disciplinary action, as set forth in the Pediatric Rules and Regulations or the Bylaws and Rules and Regulations of the Medical Staff.

## 2. Vice Chief(s) of Pediatrics

- a. Appointment of the Vice Chief(s) of Pediatrics is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B):
  - a. ~~The Vice Chief provides oversight of quality and compliance issues for the department, and~~ Assist chief with oversight of clinical services within ZSFG pediatrics
  - b. ~~Oversee and assist chief with provider credentialing and compliance issues, including OPPE~~
  - c. ~~Work with chief on visioning, strategic planning, retreats~~
  - d. ~~Develop and enhance relationships with SFGH and UCSF Foundations, as well as key community and government partners~~
  - ~~a-c.~~ ~~Oversee strategic communication and elevating impact and visibility of work within the division~~
  - ~~b-f.~~ The Vice Chief assists the Chief with other clinical, educational, quality, financial, personnel, or other issues, as requested.

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## 3. Acting Chief of Pediatrics

- a. Appointment of the Acting Chief of Pediatrics is the prerogative of the Chief of Pediatrics.
- b. Responsibilities (Appendix B):
  - c. The Acting Chief of Pediatrics serves as the Chief of Pediatrics in the absence of the Chief.

## 4. Director(s) of Education

- a. Appointment of the Director(s) of Education is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership in undergraduate and graduate medical educational issues for the department by supporting and enhancing the educational mission; and
  - ii. Oversight of ZSFG Pediatric Clerkship and Sub-Internship Rotations; and
  - iii. Serve as the ZSFG Pediatric Residency Site Director, including supervision of ZSFG chief residents; and
  - iv. Serve as the liaison for all trainees who rotate in Pediatrics at ZSFG; and
  - v. Coordinate ZSFG Grand Rounds scheduling; and
  - vi. Oversight of ZSFG Faculty Development Activities



**5. Medical director, Children's Health Center (CHC)**

- a. Appointment of the Medical Director of the CHC is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the CHC; and
  - ii. Provide overall direction for clinical and quality improvement activities in the CHC; and
  - iii. Collaborate with the Chief and other departmental leaders; and
  - iv. Develop and maintain budgets, reports, protocols, policies, procedures and guidelines, as necessary, in collaboration with the Nurse Manager, Departmental Manager and Chief of Pediatrics; and
  - v. Actively participate in the Performance Improvement and Patient Safety Program relating to the CHC; and
  - vi. Interface with Ambulatory Care and Primary Care Leadership in the DPH San Francisco Health Network (SFHN) and ZSFG and actively participate in appropriate DPH programs.

**6. Medical Director, Infant Care Center (ICC)**

- a. Appointment of the Medical Director of the ICC is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the ICC; and
  - ii. Provide overall direction of clinical and quality improvement activities in the ICC; and
  - iii. Collaborate with the Chief and other departmental leaders; and
  - iv. Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; and
  - v. Actively participate in the Performance Improvement and Patient Safety Program relating to the ICC; and
  - vi. Prepare budgets and other reports, in collaboration with the Nurse Manager, Assistant Director of Nursing for Maternal/Child Health, Departmental Manager, and/or Chief of Pediatrics.

**7. Medical Director, Pediatric Inpatient Unit**

- a. Appointment of the Medical Director of the Pediatric Inpatient Unit is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the Pediatric Inpatient Unit; and
  - ii. Provide overall direction of clinical and quality activities on the Pediatric Inpatient Unit; and
  - iii. Collaborate with the Chief of Pediatrics and other departmental leaders; and
  - iv. Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; and
  - v. Actively participate in the Performance Improvement and Patient Safety activities relating to the Pediatric Inpatient Unit; and
  - vi. Prepare budgets and other reports, in collaboration with the Nursing manager, Departmental Manager, and/or Chief of Pediatrics.

#### **8. Director of the Nocturnist Service**

- a. Appointment of the Director of the Nocturnist Service is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the Nocturnist Service; and
  - ii. Provide overall direction of clinical and quality activities on the Nocturnist Service and ensure adequate staffing; and
  - iii. Collaborate with the Chief of Pediatrics and other departmental leaders; and
  - iv. Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; and
  - v. Actively participate in the Performance Improvement and Patient Safety activities relating to the Pediatric Service; and
  - vi. Prepare budgets and other reports, in collaboration with the Nursing manager, Departmental Manager, and/or Chief of Pediatrics.

## **II. CREDENTIALING**

The Department of Pediatrics at the ZSFG follows the existing Rules and Regulations of the ZSFG Medical Staff of the ZSFG. In addition, the Pediatric Department has agreed upon the following rules and regulations for its members:

- A. Faculty meetings: Each month, the Pediatric Faculty meeting reviews Credentials and Pediatric Performance Improvement and Patient Safety (PIPS) issues. All active medical staff members are required to attend at least 50% of the faculty meetings during each year to maintain their medical staff appointments. Courtesy and affiliated professional staff members are also invited to the monthly faculty meeting, along with the ZSFG Associate Administrator for Maternal and Child Health and the Pediatric Departmental Administrator. If deemed necessary by any member of the department, Morbidity and Mortality reports are discussed at the faculty meeting.
- B. Morbidity and Mortality conferences: Pediatric Morbidity and Mortality conferences are held each month. All deaths, as well as problems and adverse outcomes, will be discussed at these conferences and a Pediatric Morbidity and Mortality file will be maintained on all cases reviewed during these conferences. Attendance rosters for the Morbidity and Mortality conferences will be maintained by the Pediatric administrative office and all active medical staff members are expected to attend at least 50% of Pediatric Morbidity and Mortality conferences each year in order to maintain their medical staff appointment.
- C. Committee participation: All active medical staff members serve on ZSFG committees and they are expected to attend at least 50% of committee meetings each year as a requirement of their reappointment, per ZSFG Medical Staff Rules and Regulations. In addition, all active medical staff members are required to attend the Annual Medical Staff meeting every two years.
- D. Certification: All active pediatric staff members are expected to maintain certification in cardiopulmonary resuscitation (Neonatal Advanced Life Support or Pediatric Advanced Life Support, depending on specialty privileges) if required for their medical staff appointment. Courtesy pediatric staff members are also expected to maintain certification in cardiopulmonary

resuscitation (Neonatal Advanced Life Support or Pediatric Advanced Life Support, depending on specialty privileges), if required for their medical staff privileges.

1. Licensure: Current medical licensure is required for all active medical staff members and appropriate professional licensure is required for all affiliated professionals.
  2. DEA certification: DEA certification is required for all active and courtesy Pediatric staff, unless waived by the Chief of Pediatrics. PNP Furnishing Certification is required for all affiliated professionals who furnish medications as part of their duties.
  3. Subspecialty certification: Specialty board certification or eligibility for certification (or other verification of the completion of the board certification process) is required for all active and courtesy medical staff members who note their specialty certification and/or request specialized privileges.
- E. Proctoring: All medical staff members will be proctored by the Chief of Pediatrics or her/his designee during the first year of their appointment. The proctoring evaluation will be completed in the first three months of the first year of appointment. The Chief of Pediatrics, or her/his designee, will re-evaluate all medical and affiliated professional staff members at the time of their reappointment.
- F. Liability insurance coverage: All members of the ZSFG medical staff who have UCSF faculty appointments in the UCSF Department of Pediatrics, with or without salary, are covered under the University of California's self-insured professional liability program for activities which are performed within the course and scope of their faculty appointments, including clinical, teaching, research and administrative activities. These activities are under the direction of the Chief of Pediatrics. The University's coverage extends to activities performed at University-owned and affiliated hospitals such as the ZSFG. It does not extend to any faculty member's activities performed at facilities not owned by or affiliated with the University unless there is a professional services agreement between UCSF and the facility for that faculty member's services.
- Consistent with section 2.2-4 of the ZSFG Medical Staff Bylaws, "individuals who are not members of the faculty of the University or not employed by the City and County of San Francisco, shall maintain professional liability insurance in an amount not less than \$1 million each occurrence, \$3 million aggregate and, if applicable, with an insurance carrier acceptable to the Executive Administrator."
- G. Removal of privileges: Any faculty appointment may be rescinded by the Chief of Pediatrics, in consultation with the Pediatric Credentials Committee, which is composed of the active staff members in Pediatrics.
- H. New appointments: The process of application for membership to the Medical Staff of the ZSFG through the Pediatric Department follows the process specified in the ZSFG Bylaws.
- I. Reappointments: The process of reappointment to the Medical Staff of the ZSFG through the Pediatric Department follows the process specified in the ZSFG Bylaws, Rules and Regulations.
1. Practitioners' Performance Profiles: To maintain appointment in the ZSFG Pediatric department, staff members must supply evidence of clinical activity and/or teaching activity at the ZSFG during the previous two years.

2. Modification of Privileges: The reasons for changes or modifications in clinical privileges must be submitted, in writing, to the Chief of Pediatrics and must be approved by the time of reappointment.
  3. Staff Status Change: The process for Staff Status Change for members of the Pediatric department is in accordance with the ZSFG Bylaws, Rules and Regulations and accompanying manuals.
- J. Affiliated Professionals: The process of appointment and reappointment to the Affiliated Professional staff of ZSFG through the Pediatric Department follows the process specified in the ZSFG Bylaws, Rules and Regulations as well as the Pediatric Rules and Regulations.
  - K. Staff categories: Pediatric departmental staff fall into the same staff categories which are described in Article III of the ZSFG Bylaws, Rules and Regulations, and accompanying manuals.

### **III. DELINEATION OF PRIVILEGES**

- A. Development of Privilege Criteria: Pediatric departmental privileges are developed in accordance with the ZSFG Medical Staff Bylaws.
- B. Annual Review of Clinical Privileges Request Form: Every year, the Pediatric department Privilege Request Form shall be reviewed by the Chief of Pediatrics.
- C. Clinical privileges (Appendix C): Pediatric privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws. All requests for clinical privileges will be evaluated and approved by the Chief of Pediatrics.
- D. Temporary privileges: Temporary Privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws.

### **IV. PROCTORING AND MONITORING**

- A. REQUIREMENTS: Proctoring and monitoring requirements for the Pediatric Department shall be the responsibility of the Chief of Pediatrics or her/his designee. A minimum of 3 patient cases per appointment period will be reviewed for active members. In the case of new privileges, a minimum of 5 cases will be reviewed. For courtesy members, the review will consist of cases on which they consulted, as outlined above, with a maximum of five.
- B. ADDITIONAL PRIVILEGES: Requests for additional privileges for the Pediatric Department shall be in accordance with ZSFG Bylaws, Rules and Regulations.
- C. REMOVAL OF PRIVILEGES: Requests for removal of privileges for the Pediatric Department shall be in accordance with ZSFG Bylaws, Rules and Regulations.

### **V. EDUCATION**

Pediatric departmental members are encouraged to attend UCSF courses or other conferences to obtain continuing medical education (CME) credits.

## **VI. CONSULTATION CRITERIA**

The Pediatric on-call physician, the pediatric inpatient attending or the attending neonatologist is notified for all pediatric admissions and for all emergency department visits or Children's Health Center visits which lead to hospitalization or transport to other facilities.

The Pediatric on-call physician, the pediatric inpatient attending or the attending neonatologist is available for in-person or phone consultation regarding any pediatric patient at any time.

## **VII. DISCIPLINARY ACTION**

The ZSFG Medical Staff Bylaws, Rules and Regulations will govern all disciplinary action involving members of the Pediatric Department at the ZSFG.

## **VIII. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY**

The Pediatric Department at the ZSFG participates in all of the hospital's performance improvement and patient safety activities.

## **IX. MEETING REQUIREMENTS**

- A. Attendance: In accordance with the ZSFG Medical Staff Bylaws, all active staff members are expected to participate in the governance and quality evaluation process of the Medical Staff by attending at least 50% of all assigned committee meetings, Pediatric faculty meetings, Pediatric morbidity and mortality conferences, and annual medical staff meetings.
- B. The Pediatric Department shall hold a faculty meeting 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.
- C. Quorum: As defined in the ZSFG Medical Staff Bylaws, a quorum for the purpose of conducting business is constituted by at least three (3) voting members of the active staff.

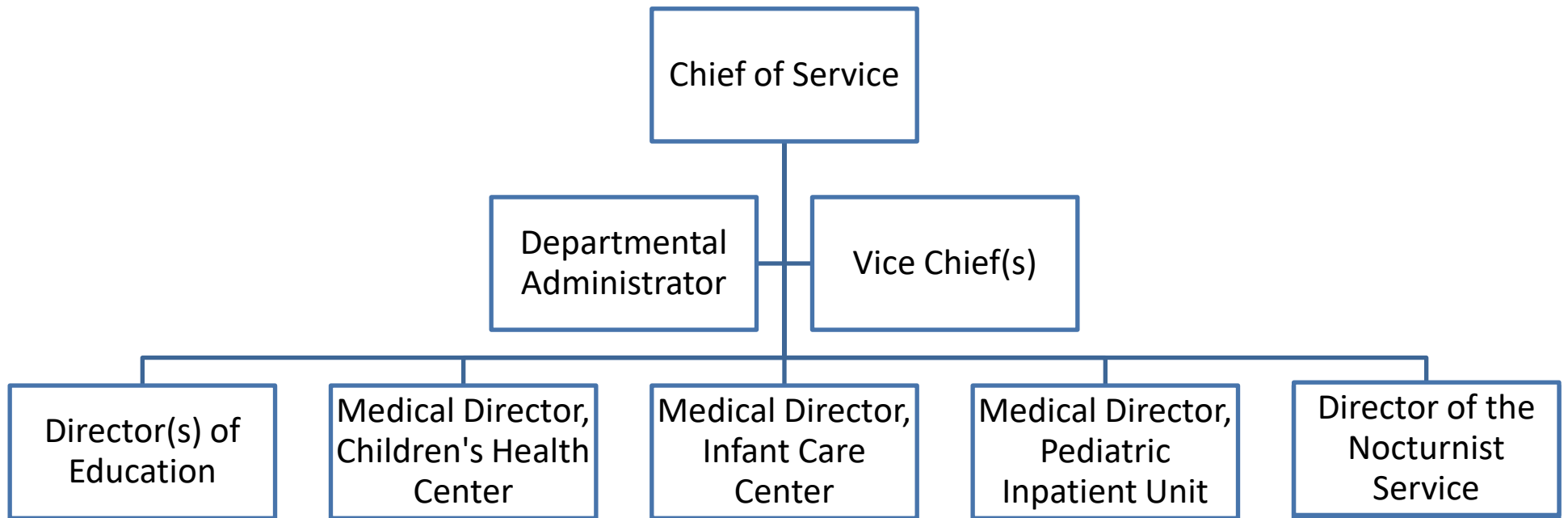
## **X. ADOPTION AND ADMENDMENT**

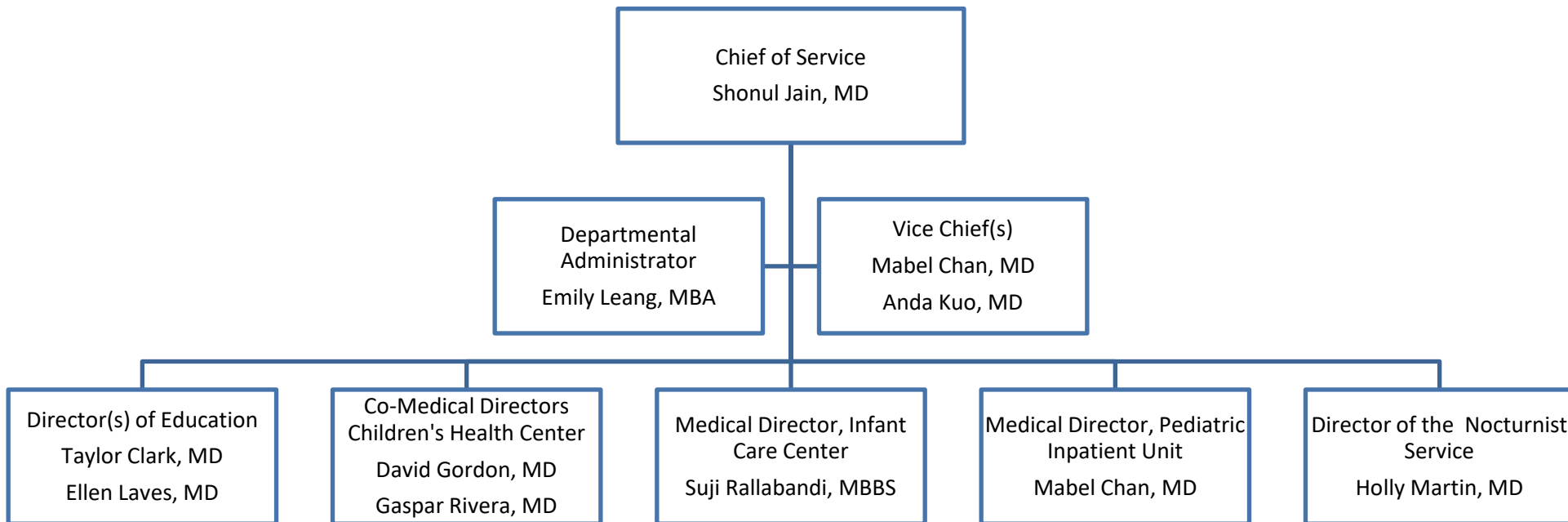
Every two years, the Pediatric departmental rules and regulations will be reviewed, revised, and adopted by a majority vote of all active members of the Pediatric department at a faculty meeting.

## Appendix A

### Organizational structure

#### Pediatric Department at the ZSFG





**APPENDIX B**  
**OFFICERS OF THE DEPARTMENT OF PEDIATRICS**  
**JOB DESCRIPTIONS**

**Chief of Pediatrics**

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

**Reporting relationships:**

The Chief of Pediatrics reports directly to the Vice Dean and the Chair of the Department of Pediatrics at the University of California, San Francisco (UCSF). The Chief of Pediatrics is reviewed at least every four years by an *ad hoc* committee appointed by the Chief of Staff at ZSFG. Reappointment of the Chief of Pediatrics occurs upon recommendation by the Chief of Staff, in consultation with the Vice Dean, the Chair of the Department of Pediatrics at UCSF, and the ZSFG Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief of Pediatrics maintains working relationships with these persons and groups and with other clinical departments.

**Position qualifications:**

The Chief of Pediatrics is Board certified, has a faculty appointment at UCSF, and is a member of the active medical staff at ZSFG.

**Major responsibilities:**

To provide the necessary vision and leadership to effectively motivate and direct the Department of Pediatrics at the ZSFG in order to achieve the goals and objectives that are consistent with the values, mission, and strategic plan of the ZSFG and the DPH;

To collaborate with the Executive Administrator and other ZSFG leaders, develop and implement policies and procedures which support the provision of clinical services by reviewing and approving the Service's scope of service statement, review and approve the Service policies and procedures, identify new clinical services that need to be implemented, and support clinical services provided by the Department;

To collaborate with the Executive Administrator and other ZSFG leaders, participate in the operational processes that affect the Department by participating in the budgeting process, recommend the number of qualified and competent staff to provide care, evaluate space and equipment needs, select outside sources for needed services, and supervise the selection, orientation, in-service education, and continuing education of all departmental staff;

To serve as a leader for the Department's performance improvement and patient safety programs by setting performance improvement priorities, determine the qualifications and competencies of



departmental personnel who are or are not licensed independent practitioners, and maintain appropriate quality control programs;

To perform all other duties and functions specified in the ZSFG Medical Staff Bylaws.

### Vice Chief(s) of Pediatrics

The Vice Chief(s) of Pediatrics ~~provides leadership and oversight for Pediatric quality and compliance issues and~~ assists the Chief of Pediatrics with leadership and oversight of clinical, educational, quality, compliance, research, and philanthropic issues, as detailed below, as well as other issues, other issues, as requested. The responsibilities may be, but are not required to be, split into multiple positions as determined by the Chief of Pediatrics.

Reporting relationships:

The Vice Chief(s) of Pediatrics reports to the Chief of Pediatrics.

Position qualifications:

The Vice Chief(s) of Pediatrics is/are Board certified, has a faculty appointment at UCSF, and is/are a member of the active medical staff at the ZSFG.

Major responsibilities:

~~To provide leadership and oversight for quality and compliance for the Pediatric Department.~~

To assist the Chief of Pediatrics with clinical, educational, quality, financial, personnel, or other issues, as requested.

The Vice Chief of Clinical Services has the following specific responsibilities

- 1) Assist Chief with oversight of clinical services within ZSFG pediatrics
- 2) Oversee and assist Chief with coordination among all ZSFG pediatrics services, both inpatient and outpatient
- 3) Oversee and assist Chief with provider credentialing and compliance issues, including OPPE
- 4) Assist Chief with Coordination with other clinical services and departments within ZSFG hospital and pediatric divisions at MB, when relates to ZSFG clinical needs
- 5) Assist Chief with other issues, as requested

The Vice Chief of Strategy and Partnerships has the following specific responsibilities

- 1) Work with Division Chief to develop overall strategy for ZSFG Peds, including visioning, strategic planning, retreats
- 2) Develop infrastructure to support faculty and staff on creative work and partnerships, such as workshop development, as well as serving as a resource for philanthropy/grants/partnerships
- 3) Develop and enhance relationships with SFGH Foundation and UCSF philanthropy
- 4) Identify and strengthen existing key community and government partnerships in a more formal way

- 5) Strategic communication and elevating impact and visibility of all the work within the division to internal and external communities
- 6) Assist Chief with other issues, as requested

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## Director(s) of Education

### Reporting relationships:

The Director(s) of Education reports to the Chief of Pediatrics.

### Position Qualifications:

The Director(s) of Education is a member of the active medical staff at the ZSFG.

### Major responsibilities:

To provide leadership and oversight for education activities for the Department of Pediatrics, including pediatric undergraduate medical education (UME) and pediatric graduate medical education (GME).

The Director of Pediatric Undergraduate Medical Education has the following responsibilities:

- 1) Oversight of the ZSFG Pediatric Clerkship; and
- 2) Oversight of the ZSFG Sub-Internship Rotations; and
- 3) Serve on the SOM Pediatrics Grading Committee; and
- 4) Create faculty development opportunities related to medical education; and
- 5) Collaborate with the Director of Pediatric Graduate Medical Education; and
- 6) Coordinate assignments and responsibilities for all undergraduate medical education learners within ZSFG Pediatrics to ensure appropriate use of resources; and
- 7) Prepare an annual report of Pediatric UME activities for the Pediatric service and other audiences.

The Director of Pediatric Graduate Medical Education has the following responsibilities:

- 1) Collaborate with the ZSFG-based Pediatric chief residents, Residency Program leadership team, Pediatric Medical Directors, Chief of Service, Administrative leaders, and Director of Pediatric Undergraduate Medical Education on all ZSFG graduate medical education issues; and
- 2) Serve on the ZSFG GME committee; and
- 3) Coordinate ZSFG Grand Rounds scheduling with the ZSFG-based Chief Residents and administrative team; and
- 4) Support the onboarding of ZSFG cardiology fellows; and
- 5) Prepare an annual report of Pediatric GME activities for the Pediatric service and other audiences.

Medical Director  
Children's Health Center (CHC, Outpatient clinic)

Reporting relationships: The Medical Director of the Children's Health Center reports to the Chief of Pediatrics.

Position qualifications: The Medical Director of the Children's Health Center is Board certified and is a member of the active medical staff at the ZSFG.

Major Responsibilities:

To provide medical leadership and oversight of the Children's Health Center, assure that quality medical care is provided to all patients in the Center, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work in the Children's Health Center, to mentor faculty and affiliated staff who work in the Children's Health Center, to work collaboratively with the Nurse Manager on all clinical, financial and administrative issues relating to the Children's Health Center, , and to participate in activities related to the ZSFG hospital priorities, DPH SFHN initiatives, , performance improvement, and quality improvement.

To organize staffing of the Children's Health Center in primary, urgent, and specialty care areas with pediatricians who evaluate and supervise ongoing care and coordinate annual staffing and personnel budget with the Chief of Pediatrics and Department Manager.

To develop policies and guidelines for medical evaluation and management of common pediatric conditions in primary, urgent, and specialty care.

To develop and implement performance improvement, patient safety and quality improvement plans for the unit, generate reports for morbidity and mortality conferences, oversee and submit appropriate data and information for hospital PIPS and other committees, for appropriate health insurers such as San Francisco Health Plan, for the San Francisco Department of Health, the California Department of Health, and other organizations and agencies.

To identify and advocate for the programmatic, administrative, personnel, and physical needs of the Children's Health Center.

To maintain statistics for Children's Health Center activities, ascertain patient satisfaction, and monitor quality of care.

To oversee all educational and training activities in the Children's Health Center for clinicians and trainees, collaborate with ancillary services (e.g., lab, nutrition, behavioral health, social services), coordinate clinical activities with nursing and hospital administration, and work collaboratively with the nurse manager to maintain policies and procedures for the Children's Health Center.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG and maintain a strong liaison and alignment with DPH leaders in the San Francisco Health Network. To actively participate in the both the DPH San Francisco Health Network primary care and ZSFG ambulatory specialty care infrastructure, including relevant meetings, initiatives, and priorities.

Medical Director, Infant Care Center

Reporting relationships:

The Medical Director of the Infant Care Center reports to the Chief of Pediatrics.

Position qualifications:

The Medical Director of the Infant Care Center is Board certified and is a member of the active medical staff at the ZSFG.

Major responsibilities:

To provide medical leadership and oversight of the Infant Care Center, assure that quality medical care is provided to all infants in the unit, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work in the Infant Care Center, to mentor faculty who work in the Infant Care Center, to meet regularly with the Department Manager and Nurse Manager to review financial issues, and to participate in activities related to the hospital rebuild, performance improvement, quality improvement, and LEAN training.

To organize 24-hour coverage of the unit with neonatologists who evaluate all unstable infants and attend high-risk deliveries and resuscitations.

To develop policies and guidelines for medical management of common neonatal conditions and ensure appropriate post-discharge follow-up of all high risk infants.

To develop and implement performance improvement, patient safety and quality improvement plans for the Infant Care Center; to generate reports for morbidity and mortality conferences, for CCS, for CPQCC, for the San Francisco Department of Health, and the California Department of Health; to maintain a neonatal data base, including birth weight, weight-specific survival, transports, neonatal deaths, diagnoses, and complications.

To identify and advocate for the programmatic and equipment needs of the Infant Care Center.

To develop and maintain an education program for neonatal staff, oversee monthly morbidity and mortality conferences to be held jointly with Obstetrics, and provide in-service education programs.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG, maintain a strong liaison with the obstetrical perinatologists and nurse midwives to develop joint protocols and problem solving, and conduct nursery liaison management meetings on a monthly basis or more frequently, if needed.

To coordinate the relationship with the regional intensive care nursery at UCSF and maintain transport and outreach education agreements.

Medical Director, Pediatric Inpatient Unit

Reporting relationships:

The Medical Director of the Pediatric Inpatient Unit reports to the Chief of Pediatrics.

Position qualifications:

The Medical Director of the Pediatric Inpatient Unit is Board certified and is a member of the active medical staff at the ZSFG.

Major responsibilities:

To provide medical leadership and oversight of the Pediatric Inpatient Unit, assure that quality medical care is provided to all patients on the unit, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work in the Pediatric Inpatient Unit, to mentor faculty who work in the Infant Care Center, to meet regularly with the Department Manager and Nurse Manager to review financial issues, and to participate in activities related to the hospital rebuild, performance improvement, quality improvement, and LEAN training.

To organize daily supervision of the unit with pediatricians who evaluate all unstable pediatric patients and provide ongoing care to hospitalized patients.

To develop policies and guidelines for medical management of common pediatric conditions.

To develop and implement performance improvement, patient safety and quality improvement plans for the unit, generate reports for morbidity and mortality conferences, for CCS, for the San Francisco Department of Health, the California Department of Health, and other organizations and agencies.

To identify and advocate for the programmatic and equipment needs of the pediatric inpatient unit.

To develop and maintain an education program for nursing staff.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG and maintain a strong liaison with public health nursing and other nursing leaders.

To develop and maintain transport agreements.

The Medical Director of the Pediatric Inpatient Unit has decision-making authority over the attending physicians who work on the unit. The attending physician on the inpatient pediatric service is responsible for providing clinical care to hospitalized pediatric patients on the inpatient and intensive care units.

## Director, Nocturnist Service

Reporting relationships:

The Director of the Nocturnist Service reports to the Chief of Pediatrics.

Position qualifications:

The Director of the Nocturnist Service is Board certified and is a member of the active medical staff at the ZSFG.

Major responsibilities:

To provide medical leadership and oversight of the Nocturnist Service, assure that quality medical care is provided to all patients, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work on the Nocturnist Service, to mentor faculty who work on the service, to meet regularly with the Department Manager and Nurse Manager to review financial issues, and to participate in hospital-based activities such as performance improvement and quality improvement.

To organize nightly staffing of the service with pediatricians who evaluate pediatric patients throughout the hospital including ICU and the Emergency Department.

To develop policies and guidelines relevant to the Nocturnist Service.

To develop and implement performance improvement, patient safety and quality improvement plans for the service, generate reports for morbidity and mortality conferences, for CCS, for the San Francisco Department of Health, the California Department of Health, and other organizations and agencies.

To identify and advocate for the programmatic and equipment needs of the service.

To develop and maintain an education program for nursing staff and faculty.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG.

The Director of the Nocturnist Service has decision-making authority over the pediatricians who work on the service. The attending nocturnist is responsible for providing clinical care to hospitalized pediatric patients on all the inpatient and intensive care units and providing support to the Emergency Department.

Delineation Of Privileges  
Pediatrics

Provider Name:

Privilege	Status	Approved
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PEDIATRICS  
(06/2025 MEC & 06/2025 JCC)

FOR ALL PRIVILEGES

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

32.10 CORE PRIVILEGES

Admit, work-up and provide treatment and consultative services to pediatric patients and transitional age youth, in the ambulatory and inpatient (non-ICU) setting; including lumbar punctures.  
Specifically to: Inpatients 0 to ≤ 21 years; Outpatient 0 to ≤ 24 years

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

32.11 PEDIATRIC HOSPITALIST PRIVILEGE

Admit, work-up and provide treatment and consultative services to pediatric patients in the ED and all inpatient settings. Privileges include diagnostic and therapeutic treatment interventions, and procedures, including lumbar puncture.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Current PALS certification by the American Heart Association.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

32.20 SPECIAL PEDIATRIC PRIVILEGES

32.21.1 CENTRAL LINE PLACEMENT

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or Pediatric Critical Care Medicine.

PROCTORING: Review of 3 cases.

REAPPOINTMENT: Review of 2 cases.

32.22 LASER SURGERY

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

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Appropriate training, completion of the laser safety module prepared by the ZSFGH Laser Safety Committee and baseline eye examination within the previous 1 year.

PROCTORING: 2 observed procedures

REAPPOINTMENT: 2 cases in the previous two years

32.23 CIRCUMCISION

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Delineation Of Privileges  
Pediatrics

Provider Name:

Privilege	Status	Approved
<p><b>PREREQUISITES:</b> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or American Board of Family Medicine. Documentation of proficiency from a Residency program with at least 5 cases, OR, documentation of previous privileges at another hospital with at least 5 cases, OR, minimum of 5 cases performed with assistance from a supervising attending with circumcision privileges, until provider and supervisor determine the provider can perform under proctoring.</p> <p><b>PROCTORING:</b> Direct observation of 3 independently performed cases (consecutive/concurrent).</p> <p><b>REAPPOINTMENT:</b> Review of 3 cases.</p>		
32.24 PROCEDURAL SEDATION		_____
<p><b>PREREQUISITES:</b> The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics and has completed at least one of the following:</p> <ul style="list-style-type: none"><li>• Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,</li><li>• Management of 10 pediatric airways via BVM or ETT per year in the preceding 2 years or,</li><li>• Current BLS, NRP, or PALS certification (age appropriate) by the American Heart Association</li></ul> <p><b>PROCTORING:</b> Review of 5 cases (completed training within the last 5 years)</p> <p><b>REAPPOINTMENT:</b> Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:</p> <ul style="list-style-type: none"><li>• Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,</li><li>• Management of 10 pediatric airways via BVM or ETT per year for the preceding 2 years or,</li><li>• Current BLS, NPR, or PALS certification (age appropriate) by the American Heart Association</li></ul>		
32.25 INSERTION OF INTRAUTERINE DEVICE (IUD)		_____
<p><b>PREREQUISITES:</b> Currently board admissible, board certified or re-certified by the American Board of Pediatrics, American Board of Pediatrics in Adolescent Medicine, or special dispensation from the chief of service for equivalent training. Documentation of appropriate additional training.</p> <p><b>PROCTORING:</b> 2 observed procedures.</p> <p><b>REAPPOINTMENT:</b> 2 cases in the previous 2 years.</p>		
32.26 CONTRACEPTIVE IMPLANT INSERTION/REMOVAL		_____



Delineation Of Privileges  
Pediatrics

Provider Name:

Privilege	Status	Approved
<p><u>PREREQUISITES:</u> Currently Board Admissible, Certified, or Re-Certified by the American Board of Family Medicine, American Board of Internal Medicine, American Board of Obstetrics and Gynecology, or American Board of Pediatrics. Proof of completion specialized course in insertion/removal of device.</p> <p><u>PROCTORING:</u> Direct observation of 1 insertion and 1 removal by a qualified provider.</p> <p><u>REAPPOINTMENT:</u> Review of 2 insertion and 2 removal cases.</p>		
<p>32.30 CARE OF NEWBORNS Management of well and sick neonatal patients in conjunction with the Attending Neonatologist. Includes attendance at high-risk deliveries, neonatal resuscitation and stabilization, diagnostic and therapeutic treatment, interventions, and procedures.</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Current NRP certification by the American Heart Association.</p> <p><u>PROCTORING:</u> Review of 5 cases</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases</p>		
<p><b>32.40 PEDIATRIC SUBSPECIALTY PRIVILEGES</b> Patient management, including diagnostic and therapeutic treatment, procedures and interventions.</p>		
<p>32.41 ADOLESCENT MEDICINE Provide comprehensive primary preventive care, including family planning, evaluations, assessment, and management of chronic diseases common to adolescents and young adults.</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Adolescent Medicine or special dispensation from the chief of service for equivalent training.</p> <p><u>PROCTORING:</u> Review of 5 cases.</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases.</p>		
<p>32.42 ALLERGY AND IMMUNOLOGY Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with allergy or immunologic diseases in the ambulatory and inpatient settings. Core privileges include allergy skin testing and interpretation.</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, Re-Certified by the American Board of Pediatrics or a subspecialty board of Pediatrics and the American Board of Allergy and Immunology or special dispensation from the chief of service for equivalent training.</p> <p><u>PROCTORING:</u> Review of 5 cases.</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases.</p>		
<p>32.43 CHILD ABUSE <u>Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with suspected child abuse in the ambulatory and inpatient settings. Core privileges include forensic physical and/or sexual abuse exams using colonoscopy, or other photo documentation of injuries.</u></p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Child Abuse, or special dispensation from the chief of service for equivalent training.</p> <p><u>PROCTORING:</u> Review of 5 cases.</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases.</p>		

Commented [SC1]: Renumbered to 32.30 Care of Newborns

Delineation Of Privileges  
Pediatrics

Provider Name:

Privilege	Status	Approved
<p><u>32.44 GENETICS</u> <u>Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with genetics diseases in the ambulatory and inpatient settings.</u></p> <p><u>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics and the American Board of Medical Genetics, or special dispensation from the chief of service for equivalent training or a member of the Service prior to 10/17/00.</u></p> <p><u>PROCTORING: Review of 5 cases.</u></p> <p><u>REAPPOINTMENT: Review of 3 cases.</u></p>	---	
<p><u>32.45 NEONATOLOGY/PERINATAL</u> <u>Management of critically ill newborns including diagnostic and therapeutic treatment, procedures and interventions, umbilical arterial and umbilical venous line placement, neonatal intensive care, neonatal resuscitation, ventilator management including conventional and high-frequency ventilators, inhaled Nitric Oxide (NO), endotracheal intubation, lumbar puncture, tube thoracostomy for pneumothorax, thoracentesis, paracentesis, pericardial tube placement for pneumopericardium, surfactant administration, parenteral nutrition, bladder tap, exchange transfusion.</u></p> <p><u>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Neonatology.</u></p> <p><u>PROCTORING: Review of 5 cases.</u></p> <p><u>REAPPOINTMENT: Review of 3 cases.</u></p>	---	
<p><u>32.45.1 Peripherally Inserted Central Catheter (PICC) Line Placement</u></p> <p><u>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or a member of Service prior to 10/17/00. Documentation of additional training/experience</u></p> <p><u>PROCTORING: Review of 5 cases.</u></p> <p><u>REAPPOINTMENT: Review of 3 cases.</u></p>	---	
<p><u>32.5043 PEDIATRIC CARDIOLOGY</u> <u>Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with cardiovascular disease; and electrocardiography interpretation including signal averaged ECG in the ambulatory and inpatient settings.</u></p> <p><u>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Cardiology, or special dispensation from the chief of service for equivalent training.</u></p> <p><u>PROCTORING: Review of 5 cases.</u></p> <p><u>REAPPOINTMENT: Review of 3 cases.</u></p>	---	
<p><u>32.44 CHILD ABUSE</u> <u>Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with suspected child abuse in the ambulatory and inpatient settings. Core privileges include forensic physical and/or sexual abuse exams using colonoscopy, or other photo documentation of injuries.</u></p>	---	

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Delineation Of Privileges  
Pediatrics

Provider Name:

Privilege	Status	Approved
<p><del>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Child Abuse, or special dispensation from the chief of service for equivalent training.</del></p> <p><del>PROCTORING: Review of 5 cases.</del></p> <p><del>REAPPOINTMENT: Review of 3 cases.</del></p> <p><b>32.5145 PEDIATRIC DERMATOLOGY</b> Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with dermatologic diseases in the ambulatory and inpatient settings. Core privileges include skin biopsy and interpretation of results.</p> <p><del>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Dermatology in Pediatric Dermatology, or special dispensation from the chief of service for equivalent training.</del></p> <p><del>PROCTORING: Review of 5 cases.</del></p> <p><del>REAPPOINTMENT: Review of 3 cases.</del></p> <p><del>32.46 GENETICS</del> <del>Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with genetics diseases in the ambulatory and inpatient settings.</del></p> <p><del>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics and the American Board of Medical Genetics, or special dispensation from the chief of service for equivalent training or a member of the Service prior to 10/17/00.</del></p> <p><del>PROCTORING: Review of 5 cases.</del></p> <p><del>REAPPOINTMENT: Review of 3 cases.</del></p> <p><b>32.5247 PEDIATRIC GASTROENTEROLOGY</b> Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with gastroenterology diseases in the ambulatory and inpatient settings.</p> <p><del>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Gastroenterology, or special dispensation from the chief of service for equivalent training.</del></p> <p><del>PROCTORING: Review of 5 cases.</del></p> <p><del>REAPPOINTMENT: Review of 3 cases.</del></p> <p><b>32.5348 PEDIATRIC INFECTIOUS DISEASE</b> Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with infectious diseases in the ambulatory and inpatient settings.</p> <p><del>PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Infectious Disease, or special dispensation from the chief of service for equivalent training.</del></p> <p><del>PROCTORING: Review of 5 cases.</del></p> <p><del>REAPPOINTMENT: Review of 3 cases.</del></p>		

Delineation Of Privileges  
Pediatrics

Provider Name:

Privilege	Status	Approved
<div>32.49—NEONATOLOGY/PERINATAL</div> <div>Management of critically ill newborns including diagnostic and therapeutic treatment; procedures and interventions; umbilical arterial and umbilical venous line placement; neonatal intensive care; neonatal resuscitation; ventilator management including conventional and high frequency ventilators; inhaled Nitric Oxide (NO); endotracheal intubation; lumbar puncture; tube thoracostomy for pneumothorax; thoracentesis; paracentesis; pericardial tube placement for pneumopericardium; surfactant administration; parenteral nutrition; bladder tap; exchange transfusion-</div> <div><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Neonatology.</div> <div><u>PROCTORING:</u> Review of 5 cases-</div> <div><u>REAPPOINTMENT:</u> Review of 3 cases-</div>		==
<div>32.49.1—Peripherally Inserted Central Catheter (PICC) Line Placement-</div> <div><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or a member of Service prior to 10/17/00: Documentation of additional training/experience</div> <div><u>PROCTORING:</u> Review of 5 cases-</div> <div><u>REAPPOINTMENT:</u> Review of 3 cases-</div>		==
<div>32.540 PEDIATRIC NEUROLOGY</div> <div>Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with neurology diseases.</div> <div><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology with special qualifications in Child Neurology, or special dispensation from the chief of service for equivalent training.</div> <div><u>PROCTORING:</u> Review of 5 cases.</div> <div><u>REAPPOINTMENT:</u> Review of 3 cases.</div>		—
<div>32.70 LIMITED PRIVILEGES</div>		—
<div>32.71 EXAM ONLY</div> <div>The physician shall perform exams on patients for teaching purposes for residents or medical students. The physician will have no involvement in the clinical care of patients.</div> <div><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics.</div> <div><u>PROCTORING:</u> Observation of 2 teaching sessions.</div> <div><u>REAPPOINTMENT:</u> Observation of 2 teaching sessions.</div>		—
<div>90.00 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH</div> <div>Admit and follow pediatric patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.</div> <div><u>PREREQUISITES:</u> Currently Board Admissible, Certified, or Re-Certified by one of the boards of the American Board of Medical Specialties. Approval of the Director of the CTSI (below) is required for all applicants.</div> <div><u>PROCTORING:</u> All OPPE metrics acceptable</div> <div><u>REAPPOINTMENT:</u> All OPPE metrics acceptable</div>		—

Zuckerberg San Francisco General Hospital

**Delineation Of Privileges**  
Pediatrics

Provider Name:

Privilege	Status	Approved
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CTSI Medical DirectorDate

I hereby request clinical privileges as indicated above.

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\_\_\_\_\_

ApplicantDate

**APPROVED BY**

\_\_\_\_\_

\_\_\_\_\_

Service ChiefDate

**PEDIATRIC  
RULES AND REGULATIONS  
2025**

PEDIATRIC RULES AND REGULATIONS  
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## **I. DEPARTMENT OF PEDIATRICS**

### **A. SCOPE OF SERVICE**

The Department of Pediatrics at the Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) includes comprehensive primary care services as well as the evaluation, diagnosis, management, and treatment of the illnesses, injuries, and diseases that affect neonates, children, adolescents, and young adults, using appropriate staff, space, equipment, and supplies.

The Pediatric Rules and Regulations define the standards and procedures for members of the department. Standards of clinical practice will be consistent with the standards established by the American Academy of Pediatrics and other pediatric organizations. The Pediatric Rules and Regulations supplement the standards and procedures set forth in the ZSFG Medical Staff Bylaws and Rules and Regulations. If there is a conflict between the Pediatric Rules and Regulations and the ZSFG Medical Staff Bylaws, the Medical Staff Bylaws will prevail unless there are circumstances where the Pediatric department adopts a more stringent standard.

The Department of Pediatrics at the ZSFG will review and revise all policies and procedures every three years or more frequently, if needed.

### **B. MEMBERSHIP REQUIREMENTS**

Membership on the Medical Staff of the ZSFG is a privilege which shall be extended to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in the ZSFG Medical Staff Bylaws.

### **C. ORGANIZATION (Appendix A)**

The officers of the Department of Pediatrics at the ZSFG are the Chief of Pediatrics, the Vice Chief(s) of Pediatrics, the Acting Chief of Pediatrics, the Director(s) of Education, the Medical Director of the Children's Health Center, the Medical Director of the Infant Care Center, the Medical Director of the Pediatric Inpatient Unit, and the Medical Director of the Nocturnist Service.

#### **1. Chief of Pediatrics**

- a. Appointment and review of the Chief of Pediatrics will occur by the process specified in the Medical Staff Bylaws.
- b. Responsibilities (Appendix B)
  - i. Provide overall direction of the clinical, educational, and scholarly activities for the department; and
  - ii. Review and recommend all new appointments, requests for privileges, and reappointments; and
  - iii. Appoint the remaining officers of the department; and
  - iv. Oversee the financial affairs of the department; and
  - v. Attend the Medical Executive Committee, the Dean's meeting, the Chiefs of Service meeting, and other meetings, as called from time to time by the Executive Administrator or the Chief of Staff; and
  - vi. Assure that the quality of patient care provided in Pediatrics is monitored and evaluated; and
  - vii. Implement any needed disciplinary action, as set forth in the Pediatric Rules and Regulations or the Bylaws and Rules and Regulations of the Medical Staff.



## **2. Vice Chief(s) of Pediatrics**

- a. Appointment of the Vice Chief(s) of Pediatrics is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B):
  - a. Assist chief with oversight of clinical services within ZSFG pediatrics
  - b. Oversee and assist chief with provider credentialing and compliance issues, including OPPE
  - c. Work with chief on visioning, strategic planning, retreats
  - d. Develop and enhance relationships with SFGH and UCSF Foundations, as well as key community and government partners
  - e. Oversee strategic communication and elevating impact and visibility of work within the division
  - f. The Vice Chief assists the Chief with other clinical, educational, quality, financial, personnel, or other issues, as requested.

## **3. Acting Chief of Pediatrics**

- a. Appointment of the Acting Chief of Pediatrics is the prerogative of the Chief of Pediatrics.
- b. Responsibilities (Appendix B):
  - c. The Acting Chief of Pediatrics serves as the Chief of Pediatrics in the absence of the Chief.

## **4. Director(s) of Education**

- a. Appointment of the Director(s) of Education is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership in undergraduate and graduate medical educational issues for the department by supporting and enhancing the educational mission; and
  - ii. Oversight of ZSFG Pediatric Clerkship and Sub-Internship Rotations; and
  - iii. Serve as the ZSFG Pediatric Residency Site Director, including supervision of ZSFG chief residents; and
  - iv. Serve as the liaison for all trainees who rotate in Pediatrics at ZSFG; and
  - v. Coordinate ZSFG Grand Rounds scheduling; and
  - vi. Oversight of ZSFG Faculty Development Activities

**5. Medical director, Children's Health Center (CHC)**

- a. Appointment of the Medical Director of the CHC is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the CHC; and
  - ii. Provide overall direction for clinical and quality improvement activities in the CHC; and
  - iii. Collaborate with the Chief and other departmental leaders; and
  - iv. Develop and maintain budgets, reports, protocols, policies, procedures and guidelines, as necessary, in collaboration with the Nurse Manager, Departmental Manager and Chief of Pediatrics; and
  - v. Actively participate in the Performance Improvement and Patient Safety Program relating to the CHC; and
  - vi. Interface with Ambulatory Care and Primary Care Leadership in the DPH San Francisco Health Network (SFHN) and ZSFG and actively participate in appropriate DPH programs.

**6. Medical Director, Infant Care Center (ICC)**

- a. Appointment of the Medical Director of the ICC is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the ICC; and
  - ii. Provide overall direction of clinical and quality improvement activities in the ICC; and
  - iii. Collaborate with the Chief and other departmental leaders; and
  - iv. Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; and
  - v. Actively participate in the Performance Improvement and Patient Safety Program relating to the ICC; and
  - vi. Prepare budgets and other reports, in collaboration with the Nurse Manager, Assistant Director of Nursing for Maternal/Child Health, Departmental Manager, and/or Chief of Pediatrics.

**7. Medical Director, Pediatric Inpatient Unit**

- a. Appointment of the Medical Director of the Pediatric Inpatient Unit is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the Pediatric Inpatient Unit; and
  - ii. Provide overall direction of clinical and quality activities on the Pediatric Inpatient Unit; and
  - iii. Collaborate with the Chief of Pediatrics and other departmental leaders; and
  - iv. Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; and
  - v. Actively participate in the Performance Improvement and Patient Safety activities relating to the Pediatric Inpatient Unit; and
  - vi. Prepare budgets and other reports, in collaboration with the Nursing manager, Departmental Manager, and/or Chief of Pediatrics.

## **8. Director of the Nocturnist Service**

- a. Appointment of the Director of the Nocturnist Service is the prerogative of the Chief of Pediatrics.
- b. The term of appointment is open and subject to annual performance review by the Chief of Pediatrics.
- c. Responsibilities (Appendix B)
  - i. Provide leadership and oversight of the Nocturnist Service; and
  - ii. Provide overall direction of clinical and quality activities on the Nocturnist Service and ensure adequate staffing; and
  - iii. Collaborate with the Chief of Pediatrics and other departmental leaders; and
  - iv. Develop and maintain reports, protocols, policies, procedures, and guidelines, as necessary; and
  - v. Actively participate in the Performance Improvement and Patient Safety activities relating to the Pediatric Service; and
  - vi. Prepare budgets and other reports, in collaboration with the Nursing manager, Departmental Manager, and/or Chief of Pediatrics.

## **II. CREDENTIALING**

The Department of Pediatrics at the ZSFG follows the existing Rules and Regulations of the ZSFG Medical Staff of the ZSFG. In addition, the Pediatric Department has agreed upon the following rules and regulations for its members:

- A. Faculty meetings: Each month, the Pediatric Faculty meeting reviews Credentials and Pediatric Performance Improvement and Patient Safety (PIPS) issues. All active medical staff members are required to attend at least 50% of the faculty meetings during each year to maintain their medical staff appointments. Courtesy and affiliated professional staff members are also invited to the monthly faculty meeting, along with the ZSFG Associate Administrator for Maternal and Child Health and the Pediatric Departmental Administrator. If deemed necessary by any member of the department, Morbidity and Mortality reports are discussed at the faculty meeting.
- B. Morbidity and Mortality conferences: Pediatric Morbidity and Mortality conferences are held each month. All deaths, as well as problems and adverse outcomes, will be discussed at these conferences and a Pediatric Morbidity and Mortality file will be maintained on all cases reviewed during these conferences. Attendance rosters for the Morbidity and Mortality conferences will be maintained by the Pediatric administrative office and all active medical staff members are expected to attend at least 50% of Pediatric Morbidity and Mortality conferences each year in order to maintain their medical staff appointment.
- C. Committee participation: All active medical staff members serve on ZSFG committees and they are expected to attend at least 50% of committee meetings each year as a requirement of their reappointment, per ZSFG Medical Staff Rules and Regulations. In addition, all active medical staff members are required to attend the Annual Medical Staff meeting every two years.
- D. Certification: All active pediatric staff members are expected to maintain certification in cardiopulmonary resuscitation (Neonatal Advanced Life Support or Pediatric Advanced Life Support, depending on specialty privileges) if required for their medical staff appointment. Courtesy pediatric staff members are also expected to maintain certification in cardiopulmonary

resuscitation (Neonatal Advanced Life Support or Pediatric Advanced Life Support, depending on specialty privileges), if required for their medical staff privileges.

1. Licensure: Current medical licensure is required for all active medical staff members and appropriate professional licensure is required for all affiliated professionals.
  2. DEA certification: DEA certification is required for all active and courtesy Pediatric staff, unless waived by the Chief of Pediatrics. PNP Furnishing Certification is required for all affiliated professionals who furnish medications as part of their duties.
  3. Subspecialty certification: Specialty board certification or eligibility for certification (or other verification of the completion of the board certification process) is required for all active and courtesy medical staff members who note their specialty certification and/or request specialized privileges.
- E. Proctoring: All medical staff members will be proctored by the Chief of Pediatrics or her/his designee during the first year of their appointment. The proctoring evaluation will be completed in the first three months of the first year of appointment. The Chief of Pediatrics, or her/his designee, will re-evaluate all medical and affiliated professional staff members at the time of their reappointment.
- F. Liability insurance coverage: All members of the ZSFG medical staff who have UCSF faculty appointments in the UCSF Department of Pediatrics, with or without salary, are covered under the University of California's self-insured professional liability program for activities which are performed within the course and scope of their faculty appointments, including clinical, teaching, research and administrative activities. These activities are under the direction of the Chief of Pediatrics. The University's coverage extends to activities performed at University-owned and affiliated hospitals such as the ZSFG. It does not extend to any faculty member's activities performed at facilities not owned by or affiliated with the University unless there is a professional services agreement between UCSF and the facility for that faculty member's services.
- Consistent with section 2.2-4 of the ZSFG Medical Staff Bylaws, "individuals who are not members of the faculty of the University or not employed by the City and County of San Francisco, shall maintain professional liability insurance in an amount not less than \$1 million each occurrence, \$3 million aggregate and, if applicable, with an insurance carrier acceptable to the Executive Administrator."
- G. Removal of privileges: Any faculty appointment may be rescinded by the Chief of Pediatrics, in consultation with the Pediatric Credentials Committee, which is composed of the active staff members in Pediatrics.
- H. New appointments: The process of application for membership to the Medical Staff of the ZSFG through the Pediatric Department follows the process specified in the ZSFG Bylaws.
- I. Reappointments: The process of reappointment to the Medical Staff of the ZSFG through the Pediatric Department follows the process specified in the ZSFG Bylaws, Rules and Regulations.
1. Practitioners' Performance Profiles: To maintain appointment in the ZSFG Pediatric department, staff members must supply evidence of clinical activity and/or teaching activity at the ZSFG during the previous two years.

2. **Modification of Privileges:** The reasons for changes or modifications in clinical privileges must be submitted, in writing, to the Chief of Pediatrics and must be approved by the time of reappointment.
  3. **Staff Status Change:** The process for Staff Status Change for members of the Pediatric department is in accordance with the ZSFG Bylaws, Rules and Regulations and accompanying manuals.
- J. **Affiliated Professionals:** The process of appointment and reappointment to the Affiliated Professional staff of ZSFG through the Pediatric Department follows the process specified in the ZSFG Bylaws, Rules and Regulations as well as the Pediatric Rules and Regulations.
- K. **Staff categories:** Pediatric departmental staff fall into the same staff categories which are described in Article III of the ZSFG Bylaws, Rules and Regulations, and accompanying manuals.

### **III. DELINEATION OF PRIVILEGES**

- A. **Development of Privilege Criteria:** Pediatric departmental privileges are developed in accordance with the ZSFG Medical Staff Bylaws.
- B. **Annual Review of Clinical Privileges Request Form:** Every year, the Pediatric department Privilege Request Form shall be reviewed by the Chief of Pediatrics.
- C. **Clinical privileges (Appendix C):** Pediatric privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws. All requests for clinical privileges will be evaluated and approved by the Chief of Pediatrics.
- D. **Temporary privileges:** Temporary Privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws.

### **IV. PROCTORING AND MONITORING**

- A. **REQUIREMENTS:** Proctoring and monitoring requirements for the Pediatric Department shall be the responsibility of the Chief of Pediatrics or her/his designee. A minimum of 3 patient cases per appointment period will be reviewed for active members. In the case of new privileges, a minimum of 5 cases will be reviewed. For courtesy members, the review will consist of cases on which they consulted, as outlined above, with a maximum of five.
- B. **ADDITIONAL PRIVILEGES:** Requests for additional privileges for the Pediatric Department shall be in accordance with ZSFG Bylaws, Rules and Regulations.
- C. **REMOVAL OF PRIVILEGES:** Requests for removal of privileges for the Pediatric Department shall be in accordance with ZSFG Bylaws, Rules and Regulations.

### **V. EDUCATION**

Pediatric departmental members are encouraged to attend UCSF courses or other conferences to obtain continuing medical education (CME) credits.

## **VI. CONSULTATION CRITERIA**

The Pediatric on-call physician, the pediatric inpatient attending or the attending neonatologist is notified for all pediatric admissions and for all emergency department visits or Children's Health Center visits which lead to hospitalization or transport to other facilities.

The Pediatric on-call physician, the pediatric inpatient attending or the attending neonatologist is available for in-person or phone consultation regarding any pediatric patient at any time.

## **VII. DISCIPLINARY ACTION**

The ZSFG Medical Staff Bylaws, Rules and Regulations will govern all disciplinary action involving members of the Pediatric Department at the ZSFG.

## **VIII. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY**

The Pediatric Department at the ZSFG participates in all of the hospital's performance improvement and patient safety activities.

## **IX. MEETING REQUIREMENTS**

- A. Attendance: In accordance with the ZSFG Medical Staff Bylaws, all active staff members are expected to participate in the governance and quality evaluation process of the Medical Staff by attending at least 50% of all assigned committee meetings, Pediatric faculty meetings, Pediatric morbidity and mortality conferences, and annual medical staff meetings.
- B. The Pediatric Department shall hold a faculty meeting 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.
- C. Quorum: As defined in the ZSFG Medical Staff Bylaws, a quorum for the purpose of conducting business is constituted by at least three (3) voting members of the active staff.

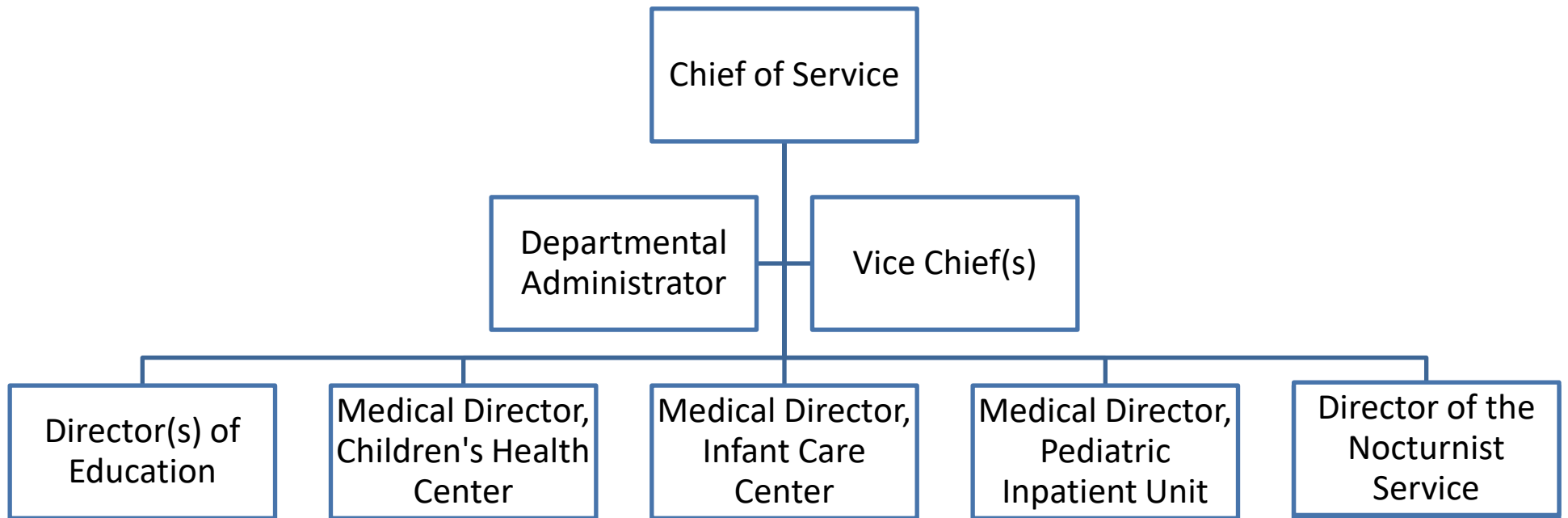
## **X. ADOPTION AND ADMENDMENT**

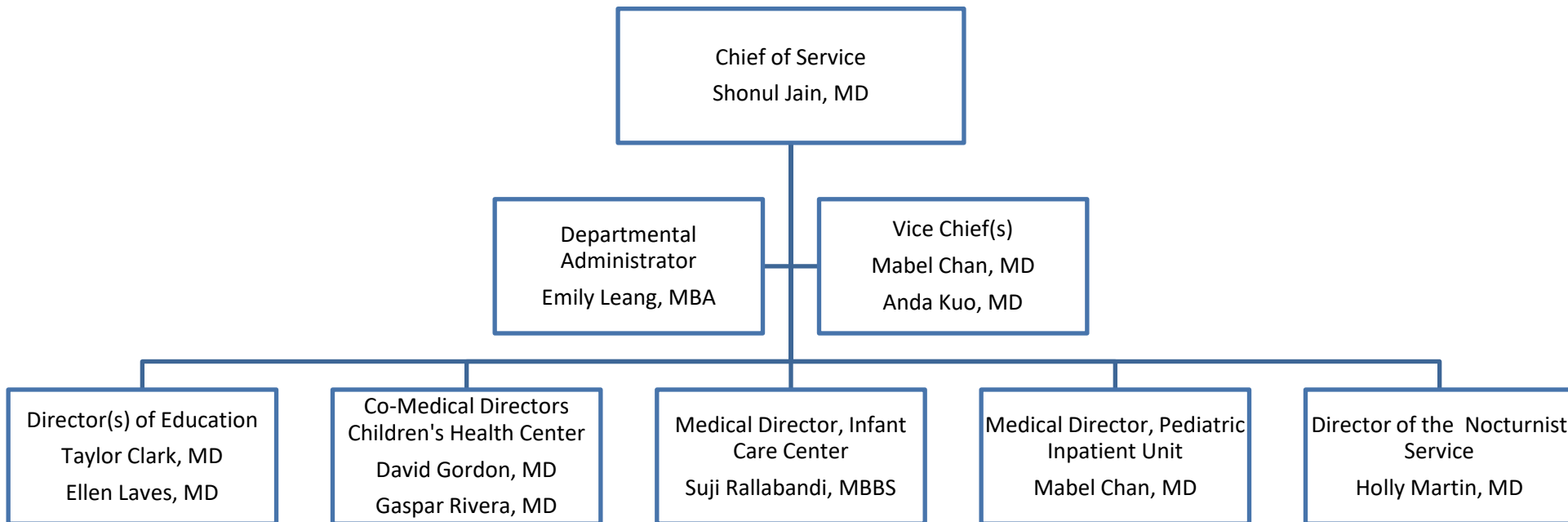
Every two years, the Pediatric departmental rules and regulations will be reviewed, revised, and adopted by a majority vote of all active members of the Pediatric department at a faculty meeting.

## Appendix A

### Organizational structure

#### Pediatric Department at the ZSFG







## **APPENDIX B**

### **OFFICERS OF THE DEPARTMENT OF PEDIATRICS**

#### **JOB DESCRIPTIONS**

#### **Chief of Pediatrics**

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

##### **Reporting relationships:**

The Chief of Pediatrics reports directly to the Vice Dean and the Chair of the Department of Pediatrics at the University of California, San Francisco (UCSF). The Chief of Pediatrics is reviewed at least every four years by an *ad hoc* committee appointed by the Chief of Staff at ZSFG. Reappointment of the Chief of Pediatrics occurs upon recommendation by the Chief of Staff, in consultation with the Vice Dean, the Chair of the Department of Pediatrics at UCSF, and the ZSFG Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief of Pediatrics maintains working relationships with these persons and groups and with other clinical departments.

##### **Position qualifications:**

The Chief of Pediatrics is Board certified, has a faculty appointment at UCSF, and is a member of the active medical staff at ZSFG.

##### **Major responsibilities:**

To provide the necessary vision and leadership to effectively motivate and direct the Department of Pediatrics at the ZSFG in order to achieve the goals and objectives that are consistent with the values, mission, and strategic plan of the ZSFG and the DPH;

To collaborate with the Executive Administrator and other ZSFG leaders, develop and implement policies and procedures which support the provision of clinical services by reviewing and approving the Service's scope of service statement, review and approve the Service policies and procedures, identify new clinical services that need to be implemented, and support clinical services provided by the Department;

To collaborate with the Executive Administrator and other ZSFG leaders, participate in the operational processes that affect the Department by participating in the budgeting process, recommend the number of qualified and competent staff to provide care, evaluate space and equipment needs, select outside sources for needed services, and supervise the selection, orientation, in-service education, and continuing education of all departmental staff;

To serve as a leader for the Department's performance improvement and patient safety programs by setting performance improvement priorities, determine the qualifications and competencies of

departmental personnel who are or are not licensed independent practitioners, and maintain appropriate quality control programs;

To perform all other duties and functions specified in the ZSFG Medical Staff Bylaws.

## Vice Chief(s) of Pediatrics

The Vice Chief(s) of Pediatrics assists the Chief of Pediatrics with leadership and oversight of clinical, educational, quality, compliance, research, and philanthropic issues, as detailed below, as well as other issues, , as requested. The responsibilities may be, but are not required to be, split into multiple positions as determined by the Chief of Pediatrics.

### Reporting relationships:

The Vice Chief(s) of Pediatrics reports to the Chief of Pediatrics.

### Position qualifications:

The Vice Chief(s) of Pediatrics is/are Board certified, has a faculty appointment at UCSF, and is/are a member of the active medical staff at the ZSFG.

### Major responsibilities:

To assist the Chief of Pediatrics with clinical, educational, quality, financial, personnel, or other issues, as requested.

The Vice Chief of Clinical Services has the following specific responsibilities

- 1) Assist Chief with oversight of clinical services within ZSFG pediatrics
- 2) Oversee and assist Chief with coordination among all ZSFG pediatrics services, both inpatient and outpatient
- 3) Oversee and assist Chief with provider credentialing and compliance issues, including OPPE
- 4) Assist Chief with Coordination with other clinical services and departments within ZSFG hospital and pediatric divisions at MB, when relates to ZSFG clinical needs
- 5) Assist Chief with other issues, as requested

The Vice Chief of Strategy and Partnerships has the following specific responsibilities

- 1) Work with Division Chief to develop overall strategy for ZSFG Peds, including visioning, strategic planning, retreats
- 2) Develop infrastructure to support faculty and staff on creative work and partnerships, such as workshop development, as well as serving as a resource for philanthropy/grants/partnerships
- 3) Develop and enhance relationships with ZSFG Foundation and UCSF philanthropy
- 4) Identify and strengthen existing key community and government partnerships in a more formal way
- 5) Strategic communication and elevating impact and visibility of all the work within the division to internal and external communities

- 6) Assist Chief with other issues, as requested

## Director(s) of Education

### Reporting relationships:

The Director(s) of Education reports to the Chief of Pediatrics.

### Position Qualifications:

The Director(s) of Education is a member of the active medical staff at the ZSFG.

### Major responsibilities:

To provide leadership and oversight for education activities for the Department of Pediatrics, including pediatric undergraduate medical education (UME) and pediatric graduate medical education (GME).

The Director of Pediatric Undergraduate Medical Education has the following responsibilities:

- 1) Oversight of the ZSFG Pediatric Clerkship; and
- 2) Oversight of the ZSFG Sub-Internship Rotations; and
- 3) Serve on the SOM Pediatrics Grading Committee; and
- 4) Create faculty development opportunities related to medical education; and
- 5) Collaborate with the Director of Pediatric Graduate Medical Education; and
- 6) Coordinate assignments and responsibilities for all undergraduate medical education learners within ZSFG Pediatrics to ensure appropriate use of resources; and
- 7) Prepare an annual report of Pediatric UME activities for the Pediatric service and other audiences.

The Director of Pediatric Graduate Medical Education has the following responsibilities:

- 1) Collaborate with the ZSFG-based Pediatric chief residents, Residency Program leadership team, Pediatric Medical Directors, Chief of Service, Administrative leaders, and Director of Pediatric Undergraduate Medical Education on all ZSFG graduate medical education issues; and
- 2) Serve on the ZSFG GME committee; and
- 3) Coordinate ZSFG Grand Rounds scheduling with the ZSFG-based Chief Residents and administrative team; and
- 4) Support the onboarding of ZSFG cardiology fellows; and
- 5) Prepare an annual report of Pediatric GME activities for the Pediatric service and other audiences.

## Medical Director Children's Health Center (CHC, Outpatient clinic)

Reporting relationships: The Medical Director of the Children's Health Center reports to the Chief of Pediatrics.

Position qualifications: The Medical Director of the Children's Health Center is Board certified and is a member of the active medical staff at the ZSFG.

Major Responsibilities:

To provide medical leadership and oversight of the Children's Health Center, assure that quality medical care is provided to all patients in the Center, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work in the Children's Health Center, to mentor faculty and affiliated staff who work in the Children's Health Center, to work collaboratively with the Nurse Manager on all clinical, financial and administrative issues relating to the Children's Health Center, , and to participate in activities related to the ZSFG hospital priorities, DPH SFHN initiatives, , performance improvement, and quality improvement.

To organize staffing of the Children's Health Center in primary, urgent, and specialty care areas with pediatricians who evaluate and supervise ongoing care and coordinate annual staffing and personnel budget with the Chief of Pediatrics and Department Manager.

To develop policies and guidelines for medical evaluation and management of common pediatric conditions in primary, urgent, and specialty care.

To develop and implement performance improvement, patient safety and quality improvement plans for the unit, generate reports for morbidity and mortality conferences, oversee and submit appropriate data and information for hospital PIPS and other committees, for appropriate health insurers such as San Francisco Health Plan, for the San Francisco Department of Health, the California Department of Health, and other organizations and agencies.

To identify and advocate for the programmatic, administrative, personnel, and physical needs of the Children's Health Center.

To maintain statistics for Children's Health Center activities, ascertain patient satisfaction, and monitor quality of care.

To oversee all educational and training activities in the Children's Health Center for clinicians and trainees, collaborate with ancillary services (e.g., lab, nutrition, behavioral health, social services), coordinate clinical activities with nursing and hospital administration, and work collaboratively with the nurse manager to maintain policies and procedures for the Children's Health Center.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG and maintain a strong liaison and alignment with DPH leaders in the San Francisco Health Network. To actively participate in the both the DPH San Francisco Health Network primary care and ZSFG ambulatory specialty care infrastructure, including relevant meetings, initiatives, and priorities.

Medical Director, Infant Care Center

#### Reporting relationships:

The Medical Director of the Infant Care Center reports to the Chief of Pediatrics.

#### Position qualifications:

The Medical Director of the Infant Care Center is Board certified and is a member of the active medical staff at the ZSFG.

#### Major responsibilities:

To provide medical leadership and oversight of the Infant Care Center, assure that quality medical care is provided to all infants in the unit, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work in the Infant Care Center, to mentor faculty who work in the Infant Care Center, to meet regularly with the Department Manager and Nurse Manager to review financial issues, and to participate in activities related to the hospital rebuild, performance improvement, quality improvement, and LEAN training.

To organize 24-hour coverage of the unit with neonatologists who evaluate all unstable infants and attend high-risk deliveries and resuscitations.

To develop policies and guidelines for medical management of common neonatal conditions and ensure appropriate post-discharge follow-up of all high risk infants.

To develop and implement performance improvement, patient safety and quality improvement plans for the Infant Care Center; to generate reports for morbidity and mortality conferences, for CCS, for CPQCC, for the San Francisco Department of Health, and the California Department of Health; to maintain a neonatal data base, including birth weight, weight-specific survival, transports, neonatal deaths, diagnoses, and complications.

To identify and advocate for the programmatic and equipment needs of the Infant Care Center.

To develop and maintain an education program for neonatal staff, oversee monthly morbidity and mortality conferences to be held jointly with Obstetrics, and provide in-service education programs.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG, maintain a strong liaison with the obstetrical perinatologists and nurse midwives to develop joint protocols and problem solving, and conduct nursery liaison management meetings on a monthly basis or more frequently, if needed.

To coordinate the relationship with the regional intensive care nursery at UCSF and maintain transport and outreach education agreements.

### Medical Director, Pediatric Inpatient Unit

#### Reporting relationships:

The Medical Director of the Pediatric Inpatient Unit reports to the Chief of Pediatrics.

Position qualifications:

The Medical Director of the Pediatric Inpatient Unit is Board certified and is a member of the active medical staff at the ZSFG.

Major responsibilities:

To provide medical leadership and oversight of the Pediatric Inpatient Unit, assure that quality medical care is provided to all patients on the unit, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work in the Pediatric Inpatient Unit, to mentor faculty who work in the Infant Care Center, to meet regularly with the Department Manager and Nurse Manager to review financial issues, and to participate in activities related to the hospital rebuild, performance improvement, quality improvement, and LEAN training.

To organize daily supervision of the unit with pediatricians who evaluate all unstable pediatric patients and provide ongoing care to hospitalized patients.

To develop policies and guidelines for medical management of common pediatric conditions.

To develop and implement performance improvement, patient safety and quality improvement plans for the unit, generate reports for morbidity and mortality conferences, for CCS, for the San Francisco Department of Health, the California Department of Health, and other organizations and agencies.

To identify and advocate for the programmatic and equipment needs of the pediatric inpatient unit.

To develop and maintain an education program for nursing staff.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG and maintain a strong liaison with public health nursing and other nursing leaders.

To develop and maintain transport agreements.

The Medical Director of the Pediatric Inpatient Unit has decision-making authority over the attending physicians who work on the unit. The attending physician on the inpatient pediatric service is responsible for providing clinical care to hospitalized pediatric patients on the inpatient and intensive care units.

## Director, Nocturnist Service

Reporting relationships:

The Director of the Nocturnist Service reports to the Chief of Pediatrics.

Position qualifications:

The Director of the Nocturnist Service is Board certified and is a member of the active medical staff at the ZSFG.

Major responsibilities:

To provide medical leadership and oversight of the Nocturnist Service, assure that quality medical care is provided to all patients, and maintain appropriate standards of care.

To organize and regularly lead meetings with providers who work on the Nocturnist Service, to mentor faculty who work on the service, to meet regularly with the Department Manager and Nurse Manager to review financial issues, and to participate in hospital-based activities such as performance improvement and quality improvement.

To organize nightly staffing of the service with pediatricians who evaluate pediatric patients throughout the hospital including ICU and the Emergency Department.

To develop policies and guidelines relevant to the Nocturnist Service.

To develop and implement performance improvement, patient safety and quality improvement plans for the service, generate reports for morbidity and mortality conferences, for CCS, for the San Francisco Department of Health, the California Department of Health, and other organizations and agencies.

To identify and advocate for the programmatic and equipment needs of the service.

To develop and maintain an education program for nursing staff and faculty.

To coordinate with the directors of other departments and other Pediatric units at the ZSFG.

The Director of the Nocturnist Service has decision-making authority over the pediatricians who work on the service. The attending nocturnist is responsible for providing clinical care to hospitalized pediatric patients on all the inpatient and intensive care units and providing support to the Emergency Department.

Delineation Of Privileges  
Pediatrics

Provider Name:

Privilege	Status	Approved
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PEDIATRICS  
(06/2025 MEC & 06/2025 JCC)

FOR ALL PRIVILEGES

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

32.10 CORE PRIVILEGES

Admit, work-up and provide treatment and consultative services to pediatric patients and transitional age youth, in the ambulatory and inpatient (non-ICU) setting; including lumbar punctures.

Specifically to: Inpatients 0 to ≤ 21 years; Outpatient 0 to ≤ 24 years

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PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

32.11 PEDIATRIC HOSPITALIST PRIVILEGE

Admit, work-up and provide treatment and consultative services to pediatric patients in the ED and all inpatient settings. Privileges include diagnostic and therapeutic treatment interventions, and procedures, including lumbar puncture.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Current PALS certification by the American Heart Association.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

32.20 SPECIAL PEDIATRIC PRIVILEGES

32.21.1 CENTRAL LINE PLACEMENT

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or Pediatric Critical Care Medicine.

PROCTORING: Review of 3 cases.

REAPPOINTMENT: Review of 2 cases.

32.22 LASER SURGERY

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

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Appropriate training, completion of the laser safety module prepared by the ZSFGH Laser Safety Committee and baseline eye examination within the previous 1 year.

PROCTORING: 2 observed procedures

REAPPOINTMENT: 2 cases in the previous two years

32.23 CIRCUMCISION



## Delineation Of Privileges

### Pediatrics

Provider Name:

Privilege	Status	Approved
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**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or American Board of Family Medicine. Documentation of proficiency from a Residency program with at least 5 cases, OR, documentation of previous privileges at another hospital with at least 5 cases, OR, minimum of 5 cases performed with assistance from a supervising attending with circumcision privileges, until provider and supervisor determine the provider can perform under proctoring.

**PROCTORING:** Direct observation of 3 independently performed cases (consecutive/concurrent).

**REAPPOINTMENT:** Review of 3 cases.

#### 32.24 PROCEDURAL SEDATION

**PREREQUISITES:** The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 pediatric airways via BVM or ETT per year in the preceding 2 years or,
- Current BLS, NRP, or PALS certification (age appropriate) by the American Heart Association

**PROCTORING:** Review of 5 cases (completed training within the last 5 years)

**REAPPOINTMENT:** Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 pediatric airways via BVM or ETT per year for the preceding 2 years or,
- Current BLS, NPR, or PALS certification (age appropriate) by the American Heart Association

#### 32.25 INSERTION OF INTRAUTERINE DEVICE (IUD)

**PREREQUISITES:** Currently board admissible, board certified or re-certified by the American Board of Pediatrics, American Board of Pediatrics in Adolescent Medicine, or special dispensation from the chief of service for equivalent training. Documentation of appropriate additional training.

**PROCTORING:** 2 observed procedures.

**REAPPOINTMENT:** 2 cases in the previous 2 years.

#### 32.26 CONTRACEPTIVE IMPLANT INSERTION/REMOVAL

## Delineation Of Privileges

### Pediatrics

Provider Name:

Privilege	Status	Approved
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PREREQUISITES: Currently Board Admissible, Certified, or Re-Certified by the American Board of Family Medicine, American Board of Internal Medicine, American Board of Obstetrics and Gynecology, or American Board of Pediatrics. Proof of completion specialized course in insertion/removal of device.

PROCTORING: Direct observation of 1 insertion and 1 removal by a qualified provider.

REAPPOINTMENT: Review of 2 insertion and 2 removal cases.

#### 32.30 CARE OF NEWBORNS

Management of well and sick neonatal patients in conjunction with the Attending Neonatologist. Includes attendance at high-risk deliveries, neonatal resuscitation and stabilization, diagnostic and therapeutic treatment, interventions, and procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Current NRP certification by the American Heart Association.

PROCTORING: Review of 5 cases

REAPPOINTMENT: Review of 3 cases

#### **32.40 PEDIATRIC SUBSPECIALTY PRIVILEGES**

Patient management, including diagnostic and therapeutic treatment, procedures and interventions.

#### 32.41 ADOLESCENT MEDICINE

Provide comprehensive primary preventive care, including family planning, evaluations, assessment, and management of chronic diseases common to adolescents and young adults.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Adolescent Medicine or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

#### 32.42 ALLERGY AND IMMUNOLOGY

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

PREREQUISITES: Currently Board Admissible, Board Certified, Re-Certified by the American Board of Pediatrics or a subspecialty board of Pediatrics and the American Board of Allergy and Immunology or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

#### 32.43 CHILD ABUSE

Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with suspected child abuse in the ambulatory and inpatient settings. Core privileges include forensic physical and/or sexual abuse exams using colonoscopy, or other photo documentation of injuries.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Child Abuse, or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

## Delineation Of Privileges

### Pediatrics

Provider Name:

Privilege	Status	Approved
<p><b>32.44 GENETICS</b>  Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with genetics diseases in the ambulatory and inpatient settings.</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics and the American Board of Medical Genetics, or special dispensation from the chief of service for equivalent training or a member of the Service prior to 10/17/00.</p> <p><u>PROCTORING:</u> Review of 5 cases.</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases.</p>		—
<p><b>32.45 NEONATOLOGY/PERINATAL</b>  Management of critically ill newborns including diagnostic and therapeutic treatment, procedures and interventions, umbilical arterial and umbilical venous line placement, neonatal intensive care, neonatal resuscitation, ventilator management including conventional and high-frequency ventilators, inhaled Nitric Oxide (NO), endotracheal intubation, lumbar puncture, tube thoracostomy for pneumothorax, thoracentesis, paracentesis, pericardial tube placement for pneumopericardium, surfactant administration, parenteral nutrition, bladder tap, exchange transfusion</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Neonatology.</p> <p><u>PROCTORING:</u> Review of 5 cases.</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases.</p>		—
<p><b>32.45.1 Peripherally Inserted Central Catheter (PICC) Line Placement</b></p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or a member of Service prior to 10/17/00. Documentation of additional training/experience</p> <p><u>PROCTORING:</u> Review of 5 cases.</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases.</p>		—
<p><b>32.50 PEDIATRIC CARDIOLOGY</b>  Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with cardiovascular disease; and electrocardiography interpretation including signal averaged ECG in the ambulatory and inpatient settings.</p> <p><u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Cardiology, or special dispensation from the chief of service for equivalent training.</p> <p><u>PROCTORING:</u> Review of 5 cases.</p> <p><u>REAPPOINTMENT:</u> Review of 3 cases.</p>		—
<p><b>32.51 PEDIATRIC DERMATOLOGY</b>  Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with dermatologic diseases in the ambulatory and inpatient settings. Core privileges include skin biopsy and interpretation of results.</p>		—

## Delineation Of Privileges

### Pediatrics

Provider Name:

Privilege	Status	Approved
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PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Dermatology in Pediatric Dermatology, or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

#### 32.52 PEDIATRIC GASTROENTEROLOGY

Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with gastroenterology diseases in the ambulatory and inpatient settings.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Gastroenterology, or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

#### 32.53 PEDIATRIC INFECTIOUS DISEASE

Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients with infectious diseases in the ambulatory and inpatient settings.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Infectious Disease, or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

#### 32.54 PEDIATRIC NEUROLOGY

Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with neurology diseases.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology with special qualifications in Child Neurology, or special dispensation from the chief of service for equivalent training.

PROCTORING: Review of 5 cases.

REAPPOINTMENT: Review of 3 cases.

### **32.70 LIMITED PRIVILEGES**

#### 32.71 EXAM ONLY

The physician shall perform exams on patients for teaching purposes for residents or medical students. The physician will have no involvement in the clinical care of patients.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics.

PROCTORING: Observation of 2 teaching sessions.

REAPPOINTMENT: Observation of 2 teaching sessions.

## Delineation Of Privileges

### Pediatrics

Provider Name:

Privilege	Status	Approved
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**90.00 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH**

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

**PREREQUISITES:** Currently Board Admissible, Certified, or Re-Certified by one of the boards of the American Board of Medical Specialties. Approval of the Director of the CTSI (below) is required for all applicants.

PROCTORING: All OPPE metrics acceptable

REAPPOINTMENT: All OPPE metrics acceptable

CTSI Medical Director \_\_\_\_\_ Date \_\_\_\_\_

I hereby request clinical privileges as indicated above.

Applicant	Date
-----------	------

**APPROVED BY**

Service Chief \_\_\_\_\_ Date \_\_\_\_\_



University of California  
San Francisco



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# ZSFG Pediatrics Service

Shonul Jain, MD

Chief of Service

Zuckerberg San Francisco General Hospital

7/14/2025



# ZSFG Pediatrics Vision and Mission

## **Vision**

ZSFG Pediatrics optimizes the health and well-being of children, youth, and families in San Francisco through exceptional holistic and innovative clinical care, unique educational programs, and strong community partnerships.

## **Mission**

- To integrate the principles of anti-racism, community partnership, cultural humility, health equity, and social justice in our work as health care leaders, clinicians, educators, advocates, and researchers
- To provide, with compassion and respect, exceptional trauma-informed health care that addresses social determinants of health
- To train all learners to provide outstanding care and develop a community of leaders and advocates
- To optimize health and health care through scholarship, particularly for those who are impacted by disparities and/or inequities
- To build and advocate for systemic anti-racism that enable healthy living, within and beyond our hospital

# Faculty and Staff



# ZSFG Pediatrics Core Faculty (33)

- Naomi Bardach
- Fatima Barragan (MSP)
- Amy Beck
- Liat Bird
- Heather Briscoe
- Tonya Chaffee
- Mabel Chan
- Eleanor Chung
- Taylor Clark
- Eddie Cruz
- Clem Donahue
- Neeti Doshi
- Susan Fisher-Owens
- Maggie Gilbreth
- David Gordon
- Raul Gutierrez
- Shonul Jain
- Anda Kuo
- Ellen Laves
- Andi Marmor
- Holly Martin
- Camila Mateo
- Dannielle McBride
- Meg McNamara
- Raechelle Ocampo
- Matt Pantell
- Sruti Pisharody
- Amber Pope
- Radhika Rajan
- Suji Rallabandi
- Gaspar Rivera
- Laura Rubinos
- Amy Whittle

# ZSFG Pediatrics Associated Faculty

## Mission Bay Pediatric Sub-specialists

- Bill Weiss (Neurology)
- Bethany Johnson-Kerner (Neurology)
- David Teitel (Cardiology)
- Nicole Cresalia (Cardiology)
- Chris Stewart (Child Abuse)
- Daniele Gusland (ID)
- Natalie Chan (Neonatology)
- Katie Kramer (Neonatology)
- Brennan Higgins (Neonatology)
- Hannah Gu (Neonatology)
- Janet Shimotake (Neonatology)
- Tom Shimotake (Neonatology)
- Yao Sun (Neonatology)

## Other UCSF Departments

- Paul Krezanoski (Internal Medicine)
- Sarah Coates (Dermatology)
- Sarah Kim (Adult Endocrinology/Diabetes)
- Katherine Margolis (Psychiatry)
- Chuan-Mei Lee (Psychiatry)
- Zara Szeftel (Psychiatry)
- Angel Kuo (School of Nursing/Urology)

MSP Physicians (15)

Volunteer Clinical Faculty (7)

SFDPH NPs (11)



Rachel Brim



Natalie Chan



Hannah Gu



Brennan Higgins



Mabel Chan



Shon Jain



Liat Bird  
Hospitalist / Nocturnist



Heather Briscoe  
Hospitalist / Nocturnist



Chris Carpenter



Samhita Jain



Katie Kramer



Mark Petersen



Amber Pope



Ellen Laves



Andrea Marmor



Clem Donahue



Margaret Gilbreth  
Hospitalist / Nocturnist



Holly Martin  
Hospitalist / Nocturnist



Srujana Rallabandi



Laura Rubinos



Janet Shimotake



Tom Shimotake



Chris Stewart



Tim Uyeki



Raechelle Ocampo



Sruti Pisharody  
Hospitalist / Nocturnist



Radhika Rajan  
Hospitalist / Nocturnist



Yao Sun



Anna Usovicz



Yousef Turshani



Kristin Wong



**Taylor Clark**  
Medical Director  
Quality Improvement



**Rajan Radhika**  
Medical Director  
Urgent Care



**Amy Whittle**  
Medical Director  
Integrated Care



**Jessica Axelrod**  
Director for  
Advanced Practice



**Dannielle McBride**  
Director  
Health Equity



**Fatima Barragan**  
Director  
Clinica Buena Vida



**Amy Beck**  
Director  
Healthy Lifestyle



**Andrea Marmor**  
Physician



**Christine Mayor**  
Nurse Practitioner /  
Asthma Team



**Meg McNamara**  
Physician



**Eleanor Chung**  
Co-Director  
Bridges Clinic



**J. Raul Gutierrez**  
Co-Director  
Bridges Clinic



**Matt Pantelli**  
Director  
Tattoo Removal Clinic



**Naomi Bardach**  
Physician



**Liat Bird**  
Physician



**Heather Briscoe**  
Physician



**Tonya Chaffee**  
Physician



**Andrea Shah**  
Nurse Practitioner



**Pallavi Sheth**  
Nurse Practitioner



**Rumi Yokota**  
Nurse Practitioner



**Mabel Chan**  
Physician



**Tina Chang**  
Nurse Practitioner



**Eddie Cruz-Romero**  
Physician



**Clem Donahue**  
Physician



**Neeti Doshi**  
Physician



**Susan Fisher-Owens**  
Physician



**Veronica Fuata**  
Nurse Practitioner



**Margaret Gilbreth**  
Physician



**Bridget Gramkowski**  
Nurse Practitioner



**Julissa Haya**  
Nurse Practitioner



**Mary Anne Isreal**  
Nurse Practitioner



**Anda Kuo**  
Physician



**Ellen Laves**  
Physician



**Zea Malawa**  
Physician

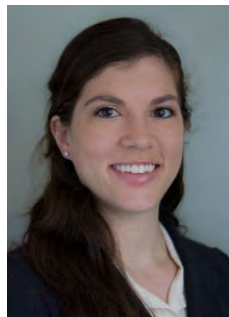


**David Gordon**



**Gaspar Rivera**

# New ZSFG Peds Faculty



Dr. Liat Bird



Dr. Camila Mateo



Dr. Danielle Perez Sharp



Dr. Sruti Pisharody



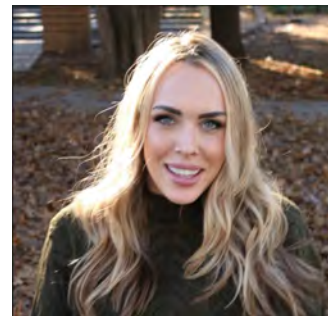
# ZSFG Peds Staff

## Administrative

- Emily Leang –Division Administrator
- Jesse Garcia -Administrative and Education Coordinator
- Annie Mar -Financial Analyst
- Kimmy Riley -Billing and Compliance Analyst
- Laura Hernandez-Canizalez -QI Analyst
- Quynh Nguyen -QI Analyst

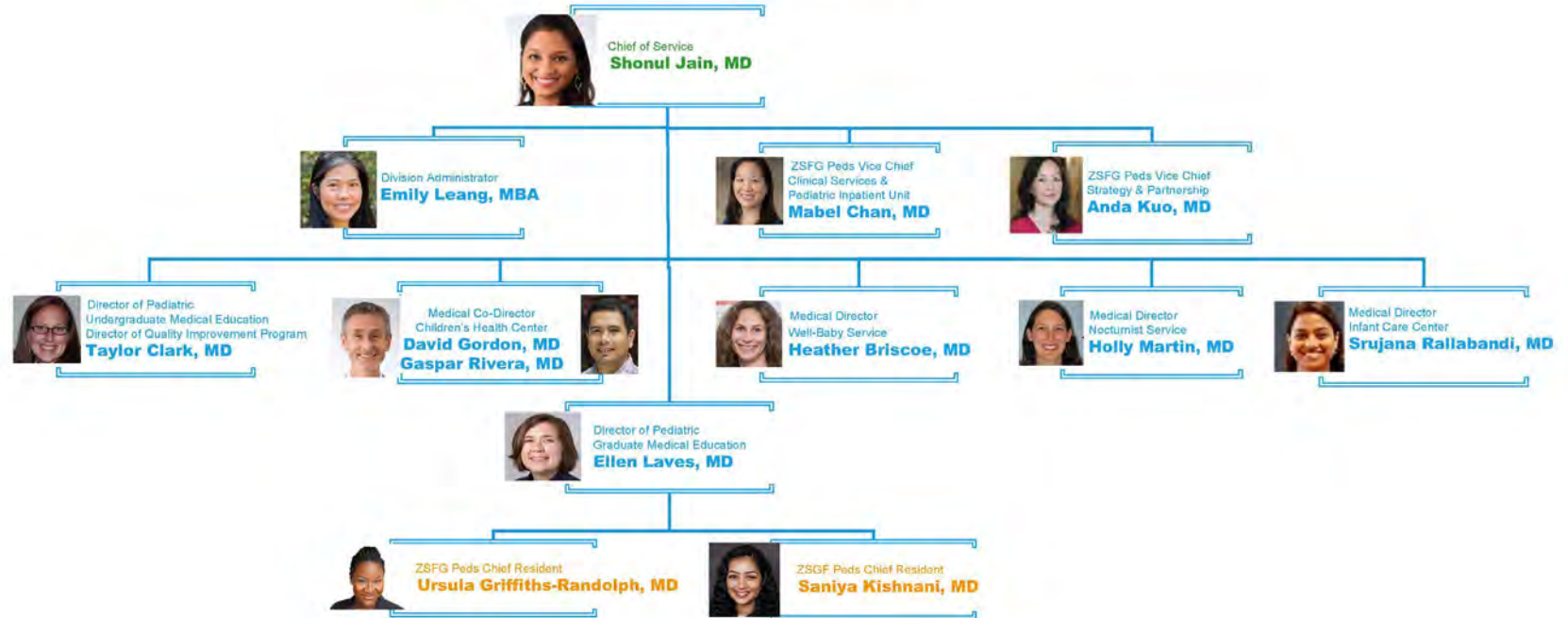
11 UCSF Clinical Staff

11 SFDPH NPs



# ZSFG Peds Leadership

## University of California San Francisco Division of Pediatrics - ZSFG



# Leadership Roles – UCSF Department of Pediatrics

- Alma Martinez –Emeritus Vice Chair for Diversity, Equity and Inclusion
- Anda Kuo: Director of Child Health Equity and Community Engagement
- Ellen Laves: Associate Pediatric Residency Program Director
- Mabel Chan: Director of the UCSF Northern California Neonatal and Pediatric Hospital Medicine Consortia



# Other Leadership roles

- Eddie Cruz – Admissions Director, PRIME-US; PRIME-US Faculty Lead for Leadership & Mentorship
- Raul Gutierrez – Chair, AAP Council on Immigrant and Family Health
- Dave Gordon – AAP PAAC Quality Expert Workgroup
- Gaspar Rivera – UCSF Health Equity Council
- Susan Fisher-Owens: California Oral Health Program Advisory Committee, California Perinatal and Infant Oral Health Advisory Board
- Neeti Doshi: Medical Advisor, SFUSD

# ZSFG Faculty Awards

- Kate Margolis: 2025 SFGH Foundation Community Hearts and Heroes Award
- Eleanor Chung: 2025 Pediatric Faculty Mentoring Award
- Taylor Clark: 2024 SFHN Award for Innovation in Value-Based Care; 2024 ZSFG Kaizen Promotion Office Fellowship; 2025 ZSFG Health Equity Award
- Ellen Laves: 2025 GME Excellence and Innovation Award
- Dannielle McBride, Maggie Gilbreth: 2024 AME Excellence in Teaching Award

# ZSFG Hospital Committees

Ambulatory Care Committee	Gaspar Rivera
Code Blue	Mabel Chan
Credentials	Anda Kuo, Liat Bird
Disaster	Sruti Pisharody
Ethics	Heather Briscoe
Faculty Experience Council	Maggie Gilbreth
GME Committee	Ellen Laves
Infection Control	Andi Marmor
MERP	Eddie Cruz

# ZSFG Hospital Committees

Pediatric Emergencies	Ellen Laves, Radhika Rajan
PIPS	Taylor Clark
Pharmacy and Therapeutics	Amy Whittle
Risk Management	Eleanor Chung
Trauma Peer Review	Clem Donahue
Pharmacy and Therapeutics	Amy Whittle
CIDP	Tina Chang
Perinatal Task Force	Pallavi Sheth

# Clinical Programs

# ZSFG Clinical Services

- Pediatric Inpatient Unit
- Infant Care Center
  - Well Baby Nursery
  - Level III NICU
- Children's Health Center – Ambulatory Care
- Primary Care
  - Urgent Care
  - Specialty Care
  - Integrated Programs

# Inpatient Ward/Hospitalist Service

# Pediatric Inpatient Unit (H26) Leadership



Mabel Chan, MD  
Medical Director



Shilu Ramchand, RN, MS, CNS  
Nurse Manager



Liezl Uy, RN  
Pediatric Nurse Educator



# 2024-2025 Hospitalist Group

## ZSFG Chief Residents



Mabel Chan



Shon Jain



Chris Stewart



Tim Uyeki



Margaret Gilbreth  
Hospitalist / Nocturnist



Holly Martin  
Hospitalist / Nocturnist



Ursula Griffiths-Randolph  
Hospitalist / Nocturnist



Ellen Laves



Andrea Marmor



Liat Bird  
Hospitalist / Nocturnist



Heather Briscoe  
Hospitalist / Nocturnist



Sruti Pisharody  
Hospitalist / Nocturnist



Radhika Rajan  
Hospitalist / Nocturnist



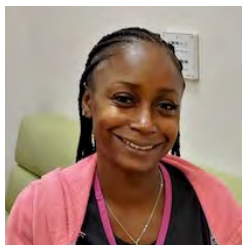
Saniya Kishnani  
Hospitalist / Nocturnist

- 12 Core Faculty
- Volunteer attending from CDC Dr. Tim Uyeki ★
- 2 ZSFG Chief Residents (each attends 4 weeks/year)

# Pediatrics Staff



16 core pediatric nurses

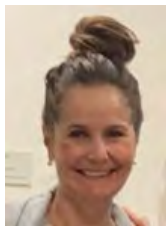


Unit clerk- Aisha

2 Pediatric Social Workers

Sarah

Liza



Pediatric Clinical  
Pharmacist-  
Julie Shih

# Pediatric Unit - H26

- Basic med-surg level care
- Most Surgical Services consult on peds
  - Gen Surgery, NS, Ortho, OHNS, Plastics
- Trained for higher level respiratory capabilities
  - HFNC for moderate to severe bronchiolitis
  - Severe asthmatics – continuous albuterol, IV Magnesium infusion
  - These patients are often cared for in higher acuity units at other pediatric hospitals



# Other units that have Pediatric Patients

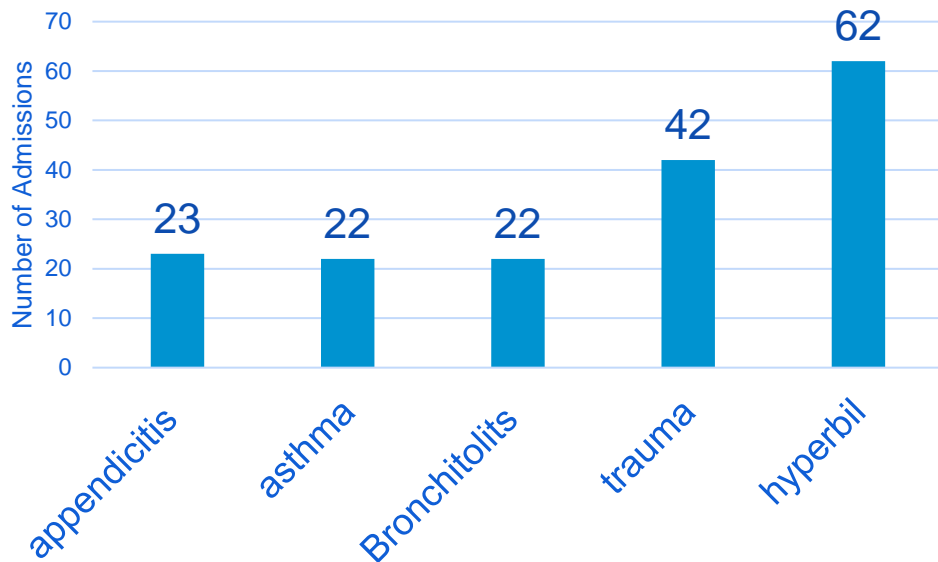
- Pediatric patients also admitted to:
  - Surgical ICU (Neurosurgery and Trauma)
    - No medical PICU at ZSFG
  - Adolescent beds on Adult Med-Surg
    - 13 years and older
      - If no space on H26
      - For nursing skill level (chest tubes, epidurals, etc.)

# Peds inpatient care not available at ZSFG

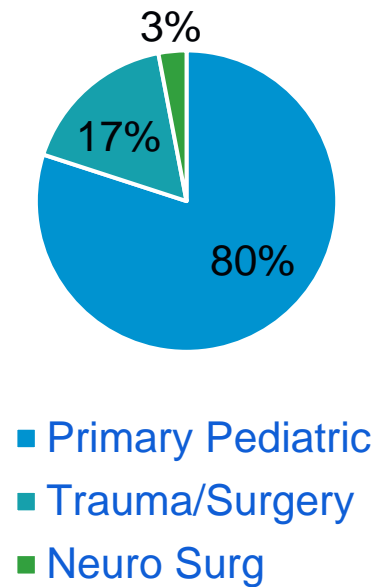
- PICU
- In-person pediatric medical subspecialties for inpatient consultation
  - Teleconsult via UCSF Pediatric Access Center
  - Will transfer for in-person pediatric medical subspecialist/procedure
- Inpatient Pediatric mental health/behavioral health support
- Child Life
- Limitations on pediatric anesthesia
  - will transfer for non emergent surgeries in 7 Years and younger
- No Pediatric Sedation Service
  - Reliant on Anesthesia for procedural sedation, sedated MRIs

# Scope of Service

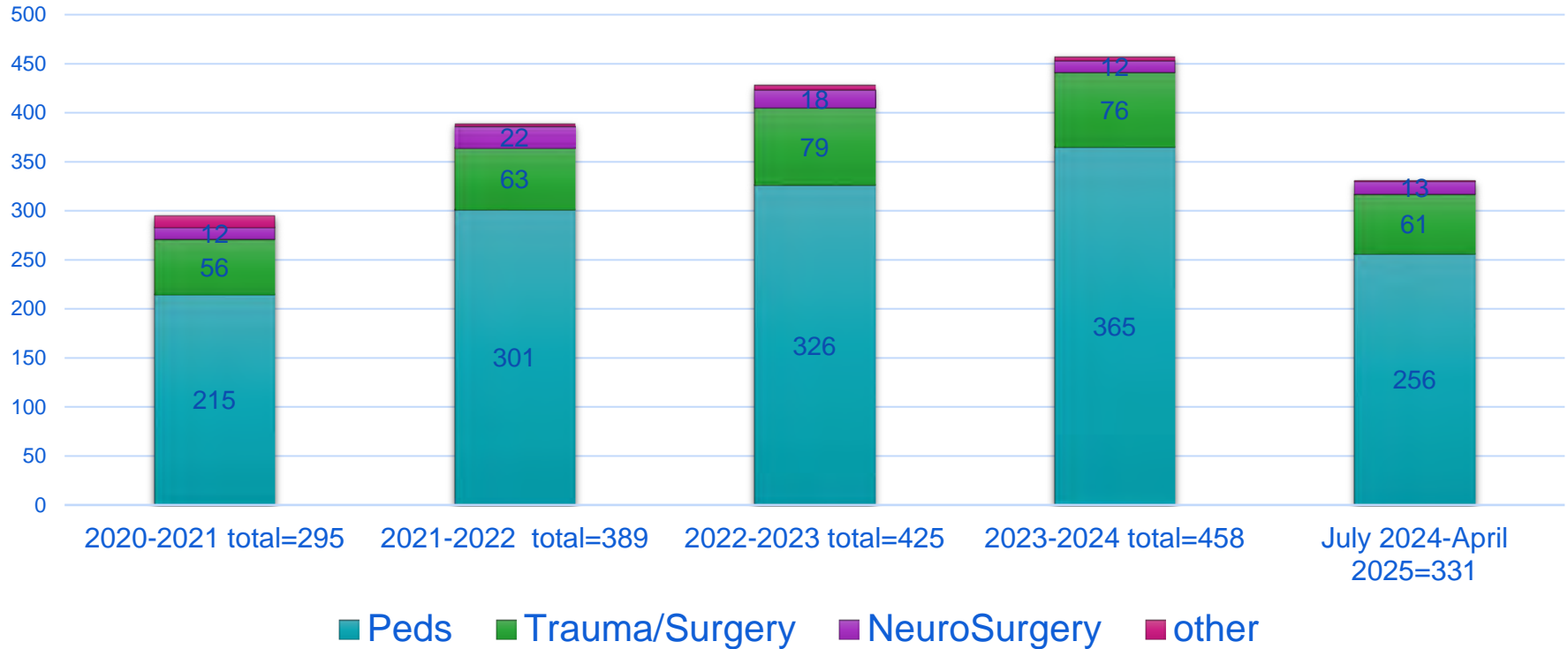
## Top 5 Diagnoses 2024-2025



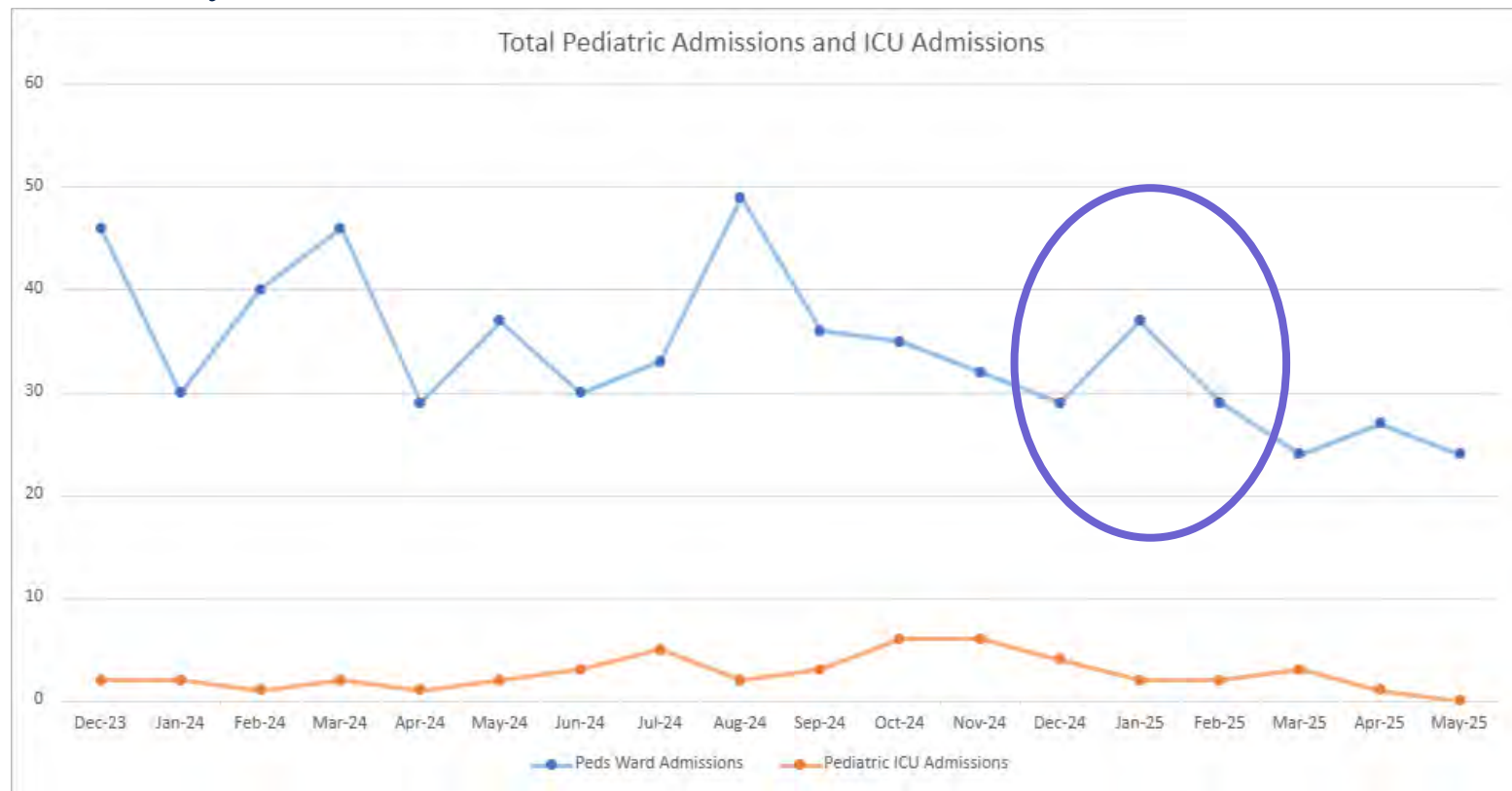
## Percentage of Admissions by Primary Service



# Yearly Pediatric Admission by Primary Service

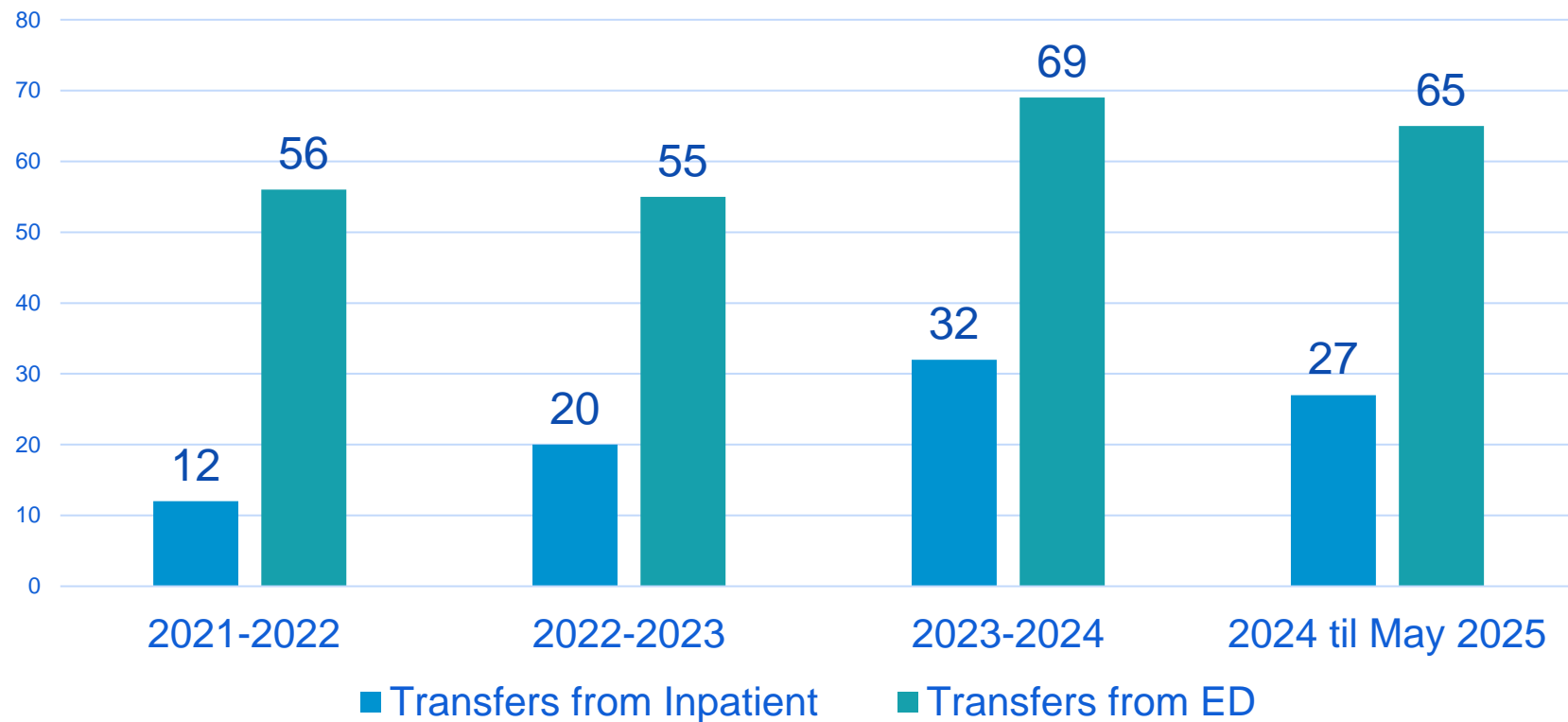


# Monthly Pediatric Admissions and ICU Admissions



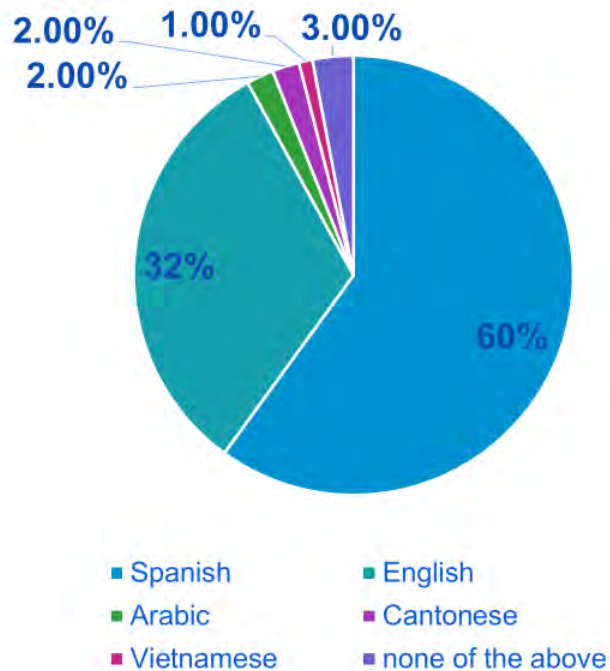


## Yearly Transfers

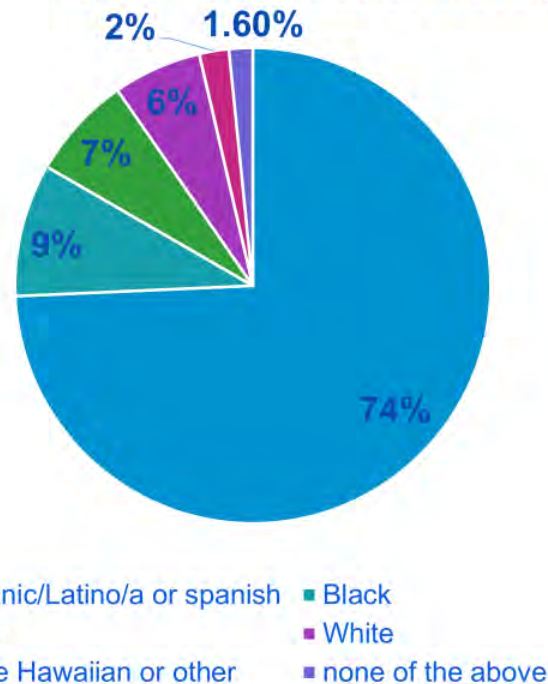


# Demographics

Preferred Language -Pediatric Admissions



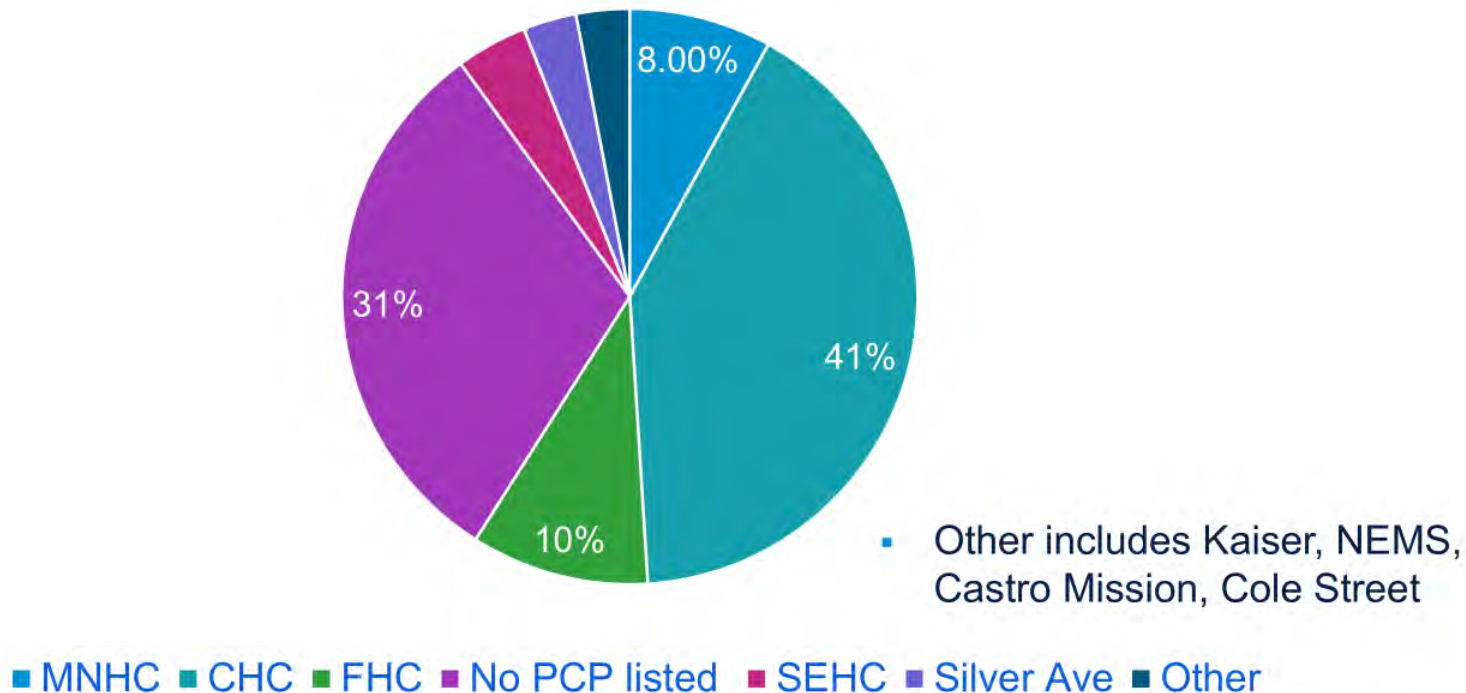
Report Race-Pediatric Admissions



Majority public insurance

# Demographics

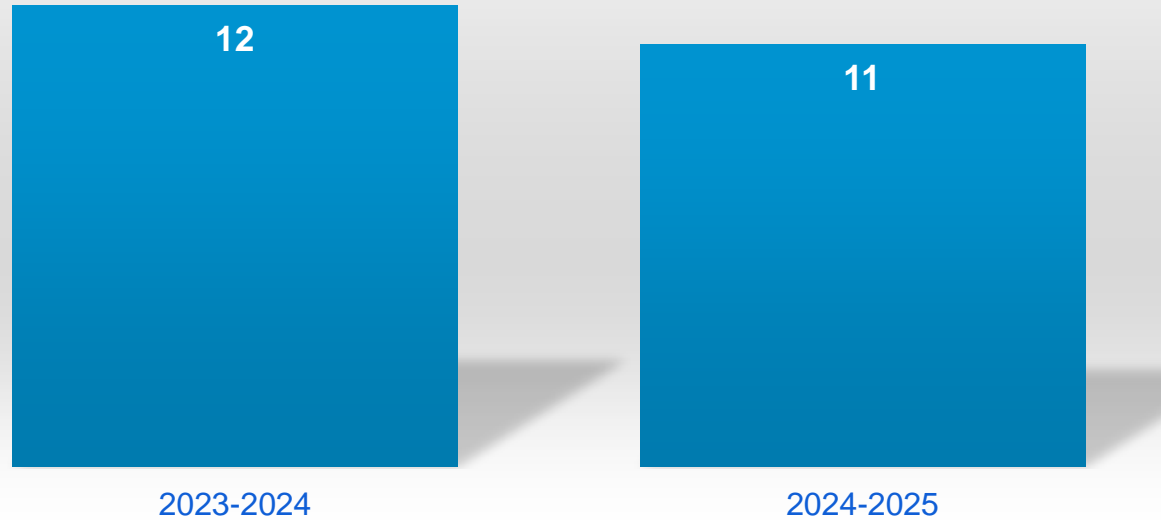
## Primary Care Home



# Adolescents in mental health crisis

- 2021 collaboration with PEM to develop workflow of admitting adolescent who are medically cleared and awaiting inpatient adolescent psych placement
  - After certain amount of time has passed and no bed available, can admit
- Patient centered approach
  - ZSFG ED not ideal environment to wait
  - ED boarding and flow issues
- Limitations
  - H26 not locked unit
  - Limited inpatient mental health services
  - Requires extra staffing – 1:1 coach

# Yearly Admissions on Psych Holds



# Pain Points

- **Gaps**

- Inpatient mental health services and supports
- Sedation/anesthesia services for very young
- Pediatric Critical Care for critically ill pediatric trauma
- Child Life to support coping with hospitalization and procedures

- **Challenges**

- Adolescents boarding while awaiting inpatient psych placement
- Variable volumes

# Future Initiatives

- Working with SICU, trauma, NS on early transfer of critically ill trauma patients
- Possible incorporation of hospitalist fellows into inpatient services

# Infant Care Center



# Infant Care Center (H24) Leadership



Suji Rallabandi,  
MD Medical  
Director



Shilu Ramchand, RN, MS, CNS  
Nurse Manager



Liezl Uy, RN  
Pediatric Nurse Educator

# H24 - Infant Care Center

## Scope of Service

- California Children's Services  
Community Level III Neonatal ICU
- Capacity
  - 12 Level III NICU beds, 1 isolation room
  - 5 Well Baby beds
  - 14 dyad rooms (OB unit)



# 2024-2025 Neonatology Group



Rachel Brim



Natalie Chan



Hannah Gu



Brennan Higgins



Srujana Rallabandi



Laura Rubinos



Janet Shimotake



Tom Shimotake



Samhita Jain



Katie Kramer



Mark Petersen



Amber Pope



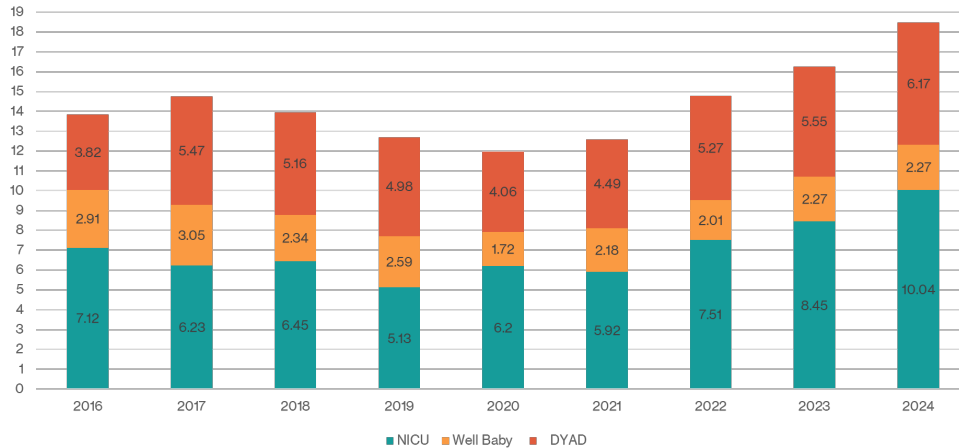
Yao Sun



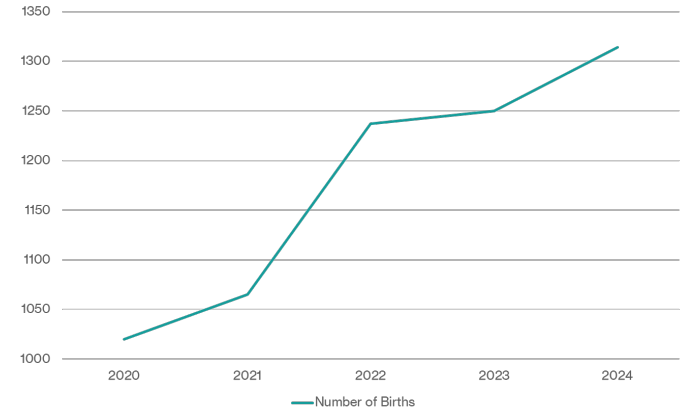
Anna Usowicz

# Increased Births, Increased Acuity, and Increased LOS for Neonatal Opioid Withdrawal Syndrome

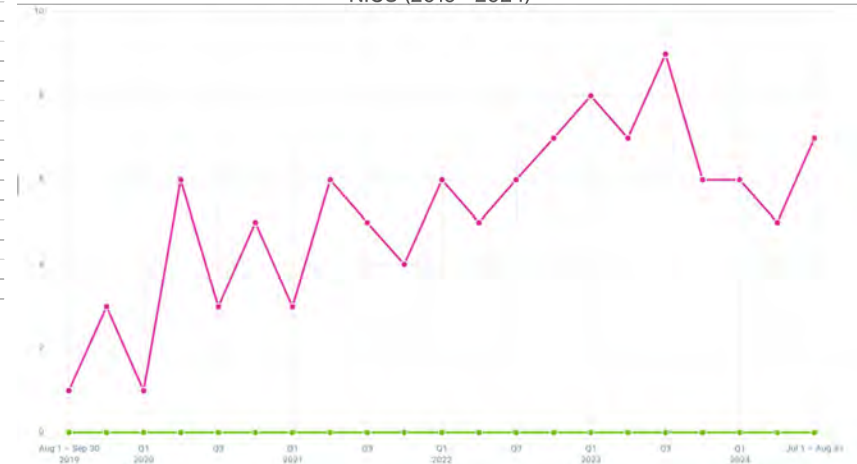
H24 Average NICU Census 2016- 2024



Number of Births (2020 – 2024)

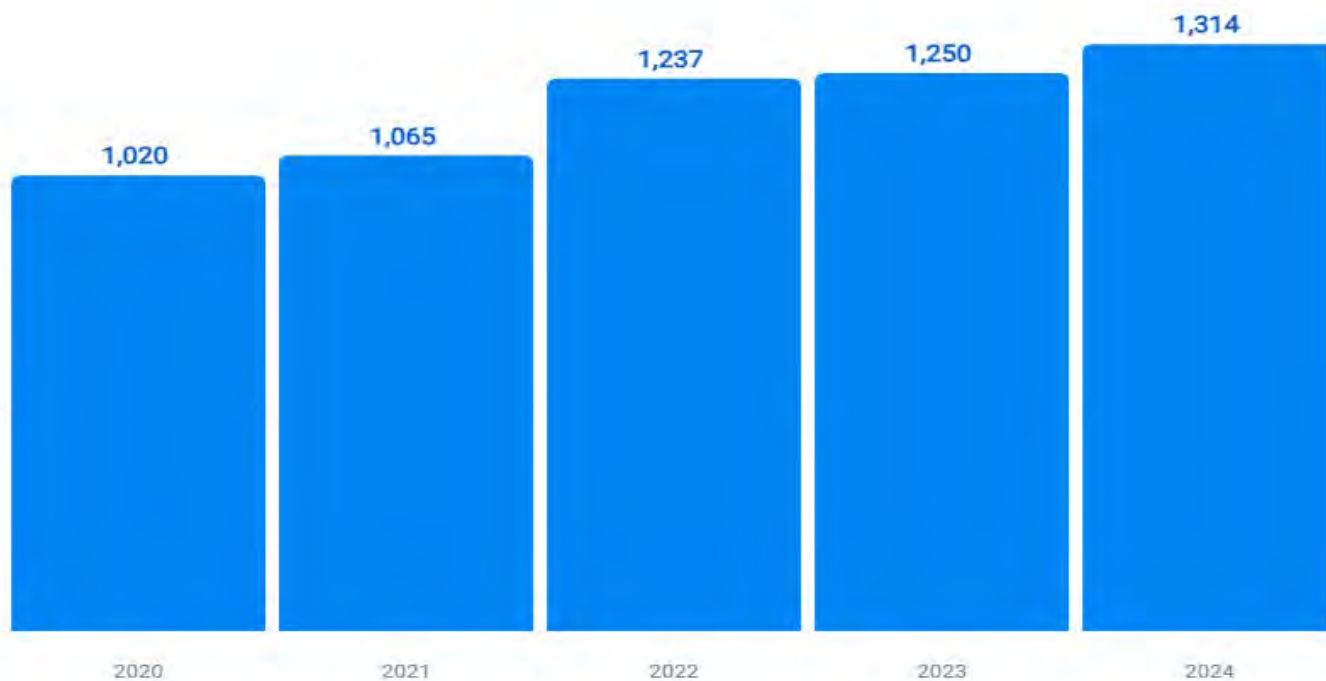


Number of NOWS Patient with LOS >21 days in the NICU (2019 - 2024)

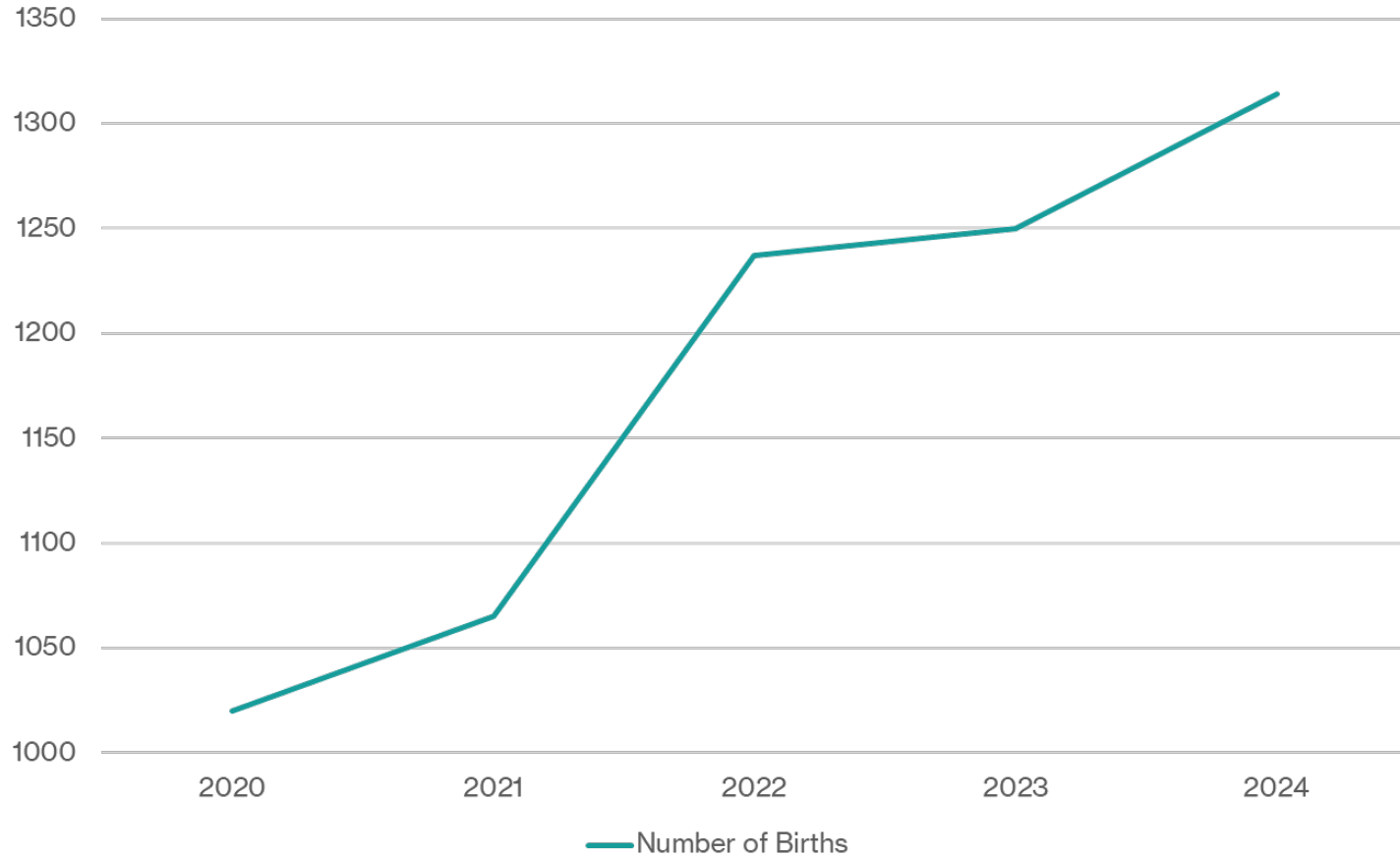


# Number of Births

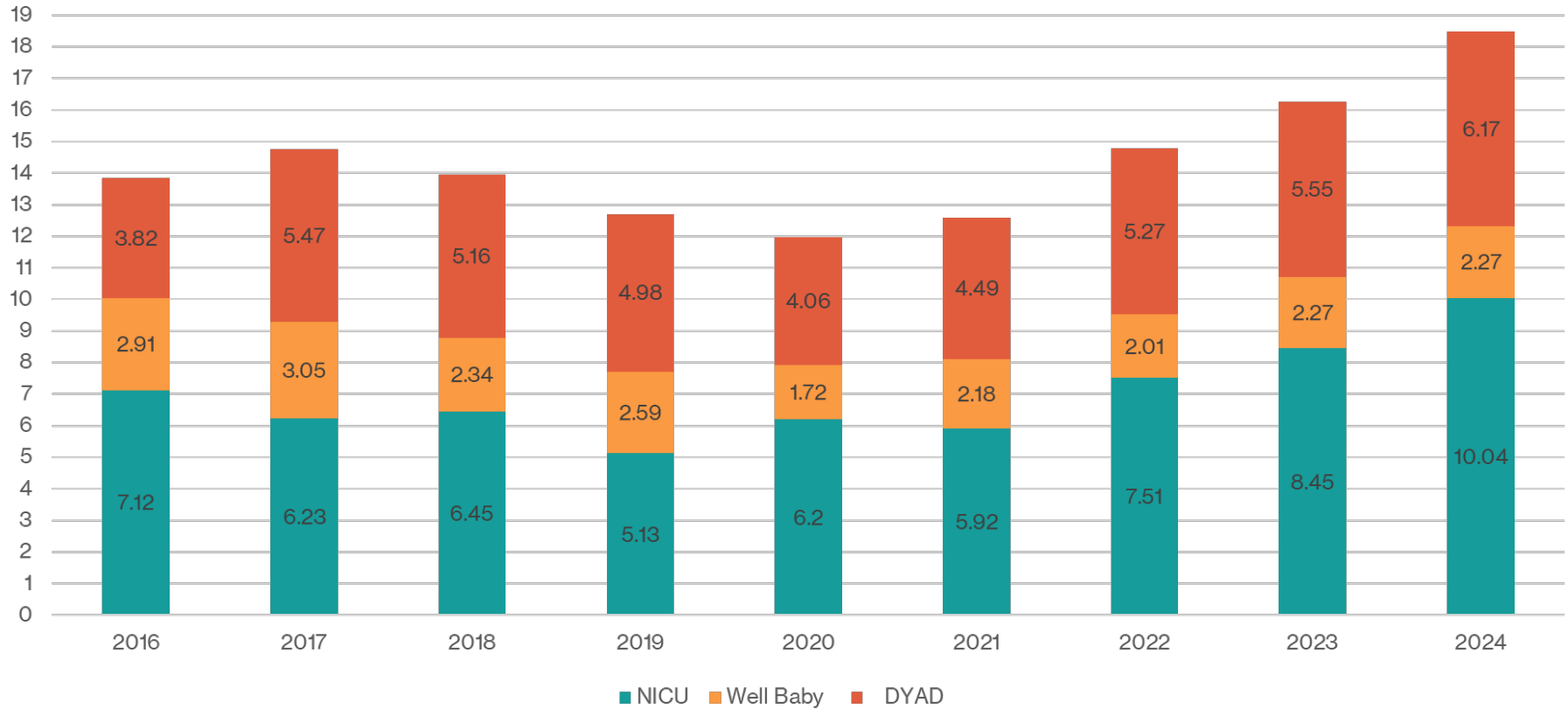
Between 1/1/2020 and 12/31/2024 by year



## Number of Births (2020 – 2024)



## H24 Average NICU Census 2016- 2024



# Perinatal diversions negatively impact our patients, staff, and revenue

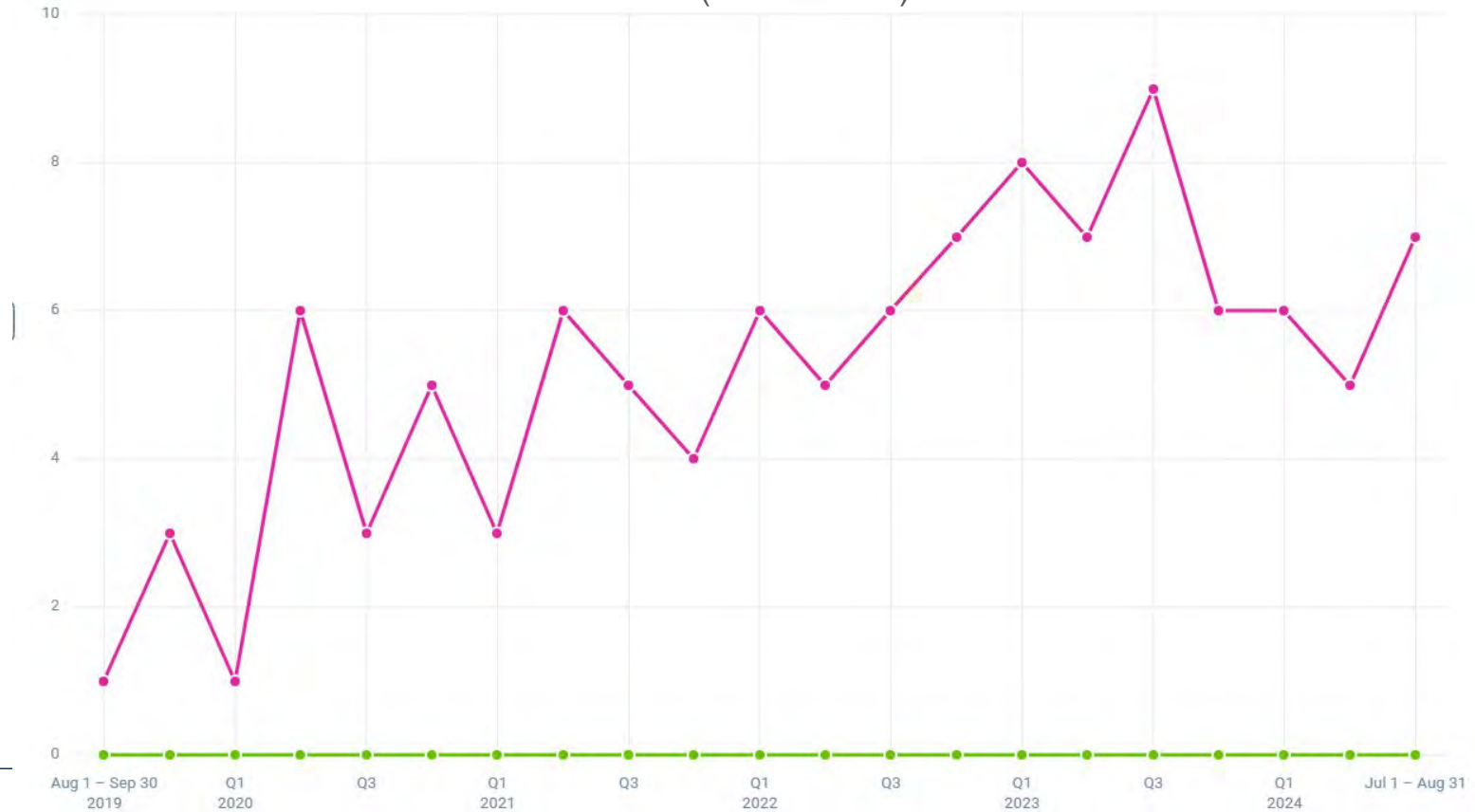
	2024	2025 (Q1)
L&D & Neonatal Diversion Days	80	13
Patients diverted	66	23 (2 neonates)

## Contributing factors:

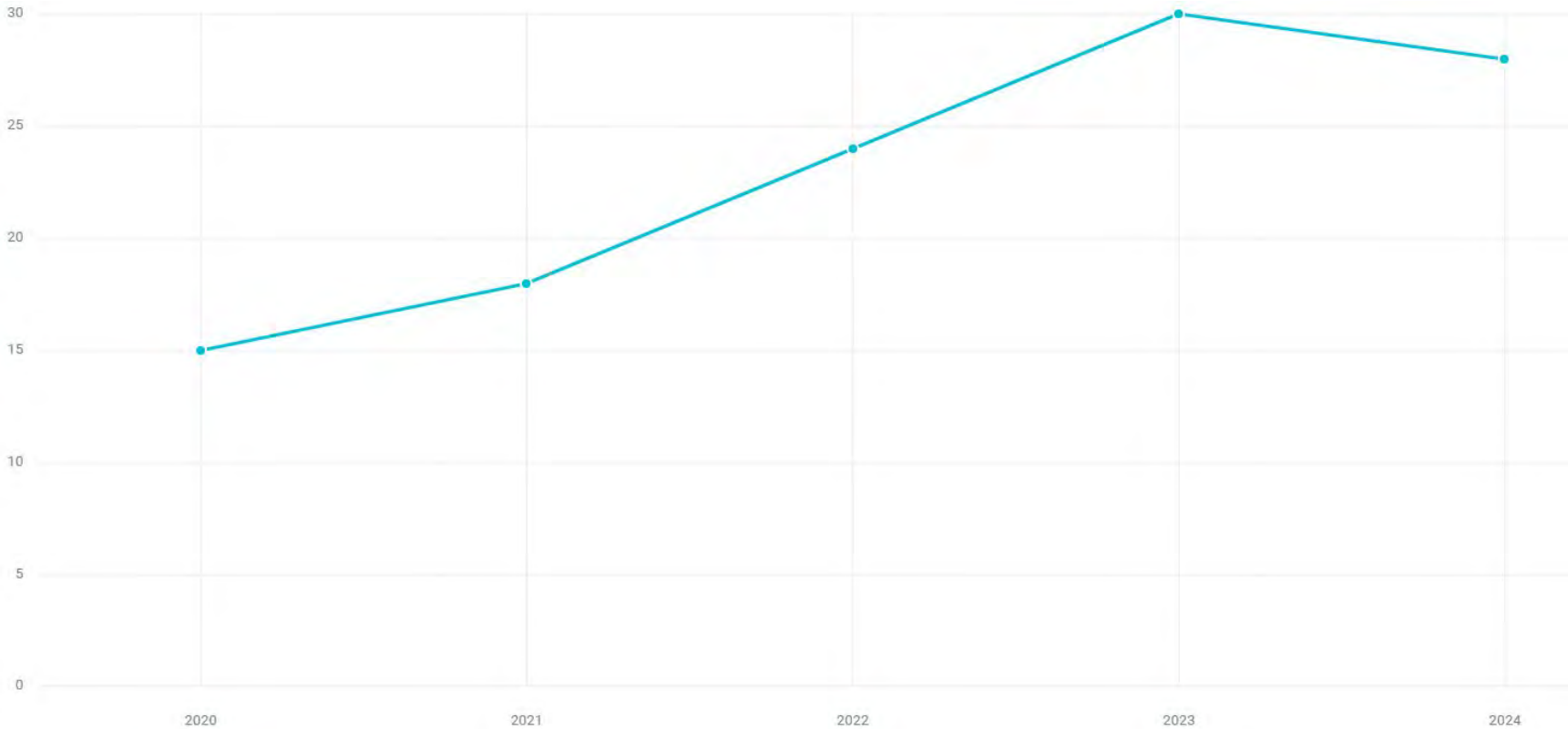
- Patient flow (delayed discharges)
- Census
- Staffing
- Increased NICU lengths of stay due to increased number of neonates with opioid withdrawal syndrome (NOWS)



## Number of Nows Patient with LOS >21 days in the NICU (2019 - 2024)



# Number of NOWS Patient with LOS >21 days in the NICU (2020 - 2024)



# Changes in the Infant Care Center (pilot)

## FY 24/25 state

- NICU/Newborn - blended high volume high turnover service care for by a lone neonatologist
  - Diversion days/lost revenue
  - Delayed discharges
  - Physician burnout
  - Suboptimal care delivery especially for newborns affected by NOWS.
- Patient experience and patient flow were negatively impacted by high acuity and volume
- Learners struggled to toggle between intensivist and generalist mind frame

## FY 25/26 state

- Dedicated Newborn Service on weekdays
- Neonatologist – focuses on infants in the NICU, procedures and resuscitations
  - Improved unit safety with additional skilled physician support
- Generalists – Care for well newborns
  - Prioritizing discharges and breastfeeding
  - Improving patient experience and flow
  - Reducing staffing needs
- Learners focus on either NICU or Newborn for more focused learning experience
- Future state, optimize care of opiate impacted dyads by keeping them together and out of the NICU

# Summary

## ■ Highlights

- 1<sup>st</sup> NorCal Baby Friendly Hospital Designation (since 2007)
- Integrated Donor Breast Milk Programs to promote BF
- Plan of Safe Care Community Collaborative – partnership with county and community to support mother-baby dyad with resources to mitigate risks that would lead to CPS reporting and optimize success of new families

## ■ Challenges

- Increasing census/volumes particularly substance exposed infants creating difficulty to focus on both acute care needs and well baby services under one team

# Ambulatory Services: Children's Health Center

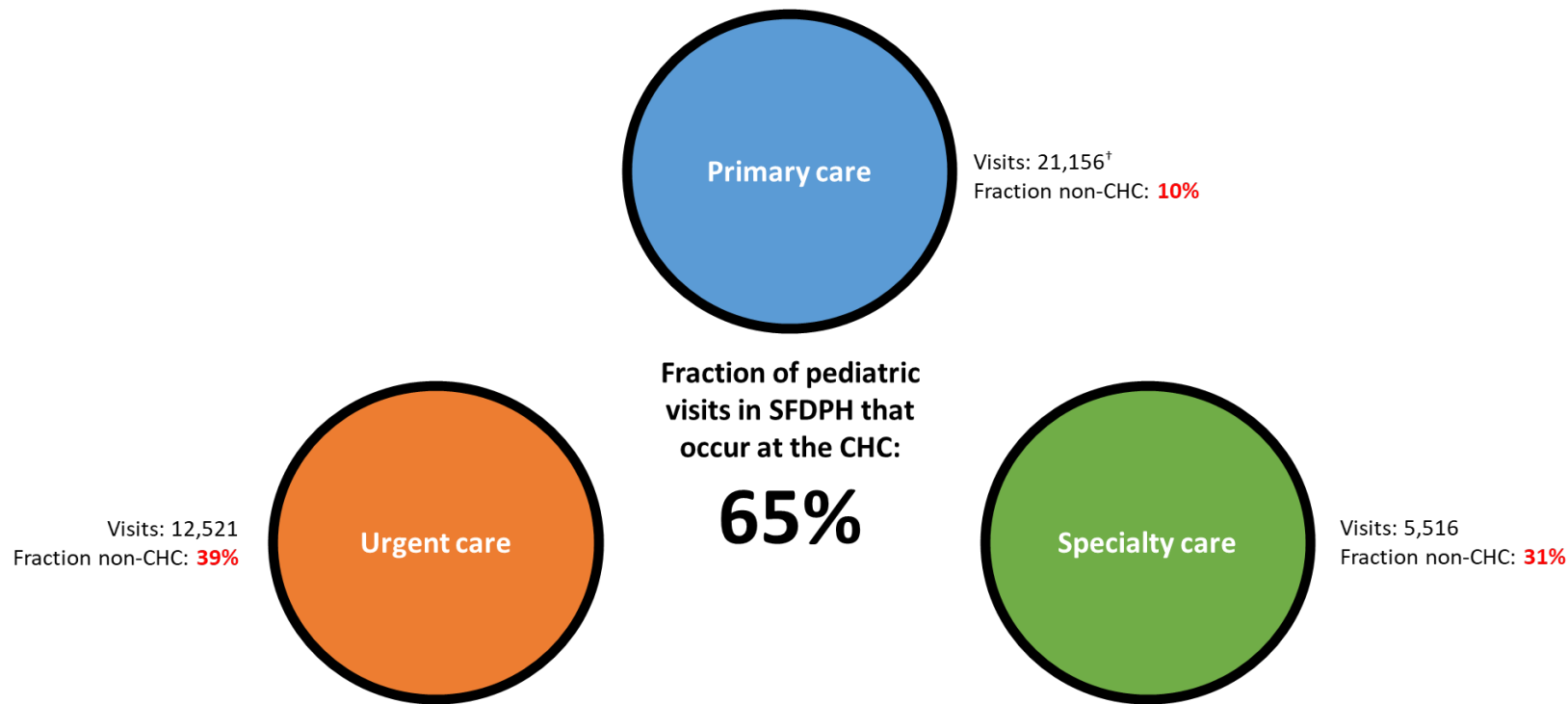
Primary Care

Urgent Care

Specialty Care

Integrated Care

# The CHC is SFDPH's flagship site for pediatric care



# Children's Health Center



Co-Medical  
Director:  
Gaspar Rivera,  
MD



Co-Medical  
Director:  
David Gordon,  
MD



Associate  
medical  
director,  
integrated  
Care:  
Amy Whittle,  
MD



Associate  
medical  
director,  
urgent care:  
Radhika  
Rajan



Associate  
medical  
director,  
quality:  
Taylor Clark



Assistant  
director,  
health  
equity:  
Dannielle  
McBride



Nurse Manager:  
Tonia Vega, RN

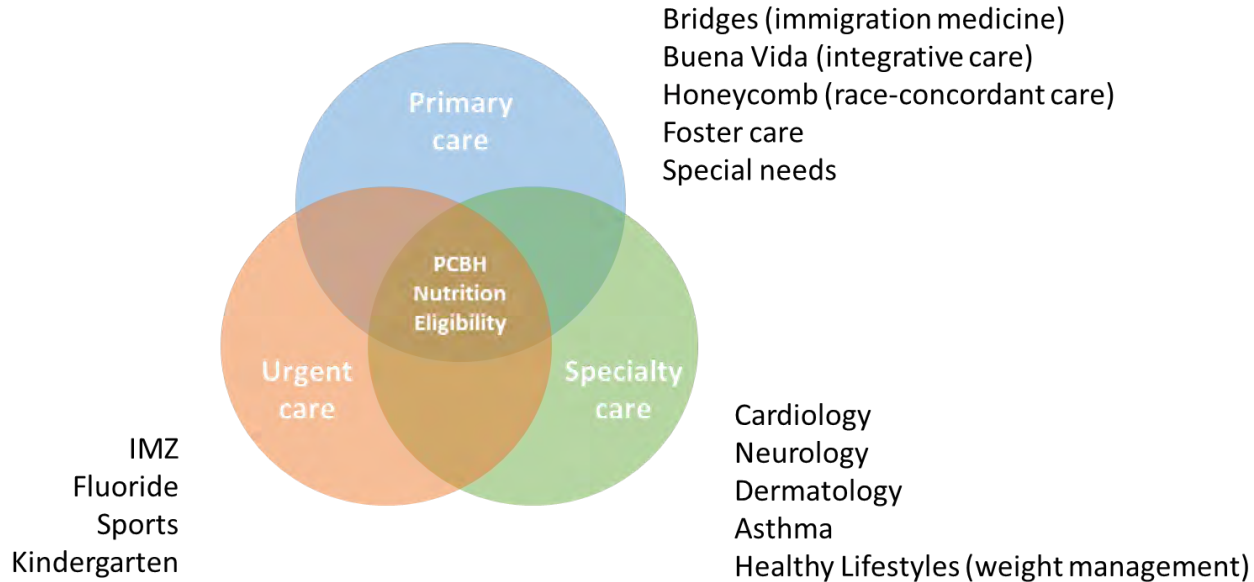


Practice  
Manager:  
Dominique  
Nash, MPH





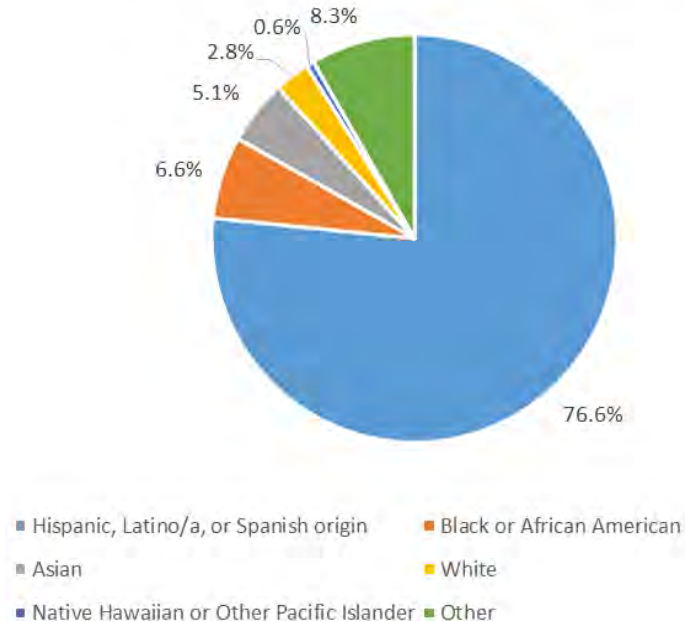
# Co-location of primary, urgent, and specialty care services allows the CHC to innovate through integration



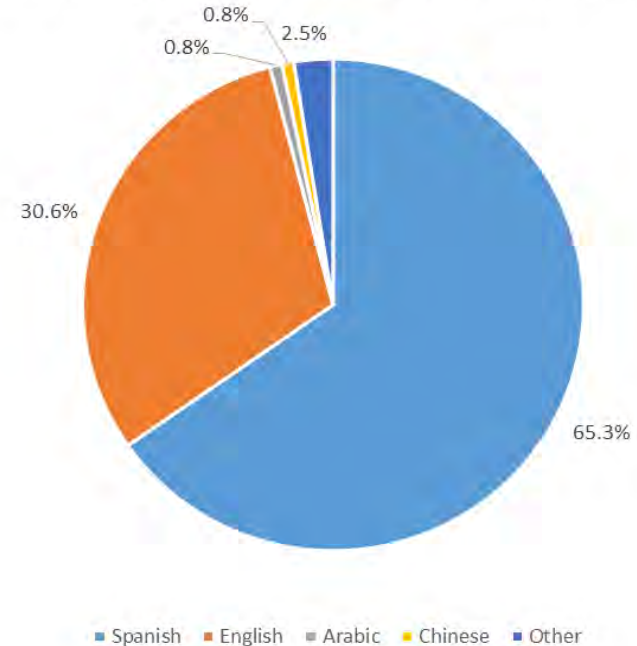
# Children's Health Center: our patients

## 99% of patients visiting the CHC are insured through public programs

Self-reported race, visits to CHC, all service lines, 2024



Preferred language, visits to CHC, all service lines, 2024

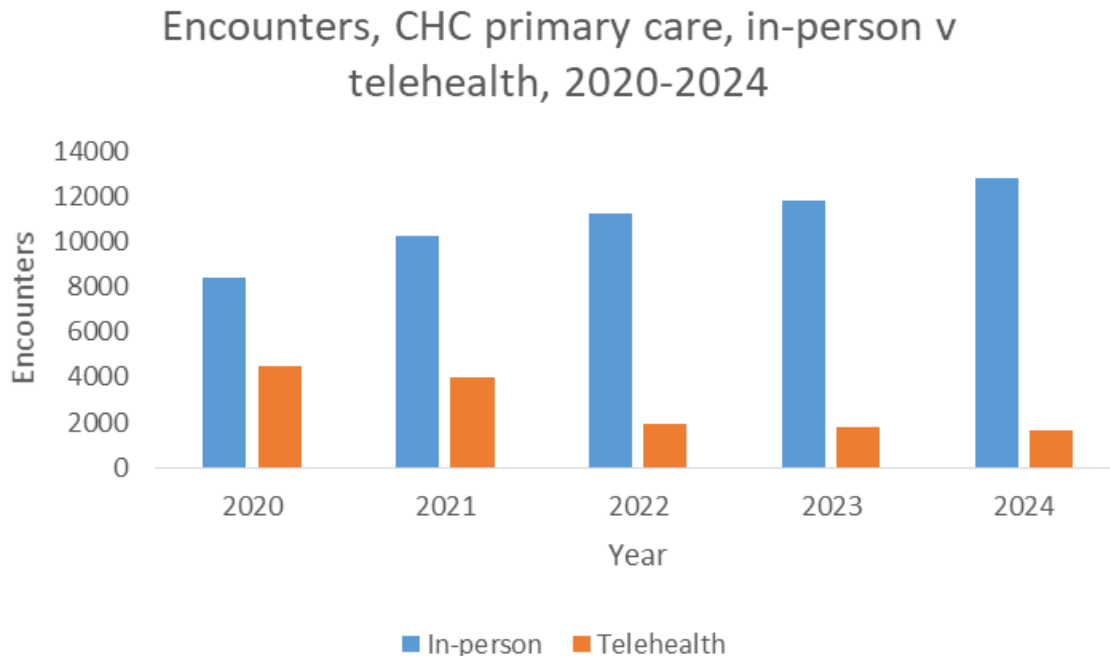




# Primary Care

# Primary Care: Operations

The busiest DPH pediatric practice in San Francisco, managing the medical and social drivers of health



# Primary Care Highlights

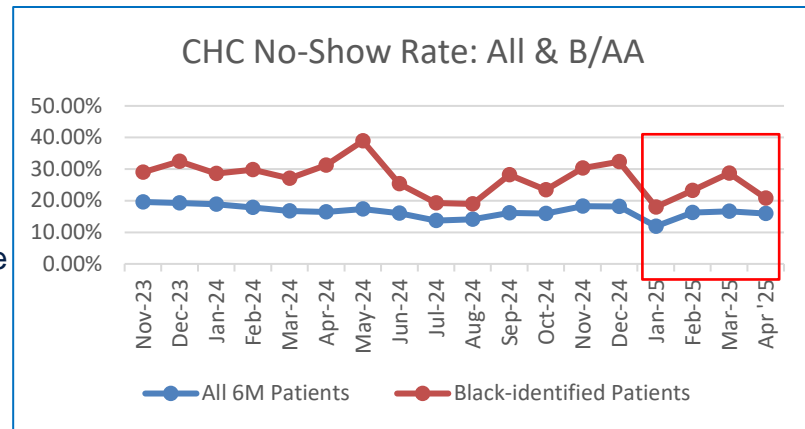
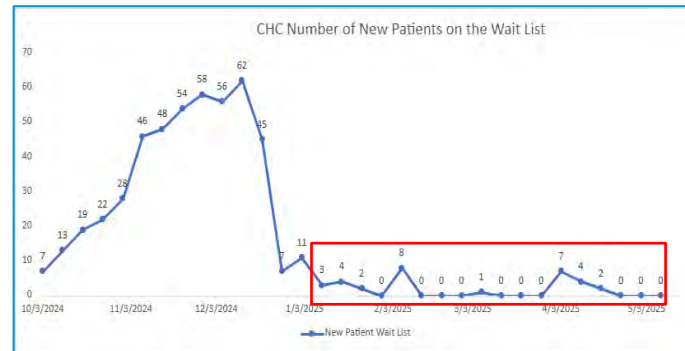
- Open Access Scheduling System
  - Improve Access for patients
  - Lower no-show rate
- Equity
  - Honeycomb Clinic
  - Arabic Speaking population focus (residency)
  - Immigration concerns
- Integrated mental health
  - Preventative mental health services for < 5 year olds (healthy steps)
- Integrative care and psychiatry consult clinics



# Primary care access: Open Access

The CHC transitioned to a system of Open Access in January 2025 which emphasizes patient-driven scheduling and sooner appointment availability

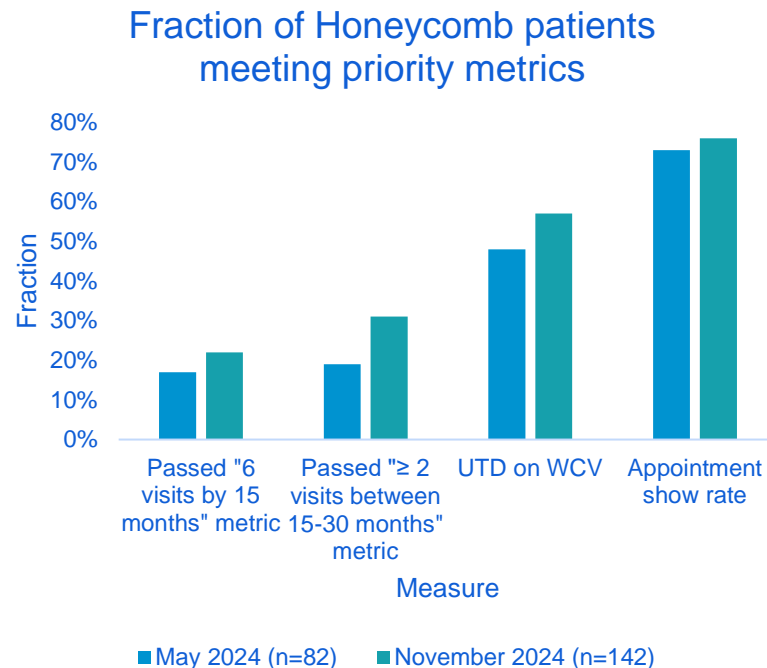
- Prior MyChart enrollment efforts ensured equal access to new scheduling tools for Spanish-speaking patients
- Tailored the network-wide process to meet the needs of the pediatric population
- Dramatic improvement in new patient access and reduction in no shows, without sacrificing Well Child access
- Ongoing challenges: continuity of provider, teen patients/confidentiality
- Continued monitoring of access by age, race/ethnicity and language to ensure this process doesn't worsen disparities



# Primary care innovations: Honeycomb clinic

A race-concordant care clinic systematically designed to address healthcare disparities

- Founded in response to known disparities among B/AA patients and to findings from “listening tour”
- Empanelment has grown by 73% since May 2024
- Improvements have already been observed in primary care attendance
- The team is currently comparing primary care attendance, complete immunization, and fluoride varnish between HC and non-HC B/AA patients
- Aim to standardize care for B/AA along best practices identified by HC



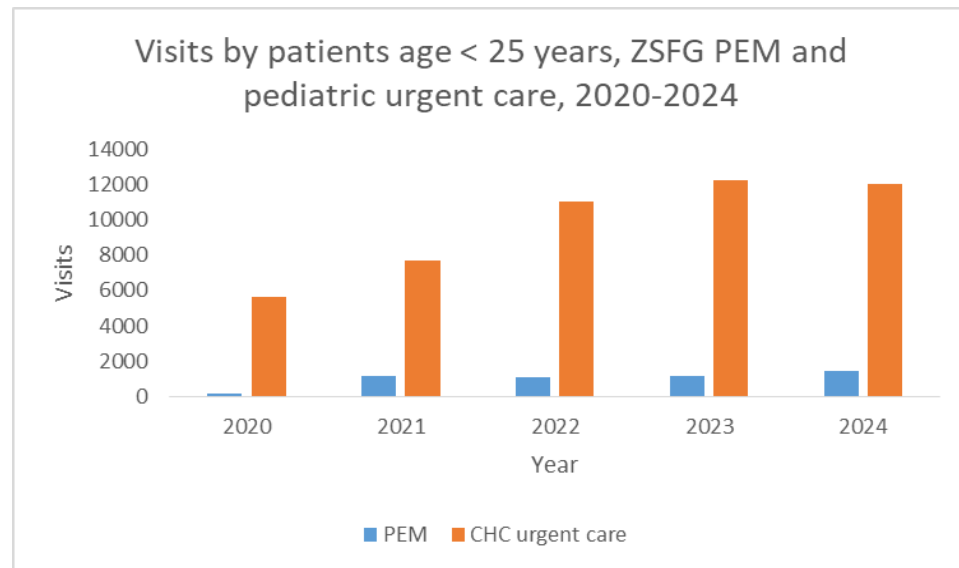
# Urgent Care



# Urgent care: operations

A drop-in clinic open 362 days / year for patients  $\leq 21$  years – with integrated primary care services for eligible patients

- Acute care
  - Moderate – high acuity
  - Procedures (not requiring sedation)
  - BHT and SDOH service integration
- Public service
  - NAT, CASARC, CSEC
  - Medical clearance for city agencies
  - Early newborn follow-up
- Special services
  - 📋 All patients: influenza immunization
  - 📋 SFDPH patients: routine immunization + portal enrollment + opt-out STI screening
  - 📋 CHC patients: fluoride varnish + sports physicals (seasonal) + kindergarten physicals (seasonal)

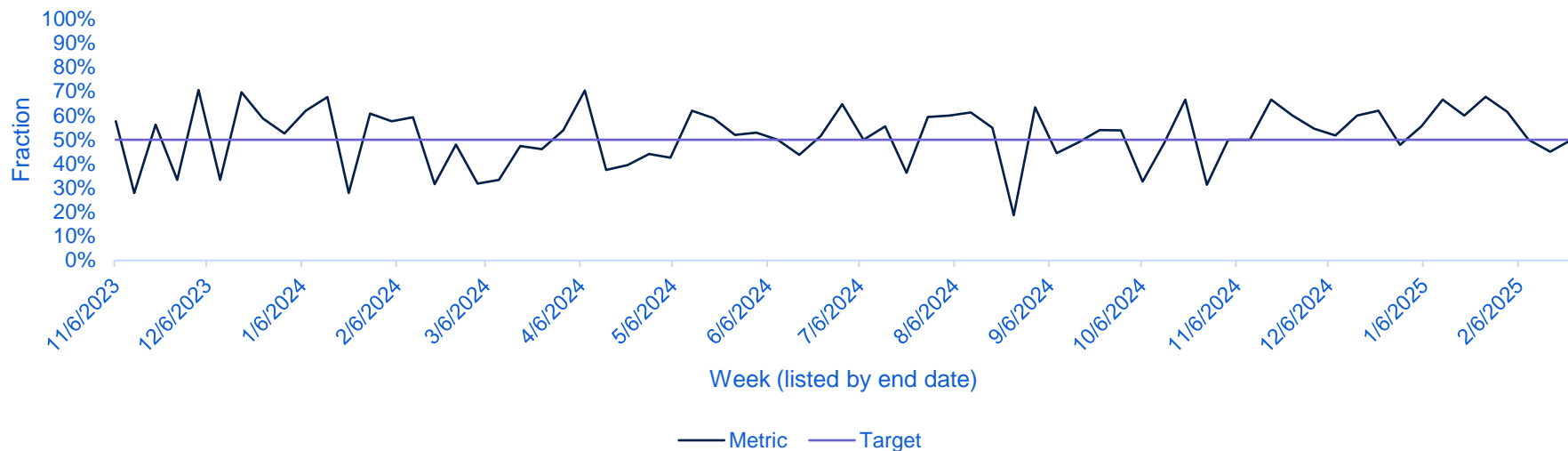


# Urgent care: a safety net resource for children in San Francisco

- Telehealth consultation: providers field pediatric consults from community clinics and SFDPH nurse advice line
- Resource development: created SFDPH clinical guidelines for pediatric COVID-19, MPOX, TB, CSEC, and newborn care
- Workflow standardization: established SFDPH protocols for managing pediatric care through network's Communication Improvement Team
- Primary care support: behavioral health, SDOH, management of chronic disease

# Urgent care innovation: routine immunization services

Fraction of eligible patients receiving all recommended vaccines (non-influenza/non-COVID), PUC



# Urgent care: challenges

Resource limitations affect capacity and lead time

- PUC is known as a safety net, and we are seeing more out-of-network (OON) patients referred from non-DPH clinics
  - We are working with OON clinics to refer patients within their own network so we can prioritize the care of publicly-insured patients
- Space challenges with co-located services, hampering throughput
  - Anticipate expanded clinical space with Building 5 changes
- Patients that cannot be seen in the CHC newborn follow-up clinic must be seen in PUC
  - We have trained DPH family medicine clinics in newborn care and are working with the ZSFG nursery to redirect newborns to their parent's medical home



# Specialty Care

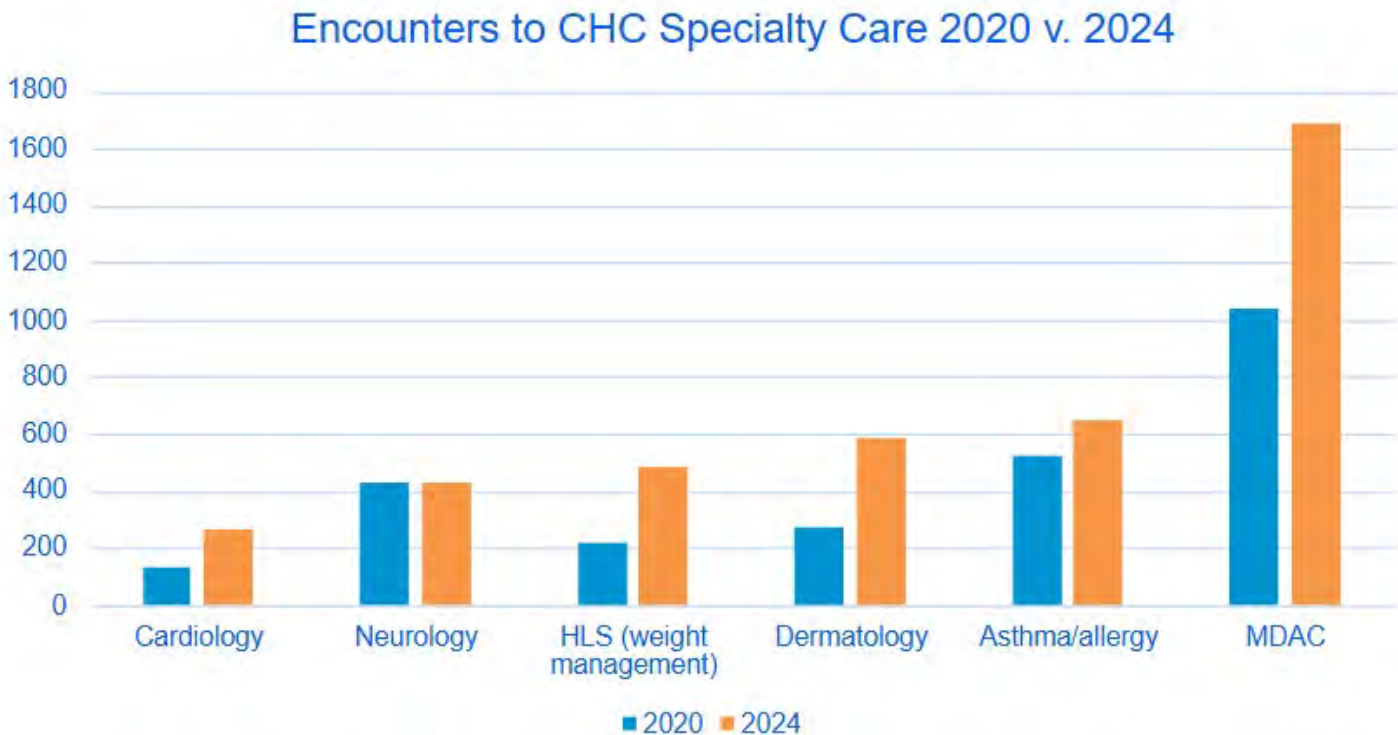
# Specialty care programs

A mixture of UCSF-supported and home-grown subspecialty clinics – keeping pediatric subspecialty clinics at ZSFG reduces cost of outside referral by estimated 70%

- Allergy + Asthma
- Bridges (immigration)
- Buena Vida (integrative care)
- **Cardiology**
- **Dermatology**
- Foster care
- **Neurology**
- Newborn
- Complex medical needs
- Teen
- Healthy Lifestyles (Obesity/Type 2 Diabetes)
- MDAC (Development + Behavioral Assessment)

**Bold:** clinics staffed by UCSF specialists

# Specialty Care: operations



# Specialty care: highlights

- Asthma + allergy clinic
  - Celebrated 25 years of excellence and innovation
  - Published Clinical Guidelines for Advanced Practice Nursing, which won 3rd place in a national nursing publication award
- Buena Vida pediatric integrative care clinic
  - Founded 2024 by Dr. Barragan in collaboration with UCSF Osher Center
- Healthy Lifestyles Clinic (BMI >95%ile)
  - Evidence-based multi-disciplinary high intensity lifestyle program
  - Offers physical activity program in partnership with SF Parks and Rec, Food Insecurity screening -> CalFresh, Nutrition education, group cooking classes for caregivers



# Specialty care: challenges

Access to pediatric specialty care is challenging for most CHC patients

- Unique model for ambulatory care required
  - Demand does not support in-house pediatric specialists, so clinics staffed by UCSF MB-based providers
- Appointment availability is limited
  - We anticipate moving toward patient-driven scheduling in 2026
- Space limitations prevent any expansion of the pediatric specialty footprint at ZSFG
  - We anticipate moving PUC to 6A in the future, availing space for additional UCSF pediatric specialty representation at ZSFG



# Integrated Care

# Integrated Behavioral Health

2022-23 Behavioral Health Team Children's Health Center ZSFGH Campus SFPDPH Primary Care Behavioral Health & UCSF Healthy Steps					
  					
Staff Providers					
					
Ariel Orellana Behavioral Assistant	Stephanie Guzman Lopez, LCSW Behavioral Health Clinician	Pablo Lo Giudice, APCC Behavioral Health Clinician	Grecya Vidal Zavala, AMPT Behavioral Health Clinician	Janelle Bercun, LCSW HealthySteps Specialist	Kathryn Hallinan Aguilar, LMFT Healthy Steps Specialist
M-F 8:30-5	M-F 8:30-5	M-F 8:30-5	M-F 8:30-5	Onsite T (am)/W (am)/F	Onsite M/Th
Education & Training: Social Work & Psychology Interns/Fellows					
					
Yessenia Gomez Jimenez, BASW Behavioral Health Intern	Natalie Giles, MA, MS HealthySteps Psych Intern	Barbara Duran HealthySteps Psych Intern	Tamara Rostein, MA HealthySteps Psych Intern	Venus Mirbod, PsyD HealthySteps Postdoc Fellow	Kathryn Whistler, PsyD HealthySteps Postdoc Fellow
	Tuesday PM	Tuesday PM	Friday PM	M/W/Th PM	T AM/W/Th PM/F AM
Attending/Supervising Clinicians & Program Administration					
					
Kate Margolis, PhD Licensed Psychologist BHT Director	Erin Meloty-Kapella, M.A. Lic. Marriage & Family Therapist PCRH Supervisor	Amy Whittle, MD Pediatrician AMD of Integrated Care	Cheng Qian, PsyD Licensed Psychologist Psychology Training Lead	Neeti Doshi, MD Pediatrician Early Childhood Champion	Blanca Valle HealthySteps Coordinator Onsite Tues

# HealthySteps: Integrated Behavioral Health for Youth <5 and Caregivers

Nationwide model launched in our clinic in 2019 with support from Solid Start and the Stupski Foundation: **now fully funded via the Affiliation agreement**

Serving as a model for DHCS and the State around new Dyadic and Family Therapy billing codes to sustain the work beyond philanthropy: led to creation of the Center

Dr. Kate Margolis honored with the San Francisco General Hospital Foundation Hearts and Heroes Award



Center for Advancing  
Dyadic Care in Pediatrics

## Because babies don't go to the doctor by themselves

With up to twelve routine visits in the first three years of life, pediatric primary care offers an unparalleled opportunity to promote child health by also supporting the health of caregivers through dyadic interventions. The UCSF Center for Advancing Dyadic Care in Pediatrics helps clinics take full and ongoing advantage of this opportunity.

# Psychiatry Consults: CHAPC

- Dr. Chuan Mei Lee and child psychiatry fellows seeing CHC patients weekly for consultation
- Long wait times for psychiatrists; aim is to enable PCPs to manage patients



# Education

# Medical Students in Pediatrics ZSFG

## Preclinical Students

- “Bridges” Students - 4 cohorts of 6 preclinical students (24 total) are paired with ZSFG Pediatric Faculty members (Bridges coaches) and work on systems improvement projects and clinical skills
- JMP Students
- CMC Students

## Clinical – 8-10 med students/month

- Clerkship students - 5 students every 2 months in the Infant Care Center, Inpatient Unit, and Children’s Health Center
- Sub-Interns - 0-2 per month in the Infant Care Center & Children’s Health Center
- Longitudinal Preceptorships - 2-3 4th year students/year
- Nursing students
- Nurse Practitioner students

Site Director – Dr. Taylor Clark

# Medical Students at ZSFG: Unique Features

- Bridges Quality Improvement Projects
  - MyChart enrollment in Asthma Clinic --> pilot to be expanded to rest of CHC
  - Addressing disparities in COVID vaccination rates
  - Inpatient SDOH screening and improved communication with CHC
- Strength of Core Clerkship
  - Overall quality of clerkship consistently rated >4 on 1-5 scale
  - *"I really loved my pediatrics rotation at ZSFG. I felt like I learned an incredible amount from every person I worked with on the teams. I loved working in the different departments and felt like I saw the true breadth of pediatrics. Every single person I worked with was truly inspiring and amazing."*



# Pediatrics Residency at ZSFG

- ZSFG is one of 3 sites for the pediatrics residency program
- ~90 pediatric residents rotate through per year
- Rotations include
  - Pediatric Ward
  - Nursery/NICU
  - Urgent Care
  - Continuity Clinic
  - Pediatric EM
- ALL residents do 1-4 months at ZSFG each year
- 32 residents/year with longitudinal clinic based at ZSFG
- Site Director: Dr. Ellen Laves



# Pediatrics Residency at ZSFG: Unique Features

- Exposure to "bread and butter" pediatrics
- Increased autonomy
  - R3s: precept junior residents in Urgent Care
  - R2s: senior resident experience on pediatric ward
  - Residents work directly with attendings (no fellows)
  - Increased opportunities for procedures as there are fewer trainees
- Residents work with FCM, EM, and OB/GYN residents
- Opportunity to care for underserved patient population in safety-net hospital
- Serve trauma patients in inpatient and outpatient setting

# Notable ZSFG Peds Educators

## Residency Program

- Raul Gutierrez – PLUS program director
- Liat Bird– Interim APD for Assessment
- Ellen Laves – APD for Curriculum
- Amy Whittle – Rotation Director for Behavior & Development and Physician in Community

## AME Members

- Eddie Cruz-Romero
- Dave Gordon
- Anda Kuo
- Ellen Laves
- Jyothi Marbin
- Andrea Marmor
- Alma Martinez
- Meg McNamara
- Laura Rubinos
- Chris Stewart

## Bridges Coaches

- Andrea Marmor
- Eddie Cruz-Romero
- Heather Briscoe

## School of Medicine

- Andi Marmor – Director, Medical Student Coaching Program
- Sruti Pisharody – Inpatient Associate Pediatric Program Director

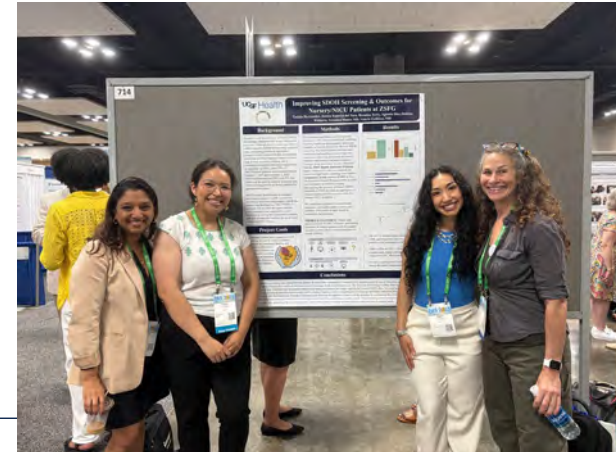
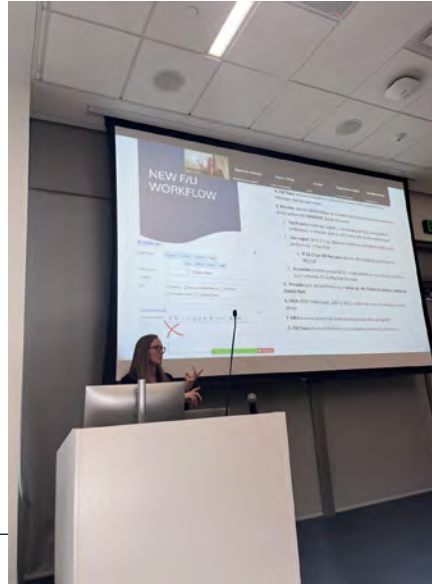
# Pediatric Fellows at ZSFG

- Currently work in outpatient neurology, cardiology, dermatology, and teen/family planning clinics
- Exploring roles to incorporate more pediatric fellows in ZSFG Clinical work
  - Inpatient: Neonatology, hospitalist
  - Outpatient: expanded subspecialty clinics

# Quality Improvement

# QI Infrastructure

- Dedicated QI Analysts
  - Laura Hernandez
  - Quynh Nguyen
  - Participation in SFDPH Leadership and Pediatric-specific working groups
- Annual QI Retreat
- Communication Strategy
  - Huddle Board
  - Monthly leadership, staff and provider presentations
  - Monthly Newsletter
  - Weekly QI meetings with leadership
- 2024-25 Scorecard
  - Aligns SFHN and ZSFG Priorities with input from faculty, residents and staff



# CHC Scorecard

## True North

- Bias-Free Care
- Fluoride Varnish
- Access

## Other Priorities

- Immunization Rates & Disparities (flu)
- Comfort Promise
- Burnout/Wellness

## Watch

- BHVS
- ASQ

# CHC QI PDSAs

## Bias Free Care

- Patient Satisfaction Survey
- Work with NRC
- Support Honeycomb

## Access

- MyChart
- OPEN ACCESS!!

## Fluoride

- Epic Order, MEA led
- High Performers, Notes

## Immunizations

- UC/specialty LVN
- Saturday Clinics
- Text Campaign

## Well Child Visits

- Gift Cards for SFHP pts
- Honeycomb Clinic

## Burnout/Wellness

- Retreat, All Hands
- Spirit Days
- Continuity...

## Comfort Promise

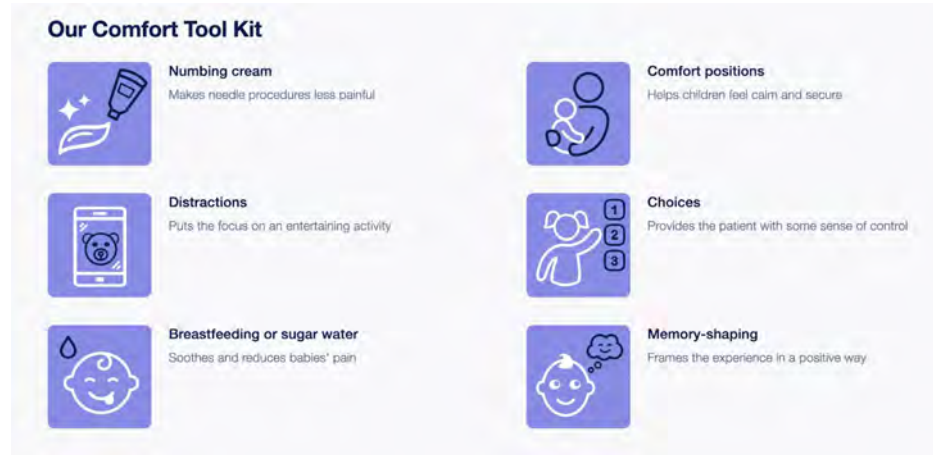
- CHC Team Education
- Fliers, Handouts



# Inpatient QI -ZSFG Inpatient Pediatrics

## Comfort Promise

- Bringing the UCSF BCH Comfort Promise to H26
- We aim to reduce the pain and discomfort caused by common needle procedures – IV placements, blood draws, and vaccinations – for all pediatric patients admitted to H26.



- Special thanks to Dr. Friedrichsdorf, Barbette Murphy and Kristen Beckler for their support

## Percentage of Patients with a Needle Procedure receiving a Completed EMLA



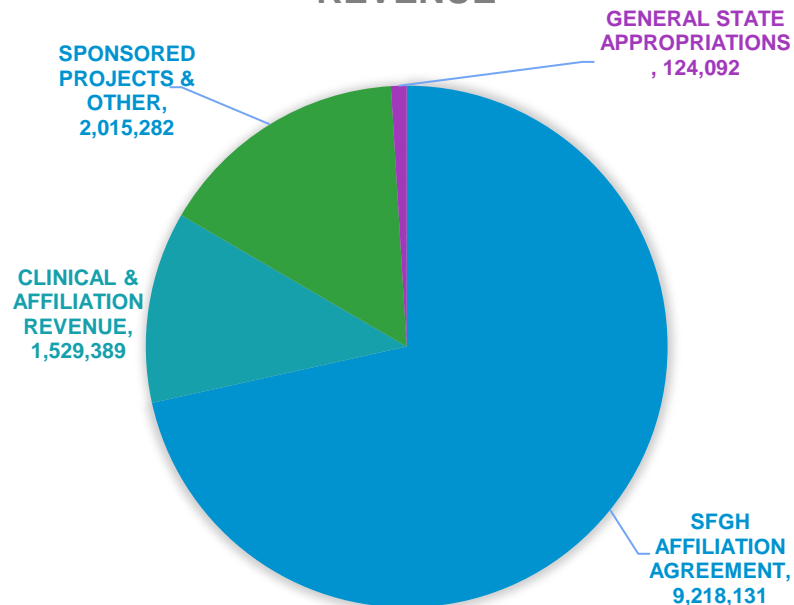
# Nursery Quality Improvement Projects

- AAP Maternal Infant Health Opioid Use Virtual Learning Collaborative
  - 100% of infants with NOWS discharged with safe plan in place (thank you Heather!)
  - Early intervention referral process developed for these infants
  - Discharge education/instructions improved around risk of SIDS
  - Ongoing evaluation for rooming in option for infants on morphine treatment
- MOMMS Project (Motivating & Optimizing Maternal Milk in Safety Net NICUs Collaborative)
  - Ongoing
  - Our breastmilk on discharge for VLBW infants is ~45% for 2023 (CPQCC network 67%)
  - Goal is to support families and improve breastmilk on discharge to 60%.
  - Ongoing initiatives: Lactation time-outs, pumping logs
  - More initiatives planned for next 2 years

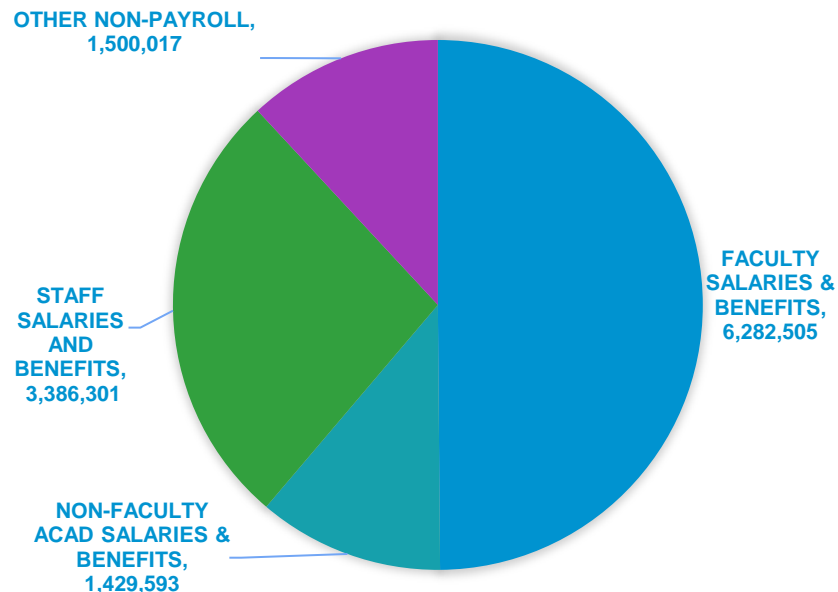
# Financial

# FY2023-2024 Financials

## FY24 ZSFG PEDIATRICS REVENUE



## FY24 ZSFG PEDIATRICS EXPENDITURE



# Research

# ZSFG Peds Research Areas

- Asthma
- Health Disparities
- Immigrant Health
- Immunizations
- Tobacco Exposure and Secondhand smoke
- Childhood Obesity
- Oral Health
- Quality of Care
- Social Determinants of Health
- Medical education
  - Anti-racism efforts
  - Interview process
  - Interprofessional education
  - Leadership
  - Simulation

# Community Engagement



# Overview: Highlighted Programs



- Toxic Stress Network Improvement Collaborative (TONIC)
  - Multi-sector County Collaboration on 0-5 yo (launched 2019)
  - TONIC Family Accountability Board (launched 2022)
- California ACEs Aware Councils
  - Patient Advisors, Youth and Young Adult Council, Community Partner Council (launched 2022)
- Transforming Research as Usual for Equity (TRUE)
  - UCSF Youth Research Advisory Board with YMCA SF (launched 2022)
- UC Agricultural and Natural Resources (UCANR) Partnership on Health Equity (launched 2022)
- LCOE Summer Together

# Toxic Stress Network Improvement Collaborative (TONIC)


TONIC is a San Francisco County collaborative with the goal of **reimagining care coordination systems** in San Francisco for children 0-5 so they are **grounded in lived expertise and support alignment across sectors**. Meets monthly. Launched in 2019




- Current goal: identifying system opportunities and gaps to improve care coordination for children and families experiencing the child welfare system and leveraging State programs such as Enhanced Care Management.
- TONIC Family Accountability Roundtable – 8 parents/caregivers of young children who have MediCal and knowledge of the child welfare system. Meet monthly. Centers TONIC on lived experience
- Partners include: County managed care plans, DPH, Family & Children Services, health providers, Dept of Early Childhood, and community organizations.
- Funders: Hellman, Stupski, Pediatrics Supporting Parents

# 2024 TONIC Papers Co-Developed with the Family Accountability Board (FAB)

A series of papers that identified where systems could do better with and for families, and a roadmap for getting there:




California Children's Trust



UCSF  
University of California  
San Francisco

Child Welfare-Involved Children and Families in San Francisco

Understanding a Unique Population: Families with Children Aged 0-5 in Family Maintenance Placement



JULY 2024



California Children's Trust



UCSF  
University of California  
San Francisco

New Opportunities with Enhanced Care Management

Increasing Success for San Francisco Families with Children Ages 0-5 in Family Maintenance



DECEMBER 2024

SCALING DYADIC CARE MODELS

Financial Considerations for Implementing Early Childhood Integrated Care



**A**n individual's early years shape the trajectory of their entire life. Those early years are profoundly impacted by a primary caregiver's wellbeing. Pediatric well-child visits present a key opportunity to recognize caregivers' needs and initiate support that can help them create safe, stable, and nurturing relationships for their child, which the Centers for Disease Control and Prevention (CDC) identifies as a key intervention "to prevent early adversity, including child abuse and neglect, and to assure that all children reach their full potential."

Pediatricians are required to squeeze so much into a 15-minute visit. It is unrealistic to expect them also to address in a comprehensive way each family's socio-emotional needs and the supportive factors essential for wellbeing. Supporting the caregiver-child dyad requires support from a whole team.

Recognizing that young children do not go to the doctor alone, California created a new Dyadic Care Benefit in 2022. This groundbreaking benefit should be available to children and families who access health care through the Medi-Cal program—over half of all children statewide. Yet, early evidence suggests that uptake of the dyadic benefit has been slow.

Dyadic behavioral health services can also be called preventative integrated behavioral health services. Their purpose is early identification and support to address issues that can impact a safe, stable, and nurturing bond between the child and caregiver. Implementing dyadic behavioral health care services has the potential to transform the experience of Medi-Cal-covered children and families, as well as pediatric providers.

"I've been a pediatrician at a high-volume Federally Qualified Health Center (FQHC) in California for over 20 years. The addition of an integrated dyadic behavioral health specialist has been one of the most substantial improvements in care delivery I have experienced," said Dr. Andra Kuo. "It is like a huge weight on the pediatric practitioner is distributed over a team of experts to support holistically the social, emotional, and developmental needs of our patients and their caregivers. While the overarching goal is improved outcomes for our patients, reducing provider burnout is a significant additional benefit."



What is dyadic behavioral health care and why is it important?

"Dyadic" approaches to health care acknowledge that child wellbeing is interconnected with the caregiver's wellbeing and their development. Dyadic behavioral health care in pediatric primary care means including screening and expanded support for caregivers, families, and other environmental factors that will inevitably impact child health.

In this integrated care model, pediatric behavioral health professionals work alongside the pediatricians and are available to address developmental and behavioral health concerns as soon as they are identified, bypassing obstacles families face when referred to offsite behavioral health services. Providers follow up with referred families to ensure that the linkage was made.



# CA ACEs Aware Councils: Background

## ACEs Aware Initiative

First-in-the nation effort to promote early detection and intervention to mitigate the health and societal impacts of Adverse Childhood Experiences (ACEs) and toxic stress.



- Launched in December 2019 as part of Governor Newsom's California All initiative
- Funded through the California Department of Health Care Services (DHCS)
- Collaborative effort between DHCS and the Office of the California Surgeon General (CA-OSG)
- In October 2021, DHCS contracted with the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN) to continue to implement the ACEs Aware initiative



# UCSF CENTER FOR CHILD AND COMMUNITY HEALTH ROLE : ACES AWARE COUNCILS



## Young Adult Patient Advisors/leaders

- 6 patient consultants aged 23-26 with extensive leadership experience
- Available up to 20 hours a month

## Adult Patient Advisors

- 9 patient consultants aged 36-65+
- Available up to 20 hours a month

## Youth and Young Adult Council

- 15 members aged 16-26
- Attend one 1.5 hr meeting a month

## Community Partners

- 21 members representing CBOs who work closely with the Medi-Cal Population
- Attend one 1.5 hr meeting a month



# Examples of State Resources Co-Developed with Councils

- 28 ACEs Aware Webinars and Presentations
- State Awareness Campaign on ACEs : *Live Beyond* with **740+ million** paid and organic social media impressions since May 2024 launch and **2 million+** individuals have accessed Live Beyond resources on the website
- Provider and Patient Resources including the State's Becoming ACEs Aware training



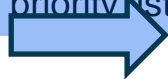
Link to the Stress  
buster toolkit for  
CBOs

# TRUE: Transforming Research as Usual for Equity

- Partnership with the YMCA of SF to train and support a youth research advisory council
- Launched 2022 with PCORI Engagement Award Funding
- Recruited and trained 2 cohorts local public HS students. 3<sup>rd</sup> cohort training in Summer 2025
- Each cohort completed a 7 module research training curriculum that was co-developed with youth
- Research priority list generated
- Monthly Council meetings
- Available to consult on research projects



Link to  
youth  
research  
priority list



Center for Child and  
Community Health

**UCSF**

University of California  
San Francisco

# TRUE: Impact

*Supporting access to youth engagement in research design across UCSF*

- ❑ Monthly consultations with the Youth Research Advisory Council (YRAC)
- ❑ 19 consultations with TRUE team and 9 consultations with the YRAC
  - ❑ Ex: Recruitment strategy, research design, letter of support
- ❑ 11 Grants supported (NIH, HRSA, PCORI, CTSI)
- ❑ 3 grants moved forward
- ❑ YRAC included in the PARTNER ADVance PCORI proposal and UCSF CTSI Renewal





# UC-Agricultural and Natural Resources Partnership

- Launched 2022. Health equity focus
- UC-ANR: connects the power of UC research in agriculture, natural resources, nutrition and youth development with local communities to improve the lives of all Californians (includes 4H clubs and nutrition partnerships with CalFresh and WIC)
- UCSF role: support community health equity in partnership with UC-ANR via professional development and dissemination of evidence-based health information dissemination

## UC Cooperative Extension

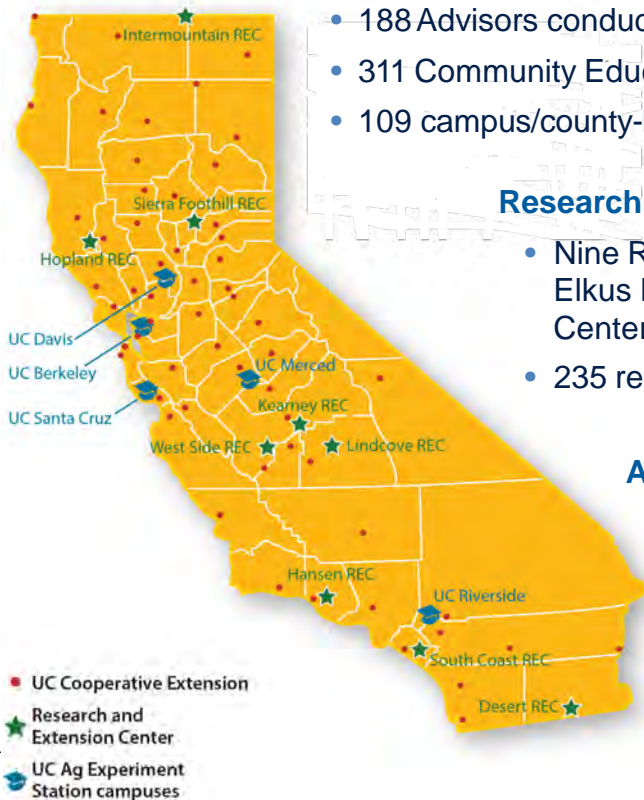
- 188 Advisors conduct research in local communities
- 311 Community Educators delivering programs
- 109 campus/county-based Specialists

## Research and Extension Facilities

- Nine Research and Extension Centers and Elkus Ranch Environmental Education Center: 12,500+ acres
- 235 research projects

## Agricultural Experiment Station

- 513 researchers on 5 campuses
- 800+ research projects in partnership with land-grant partner USDA NIFA (2023)

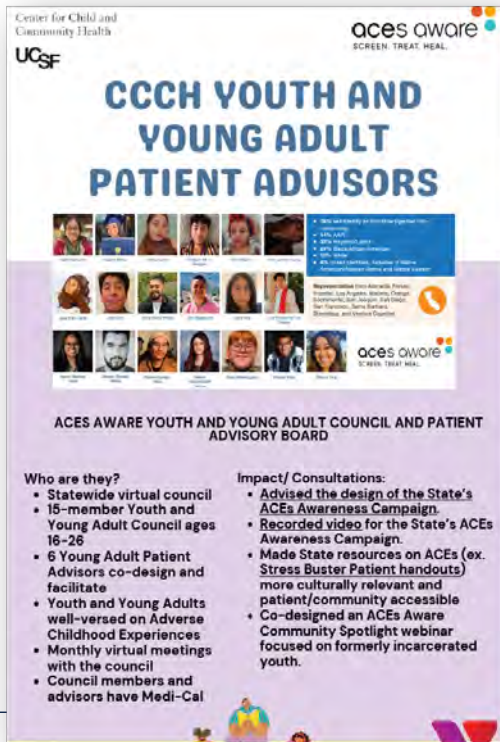


# UC ANR Partnership: Priorities and Next Steps

- 22 UC ANR Staff and 6 core UCSF faculty members co-developed priority areas where shared expertise could **enhance existing efforts** to **address health disparities** between institutions
  - Dietary Guidelines, Lactation Support, Elders Health Equity, Mental Health, Medicaid
- Launched a **Grand Rounds** series to foster ongoing dialogue,

April 2025 Launch of a UC ANR  
**Community Advisory Committee** to

# Youth and Family Advisory Boards: Learn more and contact us!



Scan QR  
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Infographi  
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# Summer Together

UCSF Partnership with the Department of Children, Youth, and Their Families to address the well-being and health needs of under-resourced children, youth, and families in San Francisco through community engagement and collective action. Launched 2022.



- UCSF Role: Create sustainable relationships and partnerships with CBOs to assist SF children, youth, and families by addressing mental health, nutrition, and physical health. Facilitate community access to UCSF resources. Connect research and evidence-based practices to CBOs to improve outcomes. Inform policy that builds on community infrastructure that support health equity.
- UCSF Faculty: Raul Gutierrez, Alicia Fernandez, Anda Kuo, Maggie del Cid, Amy Beck
- Leadership, Advocacy, Community Engagement Summer (LACES): The UCSF LCOE coordinates an 8-week LACES program, which selects 10 UIM students (medical, graduate, post-bac, and undergraduate). Student participants receive training focused on best practices for community engagement and participate in direct community health work with our CBO partners.
- ~~Previous CBO Partners: Jamestown Community Center, Samoan Community Development Center, Good Samaritan Family Resource Center, Youth First, and United Playaz~~

# ZSFG Peds Summary

# Strengths

- Deep bench of resilient, talented, committed faculty
- Small but highly effective group of staff
- Outstanding clinical services
- Integration and collaboration with SF DPH, SFHN Primary Care, other ZSFG departments, and UCSF MB Peds
- Strong dedication to the education mission and programs
- Commitment to diversity and equity
- Growing research program rooted in community engagement

# Challenges

- Inpatient volumes are unpredictable
- Financial - Low MediCal reimbursement rates coupled with upcoming cuts
- Variable pediatric subspecialty support
- Resource scarcity: support staff and clinical space; exacerbated by current construction and seismic work

# Future Directions

- Continue and sustain gains in appointment access through open access system
- Continue subspecialty service pilots to reduce barriers for specialty care access
- Improved pediatric critical care access – both in person and enhanced transfer protocols
- Enhancement of NICU/nursery experience through separation of well baby and NICU into 2 separate services; developing expertise in Nows
- Focus on clinical program sustainability given current fiscal challenges











## SFHN Credentials Committee Standardized Procedure and/or Privileges Submission Form

### Directions:

1. Summarize the content changes that were made to the SP/protocols or Privileges using the table in Section I
2. Complete Section II: Follow instructions outlined in table
3. Email the revised SP with track changes and this completed form to the Michelle Mai, ZSFG Medical Staff Analyst ([michelle.mai@sfdph.org](mailto:michelle.mai@sfdph.org)), the CIDP Coordinator ([erika.kiefer@sfdph.org](mailto:erika.kiefer@sfdph.org)), Nursing Manager ([Jennifer.Berke@sfdph.org](mailto:Jennifer.Berke@sfdph.org)), and CIDP Co-Chairs ([vagn.petersen@sfdph.org](mailto:vagn.petersen@sfdph.org)) ([Vanessa.Aspeticueta@sfdph.org](mailto:Vanessa.Aspeticueta@sfdph.org)).

### Section I: Summary of Changes for Committee approval


Date changes to SP/Privileges approved by CIDP:	
Person completing this form: Mark Leary	
<b>Standardized Procedure Title:</b>	Combined ZSFG Psychiatry
<b>Department:</b>	Psychiatry
<b>Dept Chief:</b>	Mark Leary, MD
<b>SP Author(s):</b>	Mark Leary, MD
<b>Update #1:</b>	Adds Child and Adolescent Clinic, Bldg 5 6B to Program/Location Table
<b>Update #2:</b>	In III) A) 1) adds clinical specific settings and broadens language to reflect current practice
<b>Update #3:</b>	In IV) 5) adds Admission of Inpatients to current Discharge of Inpatients

\*Include additional rows to table, if needed



## Section II: Standardized Revisions

Update the SP as instructed below.

<p><b>Preamble</b></p>	 <p>2023 CIDP SP Preamble DRAFT (1).</p> <ul style="list-style-type: none"> <li>• The Preamble is the portion of the SP that precedes the Protocols, the first pages of the SP, outlined I-VII, includes sections “Policy Statement, ”Functions to be Performed,” etc..</li> <li>• The Preamble was updated in 2023 to include changes in legislation, regulations, and practice.</li> </ul> <p>(CIDP, 10/2023)</p>
<p><b>Equity</b></p>	<p>Ensure language within the SP is inclusive. Examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Do not use race/ethnicity descriptors unless necessary</li> <li>• Do not use sex assigned at birth unless necessary</li> <li>• Use “their” rather than “him/her”</li> </ul> <p>(CIDP, 8/2022)</p>
<p><b>ZSFG</b></p>	<p>Change “San Francisco General Hospital” to “Zuckerberg San Francisco General Hospital” and SFGH to ZSFG</p> <p>(CIDP, 10/2016)</p>
<p><b>Qualified Provider</b></p>	<p>Insert the following after every use of words “qualified provider:” who has completed proctoring and subsequently maintained their eligibility for performing the procedure. <i>Example: 2 direct observations of procedure by a qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</i></p> <p>(Credentials Committee, 11/2023)</p>
<p><b>Prerequisites</b></p>	<p>Onsite training no longer to be listed as a prerequisite. Instead, the training to be completed once procedure is approved for the provider and then before the provider initiates proctoring. Update protocols to reflect this change</p> <p>(Credentials Committee, 11/2023)</p>



Zuckerberg San Francisco General Hospital and Trauma Center  
Committee on Interdisciplinary Practice

STANDARDIZED PROCEDURE – NURSE PRACTITIONER / PHYSICIAN ASSISTANT

PREAMBLE

Title: Combined ZSFG Psychiatry

I) Policy Statement

- A) It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, Pharmacists, Registered Nurses, Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B) All standardized procedures are to be kept in a unit-based manual. A copy of these signed procedures will be kept in an operational manual in the locations listed below and on file in the Medical Staff Office; Chief, ZSFG Psychiatry Office and ZSFG, Director of Nursing Office.

<u>Division</u>	<u>Program/Location</u>
Acute and Emergency Services	Psychiatric Emergency Services (PES), bldg 5 PES Staff room
	Inpatient Service, bldg 5, 7B/7C, Chart room
	Consult/Liaison bldg 5, Director's office
Alliance Health Project (AHP)	1930 Market St, Medical Director's office
	Positive Health Program, bldg 80 Ward 86 Social Work Office
Citywide Case Management	<del>1263982</del> Mission St, Medical Director's office
	Emergency Department Case Management bldg 80, Ward 82, Nurse Practitioner's office
Substance Abuse and Addiction Medicine	Opiate Treatment Outpatient Program (OTOP) bldg 90, Ward 93
	Office-based Buprenorphine Induction Clinic (OBIC) 1380 Howard Street, 2nd floor
	Stimulant Treatment Outpatient Program (STOP) 982 Mission St.
	Substance Abuse Research Project (SARP) bldg 20, Ward 21

Trauma Recovery Services	Child and Adolescent Support Advocacy and Resource Center (CASARC) Ward 80; Medical Emergency Department (bldg 25); Child Advocacy Center(CAC) <u>3450 3rd St. # 300</u> Rape Treatment Center ( <u>RTC</u> ) 2727 Mariposa Street; <u>Department (bldg 25)</u>
Jail Behavioral Health Services	850 Bryant St, San Francisco <u>1 Moreland Drive, San Bruno</u>
<u>Infant, Child and Adolescent Psychiatry</u>	<u>Child and Adolescent Clinic, Bldg 5, 6B</u>

Commented [TJ1]: is listing the ED necessary? if so, where will these be kept - the ED Nurse Manager's office? also, CASARC and the CAC are cohoused in ward 80 - not sure if these need to be listed separately

## II) Functions To Be Performed

Each practice area will vary in the functions that will be performed, such as primary care in a clinical, specialty clinic care setting or inpatient care in a unit-based hospital setting.

A Nurse Practitioner (NP) is a Registered Nurse who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness; and who has met the requirements of Section 1482 of the Nurse Practice Act. Nurse Practitioners provide health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Nurse Practitioner to seek physician consultation.

Physician assistants (PA) are health care providers licensed to practice medicine with physician supervision and who have attended and successfully completed an intensive training program accredited by the Accreditation Review Commission on education for the Physician Assistant (ARC-PA). Upon graduation, physician assistants take a national certification examination developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners. To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for a recertification examination every ten years. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure. While functioning as a member of the San Francisco Health Network, PAs perform health care-related functions under physician oversight and with the utilization of standardized procedures and Delegation of Services Practice Agreement (documents supervising agreement between supervising physician and PA).

Commented [ZJ2]: Ten years not six years.

The NP/PA conducts physical exams, diagnoses and treats illnesses, orders and interprets tests, counsels on preventative health care, performs invasive procedures and furnishes medications/issue drug orders as established by state law.

## III) Circumstances Under Which NP/PA May Perform Function

A) Setting

- 1) Location of practice is in multiple-various locations at ZSFG, including but not limited to; Psychiatric Emergency Services, psychiatry inpatient units, medical/surgical inpatient units, adult and child outpatient clinics, and the medical emergency room, as well as all other community-based clinics where ZSFG Psychiatry affiliated professional staff provide clinical care, including and in the client's home as needed.
- 2) Role in each setting may include management of primary, acute and chronic medical and psychiatric conditions, hospital and PES admissions and discharges; emergency psychiatry consultation and facilitating community residential treatment program admissions and discharges.

B) Supervision

- 1) Overall Accountability:  
The NP/PA is responsible and accountable to the Department of Psychiatry Deputy Chief; Medical Director; designated supervising physicians on units or clinics or attending; and other supervisors as applicable.
- 2) A consulting physician will be available to the NP/PA by phone, in person, or by other electronic means at all times.
- 3) Physician consultation is to be obtained as specified in the protocols and under the following circumstances:
  - (a) Acute decompensation of patient situation;
  - (b) Problem that is not resolved after reasonable trial of therapies.
  - (c) Unexplained physical, psychiatric, or laboratory findings;
  - (d) Upon request of patient, affiliated staff, or physician;
  - (e) Initiation or change of medication other than those in the formulary (ies).
  - (f) Problem requiring unexpected hospital admission or potential unexpected hospital admission.
  - (g) Acute, severe respiratory distress.
  - (h) An adverse response to respiratory treatment, or a lack of therapeutic response.

IV) Scope of Practice – Protocols

- 1) Health Care Management: Acute/Urgent/Chronic Care
- 2) Health Care Management: Primary Care (OTOP Program only)
- 3) Health Care Management: Substance Abuse
- 4) Furnishing Medications/Drug Orders
- 5) Admission/Discharge of Inpatients
- 6) Procedure: Waived Testing

V) Requirements for the Nurse Practitioner /Physician Assistant

A) Basic Training and Education

- 1) Active California Registered Nurse/Physician Assistant license.
- 2) Successful completion of a program, which conforms to the Board of Registered Nurses (BRN)/Accreditation Review Commission on Education for the Physician Assistant (ARC)-PA standards.
- 3) Maintenance of Board Certification from American Nurses Credentialing Center (ANCC), or The American Academy of Nurse Practitioners (AANP), or

~~(NP)~~ National Commission on the Certification of Physician Assistants (NCCPA) certification.

- 4) Maintenance of certification of Basic Life Support (BLS) that must be from an American Heart Association provider.
- 5) Possession of a National Provider Identifier or must have submitted an application.
- 6) Copies of licensure and certificates must be on file in the Medical Staff Office.
- 7) Furnishing Number and DEA number if applicable.
- 8) Physician Assistants are required to sign and adhere to the San Francisco General Hospital and Trauma Center [Delegation of Service Practice Agreement \(DSA\)](#). Copies of [the practice agreement are kept electronically and accessible to DSA must be kept at](#) each practice site for each PA.

**Commented [ZJ3]:** or AANP. The American Academy of Nurse Practitioners (AANP) offers a certification exam for Psychiatric Mental Health Nurse Practitioners (PMHNPs)

B) Specialty Training

- 1) Specialty requirements: Adult Nurse Practitioner, Family Nurse Practitioner, or Psychiatric Mental Health Nurse Practitioner are required to practice in Psychiatric Emergency Service.
- 2) Academic and clinical training in the field of psychiatric/mental health, including psychiatric and substance use assessments and psychiatric care planning that is equivalent to that of the Psychiatric NP.
- 3) All Affiliated Staff who will participate in the Buprenorphine protocol must have completed on the job training by a certified physician provider within one month of employment.

**Commented [TJ4]:** I think these are called practice agreements now. "Physician Assistants are required to sign and adhere to the Zuckerberg San Francisco General Hospital and Trauma Center Practice Agreement. Copies of Practice Agreement must be kept at each practice site for each PA."

VI) Evaluation

A) Evaluation of NP/PA Competence in performance of standardized procedures.

- 1) Initial: at the conclusion of the standardized procedure training, the Medical Director, Medical Manager and/or designated physician and other supervisors will assess the NP/PA's ability to practice.
  - (a) Clinical Practice
    - (i) Length of proctoring period will be up to three months.
    - (ii) The evaluator will be the Medical Director and/or designated supervising physicians as applicable.
    - (iii) The method of evaluation in clinical practice will be five clinical reviews, including chart reviews and/or direct observation upon initial appointment. Each protocol that is relevant to a specific program (#1-6) must be represented in a minimum of two reviews with the exception of Psychiatric NP's working in the Psychiatry Emergency Service who, in addition to the requirement above, will require a minimum of 5 concurrent clinical reviews that include the decision to release a patient from a 5150 hold.
- 2) Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Medical Director, and/or designated physician, at appropriate intervals.
- 3) Ongoing Professional Performance Evaluation (OPPE):  
~~At the interval required by the ZSFG Medical Staff Office Every six months,~~  
affiliated staff will be monitored for compliance to department specific indicators and reports will be sent to the Medical Staff Office.
- 4) Biennial Reappointment: Medical Director and/or designated physician must evaluate the NP/PA's clinical competence as noted in attached Proctoring and



Reappointment Grid. This includes 4 chart reviews every two years.

5) Physician Assistants:

(a) Physician Assistants have 3 forms of supervision. The Practice Agreement ~~Delegation of Service Agreement~~ will note which form of supervision will be used. These methods are: 1) examination of the patient by supervising physician the same day as care is given by the PA, 2) supervising physician shall review, audit and countersign every medical record written by PA within thirty (30) days of the encounter, 3) supervising physician shall review, sign and date the medical records of at least five percent (5%) of the patients managed by the PA within 30 days of the date of treatment under protocols which shall be adopted by supervising physician and PA, pursuant to section 1399.545 (e) (3) of the Physician Assistant Regulations. Protocols are intended to govern the performance of a PA for some or all tasks. Protocols shall be developed by the supervising physician, adopted from, or referenced to, text or other sources. Supervising physicians shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment, the most significant risk to the patient.

**Commented [TJ5]:** The Delegation of Services Agreement (DSA) is no longer the current form of supervision for Physician Assistants (PAs) in California. As of January 1, 2020, California implemented Senate Bill 697 (SB 697), which introduced significant changes to PA practice regulations, including the replacement of the DSA with a Practice Agreement.

**Commented [ZJ6]:** I think this is an old requirement for PA, and it has changed now.

VII) Development and Approval of Standardized Procedure

A) Method of Development

1) Standardized procedures ~~are developed~~ are developed collaboratively by the Nurse Practitioners/Physician Assistants, Nurse Midwives, Pharmacists, Physicians, and Administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B) Approval

1) The CIDP, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures prior to their implementation.

C) Review Schedule

1) The standardized procedure will be reviewed every three years by the NP/PA and the Medical Director and as practice changes.

D) Revisions

~~1)~~ All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet.

2)1)

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## Protocol #1: Health Care Management – Acute/Urgent Care

### A) Definition

This protocol covers the procedure for patient visits for urgent medical, substance abuse and/or psychiatric problems, which include but are not limited to common acute problems, uncommon, unstable, or complex conditions at OTOP, OBIC, STOP, Citywide Case Management, Alliance Health Project, Inpatient Units, Consultation/Liaison, PES, Child and Adolescent Clinic, CRT and other community ~~outreach~~ programs.

### B) Database

#### 1) Subjective Data

- (a) History and review of symptoms relevant to the presenting complaint and/or disease process.
- (b) Pertinent past medical/surgical/psychiatric history, substance use, family history, psychosocial and occupational history, hospitalizations/injuries, current medications, allergies, and treatments.

#### 2) Objective Data

- (a) Physical exam and/or mental status exam if appropriate to presenting symptoms.
- (b) Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- (c) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

### C) Diagnosis

Assessment of data including current DSM -diagnostic criteria for Psychiatric Disorders and Substance Dependence/Withdrawal based on the subjective and objective findings to identify disease processes. May include statement of current status of disease.

### D) Plan

#### 1) Therapeutic Treatment Plan

- (a) Diagnostic tests for purposes of disease identification.
- (b) Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
- (c) Referral to physician, specialty clinics, and supportive services, as needed.
- (d) Admission to PES and inpatient psychiatry
- (e) Discharge from PES
- (f) Placement and discontinuation of 5150 LPS hold in PES and the ED.

#### 2) Patient conditions requiring Attending Consultation

- (a) Acute decompensation of patient situation
- (b) Problem that is not resolved after reasonable trial of therapies
- (c) Unexplained historical, physical or laboratory findings
- (d) Uncommon, unfamiliar, unstable, and complex patient conditions
- (e) Upon request of patient, NP, PA, or physician
- (f) Initiation or change of medication other than those in the formularies.
- (g) Any problem requiring unexpected hospital admission or potential

unexpected hospital admission.

3) Education

- (a) Patient education should include treatment modalities, discharge information and instructions

4) Follow-up

As appropriate regarding patient health status and diagnosis.

E) Record Keeping

All information from patient visits will be recorded in the medical record and/or electronically in the relevant Electronic Health Record, including eClinical Works (Ward 86), ARIES or Avatar (AHP), LCR and/or Mediasoft and/or PES eChart. For physician assistants, adequate supervision as agreed to in the practice agreement is required, as well as the requirement that a physician is available by telephone or other electronic communication method at the time the physician assistant examines the patient per Senate Bill 697 (SB 697).

**Commented [TJ7]:** I would suggest simpler language such as:  
Record Keeping  
All information from patient medical encounter will be recorded in the medical record.

**Commented [ZJ8]:** We do not use LCR now. all documents should be EPIC.

~~using protocols for supervision, the supervising physician shall review, countersign and date a minimum sample of five (5%) sample of medical records of patients treated by the physician assistant within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment, the most significant risk to the patient.~~

**Commented [TJ9]:** The requirement for supervising physicians to review, countersign, and date a minimum of 5% of medical records within 30 days is **outdated** in California. This change resulted from the enactment of **Senate Bill 697 (SB 697)**, which took effect on **January 1, 2020**.

Protocol #2: Health Care Management – Primary Care (OTOP Program only)

A) Definition

This protocol covers the procedure for appropriate health care management in primary care, psychiatric care and substance abuse services. Scope of care includes health care maintenance and promotion and care of chronic stable illnesses.

B) Database

1) Subjective Data

- (a) Screening: appropriate history that includes but is not limited to: past medical history, surgical history, hospitalizations/injuries, habits, family history, psychiatric history, psychosocial history, allergies, current medications, treatments, and review of systems.
- (b) Ongoing/Continuity: review of symptoms and history relevant to the disease process or presenting complaint.
- (c) Pain history to include onset, location, and intensity.

2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient.
- (b) Mental status examination
- (c) Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- (d) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

C) Diagnosis

Assessment of data from the subjective and objective findings identifying risk factors and disease processes. May include a statement of current status of disease (e.g. stable, unstable, uncontrolled).

D) Plan

1) Treatment

- (a) Appropriate screening tests and /or diagnostic tests for purposes of disease identification.
- (b) Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
- (c) Immunization update.
- (d) Referral to specialty clinics and supportive services as needed.

2) Patient conditions requiring Attending Consultation

- (a) Acute decompensation of patient situation
- (b) Problem that is not resolved after reasonable trial of therapies
- (c) Unexplained historical, physical or laboratory findings
- (d) Upon request of patient, NP, PA, or physician
- (e) Initiation or change of medication other than those in the formulary/ies.
- (f) Problem requiring hospital admission or potential hospital admission.

3) Education

- (a) Patient education appropriate to diagnosis including treatment modalities and lifestyle counseling (e.g. diet, exercise).

(b) Anticipatory guidance and safety education that is age and risk factor appropriate.

4) Follow-up

As indicated and appropriate to patient health status and diagnosis.

E) Record Keeping

All information relevant to patient care will be recorded in the medical record (e.g.: admission notes, progress notes, procedure notes, discharge notes). ~~For physician assistants using protocols for supervision, the supervising physician shall review, countersign and date a minimum of five (5%) sample of medical records of patients treated by the physician assistant within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment, the most significant risk to the patient.~~

Commented [TJ10]: see comments above

Commented [ZJ11]: I think the PA protocols have changed. Not requested physician to sign 5% charts

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### Protocol #3: Health Care Management – Substance Abuse

#### A) Definition

This protocol covers the procedure for appropriate health care management in primary care, psychiatric care, and substance abuse services provided at OTOP and /or 1380 Howard Street San Francisco, Ca 94103) and inpatient units ~~(4th, 5<sup>th</sup>, 6th, 7th floors)~~ of the Zuckerberg San Francisco General Hospital and Trauma Center.

Commented [KE12]: No longer Psychiatric IP units here?

This protocol also covers the procedure for appropriate intake history and physical for patients who meet diagnostic criteria for substance dependence / withdrawal seeking medical treatment for the following outpatient programs: Opiate Treatment Outpatient Program (OTOP), Substance Abuse Research Project (SARP) and Office-Based Induction Clinic (OBIC) and Stimulant Treatment Outpatient Program (STOP).

Scope of care includes substance detoxification and maintenance treatments, health care promotion and maintenance treatment, management of common acute medical and/or psychiatric illness and chronic stable conditions.

As an accredited and licensed Narcotic Treatment Program, OTOP provides both short/long term methadone detoxification and maintenance treatment to meet patient needs.

Methadone Maintenance as defined in 21 CFR 291.505 “the dispensing of a narcotic drug at a relatively stable dosage levels in the treatment of an individual for dependence on heroin or other morphine-like drugs.”

Methadone Detoxification as defined in 21 CFR 291.505 “the dispensing of narcotic drug in decreasing doses to an individual to alleviate adverse physiological or psychological effects incident to withdrawal from continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within such period.”

On 9/21/01, the California Department of Alcohol and Drug Programs issued a change in policy to allow for Long term Methadone Detoxification Programs in California in order to fulfill treatment needs of patients with significant substance use and psychosocial issues.

“Long term detoxification is a period of more than 30 days but not in excess of 180 days.”

“Short term detoxification is for a period not in excess of 30 days.”

OBIC uses Buprenorphine and buprenorphine/naloxone a pharmaceutical agent used only for opioid replacement in the treatment of patients with opioid dependence. For buprenorphine induction and management, all orders for buprenorphine, initial as well as subsequent, come from the practitioners with the DATA-waiver.

EXCLUSION CRITERIA for this protocol include: over sedation, altered mental status, assaultive/threatening behavior, and current suicidal/homicidal

ideation.

Opioid withdrawal may exacerbate existing medical/psychiatric conditions. NP/PA/MD's collaborate in assessing and managing these conditions through the use of standardized protocols.

B) Database

1) Subjective Data

Substance Use: document history of at least one year of substance addiction: include type of current substance use (amount per day), frequency, route, method of use, most recent use (date and time), assess current substance withdrawal symptoms

- (a) Screening: appropriate history that includes but is not limited to: past medical/surgical history, psychiatric history, domestic violence, hospitalizations/injuries, current medications, allergies, and treatments.
- (b) On-going/continuity: chief complaint, review of pertinent systems and history relevant to the disease process or presenting complaint.
- (c) Pain history to include onset, location and intensity

2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient including psychiatric evaluation if appropriate to presenting symptoms.
  - (i) For patients seeking opiate treatment, emphasis on signs of opiate withdrawal (pupillary size, lacrimation, rhinorrhea, yawning, diaphoresis, piloerection, restlessness, presence of needle tracks, scar from prior incision and drainage of skin abscess due to intravenous / intramuscular drug use).
  - (ii) Assessment of possible substance intoxication, including but not limited to alcohol odor, nystagmus, positive Romberg test, client disinhibition, or other altered mental status.
- (b) Laboratory and imaging evaluation, as indicated, relevant to history and exam including the following:
  - (i) drug toxicology screening test
  - (ii) urine HCG screening for female patients of child bearing potential
- (c) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

C) Diagnosis

Assessment of data including the current DSM diagnostic criteria for Psychiatric Disorders and Substance Dependence / Withdrawal based on the subjective and objective findings identifying risk factors and disease processes. May include statement of current status of disease (e.g. stable, unstable, uncontrolled).

D) Plan

1) Treatment

- (a) Appropriate screening tests and/or diagnostic tests for purposes of disease identification.
- (b) Initiation or adjustment of medication per Furnishing/Drug Orders protocol with the exception of:
  - (i) Buprenorphine, Buprenorphine/Naloxone and Methadone dose

- induction, adjustment discontinuation and/or renewal within an Opiate Treatment Program is consistent with State and Federal guidelines
- (c) Immunization update.
  - (d) Referral to specialty clinics and supportive services, as needed.

- 2) Patient conditions requiring Attending Consultation
  - (i) Acute decompensation of patient situation
  - (ii) Problem that is not resolved after reasonable trial of therapies including persistent opioid withdrawal symptoms intractable to subsequent methadone dose adjustment.
  - (iii) Unexplained historical, physical or laboratory findings
  - (iv) Upon request of patient, NP, PA, or physician
  - (v) Initiation or change of medication other than those in the formulary/ies.
  - (vi) Problem requiring hospital admission or potential hospital admission.
- 3) Education
  - (a) Patient education appropriate to diagnosis including treatment modalities and lifestyle counseling (e.g. diet, exercise).
  - (b) Anticipatory guidance and safety education that is age and risk factor appropriate.
  - (c) Emphasis on harm reduction and safety
- 4) Follow-up
  - As indicated and appropriate to patient health status and diagnosis.

E) Record Keeping

All information relevant to patient care will be recorded in the [electronic](#) medical record. ~~and/or electronically in the LCR and/or Methasoft.~~  
~~For physician assistants using protocols for supervision, the supervising physician shall review, countersign and date a minimum of five (5%) sample of medical records of patients treated by the physician assistant. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment, the most significant risk to the patient.~~

Commented [TJ13]: see comments above

Commented [ZJ14]: Again, NO LCR now, EPIC

#### Protocol #4: Furnishing Medications/Drug Orders

##### A) Definition

"Furnishing "of drugs and devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent/s available to the patient in accordance with a standardized procedure. A "drug order" is a medication order issued and signed by a physician assistant. Physician assistants may issue drug orders for controlled substances Schedule II -V with possession of an appropriate DEA license. All drug orders for controlled substances shall be approved by the supervising physician for the specific patient prior to being issued or carried out. Alternatively, PAs may prescribe controlled substances without patient specific approval if they have completed education standards as defined by the Physician Assistant Committee. A copy of the Certificate must be attached to the physician assistants Delegation of Service document. Nurse practitioners may order Schedule II - V controlled substances when in possession of an appropriate DEA license. Schedule II - III medications for management of acute and chronic illness need a patient specific protocol. The practice site Psychiatric Services, scope of practice of the NP/PA, as well as Service Chief or Medical Director, determine what formulary/ies will be listed for the protocol. The formulary/ies to be used include: San Francisco General Hospital and Trauma Center/San Francisco Health Network, Community Behavioral Health Services, Laguna Honda Hospital, Jail Health Services, San Francisco Health Plan, Medi-Cal and AIDS Drug Assistance Program. This protocol follows SFHN policy on Furnishing Medications (policy no. 13.2) and the writing of Drug Orders. (Policy no.13.5).

##### B) Database

###### 1) Subjective Data

- (a) Appropriate history and review of symptoms relevant to the presenting complaint or disease process to include current medication, allergies, current treatments, and substance abuse history.
- (b) Pain history to include onset, location, and intensity.

###### 2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient.
- (b) Describe physical findings that support use for CSII-III medications.
- (c) Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- (d) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20. OBIC clinic has their own CLIA License and uses CLIA waived POCT for pregnancy and toxicology testing.

##### C) Diagnosis

Assessment of data including current DSM diagnostic criteria for Substance Use Disorders/Withdrawal syndromes based upon the subjective and objective findings identifying disease processes, results of treatments, and degree of pain and/or pain relief.

##### D) Plan

- 1) Treatment
  - (a) Initiate, adjust, discontinue, and/or renew drugs and devices. Obtain informed consent for psychiatric medications as indicated.
  - (i) Respiratory medications and treatments will be written based on the assessment from the history and physical examination findings and patient response to prior or current treatment.
  - (ii) Nurse Practitioners may order Schedule II - III controlled substances for patients with the following patient specific protocols. These protocols may be listed in the patient chart, in the medications sections of the electronic medical record, or in the Medication Administration Record (MAR). The protocol will include the following:
    - location of practice
    - diagnoses, illnesses, or conditions for which medication is ordered
    - name of medications, dosage, frequency, route, and quantity, amount of refills authorized and time period for follow-up.For Methadone and Buprenorphine Induction and management to treat Opiate dependence/withdrawal in a Narcotic Treatment Program (NTP) refer to CCR (Title 9) and CFR.  
For Buprenorphine or Buprenorphine/Naloxone Induction and management, all orders for buprenorphine, initial as well as subsequent, come from the practitioners with the DATA-waiver.
  - (iii) To facilitate patient receiving medications from a pharmacist provide the following:
    - name of medication
    - strength
    - directions for use
    - name of patient
    - name of prescriber and title
    - date of issue
    - quantity to be dispensed
    - license no., furnishing no., and DEA no. if applicable
  - (b) Informed Consent for Psychiatric Medications  
The NP/PA is authorized to provide patients with information regarding psychiatric conditions, the likely effects and possible side effects of psychiatric medications and alternative treatments, in order to obtain informed consent from the patient according to department guidelines.
- 2) Patient Conditions requiring Consultation
  - (a) Problem that is not resolved after reasonable trial of therapies.
  - (b) Initiation or change of medication other than those in the formulary.
  - (c) Unexplained historical, physical or laboratory findings.
  - (d) Upon request of patient, NP, PA, or physician.
  - (e) Failure to improve pain and symptom management.
- 3) Education
  - (a) Instruction on directions regarding the taking of the medications in patient's own language.
  - (b) Education on why medication was chosen, expected outcomes, side effects, and precautions.

4) Follow-up

- (a) As indicated by patient health status, diagnosis, and periodic review of treatment course.

E) Record Keeping

All medications furnished by NPs and all drug orders written by PAs will be recorded in the electronic medical record. ~~LCR/MAR as appropriate. The medical record of any patient cared for by a PA for whom the supervising physician and surgeon's schedule II drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven (7) days.~~

Commented [TJ15]: see comments above

Commented [ZJ16]: No LCR in ZSFGH now.

## Protocol #5: Discharge of Inpatients

### A) Definition

This protocol covers the discharge of psychiatric inpatients from Zuckerberg San Francisco General Hospital and Trauma Center. Direction to discharge a patient will come from the attending physician.

### B) Database

#### 1) Subjective Data

- (a) Review: health history and current health status

#### 2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient.
- (b) Review medical record: in-hospital progress notes, consultations to assure follow-through.
- (c) Review recent laboratory and imaging studies and other diagnostic tests noting any abnormalities requiring follow-up.
- (d) Review current medication regimen, as noted in the MAR (Medication Administration Record).

### C) Diagnosis

Review of subjective and objective data and medical diagnoses, ensure that appropriate treatments have been completed, identify clinical problems that still require follow-up and ensure that appropriate follow-up appointments and studies have been arranged.

### D) Plan

#### 1) Treatment

- (a) Review treatment plan with patient and/or family.
- (b) Initiation or adjustment of medications per Furnishing/Drug Orders protocol.
- (c) Assure that appropriate follow-up arrangements (appointments/studies) have been made.
- (d) Referral to clinical psychopharmacologist as indicated.
- (e) Referral to physician, specialty clinics and supportive services as needed.
- (f) Discontinue psychiatric legal holds.

#### 2) Patient conditions requiring Attending Consultation

- (a) Acute decompensation of patient situation.
- (b) Unexplained history, physical or laboratory findings.
- (c) Upon request of patient, NP, PA or physician.
- (d) Initiation or change of medication other than those in the formulary.

#### 3) Education

- (a) Review inpatient course and what will need follow-up.
- (b) Provide instructions on:
  - (i) follow-up clinic appointments
  - (ii) outpatient laboratory/diagnostic tests
  - (iii) discharge medications
  - (iv) signs and symptoms of possible complications

- 4) Follow-up
  - (a) Appointments
  - (b) Copies of relevant paperwork will be provided to patient.

E) Record Keeping

All information from patient hospital stay will be recorded in the electronic medical record ~~for physician assistants, using protocols for supervision. The supervising physician shall review, countersign and date a minimum of five (5%) sample of medical records of patients treated by the physician assistant within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment the most significant risk to patients.~~

Commented [TJ17]: see comments above

Commented [ZJ18]: Would you check with PA team? if we need to change this ? No 5% chart view sign by MD



|

## Protocol #6 - Procedure: Waived Testing

### A) Definition

Waived testing relates to common laboratory tests that do not involve an instrument and are typically performed by providers at the bedside or point of care.

- 1) Location where waived testing is to be performed: any in- or outpatient location providing emergency or primary care.
- 2) The following non-instrument based waived tests are currently performed at ZSFG:
  - (a) Fecal Occult Blood Testing (Hemocult ®)  
Indication: Assist with detection or verification of occult blood in stool.
  - (b) Vaginal pH Testing (pH Paper)  
Indication: Assist with assessment for ruptured membranes in pregnancy, bacterial vaginosis and trichomonas.
  - (c) SP® Brand Urine Pregnancy  
Indication: Assist with the diagnosis of pregnancy.
  - (d) Chemstrip® Urine Dipstick  
Indication: Assist with screening for and monitoring of kidney, urinary tract and metabolic diseases.
  - (e) Urine Drug Screen: Assist with the detection of drugs in urine.

### B) Database

#### 1) Subjective Data

Rationale for testing based on reason for current visit, presenting complaint or procedure/surgery to be performed

#### 2) Objective Data

Each waived test is performed in accordance with approved ZSFG policies and procedures specific for each test as well as site-specific protocols and instructions for:

- (a) Indications for testing
- (b) Documentation of test results in the medical record
- (c) Actions to be taken (follow-up or confirmatory testing, Attending consultation, referrals) based on defined test results.
- (d) Documentation or logging of tests performed

### C) Diagnosis

Waived tests may serve as an aid in patient diagnosis but should not be the only basis for diagnosis.

### D) Plan

#### 1) Testing

- (a) Verify patient ID using at least two unique identifiers: full name and date of birth (DOB) or Medical Record Number (MRN)
- (b) Use gloves and other personal protective equipment, as appropriate.
- (c) Assess/verify suitability of sample, i.e., sample should be fresh or appropriately preserved, appropriately timed, if applicable (for example first morning urine), and must be free of contaminating or interfering substances.

Samples not tested in the presence of the patient or in situations where specimen mix-up can occur, must be labeled with patient's full name and DOB or MRN.

(d) Assess/verify integrity of the test system. Have tests and required materials been stored correctly and are they in-date? Have necessary controls been done and come out as expected?

2) Test Results requiring Attending Consultation

(a) Follow established site-specific protocols or instructions. When in doubt, consult responsible attending physician.

3) Education

(a) Inform patient of test results and need of additional tests, as necessary

4) Follow-up

Arrange for repeat or additional testing, as appropriate.

E) Record Keeping

Test and control results will be recorded in the medical record as per site-specific protocols (may be in paper charts or entered in electronic data bases). A record of the test performed will be documented in a log, unless the result entry in the medical record permits ready retrieval of required test documentation.

1) Summary of Prerequisites, Proctoring and Reappointment Competency

Prerequisites:

Certification as midlevel practitioner practicing within one of the six medical specialties providing primary care: Medicine, Family and Community Medicine, Emergency Medicine, Surgery, Ob/GYN, Pediatrics,

Proctoring:

Successful completion of Learning Management System courses for each of the waived tests the practitioner is performing at ZSFG, i.e., achievement of passing scores of at least 80% on each module.

Reappointment Competency Documentation:

Renewal required every two years with documentation of successful completion of the required Learning Management system courses. Provider must have passed each required module with a score of 80%.

Any additional comments: N/A

[Review Date: March 2025](#)



Zuckerberg San Francisco General Hospital and Trauma Center  
Committee on Interdisciplinary Practice

STANDARDIZED PROCEDURE – NURSE PRACTITIONER / PHYSICIAN ASSISTANT

PREAMBLE

Title: Combined ZSFG Psychiatry

I) Policy Statement

- A) It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, Pharmacists, Registered Nurses, Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B) All standardized procedures are to be kept in a unit-based manual. A copy of these signed procedures will be kept in an operational manual in the locations listed below and on file in the Medical Staff Office; Chief, ZSFG Psychiatry Office and ZSFG, Director of Nursing Office.

<u>Division</u>	<u>Program/Location</u>
Acute and Emergency Services	Psychiatric Emergency Services (PES), bldg 5 PES Staff room
	Inpatient Service , bldg 5, 7B/7C, Chart room
	Consult/Liaison bldg 5, Director's office
Alliance Health Project (AHP)	1930 Market St, Medical Director's office
	Positive Health Program, bldg 80 Ward 86 Social Work Office
Citywide Case Management	1263 Mission St, Medical Director's office
	Emergency Department Case Management bldg 80, Ward 82, Nurse Practitioner's office
Substance Abuse and Addiction Medicine	Opiate Treatment Outpatient Program (OTOP) bldg 90, Ward 93
	Office-based Buprenorphine Induction Clinic (OBIC) 1380 Howard Street, 2nd floor
	Stimulant Treatment Outpatient Program (STOP) 982 Mission St.
	Substance Abuse Research Project (SARP) bldg 20, Ward 21
Trauma Recovery Services	Child and Adolescent Support Advocacy and Resource Center (CASARC) Ward 80; Medical Emergency Department (bldg 25); Child Advocacy Center(CAC)
	( RTC) 2727 Mariposa Street;
Jail Behavioral Health Services	850 Bryant St, San Francisco 1 Moreland Drive, San Bruno
Infant, Child and Adolescent Psychiatry	Child and Adolescent Clinic, Bldg 5, 6B

## II) Functions To Be Performed

Each practice area will vary in the functions that will be performed, such as primary care in a clinical, specialty clinic care setting or inpatient care in a unit-based hospital setting.

A Nurse Practitioner (NP) is a Registered Nurse who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness; and who has met the requirements of Section 1482 of the Nurse Practice Act. Nurse Practitioners provide health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Nurse Practitioner to seek physician consultation.

Physician assistants (PA) are health care providers licensed to practice medicine with physician supervision and who have attended and successfully completed an intensive training program accredited by the Accreditation Review Commission on education for the Physician Assistant (ARC-PA). Upon graduation, physician assistants take a national certification examination developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners. To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for a recertification examination every ten years. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure. While functioning as a member of the San Francisco Health Network, PAs perform health care-related functions under physician oversight and with the utilization of standardized procedures and Practice Agreement (documents supervising agreement between supervising physician and PA).

The NP/PA conducts physical exams, diagnoses and treats illnesses, orders and interprets tests, counsels on preventative health care, performs invasive procedures and furnishes medications/issue drug orders as established by state law.

## III) Circumstances Under Which NP/PA May Perform Function

### A) Setting

- 1) Location of practice is in multiple locations at ZSFG, including but not limited to; Psychiatric Emergency Services, psychiatry inpatient units, medical/surgical inpatient units, adult and child outpatient clinics, and the medical emergency room, as well as all community based clinics where ZSFG Psychiatry affiliated professional staff provide clinical care, including in the client's home as needed.
- 2) Role in each setting may include management of primary, acute and chronic medical and psychiatric conditions, hospital and PES admissions and discharges; emergency psychiatry consultation and facilitating community residential treatment program admissions and discharges.

B) Supervision

1) Overall Accountability:

The NP/PA is responsible and accountable to the Department of Psychiatry Deputy Chief; Medical Director; designated supervising physicians on units or clinics or attending; and other supervisors as applicable.

2) A consulting physician will be available to the NP/PA by phone, in person, or by other electronic means at all times.

3) Physician consultation is to be obtained as specified in the protocols and under the following circumstances:

(a) Acute decompensation of patient situation;

(b) Problem that is not resolved after reasonable trial of therapies.

(c) Unexplained physical, psychiatric, or laboratory findings;

(d) Upon request of patient, affiliated staff, or physician;

(e) Initiation or change of medication other than those in the formulary (ies).

(f) Problem requiring unexpected hospital admission or potential unexpected hospital admission.

(g) Acute, severe respiratory distress.

(h) An adverse response to respiratory treatment, or a lack of therapeutic response.

IV) Scope of Practice – Protocols

1) Health Care Management: Acute/Urgent/Chronic Care

2) Health Care Management: Primary Care (OTOP Program only)

3) Health Care Management: Substance Abuse

4) Furnishing Medications/Drug Orders

5) Admission/Discharge of Inpatients

6) Procedure: Waived Testing

V) Requirements for the Nurse Practitioner /Physician Assistant

A) Basic Training and Education

1) Active California Registered Nurse/Physician Assistant license.

2) Successful completion of a program, which conforms to the Board of Registered Nurses (BRN)/Accreditation Review Commission on Education for the Physician Assistant (ARC)-PA standards.

3) Maintenance of Board Certification from American Nurses Credentialing Center (ANCC), or The American Academy of Nurse Practitioners (AANP), or National Commission on the Certification of Physician Assistants (NCCPA) certification.

4) Maintenance of certification of Basic Life Support (BLS) that must be from an American Heart Association provider.

5) Possession of a National Provider Identifier or must have submitted an application.

6) Copies of licensure and certificates must be on file in the Medical Staff Office.

7) Furnishing Number and DEA number if applicable.

8) Physician Assistants are required to sign and adhere to the San Francisco General Hospital and Trauma Center Practice Agreement. Copies of the practice agreement are kept electronically and accessible to each practice site for each PA.

B) Specialty Training

- 1) Specialty requirements: Adult Nurse Practitioner, Family Nurse Practitioner, or Psychiatric Mental Health Nurse Practitioner are required to practice in Psychiatric Emergency Service.
- 2) Academic and clinical training in the field of psychiatric/mental health, including psychiatric and substance use assessments and psychiatric care planning that is equivalent to that of the Psychiatric NP.
- 3) All Affiliated Staff who will participate in the Buprenorphine protocol must have completed on the job training by a certified physician provider within one month of employment.

VI) Evaluation

A) Evaluation of NP/PA Competence in performance of standardized procedures.

- 1) Initial: at the conclusion of the standardized procedure training, the Medical Director, Medical Manager and/or designated physician and other supervisors will assess the NP/PA's ability to practice.
  - (a) Clinical Practice
    - (i) Length of proctoring period will be up to three months.
    - (ii) The evaluator will be the Medical Director and/or designated supervising physicians as applicable.
    - (iii) The method of evaluation in clinical practice will be five clinical reviews, including chart reviews and/or direct observation upon initial appointment. Each protocol that is relevant to a specific program (#1-6) must be represented in a minimum of two reviews with the exception of Psychiatric NP's working in the Psychiatry Emergency Service who, in addition to the requirement above, will require a minimum of 5 concurrent clinical reviews that include the decision to release a patient from a 5150 hold.
- 2) Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Medical Director, and/or designated physician, at appropriate intervals.
- 3) Ongoing Professional Performance Evaluation (OPPE):

At the interval required by the ZSFG Medical Staff Office, affiliated staff will be monitored for compliance to department specific indicators and reports will be sent to the Medical Staff Office.
- 4) Biennial Reappointment: Medical Director and/or designated physician must evaluate the NP/PA's clinical competence as noted in attached Proctoring and Reappointment Grid. This includes 4 chart reviews every two years.
- 5) Physician Assistants:
  - (a) Physician Assistants have 3 forms of supervision. The Practice Agreement will note which form of supervision will be used. These methods are: 1) examination of the patient by supervising physician the same day as care is given by the PA, 2) supervising physician shall review, audit and countersign every medical record written by PA within thirty (30) days of the encounter, 3) supervising physician shall review, sign and date the medical records of at least five percent (5%) of the patients managed by the PA within 30 days of the date of treatment under protocols which shall be adopted by supervising physician and PA, pursuant to section 1399.545 (e) (3) of the Physician Assistant Regulations. Protocols are intended to govern the performance of a PA for some or all tasks. Protocols shall be

developed by the supervising physician, adopted from, or referenced to, text or other sources. Supervising physicians shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment, the most significant risk to the patient.

## VII) Development and Approval of Standardized Procedure

### A) Method of Development

- 1) Standardized procedures are developed collaboratively by the Nurse Practitioners/Physician Assistants, Nurse Midwives, Pharmacists, Physicians, and Administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

### B) Approval

- 1) The CIDP, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures prior to their implementation.

### C) Review Schedule

- 1) The standardized procedure will be reviewed every three years by the NP/PA and the Medical Director and as practice changes.

### D) Revisions

- 1) All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet.



## Protocol #1: Health Care Management – Acute/Urgent Care

### A) Definition

This protocol covers the procedure for patient visits for urgent medical, substance abuse and/or psychiatric problems, which include but are not limited to common acute problems, uncommon, unstable, or complex conditions at OTOP, OBIC, STOP, Citywide Case Management, Alliance Health Project, Inpatient Units, Consultation/Liaison, PES, Child and Adolescent Clinic, and other community programs.

### B) Database

#### 1) Subjective Data

- (a) History and review of symptoms relevant to the presenting complaint and/or disease process.
- (b) Pertinent past medical/surgical/psychiatric history, substance use, family history, psychosocial and occupational history, hospitalizations/injuries, current medications, allergies, and treatments.

#### 2) Objective Data

- (a) Physical exam and/or mental status exam if appropriate to presenting symptoms.
- (b) Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- (c) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

### C) Diagnosis

Assessment of data including current DSM -diagnostic criteria for Psychiatric Disorders and Substance Dependence/Withdrawal based on the subjective and objective findings to identify disease processes. May include statement of current status of disease.

### D) Plan

#### 1) Therapeutic Treatment Plan

- (a) Diagnostic tests for purposes of disease identification.
- (b) Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
- (c) Referral to physician, specialty clinics, and supportive services, as needed.
- (d) Admission to PES and inpatient psychiatry
- (e) Discharge from PES
- (f) Placement and discontinuation of 5150 LPS hold in PES and the ED.

#### 2) Patient conditions requiring Attending Consultation

- (a) Acute decompensation of patient situation
- (b) Problem that is not resolved after reasonable trial of therapies
- (c) Unexplained historical, physical or laboratory findings
- (d) Uncommon, unfamiliar, unstable, and complex patient conditions
- (e) Upon request of patient, NP, PA, or physician
- (f) Initiation or change of medication other than those in the formularies.
- (g) Any problem requiring unexpected hospital admission or potential

unexpected hospital admission.

3) Education

(a) Patient education should include treatment modalities, discharge information and instructions

4) Follow-up

As appropriate regarding patient health status and diagnosis.

E) Record Keeping

All information from patient visits will be recorded in the medical record and/or electronically in the relevant Electronic Health Record. For physician assistants, adequate supervision as agreed to in the practice agreement is required, as well as the requirement that a physician is available by telephone or other electronic communication method at the time the physician assistant examines the patient. per Senate Bill 697 ([SB 697](#)).

## Protocol #2: Health Care Management – Primary Care (OTOP Program only)

### A) Definition

This protocol covers the procedure for appropriate health care management in primary care, psychiatric care and substance abuse services. Scope of care includes health care maintenance and promotion and care of chronic stable illnesses.

### B) Database

#### 1) Subjective Data

- (a) Screening: appropriate history that includes but is not limited to: past medical history, surgical history, hospitalizations/injuries, habits, family history, psychiatric history, psychosocial history, allergies, current medications, treatments, and review of systems.
- (b) Ongoing/Continuity: review of symptoms and history relevant to the disease process or presenting complaint.
- (c) Pain history to include onset, location, and intensity.

#### 2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient.
- (b) Mental status examination
- (c) Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- (d) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

### C) Diagnosis

Assessment of data from the subjective and objective findings identifying risk factors and disease processes. May include a statement of current status of disease (e.g. stable, unstable, uncontrolled).

### D) Plan

#### 1) Treatment

- (a) Appropriate screening tests and /or diagnostic tests for purposes of disease identification.
- (b) Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
- (c) Immunization update.
- (d) Referral to specialty clinics and supportive services as needed.

#### 2) Patient conditions requiring Attending Consultation

- (a) Acute decompensation of patient situation
- (b) Problem that is not resolved after reasonable trial of therapies
- (c) Unexplained historical, physical or laboratory findings
- (d) Upon request of patient, NP, PA, or physician
- (e) Initiation or change of medication other than those in the formulary/ies.
- (f) Problem requiring hospital admission or potential hospital admission.

#### 3) Education

- (a) Patient education appropriate to diagnosis including treatment modalities and lifestyle counseling (e.g. diet, exercise).

(b) Anticipatory guidance and safety education that is age and risk factor appropriate.

4) Follow-up

As indicated and appropriate to patient health status and diagnosis.

E) Record Keeping

All information relevant to patient care will be recorded in the medical record (e.g.: admission notes, progress notes, procedure notes, discharge notes).

### Protocol #3: Health Care Management – Substance Abuse

#### A) Definition

This protocol covers the procedure for appropriate health care management in primary care, psychiatric care, and substance abuse services provided at OTOP and /or 1380 Howard Street San Francisco, Ca 94103) and inpatient units of the Zuckerberg San Francisco General Hospital and Trauma Center.

This protocol also covers the procedure for appropriate intake history and physical for patients who meet diagnostic criteria for substance dependence / withdrawal seeking medical treatment for the following outpatient programs: Opiate Treatment Outpatient Program (OTOP), Substance Abuse Research Project (SARP) and Office-Based Induction Clinic (OBIC) and Stimulant Treatment Outpatient Program (STOP).

Scope of care includes substance detoxification and maintenance treatments, health care promotion and maintenance treatment, management of common acute medical and/ or psychiatric illness and chronic stable conditions.

As an accredited and licensed Narcotic Treatment Program, OTOP provides both short/long term methadone detoxification and maintenance treatment to meet patient needs.

Methadone Maintenance as defined in 21 CFR 291.505 “the dispensing of a narcotic drug at a relatively stable dosage levels in the treatment of an individual for dependence on heroin or other morphine-like drugs.”

Methadone Detoxification as defined in 21 CFR 291.505 “the dispensing of narcotic drug in decreasing doses to an individual to alleviate adverse physiological or psychological effects incident to withdrawal from continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within such period.”

On 9/21/01, the California Department of Alcohol and Drug Programs issued a change in policy to allow for Long term Methadone Detoxification Programs in California in order to fulfill treatment needs of patients with significant substance use and psychosocial issues.

“Long term detoxification is a period of more than 30 days but not in excess of 180 days.”

“Short term detoxification is for a period not in excess of 30 days.”

OBIC uses Buprenorphine and buprenorphine/naloxone a pharmaceutical agent used only for opioid replacement in the treatment of patients with opioid dependence. For buprenorphine induction and management, all orders for buprenorphine, initial as well as subsequent, come from the practitioners with the DATA-waiver.

EXCLUSION CRITERIA for this protocol include: over sedation, altered mental status, assaultive/threatening behavior, and current suicidal/homicidal ideation.

Opioid withdrawal may exacerbate existing medical/psychiatric conditions. NP/PA/MD's collaborate in assessing and managing these conditions through the use of standardized protocols.

B) Database

1) Subjective Data

Substance Use: document history of at least one year of substance addiction: include type of current substance use (amount per day), frequency, route, method of use, most recent use (date and time), assess current substance withdrawal symptoms

- (a) Screening: appropriate history that includes but is not limited to: past medical/surgical history, psychiatric history, domestic violence, hospitalizations/injuries, current medications, allergies, and treatments.
- (b) On-going/continuity: chief complaint, review of pertinent systems and history relevant to the disease process or presenting complaint.
- (c) Pain history to include onset, location and intensity

2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient including psychiatric evaluation if appropriate to presenting symptoms.
  - (i) For patients seeking opiate treatment, emphasis on signs of opiate withdrawal (pupillary size, lacrimation, rhinorrhea, yawning, diaphoresis, piloerection, restlessness, presence of needle tracks, scar from prior incision and drainage of skin abscess due to intravenous / intramuscular drug use).
  - (ii) Assessment of possible substance intoxication, including but not limited to alcohol odor, nystagmus, positive Romberg test, client disinhibition, or other altered mental status.
- (b) Laboratory and imaging evaluation, as indicated, relevant to history and exam including the following:
  - (i) drug toxicology screening test
  - (ii) urine HCG screening for female patients of child bearing potential
- (c) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

C) Diagnosis

Assessment of data including the current DSM diagnostic criteria for Psychiatric Disorders and Substance Dependence / Withdrawal based on the subjective and objective findings identifying risk factors and disease processes. May include statement of current status of disease (e.g. stable, unstable, uncontrolled).

D) Plan

1) Treatment

- (a) Appropriate screening tests and/or diagnostic tests for purposes of disease identification.
- (b) Initiation or adjustment of medication per Furnishing/Drug Orders protocol with the exception of:
  - (i) Buprenorphine, Buprenorphine/Naloxone and Methadone dose induction, adjustment discontinuation and/or renewal within an Opiate

Treatment Program is consistent with State and Federal guidelines

(c) Immunization update.

(d) Referral to specialty clinics and supportive services, as needed.

2) Patient conditions requiring Attending Consultation

(i) Acute decompensation of patient situation

(ii) Problem that is not resolved after reasonable trial of therapies including persistent opioid withdrawal symptoms intractable to subsequent methadone dose adjustment.

(iii) Unexplained historical, physical or laboratory findings

(iv) Upon request of patient, NP, PA, or physician

(v) Initiation or change of medication other than those in the formulary/ies.

(vi) Problem requiring hospital admission or potential hospital admission.

3) Education

(a) Patient education appropriate to diagnosis including treatment modalities and lifestyle counseling (e.g. diet, exercise).

(b) Anticipatory guidance and safety education that is age and risk factor appropriate.

(c) Emphasis on harm reduction and safety

4) Follow-up

As indicated and appropriate to patient health status and diagnosis.

E) Record Keeping

All information relevant to patient care will be recorded in the electronic medical record.

## Protocol #4: Furnishing Medications/Drug Orders

### A) Definition

"Furnishing" of drugs and devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent/s available to the patient in accordance with a standardized procedure. A "drug order" is a medication order issued and signed by a physician assistant. Physician assistants may issue drug orders for controlled substances Schedule II -V with possession of an appropriate DEA license. All drug orders for controlled substances shall be approved by the supervising physician for the specific patient prior to being issued or carried out. Alternatively, PAs may prescribe controlled substances without patient specific approval if they have completed education standards as defined by the Physician Assistant Committee. A copy of the Certificate must be attached to the physician assistants Delegation of Service document. Nurse practitioners may order Schedule II - V controlled substances when in possession of an appropriate DEA license. Schedule II - III medications for management of acute and chronic illness need a patient specific protocol. The practice site Psychiatric Services, scope of practice of the NP/PA, as well as Service Chief or Medical Director, determine what formulary/ies will be listed for the protocol. The formulary/ies to be used include: San Francisco General Hospital and Trauma Center/San Francisco Health Network, Community Behavioral Health Services, Laguna Honda Hospital, Jail Health Services, San Francisco Health Plan, Medi-Cal and AIDS Drug Assistance Program. This protocol follows SFHN policy on Furnishing Medications (policy no. 13.2) and the writing of Drug Orders. (Policy no.13.5).

### B) Database

#### 1) Subjective Data

- (a) Appropriate history and review of symptoms relevant to the presenting complaint or disease process to include current medication, allergies, current treatments, and substance abuse history.
- (b) Pain history to include onset, location, and intensity.

#### 2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient.
- (b) Describe physical findings that support use for CSII-III medications.
- (c) Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- (d) All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20. OBIC clinic has their own CLIA License and uses CLIA waived POCT for pregnancy and toxicology testing.

### C) Diagnosis

Assessment of data including current DSM diagnostic criteria for Substance Use Disorders/Withdrawal syndromes based upon the subjective and objective findings identifying disease processes, results of treatments, and degree of pain and/or pain relief.

### D) Plan



1) Treatment

(a) Initiate, adjust, discontinue, and/or renew drugs and devices. Obtain informed consent for psychiatric medications as indicated.

(i) Respiratory medications and treatments will be written based on the assessment from the history and physical examination findings and patient response to prior or current treatment.

(ii) Nurse Practitioners may order Schedule II - III controlled substances for patients with the following patient specific protocols. These protocols may be listed in the patient chart, in the medications sections of the electronic medical record, or in the Medication Administration Record (MAR). The protocol will include the following:

- location of practice
- diagnoses, illnesses, or conditions for which medication is ordered
- name of medications, dosage, frequency, route, and quantity, amount of refills authorized and time period for follow-up.

For Methadone and Buprenorphine Induction and management to treat Opiate dependence/withdrawal in a Narcotic Treatment Program (NTP) refer to CCR (Title 9) and CFR.

For Buprenorphine or Buprenorphine/Naloxone Induction and management, all orders for buprenorphine, initial as well as subsequent, come from the practitioners with the DATA-waiver.

(iii) To facilitate patient receiving medications from a pharmacist provide the following:

- name of medication
- strength
- directions for use
- name of patient
- name of prescriber and title
- date of issue
- quantity to be dispensed
- license no., furnishing no., and DEA no. if applicable

(b) Informed Consent for Psychiatric Medications

The NP/PA is authorized to provide patients with information regarding psychiatric conditions, the likely effects and possible side effects of psychiatric medications and alternative treatments, in order to obtain informed consent from the patient according to department guidelines.

2) Patient Conditions requiring Consultation

(a) Problem that is not resolved after reasonable trial of therapies.

(b) Initiation or change of medication other than those in the formulary.

(c) Unexplained historical, physical or laboratory findings.

(d) Upon request of patient, NP, PA, or physician.

(e) Failure to improve pain and symptom management.

3) Education

(a) Instruction on directions regarding the taking of the medications in patient's own language.

(b) Education on why medication was chosen, expected outcomes, side effects, and precautions.

- 4) Follow-up
  - (a) As indicated by patient health status, diagnosis, and periodic review of treatment course.
- E) Record Keeping
  - All medications furnished by NPs and all drug orders written by PAs will be recorded in the electronic medical record.

## Protocol #5: Discharge of Inpatients

### A) Definition

This protocol covers the discharge of psychiatric inpatients from Zuckerberg San Francisco General Hospital and Trauma Center. Direction to discharge a patient will come from the attending physician.

### B) Database

#### 1) Subjective Data

- (a) Review: health history and current health status

#### 2) Objective Data

- (a) Physical exam consistent with history and clinical assessment of the patient.
- (b) Review medical record: in-hospital progress notes, consultations to assure follow-through.
- (c) Review recent laboratory and imaging studies and other diagnostic tests noting any abnormalities requiring follow-up.
- (d) Review current medication regimen, as noted in the MAR (Medication Administration Record).

### C) Diagnosis

Review of subjective and objective data and medical diagnoses, ensure that appropriate treatments have been completed, identify clinical problems that still require follow-up and ensure that appropriate follow-up appointments and studies have been arranged.

### D) Plan

#### 1) Treatment

- (a) Review treatment plan with patient and/or family.
- (b) Initiation or adjustment of medications per Furnishing/Drug Orders protocol.
- (c) Assure that appropriate follow-up arrangements (appointments/studies) have been made.
- (d) Referral to clinical psychopharmacologist as indicated.
- (e) Referral to physician, specialty clinics and supportive services as needed.
- (f) Discontinue psychiatric legal holds.

#### 2) Patient conditions requiring Attending Consultation

- (a) Acute decompensation of patient situation.
- (b) Unexplained history, physical or laboratory findings.
- (c) Upon request of patient, NP, PA or physician.
- (d) Initiation or change of medication other than those in the formulary.

#### 3) Education

- (a) Review inpatient course and what will need follow-up.
- (b) Provide instructions on:
  - (i) follow-up clinic appointments
  - (ii) outpatient laboratory/diagnostic tests
  - (iii) discharge medications
  - (iv) signs and symptoms of possible complications

- 4) Follow-up
  - (a) Appointments
  - (b) Copies of relevant paperwork will be provided to patient.
- E) Record Keeping
  - All information from patient hospital stay will be recorded in the electronic medical record

## Protocol #6 - Procedure: Waived Testing

### A) Definition

Waived testing relates to common laboratory tests that do not involve an instrument and are typically performed by providers at the bedside or point of care.

- 1) Location where waived testing is to be performed: any in- or outpatient location providing emergency or primary care.
- 2) The following non-instrument based waived tests are currently performed at ZSFG:
  - (a) Fecal Occult Blood Testing (Hemocult ®)  
Indication: Assist with detection or verification of occult blood in stool.
  - (b) Vaginal pH Testing (pH Paper)  
Indication: Assist with assessment for ruptured membranes in pregnancy, bacterial vaginosis and trichomonas.
  - (c) SP® Brand Urine Pregnancy  
Indication: Assist with the diagnosis of pregnancy.
  - (d) Chemstrip® Urine Dipstick  
Indication: Assist with screening for and monitoring of kidney, urinary tract and metabolic diseases.
  - (e) Urine Drug Screen: Assist with the detection of drugs in urine.

### B) Database

- 1) Subjective Data  
Rationale for testing based on reason for current visit, presenting complaint or procedure/surgery to be performed
- 2) Objective Data  
Each waived test is performed in accordance with approved ZSFG policies and procedures specific for each test as well as site-specific protocols and instructions for:
  - (a) Indications for testing
  - (b) Documentation of test results in the medical record
  - (c) Actions to be taken (follow-up or confirmatory testing, Attending consultation, referrals) based on defined test results.
  - (d) Documentation or logging of tests performed

### C) Diagnosis

Waived tests may serve as an aid in patient diagnosis but should not be the only basis for diagnosis.

### D) Plan

- 1) Testing
  - (a) Verify patient ID using at least two unique identifiers: full name and date of birth (DOB) or Medical Record Number (MRN)
  - (b) Use gloves and other personal protective equipment, as appropriate.
  - (c) Assess/verify suitability of sample, i.e., sample should be fresh or appropriately preserved, appropriately timed, if applicable (for example first morning urine), and must be free of contaminating or interfering substances.

Samples not tested in the presence of the patient or in situations where specimen mix-up can occur, must be labeled with patient's full name and DOB or MRN.

(d) Assess/verify integrity of the test system. Have tests and required materials been stored correctly and are they in-date? Have necessary controls been done and come out as expected?

2) Test Results requiring Attending Consultation

(a) Follow established site-specific protocols or instructions. When in doubt, consult responsible attending physician.

3) Education

(a) Inform patient of test results and need of additional tests, as necessary

4) Follow-up

Arrange for repeat or additional testing, as appropriate.

E) Record Keeping

Test and control results will be recorded in the medical record as per site-specific protocols (may be in paper charts or entered in electronic data bases).

A record of the test performed will be documented in a log, unless the result entry in the medical record permits ready retrieval of required test documentation.

1) Summary of Prerequisites, Proctoring and Reappointment Competency

Prerequisites:

Certification as midlevel practitioner practicing within one of the six medical specialties providing primary care: Medicine, Family and Community Medicine, Emergency Medicine, Surgery, Ob/GYN, Pediatrics,

Proctoring:

Successful completion of Learning Management System courses for each of the waived tests the practitioner is performing at ZSFG, i.e., achievement of passing scores of at least 80% on each module.

Reappointment Competency Documentation:

Renewal required every two years with documentation of successful completion of the required Learning Management system courses. Provider must have passed each required module with a score of 80%.

Any additional comments: N/A

Review Date: March 2025



## SFHN Credentials Committee Standardized Procedure and/or Privileges Submission Form

### Directions:

1. Summarize the content changes that were made to the SP/protocols or Privileges using the table in Section I
2. Complete Section II: Follow instructions outlined in table
3. Email the revised SP with track changes and this completed form to the Michelle Mai, ZSFG Medical Staff Analyst ([michelle.mai@sfdph.org](mailto:michelle.mai@sfdph.org)), the CIDP Coordinator ([erika.kiefer@sfdph.org](mailto:erika.kiefer@sfdph.org)), and CIDP Co-Chairs ([vagn.petersen@sfdph.org](mailto:vagn.petersen@sfdph.org)).


### Section I: Summary of Changes for Committee approval

Date changes to SP/Privileges approved by CIDP:	
Person completing this form:	
Standardized Procedure Title:	Neurology
Department:	Neurology
Dept Chief:	Claude Hemphill III, MD
SP Author(s):	Sean Braden, NP, Alexandra Brown, MD
Update #1:	Addition of Protocol #8: Botox injections
Update #2:	Updated language & formatting
Update #3:	Updated References

\*Include additional rows to table, if needed

## Section II: Standardized Revisions

Update the SP as instructed below.

<b>Preamble</b>	 2023 CIDP SP Preamble DRAFT (1). <ul style="list-style-type: none"><li>• The Preamble is the portion of the SP that precedes the Protocols, the first pages of the SP, outlined I-VII, includes sections “Policy Statement, ”Functions to be Performed,” etc..</li><li>• The Preamble was updated in 2023 to include changes in legislation, regulations, and practice.</li></ul> (CIDP, 10/2023)
<b>Equity</b>	Ensure language within the SP is inclusive. Examples include but are not limited to: <ul style="list-style-type: none"><li>• Do not use race/ethnicity descriptors unless necessary</li><li>• Do not use sex assigned at birth unless necessary</li><li>• Use “their” rather than “him/her”</li></ul> (CIDP, 8/2022)
<b>ZSFG</b>	Change “San Francisco General Hospital” to “Zuckerberg San Francisco General Hospital” and SFGH to ZSFG (CIDP, 10/2016)
<b>Qualified Provider</b>	Insert the following after every use of words “qualified provider:” who has completed proctoring and subsequently maintained their eligibility for performing the procedure. <i>Example: 2 direct observations of procedure by a qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</i> (Credentials Committee, 11/2023)
<b>Prerequisites</b>	Onsite training no longer to be listed as a prerequisite. Instead, the training to be completed once procedure is approved for the provider and then before the provider initiates proctoring. Update protocols to reflect this change (Credentials Committee, 11/2023)





**Zuckerberg San Francisco General Hospital and Trauma  
Center  
Committee on Interdisciplinary Practice**

**STANDARDIZED PROCEDURE – NURSE PRACTITIONER / PHYSICIAN  
ASSISTANT**

**PREAMBLE**

**Title: Neurology Nurse Practitioner/Physician Assistant**

**I. Policy Statement**

- A. It is the policy of the San Francisco Health Network and Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse –Midwives, Physician Assistants, , Nurses, Physicians, Pharmacists, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title16, CCR Section 1474.
- B. All standardized procedures are to be kept in a unit-based manual. A copy of these signed procedures will be kept in an operational manual in the Neurology Department Office and on file in the Medical Staff Office.

**II. Functions to be Performed**

Each practice area will vary in the functions that will be performed, such as a clinical, ambulatory and specialty clinic care setting, or inpatient care in a unit-based hospital setting. The NP/PA conducts physical exams, diagnoses, and treats illness, orders and interpret tests, counsels on preventative health care, assists in surgery, performs invasive procedures, and furnish medications/issue drug orders as established by state law.

A Nurse Practitioner (NP) is a Registered Nurse who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness; and who has met the requirements of Section 1482 of the Nurse Practice Act. Nurse Practitioners provide health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Nurse Practitioner to seek physician consultation.

Physician assistants (PA) are health care providers licensed to practice medicine with physician supervision and who have attended and successfully completed an intensive training program accredited by the Accreditation Review Commission on education for the Physician Assistant (ARC-PA). While functioning as a member of the San Francisco Health Network, PAs perform health care-related functions under physician oversight and with the utilization of standardized procedures and Practice Agreement (documents supervising agreement between supervising physician and PA).

### **III. Circumstances Under Which NP/PA May Perform Function**

#### **A. Setting**

1. Location of practice is the outpatient Neurology Clinic and Inpatient units at Zuckerberg San Francisco General Hospital and Trauma Center.
2. Role in the outpatient and inpatient setting may include performing physical exams, diagnosing, and treating illnesses, ordering and interpreting tests, counseling on preventative health care, performing invasive procedures and furnishing medications.

#### **B. Supervision**

1. Overall Accountability:  
The NP/PA is responsible and accountable to the Chief of Neurology.
2. A consulting physician which may include attending's and fellows, will be available to the NP/PA, by phone, in person, or by other electronic means always.
3. Physician consultation is to be obtained as specified in the protocols and under the following circumstances:
  - a. Acute decompensation of patient situation
  - b. Problem that is not resolved after reasonable trial of therapies.
  - c. Unexplained historical, physical, or laboratory findings.
  - d. Upon request of patient, nurse practitioner, physician assistant, or physician.
  - e. Initiation or change of medication other than those in the formulary(ies).
  - f. Problem requiring hospital admission or potential hospital admission.

### **IV. Scope of Practice**

Protocol #1	Core – Neurology Clinic
Protocol #2	Core – Acute/Urgent Care
Protocol #3	Core - Furnishing Medications/Drug Orders
Protocol #4	Lumbar Puncture

Protocol #5	Ordering Transfusions
Protocol #6	eConsult Review
Protocol #7	Core - Discharge Inpatients
Protocol #8	Botox injections

## **V. Requirements for the Nurse Practitioner/Physician Assistant**

### **A. Basic Training and Education**

1. Active California Registered Nurse/ Physician Assistant license.
2. Successful completion of a program, which conforms to the Board of Registered Nurses(BRN)/Accreditation Review Commission on education for the Physician Assistant(ARC)-PA standards.
3. Maintenance of Board Certification (NP)/National Commission on the Certification of Physician Assistants (NCCPA) certification.
4. Maintenance of certification of Basic Life Support (BLS) by an approved American Heart Association provider.
5. Possession of a Medicare/Medical Billable Provider Identifier or must have submitted an application.
6. Copies of licensure and certificates must be on file in the Medical Staff Office.
7. Furnishing Number within 12 months of hire for NPs.
8. Physician Assistants are required to sign and adhere to the San Francisco General Hospital and Trauma Center Practice Agreement . Copies of Practice Agreement must be kept at each practice site for each PA.

### **B. Specialty Training**

1. Specialty requirements
  - a. NP specialty certification as a ANP, FNP, ACNP
  - b. Certification as a Certified Neuroscience Registered Nurse (CNRN) within 3 years of hire
2. Amount of previous experience in specialty area expected for this position.
  - a. Two years experience as a Registered Nurse or Nurse Practitioner in an acute care hospital or clinic within six months of prior to hire
  - b. Two years experience as a PA in an acute care hospital or clinic within six months of hire.

### **C. Evaluation of NP/PA Competence in performance of standardized procedures.**

Initial: at the conclusion of the proctoring period, the Medical Director and supervising clinical provider(s) will assess the NP/PA's ability to practice clinically.

1. Length of proctoring period will be three (3) months. The

- term may be shortened or lengthened at the discretion of the supervising clinical provider; however, the proctoring period shall not exceed the six (6) months CCSF probationary period. At the end of the proctoring term, the NP/PA will be generally supervised by Chief of Neurology, Neurology Service Attending, or designated provider.
2. The evaluator will be the Chief of Neurology or designated clinical provider.
  3. The method of evaluation in clinical practice will be those needed to demonstrate clinical competence.
    - a. All cases are presented to the evaluator.
    - d. Medical record review is conducted for out-patient discharge medication.
    - e. Medical Record review may be conducted retrospectively by the clinical supervisor.
    - f. Proctoring will include a minimum evaluation of five (5) chart reviews and direct observations, with at least one case representing each core protocol (core - neurology clinic, core – acute/urgent care), discharge of inpatients, and furnishing medications/drug orders, if applicable.
    - g. Procedural skills are incorporated into the competency assessment orientation

Follow-up: areas requiring increased proficiency as determined by the initial or reappointment evaluation will be re-evaluated by the Medical Director and/or clinical supervisor at appropriate intervals until acceptable skill level is achieved.

Biennial Reappointment: Medical Director, and/or designated physician must evaluate the NP/PA's clinical competence. The number of procedures and chart reviews will be done as noted in the specific procedure protocols.

## **VI. Development and Approval of Standardized Procedure**

### **A. Method of Development**

1. Standardized procedures are developed collaboratively by the Nurse Practitioners/Physician Assistants, Physicians, and Administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

### **B. Approval**

The CIDP, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures prior to its implementation.

C. Review Schedule

The standardized procedure will be reviewed every three years by the NP/PA and the Medical Director, and as practice changes.

D. Revisions

The CIDP, Credentials Committee, Medical Executive Committee, and Joint Conference Committee must approve all revisions to standardized procedures prior to implementation.

## Protocol #1 Core – Neurology Clinic

### A. DEFINITION

This protocol covers the procedure for health care management in the Neurology outpatient clinic. Scope of care includes health care maintenance and promotion, management of common acute illness and chronic stable illnesses.

### B. DATA BASE

#### 1. Subjective Data

- a. Screening history that includes but is not limited to: past medical history, surgical history, hospitalizations/injuries, habits, family history, psychosocial history allergies, current medications, treatments and review of symptoms.
- b. Ongoing/Continuity: review of symptoms and history relevant to the presenting complaint and/or disease process.
- c. Pain history to include onset, location and intensity.

#### 2. Objective Data

- a. Physical exam appropriate to presenting symptoms.
- b. Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- c. All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

### C. DIAGNOSIS

Assessment of data from the subjective and objective findings, identification of risk factors and knowledge of disease processes will be used to derive a list of differential diagnoses. Status of disease may be stable, unstable, or uncontrolled.

### D. PLAN

#### 1. Therapeutic Treatment Plan

- a. Diagnostic tests for purposes of disease identification.
- b. Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
- c. Immunization update
- d. Referral to specialty clinics and supportive services, as needed.

#### 2. Patient conditions requiring Attending Consultation

- a. Acute decompensation of patient situation
- b. Problem that is not resolved after reasonable trial of therapies
- c. Unexplained physical or laboratory findings
- d. Uncommon, unfamiliar, unstable, and complex patient conditions
- e. Upon request of patient, NP, PA, or physician
- f. Initiation or change of medication other than those in the formularies.
- g. Problem requiring hospital admission or potential hospital

admission.

3. Education

- a. Patient education appropriate to diagnosis including treatment modalities and lifestyle counseling.
- b. Anticipatory guidance and safety education that is risk factor important.

4. Follow-up

As indicated and appropriate to patient health status, and diagnosis.

E. RECORD KEEPING

All information from patient visits will be recorded in the medical record.

## **Protocol #2: Core – Acute/Urgent Care**

### **A. DEFINITION**

This protocol covers the procedure for patient visits for urgent problems, which include but are not limited to common acute problems, uncommon, unstable, or complex conditions. Patients will be seen in the Outpatient Neurology Clinic and Inpatient Units

### **B. DATA BASE**

#### **1. Subjective Data**

- a. History and review of symptoms relevant to the presenting complaint and/or disease process.
- b. Pertinent past medical history, surgical history, family history, psychosocial and occupational history, hospitalizations/injuries, current medications, allergies, and treatments.

#### **2. Objective Data**

- a. Physical exam appropriate to presenting symptoms.
- b. Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- c. All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

### **C. DIAGNOSIS**

Assessment of data from the subjective and objective findings to identify disease processes. May include statement of current status of disease.

### **D. PLAN**

#### **1. Therapeutic Treatment Plan**

- a. Diagnostic tests for purposes of disease identification.
- b. Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
- c. Referral to physician, specialty clinics, and supportive services, as needed.

#### **2. Patient conditions requiring Attending Consultation**

- a. Acute decompensation of patient situation
- b. Problem that is not resolved after reasonable trial of therapies
- c. Unexplained historical, physical or laboratory findings
- d. Uncommon, unfamiliar, unstable, and complex patient conditions
- e. Upon request of patient, NP, PA, or physician
- f. Initiation or change of medication other than those in the formularies.
- g. Any Problem requiring hospital admission or potential hospital admission.)



3. Education  
Patient education should include treatment modalities.  
Discharge information and instructions.
4. Follow-up  
As appropriate regarding patient health status and diagnosis.

E. **RECORD KEEPING**

All information from patient visits will be recorded in the medical record.

### **Protocol #3: Core - Furnishing Medications/Drug Orders**

#### **A. DEFINITION**

“Furnishing “of drugs and devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent/s available to the patient in accordance with a standardized procedure.

A “drug order” is a medication order issued and signed by a physician assistant. Physician assistants may issue drug orders for controlled substances Schedule II -V with possession of a DEA number.

Nurse practitioners may order Schedule II - V controlled substances when in possession of a DEA number. Schedule II - III controlled substances may be ordered for, but not limited to, the following conditions: patients presenting with acute and chronic pain and patients presenting with ADHD or other mental health-related disorders requiring the use of controlled substance Schedule II medications.

The practice site scope of practice of the NP/PA, as well as Service Chief or Medical Director, determine what formulary/ies will be listed for the protocol. The formulary/ies that will be used are: San Francisco General Hospital and Trauma Center, Community Behavioral Health Services, Laguna Honda Hospital, Jail Health Services, San Francisco Health Plan, Medi-Cal and AIDS Drug Assistance Program. This protocol follows SFHN policy on Furnishing Medications (policy no. 13.2) and the writing of Drug Orders. (Policy no. 13.5).

#### **B. DATA BASE**

##### **1. Subjective Data**

- a. Age appropriate history and review of symptoms relevant to the presenting complaint or disease process to include current medication, allergies, current treatments, and substance abuse history.
- b. Pain history to include onset, location, and intensity.

##### **2. Objective Data**

- a. Physical exam consistent with history and clinical assessment of the patient.
- b. Describe physical findings that support use for CSII-III medications.
- c. Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- d. All Point of Care Testing (POCT) will be performed according to the ZSFG POCT policy and procedure 16.20.

#### **C. DIAGNOSIS**

Assessment of data from the subjective and objective findings identifying disease processes, results of treatments, and degree of pain and/or pain

relief.

D. PLAN

1. Treatment

- a. Initiate, adjust, discontinue, and/or renew drugs and devices.
- b. Respiratory medications and treatments will be written based on the assessment from the history and physical examination findings and patient response to prior or current treatment.
- c. Nurse Practitioners may order Schedule II - III controlled substances for patients with the following patient specific protocols. These protocols may be listed in the patient chart, in the medications sections of the LCR, or in the Medication Administration Record (MAR). The protocol will include the following:
  - i. location of practice
  - ii. diagnoses, illnesses, or conditions for which medication is ordered
  - iii. name of medications, dosage, frequency, and route, and quantity, amount of refills authorized and time period for follow-up.
- d. To facilitate patient receiving medications from a pharmacist provide the following:
  - i. name of medication
  - ii. strength
  - iii. directions for use
  - iv. name of patient
  - v. name of prescriber and title
  - vi. date of issue
  - vii. quantity to be dispensed
  - viii. license no., furnishing no., and DEA no. if applicable

2. Patient conditions requiring Consultation

- a. Problem which is not resolved after reasonable trial of therapies.
- b. Initiation or change of medication other than those in the formulary.
- c. Upon request of patient, NP, PA, or physician.
- d. Failure to improve pain and symptom management.

3. Education

- a. Instruction on directions regarding the taking of the medications in patient's own language.
- b. Education on why medication was chosen, expected outcomes, side effects, and precautions.

4. Follow-up

- a. As indicated by patient health status, diagnosis, and periodic review of treatment course.

E. RECORD KEEPING

All medications furnished by NPs and all drug orders written by PAs will be recorded in the medical record as appropriate.

## **Protocol #4: Procedure: Lumbar Puncture**

### **A. DEFINITION**

A diagnostic procedure used to identify infectious, inflammatory, and neoplastic processes of the central nervous system. Lumbar puncture is also used to administer diagnostic as well as therapeutic agents. Lumbar puncture can also be done to determine the intracranial pressure.

1. Location to be performed: Neurology Service Lumbar Puncture

2. Performance of Lumbar Puncture

#### **a. Indications**

1. To obtain Cerebral Spinal Fluid (CSF) for diagnosis of infectious, inflammatory or neoplastic diseases
2. To determine the presence of subarachnoid hemorrhage
3. To diagnose and treat hydrocephalus increased intracranial pressure for selective patients

#### **b. Precautions**

1. Obtain brain imaging study to rule out mass effect, subarachnoid hemorrhage or obstructive hydrocephalus
2. Aseptic technique / avoid chemical meningitis, abscess
3. Platelets should be greater than or equal to 100,000
4. Patients on anticoagulants or who have bleeding tendencies (F.F., Von Willebrand's, Hemophilia, Liver disease)
5. ASA/NSAIDS/Cox II Inhibitors
6. Withdraw CSF slowly and only the amount that is needed

#### **c. Contraindications**

1. Increased intracranial pressure secondary to mass or mass effect
2. INR greater than 1.4
3. Therapeutic anticoagulation or blood dyscrasias
4. Soft tissue infection at the entry site / spinal osteomyelitis
5. Known spinal cord arteriovenous malformations
6. Posterior fossa lesion
7. Patient refusal

### **B. DATA BASE**

#### **1. Subjective Data**

- a. History and review of symptoms relevant to the presenting complaint or procedure to be performed including but not limited to presence of headache or meningitis symptoms, motor/sensory deficits, and new/persistent CSF leak.
- b. Pertinent past medical history, surgical history, family history, hospitalizations, habits, current medications including aspirin,

aspirin-containing-products, anticoagulants, anti-platelet agents, and non-steroidal anti-inflammatory agents, and allergies including anesthetic agents.

2. Objective Data

- a. Physical exam appropriate to the procedure to be performed including detailed neurologic examination, assessment of papilledema, and integrity of the lumbar skin site.
- b. The procedure is performed following standard medical technique according to The Handbook of Neurosurgery by Mark Greenberg, Section 23.7.3. Lumbar Puncture.
- c. Laboratory evaluation to include CBC with platelets, PT, PTT, and INR. Brain imaging evaluation to rule out a mass lesion, a posterior fossa lesion, or subarachnoid hemorrhage, as indicated by history and physical exam.
- d. All Point of Care Testing (POCT) will be performed according to ZSFG POCT policy and procedure 16.20.

C. DIAGNOSIS

Assessment of subjective and objective data to identify disease processes. Differential diagnoses would include but not limited to meningitis, encephalitis, sarcoidosis, subarachnoid hemorrhage, meningeal carcinomatosis, increased intracranial pressure, and decreased intracranial pressure.

D. PLAN

1. Therapeutic Treatment Plan

- a. Patient consent, consistent with hospital policy, obtained before procedure is performed.
- b. Timeout conducted consistent with hospital policy.
- c. Diagnostic tests on the CSF for purposes of disease identification may include protein level, glucose level, gram stain, culture and sensitivity, blood cell count and differential, and measurement of CSF pressure. Additional diagnostic tests may include: cytologic testing, staining for AFB, cryptococcal antigen, serologic testing for syphilis, Lyme disease, viral titers, immunoglobulin profiles, and oligoclonal banding.
- d. Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
- e. Referral to physician, specialty clinics, and supportive services, as needed.

2. Patient conditions requiring Attending Consultation

- a. All patients requiring this procedure will receive Attending Consultation

3. Education

- a. Discharge information and instructions pertaining to lumbar puncture. Krames-on-Demand educational print outs titled “Lumbar Puncture” and “Having a Lumbar Puncture” can be provided to patients to assist with pre- and post-procedural education.

4. Follow-up

As appropriate for procedure performed.

- a. Assess for signs and symptoms of insertion site infection
- b. Assess for signs of CSF leak
- c. Assess for complaints of headache in the upright position

E. RECORD KEEPING

Patient visit, consent forms, and other procedure specific documents will be recorded in the medical record as appropriate.

F. Summary of Prerequisites, Proctoring and Reappointment Competency Documentation

Prerequisites
The training to be completed once procedure is approved for the provider and then before the provider initiates proctoring.
Proctoring Period
<ul style="list-style-type: none"> <li>a. Minimum of 3 successful observed demonstrations</li> <li>b. Minimum of 3 chart reviews</li> </ul>
Reappointment Competency
<ul style="list-style-type: none"> <li>a. Direct observations of procedure by a qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</li> <li>b. Ongoing competency evaluation. <ul style="list-style-type: none"> <li>1. Completion of three procedures every 2 years.</li> <li>2. Three chart reviews needed every 2 years.</li> </ul> </li> </ul>

## Protocol #5: Ordering Blood Transfusions

### A. DEFINITION

Ordering the administration of whole blood or blood components, i.e., red blood cells, fresh frozen plasma, platelets, and cryoprecipitate.

1. Location to be performed: Neurology Clinic.
2. Performance of procedure:
  - a. Indications
    1. Anemia
    2. Thrombocytopenia or platelet dysfunction
    3. Coagulation factor or other plasma protein deficiencies not appropriately correctable by other means.
  - b. Precautions
    1. Blood and blood components must be ordered according to ZSFG guidelines.
    2. Emergency exchange transfusion orders are not covered by this standardized procedure. – these must be countersigned by the responsible physician.
    3. If (relative) contraindications to transfusion exist (see below) the decision whether to transfuse or not must be discussed with the responsible physician.
  - c. Contraindications
    1. Absolute: none
    2. Relative: Immune cytopenias, such as immune-mediated hemolytic anemia, idiopathic thrombocytopenic purpura (ITP), thrombotic thrombocytopenia purpura (TTP), heparin-induced thrombocytopenia (HIT). In these conditions transfusions should be withheld, unless necessitated by serious bleeding, deteriorating medical condition attributable to anemia, or high risk of either condition occurring.

### B. DATA BASE

1. Subjective Data
  - a. History and review of symptoms relevant to the presenting complaint and reason for transfusion.
  - b. Transfusion history, including prior reactions, antibodies to minor red cell antigens and allergies.
2. Objective Data
  - a. Physical exam relevant to the decision to transfuse.
  - b. Laboratory and imaging evaluation, as indicated, relevant to history and exam.
  - c. All Point of Care Testing (POCT) will be performed according to ZSFG POCT policy and procedure 16.20.

### C. DIAGNOSIS



Assessment of subjective and objective data to direct transfusion therapy and identify contraindications to transfusion.

D. PLAN

1. Therapeutic Treatment Plan

- a. Patient consent must be obtained before writing transfusion orders according to Admin Policy 2.03, with the pamphlet, "[A Patient's Guide to Blood Transfusion](#)," disseminated as required.
- b. Outpatients must be provided with post-transfusion instructions. (ZSFG Form).
- c. Appropriate post-transfusion laboratory studies are ordered to assess therapeutic response.
- d. Referral to physician, specialty clinics and supportive services as needed.

2. Patient conditions requiring Attending Consultation

- a. Acute decompensation of patient situation.
- b. Unexplained historical, physical or laboratory findings
- c. Uncommon, unfamiliar, unstable, and complex patient conditions
- d. Upon request of patient, NP, PA, or physician
- e. Problem requiring hospital admission or potential hospital admission.

3. Education

Discharge information and instructions, post-transfusion orders for outpatients.

4. Follow-up

As appropriate for patient's condition and reason transfusions were given.

E. RECORD KEEPING

Patient visit, consent forms, and other transfusion-specific documents (completed transfusion report) will be included in the medical record, as appropriate.

F. Summary of Prerequisites, Proctoring and Reappointment Competency

Prerequisite:

- a. Successful completion of the Zuckerberg San Francisco General Hospital Transfusion Training course.
- b. Successful completion of Transfusion Training course test on blood ordering and informed consent.
- c. Must have an 80% test score on both examinations.

Proctoring Period:

- |  |
|--|
| <ul style="list-style-type: none"><li>a. Read and Sign the ZSFG Administrative Policy and Procedure 2.3 “Informed Consent Prior to Blood Transfusion, and Declination (Refusal) of Blood Transfusion”.</li><li>b. Read ZSFG Transfusion Guidelines in Clinical Laboratory manual.</li><li>c. Documentation of 1 countersigned transfusion order and review of documentation in the patient medical record.</li></ul>   |
| <p>Reappointment Competency Documentation:</p> <ul style="list-style-type: none"><li>a. Completion of the two education modules and completion of the two examinations with a passing score of 80%.</li><li>b. Performance of 1 transfusion order per year and 1 medical record review per year.</li><li>c. Review of any report from the Transfusion Committee.</li><li>d. Evaluator will be the medical director or other designated qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</li></ul> |

## **PROTOCOL #6: eConsult Review**

### **A. DEFINITION**

eConsult review is defined as the review of new outpatient consultation requests via the online eConsult system. A new outpatient is defined as a patient that has neither been consulted upon by the Neurology service, admitted to the Neurology service nor seen in the Neurology clinic within the previous two years.

#### **1. Prerequisites:**

- a. Providers reviewing eConsults will have six months experience with patients in the specific specialty area provided at ZSFG or elsewhere before allowed to review eConsult independently.
- b. Providers reviewing eConsults will be licensed as stated in the Standardized Procedure-Nurse Practitioner/PA Preamble.
- c. Providers reviewing eConsults will consistently provide care to patients in the specialty clinic for which they are reviewing.
- d. Providers reviewing eConsults will have expertise in the specialty practice for which they are reviewing.

2. Educational Component: Providers will demonstrate competence in understanding of the algorithms or referral guidelines developed and approved by the Chief of Service which will be used to facilitate screening, triaging and prioritizing of patients in the eConsult system.
3. Proctoring: A review of 5% of the eConsult consultation decisions will be performed by the Chief of Service or designee concurrently for the first three months.
4. Reappointment: 3 chart reviews will be needed for reappointment every 2 years.

### **B. DATA BASE**

#### **1. Subjective Data**

- a. History: age appropriate history that includes but is not limited to past medical history, surgical history, hospitalizations/injuries, habits, family history, psychosocial history, allergies, current medications, treatments, and review of systems relevant to the presenting disease process as provided by the referring provider on the electronic referral. eConsult review will be confined to data found in the submitted eReferral form. Data contained in the paper or electronic medical record, but not in the eConsult, is specifically excluded from the eConsult review. The reviewer will request further information from the referring provider if information provided is not complete or does not allow for an adequate assessment of urgency and appropriateness of the referral.
- b. Pain history to include onset, location, and intensity, aggravating and alleviating factors, current and previous treatments.

#### **2. Objective Data**

- a. Physical exam consistent with history and clinical assessment of the patient as provided by the referring provider.
- b. Laboratory and imaging evaluation as obtained by the referring provider relevant to history, physical exam, and current disease process will be reviewed. Further evaluation will be requested from the referring provider if indicated.

C. DIAGNOSIS

A diagnosis will not be determined at the time of eReferral review. Differential diagnosis will be provided at the time the patient is seen in clinic by the consulting provider. Assessment of the subjective and objective data as performed by the consulting provider in conjunction with identified risk factors will be evaluated in obtaining a diagnosis.

D. PLAN

1. Review of eReferral

- a. Algorithms or referral guidelines developed and approved by the Chief of Service will be used to facilitate screening, triaging and prioritizing of patients in the eConsult system.
- b. All data provided via the eConsult consultation request will be reviewed and assessed for thoroughness of history, adequacy of work up, and urgency of condition.
- c. Any missing data that is needed for the initial assessment of the patient will be requested from the referring provider.

2. Patient conditions requiring Attending Review

- a. Upon request of the referring NP, PA, or physician
- b. Problem requiring hospital admission or potential hospital admission
- c. When recommending complex imaging studies or procedures for the referring provider to order
- d. Problem requiring emergent/urgent surgical intervention
- e. As indicated per the algorithms developed by the Chief of Service

3. Education

- a. Provider education appropriate to the referring problem including disease process, additional diagnostic evaluation and data gathering, interim treatment modalities and lifestyle counseling (e.g. diet, exercise).

4. Scheduling of Appointments

- a. Dependent upon the urgency of the referral, the eConsult will be forwarded to the scheduler for either next available clinic appointment scheduling or overbook appointment scheduling.

5. Patient Notification

- a. Notification of the patient will be done by the referring provider if the appointment is scheduled as next available. If the appointment is scheduled as an over book within two weeks of the eReferral, the consulting scheduler is responsible for notifying the patient.

E. RECORD KEEPING

All information contained within the electronic referral including the initial referral and any electronic dialogue between providers will be recorded in the electronic medical record (EMR) upon scheduling or after a period of six months.

During the proctoring period, the eConsult request will be printed and the provider recommendations will be written on the print out. These will be cosigned by the proctor and filed in the provider's educational file. The recommendations will then be entered into the EMR and forwarded to the scheduler.

## **Protocol #7: Core - Discharge of Inpatients**

### **A. DEFINITION**

This protocol covers the discharge of inpatients from Zuckerberg San Francisco General Hospital.

### **B. DATA BASE**

1. Subjective Data
  - a. Review: health history and current health status
2. Objective Data
  - a. Physical exam consistent with history and clinical assessment of the patient.
  - b. Review medical record: in-hospital progress notes, consultations to assure follow-through.
  - c. Review recent laboratory and imaging studies and other diagnostic tests noting any abnormalities requiring follow-up.
  - d. Review current medication regimen, as noted in the MAR (Medication Administration Record).

### **C. DIAGNOSIS**

Review of subjective and objective data and medical diagnoses, ensure that appropriate treatments have been completed, identify clinical problems that still require follow-up and that appropriate follow-up appointments and studies have been arranged.

### **D. PLAN**

1. Treatment
  - a. Review treatment plan with patient and/or family.
  - b. Initiation or adjustment of medications per Furnishing/Drug Orders protocol.
  - c. Assure that appropriate follow-up arrangements (appointments/studies) has been made.
  - d. Referral to specialty clinics and supportive services, as needed.
2. Patient conditions requiring Attending Consultation
  - a. Acute decompensation of patient situation.
  - b. Problem that is not resolved after reasonable trial of therapies.
  - c. Unexplained historical, physical or laboratory findings.
  - d. Upon request of patient, NP, PA or physician.
  - e. Initiation or change of medication other than those in the formulary.
3. Education
  - a. Review inpatient course and what will need follow-up.
  - b. Provide instructions on:
    - follow-up clinic appointments
    - outpatient laboratory/diagnostic tests
    - discharge medications

- signs and symptoms of possible complications
- 4. Follow-up
  - a. Follow-up appointments
  - b. Copies of relevant paperwork will be provided to patient.
- E. RECORD KEEPING

All information from patient hospital stay will be recorded in the medical record

## Protocol #8: Botox injections

### A. DEFINITION

Administration of Botox (Onabotulinum toxin A) for the treatment of chronic migraine.

1. Location to be performed: Neurology Service Clinic
2. Performance of Botox Administration

#### a. Indications

1. Prophylaxis of headaches in adult patients with chronic migraine ( $\geq 15$  days per month with headache lasting 4 hours a day or longer)

#### b. Precautions

1. Potency units of Botox are not interchangeable with other preparations of botulinum toxin products.
2. Spread of toxin effects: swallowing and breathing difficulties can lead to death. Seek immediate medical attention if respiratory, speech, or swallowing difficulties occur.
3. Concomitant neuromuscular disorders, including peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) may exacerbate clinical effects of treatment. Patients with known or unrecognized neuromuscular or neuromuscular junction disorders should be monitored when given Botox. They may be at increased risk of clinically significant effects including generalized muscle weakness, diplopia, ptosis, dysphonia, dysarthria, severe dysphagia, and respiratory compromise.
4. Use with cautions in patients with compromised respiratory function.
5. Bronchitis and upper respiratory infections may occur in patients treated for spasticity.
6. Patients receiving concomitant treatment of Botox and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents), or muscle relaxants, should be observed closely because the effect of Botox may be potentiated.

#### c. Contraindications

1. Allergy or hypersensitivity to Botox or any other botulinum toxin preparation or to any components in the preparation.
2. Infection at proposed injection site.
3. Patient refusal

### B. DATA BASE



1. Subjective Data
    - a. History and review of symptoms relevant to the presenting complaint or procedure to be performed including but not limited to presence of headache and motor/sensory deficits.
    - b. Pertinent past medical history, surgical history, family history, hospitalizations, habits, current medications including aminoglycosides and other agents interfering with neuromuscular transmission, anticholinergic drugs, other botulinum neurotoxin products, and muscle relaxants, and allergies.
  2. Objective Data
    - a. Physical exam appropriate to the procedure to be performed including detailed neurologic examination and integrity of the skin at the proposed injection site.
    - b. The procedure is performed following standard medical technique according to the PREEMPT trial and [Manual of Botulinum Toxin Therapy](#), Second Edition.
- C. DIAGNOSIS
- Assessment of subjective and objective data to identify disease processes. Differential diagnoses would include but not limited to tension type headache or other primary headache disorders, intracerebral hemorrhage, aneurysmal subarachnoid hemorrhage, meningitis, space occupying lesion, idiopathic intracranial hypertension, cerebral venous thrombosis, spontaneous internal carotid artery dissection, or giant cell arteritis.
- D. PLAN
1. Therapeutic Treatment Plan
    - a. Patient consent, consistent with hospital policy, obtained before procedure is performed.
    - b. Timeout conducted consistent with hospital policy.
    - c. Diagnostic tests might include blood work such as C-Reactive Protein (CRP) and Erythrocyte sedimentation rate (ESR); CT or MRI only if patient symptoms do not meet criteria for migraine.
    - d. Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
    - e. Referral to physician, specialty clinics, and supportive services, as needed.
  2. Patient conditions requiring Attending Consultation
    - a. All patients requiring this procedure will receive Neurology Consultation with attending input confirming the need for the procedure.
  3. Education

- a. Discharge instructions and patient education material will be provided.
- 4. Follow-up
  - As appropriate for procedure performed.
  - d. Assess for side effects including a sensation of tightness across the forehead, inability to frown, eyebrow asymmetry eyelid ptosis, shoulder weakness or pain. Side effects typically self-resolve within 1-3 months.
  - e. Assess for allergic reaction.

## E. COMPETENCY ASSESSMENT

### 1. Initial Competence

- a. The Nurse Practitioner or Physician Assistant will be instructed on the procedure, efficacy and the indication of this therapy and demonstrate understanding of such.
- b. The Nurse Practitioner or Physician Assistant will receive training and demonstrate competency in the following:
  - i. Medical indications and contraindications of the procedure.
  - ii. Benefits and potential side effects of the procedure.
  - iii. Related anatomy and physiology.
  - iv. Consent process (if applicable).
  - v. Steps in performing the procedures.
  - vi. Documentation of the procedure.
- c. An Allergan certificate of completion of the Professional Education and Injection Paradigm Simulation Training for Botox will be required to certify that training is completed.
- d. The Nurse Practitioner or Physician Assistant will observe the supervising physician/designee perform each procedure three times. The Nurse Practitioner or Physician Assistant will then perform the procedure three times under direct supervision.
- e. The supervising clinical provider(s) will document the Nurse Practitioner or Physician Assistant's competency prior to allowing that individual to perform the procedure without supervision.
- f. The Nurse Practitioner or Physician Assistant will ensure the completion of competency sign off documents.

### 2. Continued Proficiency

- a. The Nurse Practitioner or Physician Assistant will demonstrate competency by successful completion of the initial competency.

- b. Each candidate will be initially proctored and signed off by the supervising physician/designee. The Nurse Practitioner or Physician Assistant must perform this procedure at least three times every two years. In cases where this minimum is not met, the supervising physician or designee must again sign off the procedure for the Nurse Practitioner or Physician Assistant. The Nurse Practitioner or Physician Assistant will be signed off after demonstrating 100% accuracy in completing the procedure.

### 3. RECORD KEEPING

- a. Patient visit, consent forms, and other procedure specific documents will be recorded in the medical record as appropriate.

#### F. Summary of Prerequisites, Proctoring and Reappointment Competency Documentation

<p><b>Prerequisites</b> The training to be completed once procedure is approved for the provider and then before the provider initiates proctoring.</p>
<p><b>Proctoring Period</b></p> <ol style="list-style-type: none"> <li>a. Minimum of 3 successful observed demonstrations</li> <li>b. Minimum of 3 chart reviews</li> </ol>
<p><b>Reappointment Competency</b></p> <ol style="list-style-type: none"> <li>a. Direct observations of procedure by a qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</li> <li>b. Ongoing competency evaluation. <ol style="list-style-type: none"> <li>1. Completion of three procedures every 2 years.</li> <li>2. Three chart reviews needed every 2 years.</li> </ol> </li> </ol>

#### References

Allergan (2018). *Allergan Botulinum Toxin package insert*. MBD108116\_v3 05/18.

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doi:10.1017/CBO9781139178068 <https://dokumen.pub/manual-of-botulinum-toxin-therapy-3nbsped-1009098667-9781009098663-9781009105033.html>





## SFHN Credentials Committee Standardized Procedure and/or Privileges Submission Form

### Directions:

1. Summarize the content changes that were made to the SP/protocols or Privileges using the table in Section I
2. Complete Section II: Follow instructions outlined in table
3. Email the revised SP with track changes and this completed form to the Michelle Mai, ZSFG Medical Staff Analyst ([michelle.mai@sfdph.org](mailto:michelle.mai@sfdph.org)), the CIDP Coordinator ([erika.kiefer@sfdph.org](mailto:erika.kiefer@sfdph.org)), Nursing Manager ([Jennifer.Berke@sfdph.org](mailto:Jennifer.Berke@sfdph.org)), and CIDP Co-Chairs ([vagn.petersen@sfdph.org](mailto:vagn.petersen@sfdph.org)) ([Vanessa.Aspeticueta@sfdph.org](mailto:Vanessa.Aspeticueta@sfdph.org)).


### Section I: Summary of Changes for Committee approval

Date changes to SP/Privileges approved by CIDP:	
Person completing this form:	
<b>Standardized Procedure Title:</b>	Pediatric Urgent Care Registered Nurse Standardized Procedures and Protocols
<b>Department:</b>	Pediatrics
<b>Dept Chief:</b>	Shonul Jain
<b>SP Author(s):</b>	David Gordon, Radhika Rajan, Tonia Vega
<b>Update #1:</b>	Inserted new protocol title into table of contents (Protocol 14)
<b>Update #2:</b>	Added NEW protocol (Protocol 14, Procedural Pain Control) to the document.
<b>Update #3:</b>	

\*Include additional rows to table, if needed

## Section II: Standardized Revisions

Update the SP as instructed below.

<b>Preamble</b>	 2023 CIDP SP Preamble DRAFT (1). <ul style="list-style-type: none"><li>• The Preamble is the portion of the SP that precedes the Protocols, the first pages of the SP, outlined I-VII, includes sections “Policy Statement, ”Functions to be Performed,” etc..</li><li>• The Preamble was updated in 2023 to include changes in legislation, regulations, and practice.</li></ul> (CIDP, 10/2023)
<b>Equity</b>	Ensure language within the SP is inclusive. Examples include but are not limited to: <ul style="list-style-type: none"><li>• Do not use race/ethnicity descriptors unless necessary</li><li>• Do not use sex assigned at birth unless necessary</li><li>• Use “their” rather than “him/her”</li></ul> (CIDP, 8/2022)
<b>ZSFG</b>	Change “San Francisco General Hospital” to “Zuckerberg San Francisco General Hospital” and SFGH to ZSFG (CIDP, 10/2016)
<b>Qualified Provider</b>	Insert the following after every use of words “qualified provider:” who has completed proctoring and subsequently maintained their eligibility for performing the procedure. <i>Example: 2 direct observations of procedure by a qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</i> (Credentials Committee, 11/2023)
<b>Prerequisites</b>	Onsite training no longer to be listed as a prerequisite. Instead, the training to be completed once procedure is approved for the provider and then before the provider initiates proctoring. Update protocols to reflect this change (Credentials Committee, 11/2023)



**Pediatric Urgent Care**

# **Pediatric Urgent Care Registered Nurse Standardized Procedures and Protocols**

**Zuckerberg San Francisco General Hospital and Trauma Center  
Pediatric Urgent Care**

**Pediatric Urgent Care Registered Nurse  
Standardized Procedures and Protocols Manual**

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**Distribution List:**

Copy 1: Pediatric urgent care  
Copy 2: CIDP committee  
Master copy: Medical Staff Office

\_\_\_\_\_  
Shonul Jain, MD  
Chief, Pediatrics

\_\_\_\_\_  
Date

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David Gordon, MD  
Co-Medical Director, Children's Health Center

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Date

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Radhika Rajan, MD  
Associate Medical Director, Pediatric Urgent Care

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Date

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Tonia Vega, RN  
Nurse Manager, Pediatric Urgent Care

\_\_\_\_\_  
Date

List updated 4/1/25

**Zuckerberg San Francisco General Hospital  
and Trauma Center  
Pediatric Urgent Care**

**Standardized Procedures:  
Pediatric Urgent Care Registered Nurse**

**Introduction**

The following protocols are the policies and guidelines for the care provided to patients at Zuckerberg San Francisco General Hospital (ZSFG) Pediatric Urgent Care (PUC) by the Registered Nurse (RN). Since it is impossible to anticipate every clinical situation or presenting chief complaint that may arise, it is expected that Attending Physician consultation may be warranted. The RN will consult the Attending Physician by using their nursing clinical judgment. In general, the RN shall function within the scope of practice as specified in the State of California Nurse Practice Act. Every patient presenting to the PUC is evaluated by a provider (MD) regardless of the initiation of a standardized procedure by the RN. All Standard Procedures are intended for pediatric, adolescent, and young adult patients (0-25 years, unless otherwise indicated). When the Standardized Procedure is initiated and any diagnostic test is ordered (blood tests, radiologic exams as listed in the procedure), the Pediatric Urgent Care Attending will be listed as the ordering provider.

The Standardized Procedures were developed with assistance from the following:

1. Implementation of Standardized Procedures. Position Statement of the California Nurse Association
2. Standardized Procedure Work Sheet, State of California Board of Registered Nursing, Department of Consumer Affairs.

**Zuckerberg San Francisco General Hospital and Trauma Center  
Committee on Interdisciplinary Practice**

# **STANDARDIZED PROCEDURE Registered Nurse Order Entry in the Pediatric Urgent Care**

## **Title: Registered Nurse in the Pediatric Urgent Care**

### **I. Purpose of Policy**

To expedite patient care by initiating evidence-based interventions by Registered Nurses based on patient complaint and acuity. These medical staff approved procedures and protocols are intended to be a guide for RNs to initiate basic interventions in the PUC.

### **II. Policy Statement**

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Physician Assistants, Registered Nurses, Physicians, Administrators and other Affiliated Staff and conform to all 11 steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B. To outline and define responsibility in performing interventions requiring a physician order in accordance with the California Board of Registered Nursing and the Nursing Practice Act, a copy of the signed procedures will be kept in an operational manual in the PUC, and on file in the credentialing liaison Medical Staff Office.

### **II. Functions to be performed**

The Registered Nurse, as outlined in the Nurse Practice Act, Business and Professions Code Section 2725, is authorized to implement appropriate standardized procedures or changes in treatment regimen after observing signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determining that these exhibit abnormal characteristics. The RN provides interdependent functions that overlap the practice of medicine. These overlapping functions require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the RN to seek provider consultation.

### **III. Circumstances Under Which RN May Perform Function**

#### **A. Setting**

The Registered Nurse may perform the following standardized procedure functions in Pediatric Urgent Care consistent with their experience and training.

B. Scope of Supervision Required

1. The RN is responsible and accountable to the PUC Nurse Manager/Charge Nurse and Medical Director or physician designee.
2. Overlapping functions are to be performed in areas, which allow for a consulting PUC provider to be available to the RN, by phone or in person, including but not limited to the clinical area.
3. Provider consultation is to be obtained as specified in the protocols and under the following circumstances:
  - a) Emergency conditions requiring prompt medical intervention
  - b) Upon the request of the patient, registered nurse, or provider
4. Every patient who presents to the PUC is evaluated by a provider, regardless of the initiation of a Standardized Procedure by the RN.

IV. Requirements for the Registered Nurse

A. Experience and Education

1. Active California Registered Nurse license
2. Current Basic Life Support certification

B. Special Training

1. Enrollment in the PUC orientation program by the PUC Nurse Manager
2. Successful completion of the eLearning courses through the Department of Education and Training
3. Successful completion of the electronic medical record training

C. Evaluation of the Registered Nurse competence in performance of standardized procedures

1. Initial: at the conclusion of the standardized procedure training the Nurse Manager or designee will assess the RN's ability to perform the procedures.
  - a. Successful completion of the RN orientation program
  - b. Successful completion of a review of accuracy and completeness of documentation for actual patient cases (minimum of ten the first year, then five thereafter)
2. Annual: Nurse Manager or designee will evaluate the RN's competence through an annual performance appraisal and skills competency review along with feedback from colleagues, physicians, direct observation and/or chart review.
3. Follow-up: Areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Nurse Manager, or designee at appropriate intervals until acceptable skill level is achieved. This evaluation may include chart reviews.

V. Development and Approval of Standardized Procedure

A. Method of Development

Standardized procedures are developed collaboratively by the registered nurses, nurse managers, physicians, and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval

The CIDP, Credentials, Medical Executive, Nursing Executive, and Joint Conference Committees must approve all standardized procedures prior to the implementation.

C. Review Schedule

The standardized procedures will be reviewed every three years by the registered nurses, nurse manager, nurse director and medical director (or designee) and as practice changes.

D. Revisions

All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet

# **Protocol #1**

## **Shortness of Breath with Wheeze**

### **Protocol: Shortness of Breath with Wheeze**

- A. Definition: This protocol covers the initial assessment and management of patients with shortness of breath with wheezes seen by Registered Nurses (RN) in the PUC.

#### Indications

- Shortness of breath with confirmed wheezing

- B. Data Base

1. Subjective Data

- Review history and signs and symptoms of asthma
- Pertinent past medical history, current medications and allergies
- Characteristics of shortness of breath and associated symptoms (cough, fever, chills)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to respiratory disease
  - Auscultate lung sounds bilaterally
  - Note respiratory rate, depth, and work of breathing
  - Stridor or audible wheezing
- Measure vital signs every 30 minutes x2
- Place on pulse oximetry and measure SpO<sub>2</sub>
- Skin signs: color, temperature, moisture, and capillary refill
- Laboratory and imaging evaluation
  - None

- C. Diagnosis

- a. Consistent with subjective and objective findings

b. Assessment of status of disease process

D. Plan

1. Administer oxygen via nasal cannula or face mask (where appropriate) at 2 liters/minute if SpO<sub>2</sub> <94%. Titrate to maintain SpO<sub>2</sub> >94%.
2. Administer 8 puffs of albuterol by MDI with spacer and mask (where appropriate); initiate nebulized duoneb (combination albuterol sulfate 2.5 mg and ipratropium bromide 0.5 mg per 3 mL saline) x3 doses after consultation with physician.
3. Patient education and counseling appropriate to disease process
4. Consultation with provider as needed, or:
  1. Severe work of breathing
  2. Altered mental status with GCS (or pediatric GCS for children ≤ 2 years old) < 14
  3. SpO<sub>2</sub> <92%

# **Protocol #2**

## **Nausea and Vomiting**

### **Protocol: Vomiting and Diarrhea**

- A. Definition: This protocol covers the initial assessment and management of patients with vomiting and diarrhea seen by Registered Nurses (RN) in the PUC.

#### Indications

- Vomiting more than two times in last 24 hours or diarrhea/loose stool more than four times in last 24 hours.

- B. Data Base

1. Subjective Data

- Review history and signs and symptoms suggestive of volume loss
- Frequency, amount, and color of emesis
- Frequency, amount, and color of stool
- Pertinent past medical history, current medications and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms (abdominal pain, dysuria, polyuria/polydipsia, headache, fever, chills, lightheadedness)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to gastrointestinal disorders
- Assess for dehydration: anterior fontanelle in children < 12 months old, absence of tears, capillary refill and skin temperature, mental status

- C. Diagnosis

- a. Consistent with subjective and objective findings
- b. Assessment of status of disease process

- D. Plan



1. Administer ondansetron 0.15 mg/kg PO x 1 (maximum dose 8 mg) if family reports emesis since last PO or if emesis while in PUC and not contraindicated. Notify provider if ondansetron is administered by the PUC nurse.
2. If no abdominal pain, offer oral liquids and instruct patient to take small frequent sips while waiting for provider.
3. Patient education and counseling appropriate to disease process
4. Consultation with provider as needed, or:
  4. Severe abdominal pain
  5. Altered mental status with GCS (or pediatric GCS for children  $\leq 2$  years old)  $< 14$
  6. SpO<sub>2</sub>  $< 92\%$
  7. Vomiting more than two times in PUC prior to being seen by provider

# Protocol #3

## Abdominal Pain

### Protocol: Abdominal Pain

- A. Definition: This protocol covers the initial assessment and management of patients with abdominal pain seen by Registered Nurses (RN) in the PUC.

#### Indications

- Generalized abdominal pain
- Reliable history of abdominal pain

#### Exclusions

- Gastrointestinal bleeding, vomiting and diarrhea, vaginal bleeding, suspected renal colic, sickle cell crisis

- B. Data Base

1. Subjective Data

- Review history and signs and symptoms related to abdominal pain.
  - Date of last menstrual period in postmenarchal adolescent females (and use of contraception)
  - Worsening or migrating abdominal pain
  - Unwillingness to move
  - Fussiness or lethargy
  - Last bowel movement
  - Dysuria
- Pertinent past medical history; current medications and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms (cramping, fever, chills)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to abdominal pain
- Level of consciousness
- Skin signs: color, temperature, moisture, and capillary refill
- Laboratory and imaging evaluation
  - POCT urine pregnancy test for women of reproductive age ( $\geq 14$  years).

- POCT urine chem 7 for dysuria or hematuria
- POCT blood glucose for polyuria and/or polydipsia
- If bloody diarrhea, save stool sample

C. Diagnosis

- a. Consistent with subjective and objective findings
- b. Assessment of status of disease process

D. Plan

- 1. Ask provider if patient should be kept NPO
- 2. Patient education and counseling appropriate to disease process
- 3. Consultation with provider as needed, or:
  - 0. Severe abdominal pain or rebound tenderness
  - 1. Altered mental status with GCS (or pediatric GCS for children  $\leq 2$  years old)  $< 14$ HR  $> 120$
  - 2. SpO<sub>2</sub>  $< 92\%$

# **Protocol #4**

## **Seizures with fever**

### **Protocol: Seizures with fever**

- A. Definition: This protocol covers the initial assessment and management of patients with seizures and fever seen by Registered Nurses (RN) in the PUC.

#### Indications

- Patients age 6 months to 6 years presenting with fever and active seizure or recent seizure

- B. Data Base

1. Subjective Data

- Review history of seizure
- Personal and family history of seizures
- Number and duration of seizures observed during this episode
- Characteristics of seizure (responsiveness during and after seizure, ability to stop seizure movements with gentle touch, eye deviation, parts of body affected by seizure movements, incontinence during episode in previously continent patient)
- Fever history (duration and degree of fever, other associated symptoms)
- Pertinent past medical history, current medications and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms (headache, dizziness, chest pain, palpitations)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to seizure
- Level of consciousness
- Document whether child was seizing upon arrival and describe appearance of seizure

- C. Diagnosis

1. Consistent with subjective and objective findings
2. Laboratory evaluation

- a. POCT glucose for active seizure or seizure within 60 minutes of triage
- b. Assessment of status of disease process

D. Plan

1. Treatment

- a. Start oxygen via face mask for SpO<sub>2</sub> < 94%, titrate to maintain SpO<sub>2</sub> > 94%.
- b. Administer acetaminophen 15 mg/kg PO/PR x 1 (maximum daily dose 4000 mg) for temperature >38.0 C if patient is > 3 months and < 6 months, if not contraindicated, if not previously administered within 4 hours, and if patient has not already received 5 doses in the last 24 hours.
- c. Administer ibuprofen 10 mg/kg PO x 1 for temperature >38.0 C (maximum dose 400 mg for patients < 12 years old, maximum dose 600 mg for patients ≥ 12 years old) if patient is ≥ 6 months old, if not contraindicated, and if not previously administered within 6 hours. If patient has received ibuprofen in previous 6 hours, has not received acetaminophen in previous 4 hours, has no contraindication to acetaminophen, and has not already received 5 doses of acetaminophen in the last 24 hours, administer acetaminophen instead of ibuprofen with dosing instructions as per (2) above.
- d. Notify physician if acetaminophen or ibuprofen is given by PUC RN
- e. If patient is actively seizing, remove objects from vicinity, place soft padding under head, and do not place anything in the patient's mouth
- f. Patient education and counseling appropriate to disease process
- g. Consultation with provider as needed, or:
  - 3. Active seizure
  - 4. New onset focal neurologic symptoms
  - 5. Choking
  - 6. SpO<sub>2</sub> <92%
  - 7. Altered mental status with GCS (or pediatric GCS for children ≤ 2 years old) < 14

# **Protocol #5**

## **Suspected urinary tract infection**

### **Protocol: Suspected urinary tract infection**

- A. Definition: This protocol covers the initial assessment and management of patients with suspected urinary tract infection seen by Registered Nurses (RN) in the PUC.

#### Indications

1. Patients presenting with signs and symptoms of urinary tract infection

B. Data Base

1. Subjective Data

- Review history and signs and symptoms of painful urination
  - Frequency, pain with urination, flank pain, abdominal pain, smell/color of urine, blood in urine, frequency of urination, desire to void but unable
- Fevers
- Pertinent past medical history, current medications and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to suspected urinary tract infection
  - Perform abdominal exam including assessment for costovertebral angle tenderness.
- Laboratory and imaging evaluation:
  - Consult MD for catheterization if patient unable to provide clean catch urine sample.
  - Collect clean catch urine sample and perform POCT urine chem 7 for patients > 2 years old that can provide sample
  - If  $\geq 15$  years old, obtain first void urine sample and clean catch urine sample.

- C.     Diagnosis
  - a.     Consistent with subjective and objective findings
  - b.     Assessment of status of disease process
  
- D.     Plan
  - 1.     Administer acetaminophen 15 mg/kg PO/PR x 1 (maximum daily dose 4000 mg) for temperature >38.0 C if patient is > 3 months and < 6 months, if not contraindicated, if not previously administered within 4 hours, and if patient has not already received 5 doses in the last 24 hours.
  - 2.     Administer ibuprofen 10 mg/kg PO x 1 for temperature >38.0 C (maximum dose 400 mg for patients < 12 years old, maximum dose 600 mg for patients ≥ 12 years old) if patient is ≥ 6 months old, if not contraindicated, and if not previously administered within 6 hours. If patient has received ibuprofen in previous 6 hours, has not received acetaminophen in previous 4 hours, has no contraindication to acetaminophen, and has not already received 5 doses of acetaminophen in the last 24 hours, administer acetaminophen instead of ibuprofen with dosing instructions as per (2) above.
  - 3.     Notify physician if acetaminophen or ibuprofen is given by PUC RN
  - 4.     Patient education and counseling appropriate to disease process
  
  - 5.     Consultation with provider as needed, or:
    - 8.     Severe abdominal or flank pain
    - 9.     SpO<sub>2</sub> <92%
    - 10.    Altered mental status with GCS (or pediatric GCS for children ≤ 2 years old) < 14

# Protocol #6

## Rash and Fever

### Protocol: Rash and fever

- A. Definition: This protocol covers the initial assessment and management of patients with rash and fever seen by Registered Nurses (RN) in the PUC.

#### Indications

- Patients presenting with rash and fever

B. Data Base

1. Subjective Data

- Review history and symptoms of fever with or without a rash
- Describe the onset, progression, appearance, and location of the rash as well as any associated symptoms (itchiness, discharge, rhinorrhea, conjunctivitis, cough)
- Ask if patient has been fussy or lethargic
- Review exposure to someone with similar symptoms
- Review immunization status
- Review travel history
- Pertinent past medical history, current medications and allergies
- Characteristics of pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to fever and rash  
Describe appearance and location of rash (erythema and blanching, vesicles or pustules, and discharge)

C. Diagnosis

- a. Consistent with subjective and objective findings
- b. Assessment of status of disease process



D. Plan

1. Isolate patient in a room away from other children and family if concern for varicella, measles, or meningococemia)
2. Administer acetaminophen 15 mg/kg PO/PR x 1 (maximum daily dose 4000 mg) for temperature >38.0 C if patient is > 3 months and < 6 months, if not contraindicated, if not previously administered within 4 hours, and if patient has not already received 5 doses in the last 24 hours.
3. Administer ibuprofen 10 mg/kg PO x 1 for temperature >38.0 C (maximum dose 400 mg for patients < 12 years old, maximum dose 600 mg for patients ≥ 12 years old) if patient is ≥ 6 months old, if not contraindicated, and if not previously administered within 6 hours. If patient has received ibuprofen in previous 6 hours, has not received acetaminophen in previous 4 hours, has no contraindication to acetaminophen, and has not already received 5 doses of acetaminophen in the last 24 hours, administer acetaminophen instead of ibuprofen with dosing instructions as per (2) above.
4. Notify physician if acetaminophen or ibuprofen is given by PUC RN
5. Notify infection control if concern for varicella, measles, or meningococcus.
6. Patient education and counseling appropriate to disease process
7. Consultation with provider as needed, or:
  11. Non-blanching, vesicular, or measles-like rash
  12. SpO<sub>2</sub> <92%
  13. Altered mental status with GCS (or pediatric GCS for children ≤ 2 years old) < 14

## **Protocol #7**

### **Dislocation/Deformity/Injury of Extremity**

#### **Protocol: Dislocation/Deformity/Injury of Extremity**

- A. Definition: This protocol covers the initial assessment and management of patients with a dislocation, deformity, or injury of extremity seen by Registered Nurses (RN) in the PUC.

#### Indications

- Obvious dislocation, deformity, or injury of extremity

B. Data Base

1. Subjective Data

- Review symptoms suggestive of dislocation, deformity, or injury of extremity
  - Sequence of preceding events
  - Actions that relieve symptoms
- Pertinent past medical history, current medications, and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms (swelling, bruising, loss of sensation)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to dislocation, deformity, or injury of extremity
  - Assess circulation, movement, and sensation distal to injury
  - Assess angulation
  - Note child's behavior toward caregiver and whether injury is consistent with reported mechanism
- Skin signs: color, temperature, moisture, and capillary refill
- Laboratory and imaging evaluation:
  - Notify MD if X-ray may be indicated

C. Diagnosis

- a. Consistent with subjective and objective findings
- b. Assessment of status of disease process

D. Plan

1. Administer acetaminophen 15 mg/kg PO/PR x 1 (maximum daily dose 4000 mg) for pain if patient is > 3 months and < 6 months, if not contraindicated, if not previously administered within 4 hours, and if patient has not already received 5 doses in the last 24 hours.

2. Administer ibuprofen 10 mg/kg PO x1 for pain (maximum dose 400 mg for patients < 12 years old, maximum dose 600 mg for patients ≥ 12 years old) if patient is ≥ 6 months old, if not contraindicated and if not previously administered within 6 hours. If patient has received ibuprofen in previous 6 hours, has not received acetaminophen in previous 4 hours, has no contraindication to acetaminophen, and has not already received 5 doses of acetaminophen in the last 24 hours, administer acetaminophen instead of ibuprofen with dosing instructions as per (2) above.
3. Notify physician if acetaminophen or ibuprofen is given by PUC RN
4. Administer Td/Tdap 0.5 mL IM x 1 if immunization status not up to date and an open wound is present (hold if contraindicated).
5. If open fracture, cover wound with sterile dressing and notify provider immediately.
6. Patient education and counseling appropriate to disease process.
7. Consultation with provider as needed, or:
  14. Severe pain
  15. Gross deformity
  16. Concern for child abuse
  17. SpO<sub>2</sub> <92%
  18. Altered mental status with GCS (or pediatric GCS for children ≤ 2 years old) < 14

## **Protocol #8**

### **Lacerations**

#### **Protocol: Dislocation/Deformity/Injury of Extremity**

- A. Definition: This protocol covers the initial assessment and management of patients with laceration seen by Registered Nurses (RN) in the PUC.

##### Indications

- Patients presenting with lacerations < 3 cm

B. Data Base

1. Subjective Data

- Review history of laceration (mechanism, timing, location, volume loss)
- Review tetanus vaccination status
- Determine if wound can be closed (6 hours from time of injury for extremity, 12 hours from time of injury for head)
- Pertinent past medical history, current medications, and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to lacerations

- Measure laceration
- Note depth and location of laceration
- Note child's behavior toward caregiver and whether injury is consistent with reported mechanism

C. Diagnosis

- a. Consistent with subjective and objective findings
- b. Assessment of status of disease process

D. Plan

1. Administer acetaminophen 15 mg/kg PO/PR x 1 (maximum daily dose 4000 mg) for pain if patient is > 3 months and < 6 months, if not contraindicated, if not previously administered within 4 hours, and if patient has not already received 5 doses in the last 24 hours.
2. Administer ibuprofen 10 mg/kg PO x 1 for pain (maximum dose 400 mg for patients < 12 years old, maximum dose 600 mg for patients ≥ 12 years old) if patient is ≥ 6 months old, if not contraindicated, and if not previously administered within 6 hours. If patient has received ibuprofen in previous 6 hours, has not received acetaminophen in previous 4 hours, has no contraindication to acetaminophen, and has not already received 5 doses of acetaminophen in the last 24 hours, administer acetaminophen instead of ibuprofen with dosing instructions as per (2) above.
3. Notify physician if acetaminophen or ibuprofen is given by PUC RN
4. Administer Td/Tdap 0.5 mL IM x 1, if immunization status not up to date (hold if contraindicated).
5. Patient education and counseling appropriate to disease process.
6. For all lacerations, consult physician prior to rooming patient to determine appropriateness of treatment and disposition

# Protocol #9

## Head Trauma

### Protocol: Head Trauma

- A. Definition: This protocol covers the initial assessment and management of patients with head trauma seen by Registered Nurses (RN) in the PUC.

#### Indications

- Blunt trauma to the head

B. Data Base

1. Subjective Data

- Review history of injury (mechanism, timing)
  - Sequence of preceding events
  - Actions that relieve symptoms
  - History of patient's baseline neurological function
- Pertinent past medical history, current medications and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms (headache, dizziness, seizure, nausea/vomiting, or amnesia/concentration difficulty)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to head trauma
  - Assess for and maintain airway patency.
  - Observe for periorbital ecchymosis, battle's sign, drainage from nose or ears, and hematomas/lacerations
  - Assess active movement of head and tenderness of neck
  - Assess for focal neurologic deficits
  - Apply direct pressure to areas of active bleeding
  - Assess neurological status: determining gross motor strength and lateralization of limbs
  - Note patient's behavior toward caregiver and consistency of injury with reported mechanism
- Level of consciousness (may use GCS or pediatric GCS if  $\leq 2$  years old) and pupillary response.

- C. Diagnosis
  - a. Consistent with subjective and objective findings
  - b. Assessment of status of disease process
- D. Plan
  - 1. Patient education and counseling appropriate to disease process
  - 2. Consultation with provider as needed, or:
    - 19. Nausea / vomiting
    - 20. Worsening headache
    - 21. Neck tenderness or limited head movement
    - 22. Concern for non-accidental trauma
    - 23. Focal neurologic deficit
    - 24. Seizure
    - 25. SpO<sub>2</sub> <92%
    - 26. Altered mental status with GCS (or pediatric GCS for children ≤ 2 years old) < 14

# Protocol #10

## Fever

### Protocol: Fever

- A. Definition: This protocol covers the initial assessment and management of patients with a temperature  $\geq 38.5^{\circ}\text{C}$  seen by Registered Nurses (RN) in the PUC.

#### Indications

- Temperature  $\geq 38.5^{\circ}\text{C}$

- B. Data Base

1. Subjective Data

- Review history and signs and symptoms of current pediatric illness
- Sequence of preceding events and symptoms
- Pertinent past medical history, current medications and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (age-appropriate pain scale) and associated symptoms (nasal congestion, cough, headache, fussiness or lethargy, oliguria, decreased appetite)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to temperature  $\geq 38.5^{\circ}\text{C}$
- Observe for signs of injury, infection, rash, sepsis, and characteristics of meningococcal meningitis
- Obtain rectal temperature for children  $< 3$  months old, measure vital signs, assess mental status, assess central and peripheral pulses
- Obtain patient's weight in kg
- Measure  $\text{SpO}_2$
- Skin signs: color, temperature, moisture, and capillary refill (central and peripheral)

- C. Diagnosis



- a. Consistent with subjective and objective findings
  - b. Assessment of status of disease process
- D. Plan
1. Administer oxygen via blow by if  $\text{SpO}_2 < 94\%$
  2. Administer acetaminophen 15 mg/kg PO/PR x 1 (maximum daily dose 4000 mg) for temperature  $> 38.0^\circ\text{C}$  if patient is  $> 3$  months and  $< 6$  months, if not contraindicated, if not previously administered within 4 hours, and if patient has not already received 5 doses in the last 24 hours.
  3. Administer ibuprofen 10 mg/kg PO x 1 for temperature  $> 38.0$  (maximum dose 400 mg for patients  $< 12$  years old, maximum dose 600 mg for patients  $\geq 12$  years old) if patient is  $\geq 6$  months old, if not contraindicated, and if not previously administered within 6 hours. If patient has received ibuprofen in previous 6 hours, has not received acetaminophen in previous 4 hours, has no contraindication to acetaminophen, and has not already received 5 doses of acetaminophen in the last 24 hours, administer acetaminophen instead of ibuprofen with dosing instructions as per (2) above.
  4. Notify physician if acetaminophen or ibuprofen is given by PUC RN
  5. Patient education and counseling appropriate to disease process
  6. Consultation with provider as needed, or:
    27. Abnormal vital signs based on patient's age. See addendum for table.
    28.  $\text{SpO}_2 < 92\%$
    29. New onset focal neurological symptoms, rash
    30. New onset listlessness, irritability
    31. Altered mental status with GCS (or pediatric GCS for children  $\leq 2$  years old)  $< 14$

## **Protocol #11**

### **Emergency Foster System Clearance Exams**

#### **Protocol: Emergency Foster System Clearance Exams**

- A. Definition: This protocol covers the initial assessment and management of patients presenting for emergency foster system clearance seen by Registered Nurses (RN) in the PUC.

#### Indications

- Patient entering foster system for first time

- Patient re-entering foster system after absconding or transitioning between foster homes
- B. Data Base
1. Subjective Data
- Review past medical history if available
  - Review current symptoms
  - Review current medications and allergies
  - Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms (abdominal pain, fever, chills)
2. Objective Data
- Assess skin: color, temperature, capillary refill, lacerations, bruising
  - Ability to ambulate and assessment of gait, as appropriate
- C. Diagnosis
- a. Consistent with subjective and objective findings
  - b. Assessment of status of disease process
- D. Plan
1. Room patients requiring foster system examinations before all other patients > 6 months old who have normal vital signs and no acute pain or respiratory distress
  2. Give patients  $\geq 15$  years old a urine collection cup for first-void urine sample.
  3. Give provider a foster system clearance form.
  4. Patient education and counseling appropriate to disease process
  5. Consultation with provider as needed, or:
    32. Report of physical or sexual abuse
    33. Signs of injury
    34. Report of suicidal ideation
    35. SpO<sub>2</sub> <92%

36. Altered mental status with GCS (or pediatric GCS for children  $\leq 2$  years old)  $< 14$

# Protocol #12

## Newborn Jaundice

### Protocol: Newborn Jaundice

- A. Definition: This protocol covers the initial assessment and management of patients with newborn jaundice seen by Registered Nurses (RN) in the PUC.

#### Indications

Newborn patients for which jaundice is detected.

- B. Data Base

1. Subjective Data

- Review history of jaundice and phototherapy
- Review feeding and stooling history
- Pertinent past medical history, current medications, and allergies

2. Objective Data

- Perform focused physical exam relevant to jaundice

- C. Diagnosis

- a. Consistent with subjective and objective findings
- b. Assessment of status of disease process

- D. Plan

1. Measure transcutaneous bilirubin (TcB). Apply heel warmer to patient in anticipation of serum bilirubin and notify physician for TcB measurement  $\geq 14$ .
2. Patient education and counseling appropriate to disease process
3. Consultation with provider as needed, or:  
37. Lethargic or unconsolably fussy patient

- 38. Jaundice including palms and soles
- 39. > 10% weight loss since birth

# **Protocol #13**

## **Voiding Cystourethrogram Preparation**

### **Protocol: Voiding Cystourethrogram Preparation**

- A. Definition: This protocol covers the initial assessment and management of patients presenting for urine catheter placement for the purpose of a VCUG who are seen by Registered Nurses (RN) in the PUC.

#### Indications

- History of generalized medical illness and
- Vital signs suggesting hemodynamic instability HR > 120 or SBP < 90

B. Data Base

1. Subjective Data

- Review history and identify any current illnesses
- Pertinent past medical history, current medications and allergies
- Characteristics of any pain (PQRST); location, quality, and intensity (1-10 on age-appropriate pain scale) and associated symptoms (headache, dizziness, chest pain, palpitations)
- Any treatments used prior to arrival

2. Objective Data

- Perform focused physical exam relevant to any complaint presented by patient

C. Diagnosis

- a. Consistent with subjective and objective findings
- b. Assessment of status of disease process

D. Plan

1. Place straight catheter

2. Following placement of straight catheter, direct patient to location of VCUG

3. Patient education and counseling appropriate to disease process
4. Consultation with provider as needed, or:
  40. Patient is not on schedule for VCUG
  41. Patient has an illness warranting PUC evaluation
  42. RN is unable to place straight catheter

# **Protocol #14**

## **Procedural pain control**

### **Protocol: Procedural pain control**

- A. Definition: This protocol covers the initial assessment and management of patients reasonably expected to require painful procedures who are seen by Registered Nurses (RN) in the PUC.

#### Indications

- Patients overdue for immunization at the time of the visit,
- Patients reasonably expected to require blood testing by phlebotomy during the visit,
- Patients reasonably expected to require intravascular catheterization during the visit, and/or
- Patients reasonably expected to require lumbar puncture during the visit

- B. Data Base

1. Subjective Data

- Review history and identify any current illnesses
- Pertinent past medical history, current medications and allergies
- Review immunization status and reason for visit

2. Objective Data

- Examine anticipated procedure site to confirm suitability for needed procedure

- C. Diagnosis

- a. Reason for visit indicates need for procedure
- b. Immunization status indicates need for immunization
- c. Assessment of status of disease process indicates likely need for procedure

- D. Plan



1. For patients age  $\leq 6$  months: apply sucrose 25% (1 ml each to buccal mucosa) up to 2 min prior to, during, and after any anticipated phlebotomy, venous catheterization, lumbar puncture, or immunization procedure.
2. For patients age  $\geq 3$  months: apply topical lidocaine 4% cream to the site of any anticipated phlebotomy, venous catheterization, lumbar puncture, or immunization procedure. Lidocaine 4% shall be applied 30 minutes prior to the procedure.
3. For all patients: offer adjunctive, age-appropriate pain control techniques including distraction, comfort positions, and choices prior to and during any anticipated phlebotomy, venous catheterization, lumbar puncture, or immunization procedure.

## **ZSFG 2025 PUC RN Standardized Procedures**

**Medical Director or Division Chief Approval or Service Chief Approval**

David Gordon, MD

Author Name: David Gordon, MD

**CIDP Approval Date:**

**Credentials Approval Date:**

**MEC Approval Date:**

**Gov. Body Approval Date:**



## SFHN Credentials Committee Standardized Procedure and/or Privileges Submission Form

### Directions:

1. Summarize the content changes that were made to the SP/protocols or Privileges using the table in Section I
2. Complete Section II: Follow instructions outlined in table
3. Email the revised SP with track changes and this completed form to the Michelle Mai, ZSFG Medical Staff Analyst ([michelle.mai@sfdph.org](mailto:michelle.mai@sfdph.org)), the CIDP Coordinator ([erika.kiefer@sfdph.org](mailto:erika.kiefer@sfdph.org)), Nursing Manager ([Jennifer.Berke@sfdph.org](mailto:Jennifer.Berke@sfdph.org)), and CIDP Co-Chairs ([vagn.petersen@sfdph.org](mailto:vagn.petersen@sfdph.org)) ([Vanessa.Aspeticueta@sfdph.org](mailto:Vanessa.Aspeticueta@sfdph.org)).

### Section I: Summary of Changes for Committee approval

Date changes to SP/Privileges approved by CIDP:	
Person completing this form: Erika Kiefer	
Standardized Procedure Title:	PES RN SP
Department:	Psychiatry
Dept Chief:	Mark Leary
SP Author(s):	Andrea Chon
Update #1:	Minor formatting changes, updated language, removed outdated steps.
Update #2:	
Update #3:	

\*Include additional rows to table, if needed


## Section II: Standardized Revisions

Update the SP as instructed below. See also [CA BRN Standardized Procedure Guidelines](#)

<b>Preamble</b>	<p>The Preamble is the portion of the SP that precedes the Protocols, the first pages of the SP, outlined I-VII, includes sections “Policy Statement, “Functions to be Performed,” etc..</p> <ul style="list-style-type: none"><li>• The Preamble was <a href="#">updated in 2023</a> to include changes in legislation, regulations, and practice.</li></ul> <p>(CIDP, 10/2023)</p>
<b>Equity</b>	<p>Ensure language within the SP is inclusive. Examples include but are not limited to:</p> <ul style="list-style-type: none"><li>• Do not use race/ethnicity descriptors unless necessary</li><li>• Do not use sex assigned at birth unless necessary</li><li>• Use “their” rather than “him/her”</li></ul> <p>(CIDP, 8/2022)</p>
<b>ZSFG</b>	<p>Change “San Francisco General Hospital” to “Zuckerberg San Francisco General Hospital” and SFGH to ZSFG</p> <p>(CIDP, 10/2016)</p>
<b>Qualified Provider</b>	<p>Specify any experience, training, and/or education requirements for performance of standardized procedure functions. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.</p>
<b>Record Keeping</b>	<p>Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.</p> <p>State the limitations on settings, if any, in which standardized procedure functions may be performed.</p> <p>Specify patient record keeping requirements. Provide for a method of periodic review of the standardized procedures, with signatures and dates of approval of Authors, Nursing Director, and Department Chief of Services/Medical Director.</p>

(Prior Instructions:)



<b>Preamble</b>	 2023 CIDP SP Preamble DRAFT (1). <ul style="list-style-type: none"> <li>The Preamble is the portion of the SP that precedes the Protocols, the first pages of the SP, outlined I-VII, includes sections "Policy Statement, "Functions to be Performed," etc..</li> <li>The Preamble was updated in 2023 to include changes in legislation, regulations, and practice.</li> </ul> (CIDP, 10/2023)
<b>Equity</b>	Ensure language within the SP is inclusive. Examples include but are not limited to: <ul style="list-style-type: none"> <li>Do not use race/ethnicity descriptors unless necessary</li> <li>Do not use sex assigned at birth unless necessary</li> <li>Use "their" rather than "him/her"</li> </ul> (CIDP, 8/2022)
<b>ZSFG</b>	Change "San Francisco General Hospital" to "Zuckerberg San Francisco General Hospital" and SFGH to ZSFG (CIDP, 10/2016)
<b>Qualified Provider</b>	Insert the following after every use of words "qualified provider:" who has completed proctoring and subsequently maintained their eligibility for performing the procedure. <i>Example: 2 direct observations of procedure by a qualified provider who has completed proctoring and subsequently maintained their eligibility for performing the procedure.</i> (Credentials Committee, 11/2023)
<b>Prerequisites</b>	Onsite training no longer to be listed as a prerequisite. Instead, the training to be completed once procedure is approved for the provider and then before the provider initiates proctoring. Update protocols to reflect this change (Credentials Committee, 11/2023)

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND  
TRAUMA CENTER

Psychiatric Emergency Services Registered Nurse

Standardized Procedures and Protocols

~~2021~~2025

Zuckerberg San Francisco General Hospital and Trauma Center

Psychiatric Emergency Services

Standardized Procedure and Protocols Manual

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Initiation and Advisement of 5150

## Zuckerberg San Francisco General Hospital and Trauma Center

### Standardized Procedures

#### Introduction

The following protocols are the policies and guidelines for the care provided to patients at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), Psychiatric Emergency Services (PES) by Psychiatric Registered Nurses (RN). Since it is impossible to anticipate every clinical situation or presenting chief complaint that may arise, it is expected that attending provider consultation from PES may be warranted. The belief is that the Psychiatric RN may refer any patient for PES provider evaluation using their nursing clinical judgment. In general, the Psychiatric RN shall function within the scope of practice as specified in the State of California Nurse Practice Act.

The Standardized Procedures were developed with assistance from the following:

1. Implementation of Standardized Procedures. Position Statement of the California Nurse Association
2. Standardized Procedure Guidelines~~Work Sheet~~, State of California Board of Registered Nursing, Department of Consumer Affairs.



## General Policy: Psychiatric Nurse in the Psychiatric Emergency Service

### 1. Policy Statement

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, ~~Clinical Psychologists~~, Pharmacists, Registered Nurses, Physicians and Administrators.
- B. A copy of the signed procedures will be kept ~~at the triage area of PES~~ electronically.

**Commented [JB1]:** Is this still true? Are we keeping an electronic version available for staff instead/in addition?

**Commented [AC2R1]:** We don't do this anymore. Is there somewhere online that the hospital keeps standardized procedures?

### 2. Functions to be performed

The Psychiatric Registered Nurse, based upon the nursing process, determines the need for a standardized procedure. The Psychiatric RN provides health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Psychiatric RN to seek provider (Physician or Nurse Practitioner) consultation.

### 3. Circumstances under which Psychiatric RN May Perform Function:

- A. The setting is the Triage area in PES.
- B. Scope of Supervision Required:
  - 1. The Psychiatric RN is responsible and accountable to the PES Nurse Manager and to the PES Medical Director.
  - 2. Overlapping functions are to be performed in areas which allow for a consulting provider to be available at all times to the Psychiatric RN, by phone or in person, including but not limited to the clinical area.
  - 3. Provider consultation is to be specified in the protocols and under the following circumstances:
    - a. Emergency conditions requiring prompt medical intervention

### 4. Protocols:

- A. ~~4.~~ Initiation and Advisement of 5150

### 5. Requirements for the Psychiatric Registered Nurse:

**B.A.** Qualifications: each Triage Psychiatric RN must:

1. Possess an unrestricted California license as a Registered Nurse
2. Current Basic Life Support certification from an approved American Heart Association provider.
3. Successfully complete the didactic and clinical training requirement described by the Psychiatric Emergency Service Nursing Standards of Practice.
4. Possess effective interpersonal communication skills.

**B.** Evaluation of the Psychiatric Registered Nurse competence in performance of the standardized procedures.

1. Initial:  
General competency is initially evaluated during the education and training period through a preceptorship process by the Nurse Manager and/or Nurse Manager's designee.
2. Follow-up evaluations for specified areas requiring increased skill may be conducted at specified intervals until acceptable level is achieved.
3. Ongoing competency is evaluated by the annual written performance appraisal. Input will be sought from self-evaluation, attending psychiatrists, charge nurses, and nurse manager to determine maintenance of competency and inform related steps to close any identified gaps in competence.

**6.** Development and Approval of Standardized Procedures

**A.** Method of Development

All Standardized Procedures are developed collaboratively by the PES Medical Director, PES Nurse Manager and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

**B.** Approval

All standardized procedures must be approved by the CIDP, Credentials Committee, Medical Executive committee and the Joint Conference Committee prior to use.

**C.** Review Schedule

The standardized procedure will be reviewed every three years or as practice changes, by the registered nurses, nurse managers and medical directors.

**Formatted:** Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Tab after: 1" + Indent at: 1"

**Commented [JB3]:** Where can I find this?

**Commented [AC4R3]:** This does not actually exist. It might have when Kathy Ballou wrote this SP about 20 years ago-ish. We have an orientation document that is completed, could that be it?

**Commented [JB5]:** How is this defined/evaluated? We don't have to make changes to it, since it has been okayed before. However, this is pretty vague.

**Commented [AC6R5]:** It is vague, I agree. We could get rid of this.

**Commented [JB7]:** Do the managers have this in their PPARs?

**Commented [AC8R7]:** I can add it this year. Or would it be in the competencies?

Protocol #1: Initiation and Advisement of 5150 status

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A. Definition

This protocol covers the initiation and advisement of 5150 status evolving out of PES triage screening.

B. Data Base

Commented [JB9]: What does "Data Base" refer to?

Commented [EK10R9]: I'm thinking this is a standard section in all SPs (see for example: [https://sfdph-pandp/pandp\\_zsf/Nursing/Influenza\\_Vaccination\\_Screening\\_And\\_Administration.pdf](https://sfdph-pandp/pandp_zsf/Nursing/Influenza_Vaccination_Screening_And_Administration.pdf))

Commented [AC11R9]: I don't know why it says Data Base, I think it means the data used to write the 5150?

1. Subjective Data

- Statement of chief complaint
- Report of current or past suicidality or homicidality, including plan and access to means.
- Review Medical record for clinical alerts and other relevant information.
- Contact/review with relevant others (ie: family, case worker, therapist and other support systems etc.) as available for validation of patient information
- Patient history and signs and symptoms relevant to medical, psychosocial, psychiatric and/or addictive disease process/injury and organ systems affected.
- Pertinent past medical history, past psychiatric history, past episodes of substance withdrawal or detoxification, medication and substance abuse patterns and allergies.
- Psychiatric symptoms that impair reasonable access to food, clothing or shelter

2. Objective Data

- Evidence of psychiatric illness on focused mental status exam
- Overt evidence of grave disability
- Evidence of acute danger to self and others

3. Assessment

- Consistent with subjective and objective findings
- Assessment of risk to self or others or grave disability

C. Treatment Plan

1. Initiate 5150
2. Notify attending provider regarding new patient for assessment.
3. Stabilize patient and initiate education/support including treatment modalities and discharge information and instructions as appropriate for the next level of care.

D. Patient Conditions Needing Provider Consultation

~~1.~~ All patients will see a physician and/or nurse practitioner prior to leaving PES.

E. Record Keeping

Documentation of care plan in medical record as appropriate.

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND  
TRAUMA CENTER

Psychiatric Emergency Services Registered Nurse

Standardized Procedures and Protocols

2025

# Zuckerberg San Francisco General Hospital and Trauma Center

## Psychiatric Emergency Services

### Standardized Procedure and Protocols Manual

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# Zuckerberg San Francisco General Hospital and Trauma Center

## Standardized Procedures

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