

ZSFG JOINT CONFERENCE COMMITTEE MEETING

OPEN SESSION

OCTOBER 26, 2026

Contents:

1. Chief of Staff Report
2. Psychiatry Service Report
3. Psychiatry Rules and Regulations
4. Privilege Lists
 - a. New Privilege in Surgery
 - b. Revised Vascular Surgery Privilege List
 - c. SFHN Ambulatory SOP

ZSFG CHIEF OF STAFF-OPEN SESSION ACTION ITEMS

Presented to the JCC-ZSFG October 26, 2026

October 2026 MEC Meetings

Clinical Service Report and Rules and Regulations:

1. Psychiatry Service Report
2. Psychiatry Rules and Regulations and summary of changes

Credentials Committee-Privilege List

1. New Privilege in Surgery
2. Revised Vascular Surgery Privilege List
3. SFHN Ambulatory SOP

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on October 26, 2026
October MEC Meetings

PSYCHIATRY CLINICAL SERVICE REPORTS: Fumi Mitsuishi, MD

The highlights of the Psychiatry report are as follows:

- I. Mission-** The Psychiatry Service mission is to deliver high-quality behavioral health services that support the whole person across the lifespan through a comprehensive continuum of care while drawing on the DPH–UCSF community academic partnership to address multigenerational systemic challenges through innovative research and leading-edge educational programs, fostering a sustainable workforce to meet our community’s needs.
- II. Scope of the Clinical Service-** The Psychiatry Service encompasses a wide array of clinical programs spanning both on-campus based and off-campus based care. These divisions provide behavioral health services across Acute and Emergency Services (AES), including inpatient psychiatry units with 735 admissions and 810 initial consultations as well as Jail Behavioral Health Services, which recorded 4,792 visits in 2025. The Infant Child and Adolescent Psychiatry (ICAP) program serves patients ages 0-24 while Integrative Behavioral Health (DIBH) founded in 2021, offers behavior health-everywhere model of care. Substance use and Addiction Medicine (DSAAM) provides outpatient DMC-ODS certified clinical services to more than 2,100 persons annually. Off-Campus services extend across divisions such as the Alliance Health Project (AHP), Citywide Case Management (CWCN), and Trauma Recovery Services (DTRS). New program offerings include intensive outpatient and partial hospitalization programs.
- III. Faculty and Residents-** The ZSFG Psychiatry Executive Leadership Team includes Fumi Mitsuishi, MD, Psychiatry Chief of Service; Mark Leary, MD, Deputy Chief of Service; Angelica Almeida, PhD, Chief Integrative Officer; John Torres, MSN, Psychiatry Director of Nursing; and Jon Dean Green, MPH, Director of Administration for ZSFG Psychiatry. The service is staffed by faculty and clinical staff members who together support a broad range of clinical, research, and educational activities. A large trainee workforce participates across ZSFG psychiatry programs, including medical students, residents, fellows, psychology trainees (pre-doctoral and post-doctoral), and social work trainees. Psychiatry service participates in multiple medical staff committees and have received notable recognitions, including 2026 DAISY Award recipient Jessica Marques and Dr. Kate Margolis, who received the 2025 Heroes & Hearts Award.
- IV. Performance Improvement and Patient Safety (PIPS) initiatives-** Performance Improvement and Patient Safety (PIPS) initiatives focused on increasing the percentage of acute patient days in inpatient psychiatry and improving the identification and treatment of OUD in PES. Two ZSFG Way Fellows, Jessica Ross, MD, and Rupinder Kaur, RN, led a capstone project supporting the KPI to increase acute inpatient days by enhancing documentation templates to better reflect UM acuity criteria and strengthening secondary reviews for denied acute-day bills, resulting in 18 additional acute days in the first month and a 10% increase over the fiscal year—the highest level since Epic go-live. Efforts to improve OUD identification and treatment in PES produced substantial gains: OUD assessments increased from 10% to 80%, Addiction Care Team consults rose by 70%, buprenorphine administration increased by 27%, and outpatient buprenorphine prescriptions grew by 29% in PES. Departmentwide PIPS work further advanced safety, quality, and financial sustainability through initiatives such as implementing pro-fee billing, standardizing post-assault debriefs, and reducing seclusion and restraint use in PES.
- V. Research-** Research activities span multiple divisions and include studies on PTSD treatment in LGBTQIA+ populations, cognition in brain tumor patients, primary care behavioral health curriculum development, dyadic care health care quality models, extensive substance use disorder research, and efforts to address health disparities. ICAP research focuses on a school-based group prevention program targeting newcomer Latin American immigrant youth who are at risk of behavioral health concerns due to immigration related stressors and psychological trauma. ICAP also has research project regarding Juvenile injustice Behavioral Health (JJBH)
- VI. Financial Report-** FY25-26 budget is \$116,779,082. The Psychiatry Service’s finances is primary funded by CCSF DPH, non-DPH city sources, state and federal funding, private contracts, affiliation agreements, research funding, and philanthropy.
- VII. Summary-**The Psychiatry Service’s strengths include whole spectrum of care with extremely high-acuity behavioral health needs, its strong clinical and academic expertise, and its nationally and international recognized faculty with expertise for providing behavioral health, trauma care and child, youth and family system. These strengths are supported by a resilient, mission-driven workforce dedicated to culturally responsive, trauma-informed and community centered care. At the same time, the service faces challenges such as funding instability, staffing shortages, burn-out and moral distress, operational constraints, and structural barriers that impact workflow and service capacity. Looking ahead, opportunities and goals center on launching new clinical operations—including new expanded PES space and acute adolescent mental health programs—while preserving existing services and funding streams. Additional priorities include strengthening training and workforce development, enhancing integration of research and quality improvement, and advancing long-term sustainability through improved data systems, revenue optimization, and philanthropic partnerships.
- VIII. Psychiatry Medicine Rules and Regulations-**The Committee members expressed appreciation to Dr. Fumi Mitsuishi and the Psychiatry Department team for their commitment to delivering high-quality care with compassion and respect. Dr. Mitsuishi and Psychiatry team were acknowledged for their dedication and excellent work. A motion for the committee to approve the updated A motion for the committee to approve the updated Psychiatry Rules and Regulations was made and approved. Approval from the Health Commission is requested for the Psychiatry Service Rules and Regulations.



ZSFG Psychiatry 2025-2026

Fumi Mitsuishi, MD, MS

Overview

1. Mission/Vision, Structure, Places, History
2. People
3. Clinical Services
4. Performance Improvement and Patient Safety
5. Education and Training Activities
6. Research Enterprise
7. Budget and Finances
8. Summary: Strengths, Challenges, and Goals





1. Mission, Structure, People, Place

Mission

To provide high-quality behavioral health services for the **whole person across the lifespan** through our comprehensive continuum of care, while drawing on the DPH-UCSF community-academic partnership to address **underlying multigenerational systemic challenges** via innovative research and leading-edge educational programs that ensure a **sustainable workforce** to meet the needs of our community into the future



Structure: 7 Divisions

On Campus

1

Adult and Emergency Services (AES)

Psychiatric Emergency Services
Inpatient Units (7A, 7B)
Consult/Liaison Services
Jail Psychiatry

2

Infant Child and Adolescent Psychiatry (ICAP)

Infant Parent Program
Child and Adolescent Services
Intensive Outpatient and Partial Hospitalization Programs
Pediatric C/L

3

Integrative Behavioral Health (DIBH)

HealthySteps
Solid Start
Adult Integrative Behavioral Health
Center for Advancing Dyadic Care

4

Substance use and Addiction Medicine (DSAAM)

OTOP
OBOT
OBIC
JUNO Community, CATCH HCV, OPEN ARMS

Off Campus

1

Alliance Health Project (AHP)

Behavioral Health Services
Sexual Health Services
Provider Training and Education

2

Citywide Case Management (CWCM)

Intensive Case Management
Supportive Housing
Employment
Substance Use Disorder Services

3

Trauma Recovery Services (DTRS)

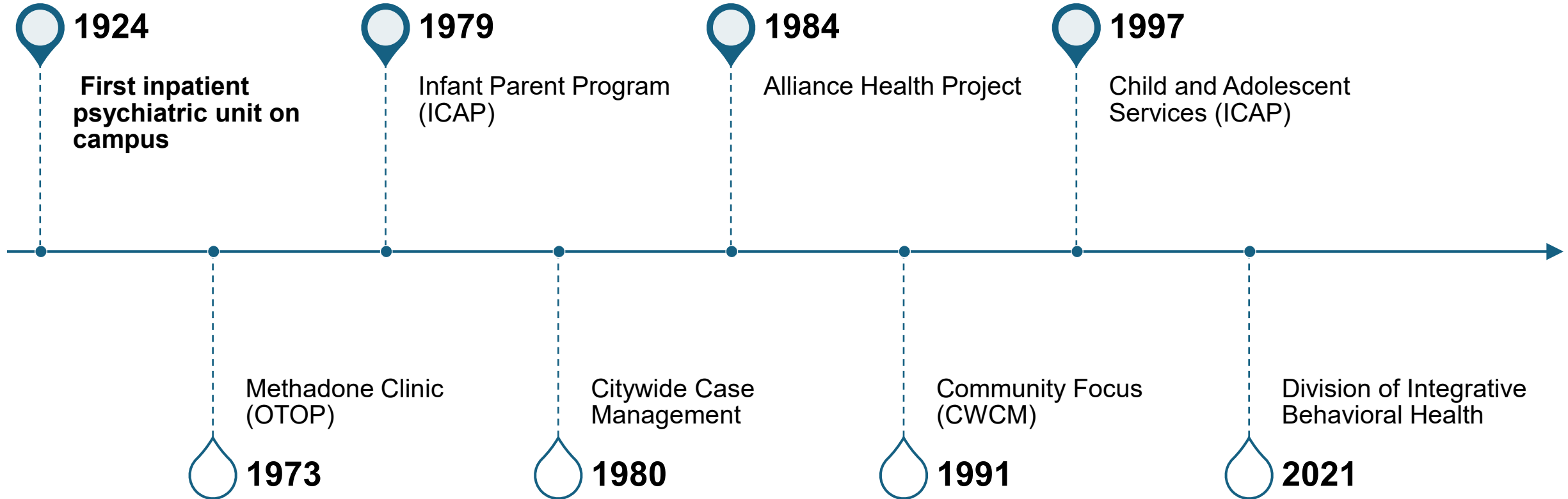
CASARC
Rape Treatment Center
Trauma Recovery Center
National Alliance of TRCs

KEY	
	AHP
	AES
	Citywide
	DSAAM
	DTRS
	ICAP
	DIBH



"ZSFG" Psychiatry: Places

History





3. People

People: ZSFG Psychiatry Executive Leadership



**Angelica Almeida, PhD
(DPH)**

Chief Integrative Office, ZSFG



**Fumi Mitsuishi, MD, MS
(UCSF)**

Chief of Service, ZSFG Psychiatry
Vice Chair for ZSFG, UCSF Department
of Psychiatry and Behavioral Sciences



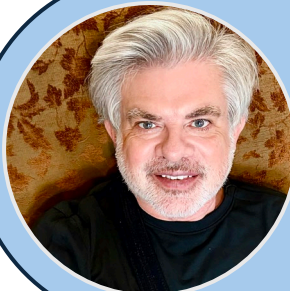
**Joan Torres, MSN, MBA,
RN, PMHN-BC, CNL (DPH)**

Director of Nursing, ZSFG Psychiatry



Mark Leary, MD (UCSF)

Deputy Chief of Service, ZSFG
Psychiatry



**Jon Dean Green, MPH, MBA
(UCSF)**

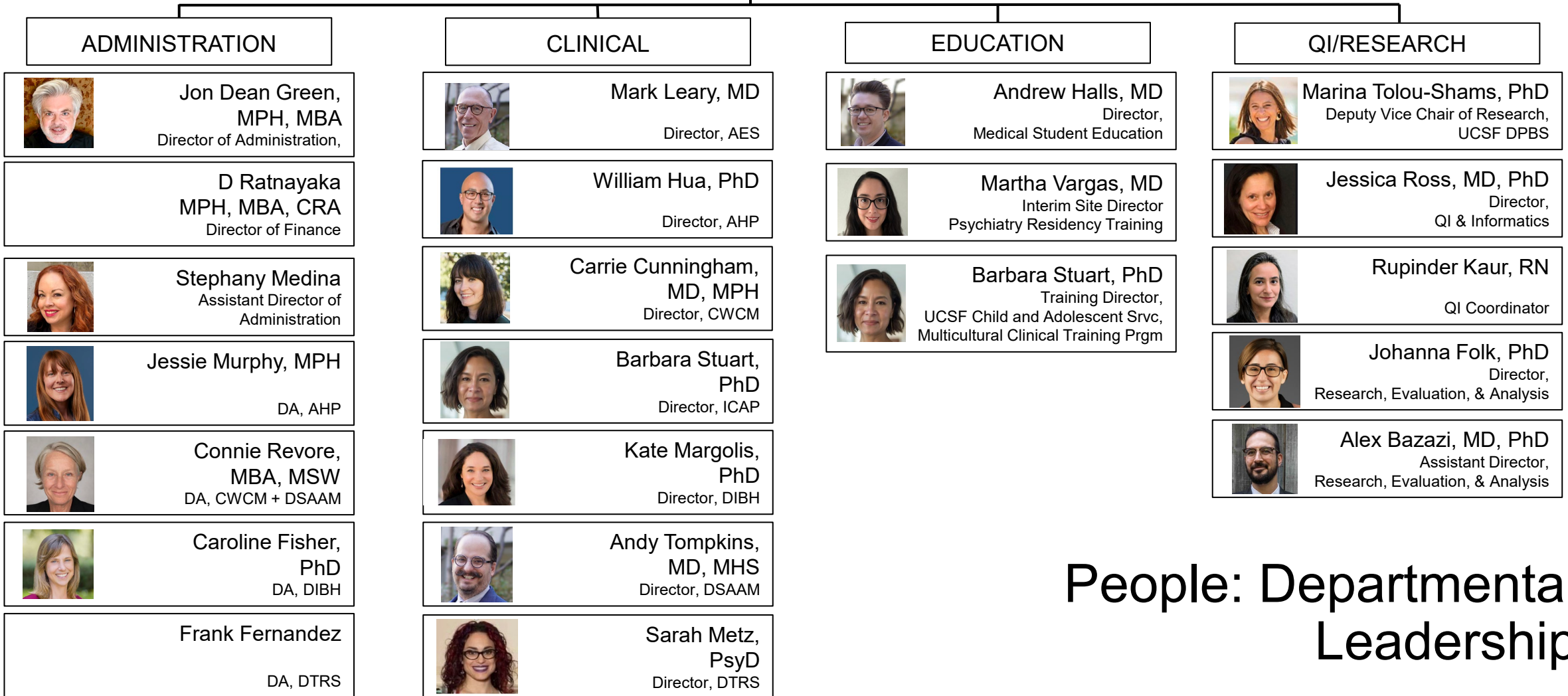
Director of Administration, ZSFG
Psychiatry



Fumi Mitsuishi, MD, MS
Chief of Service



Mark Leary, MD
Deputy Chief of Service

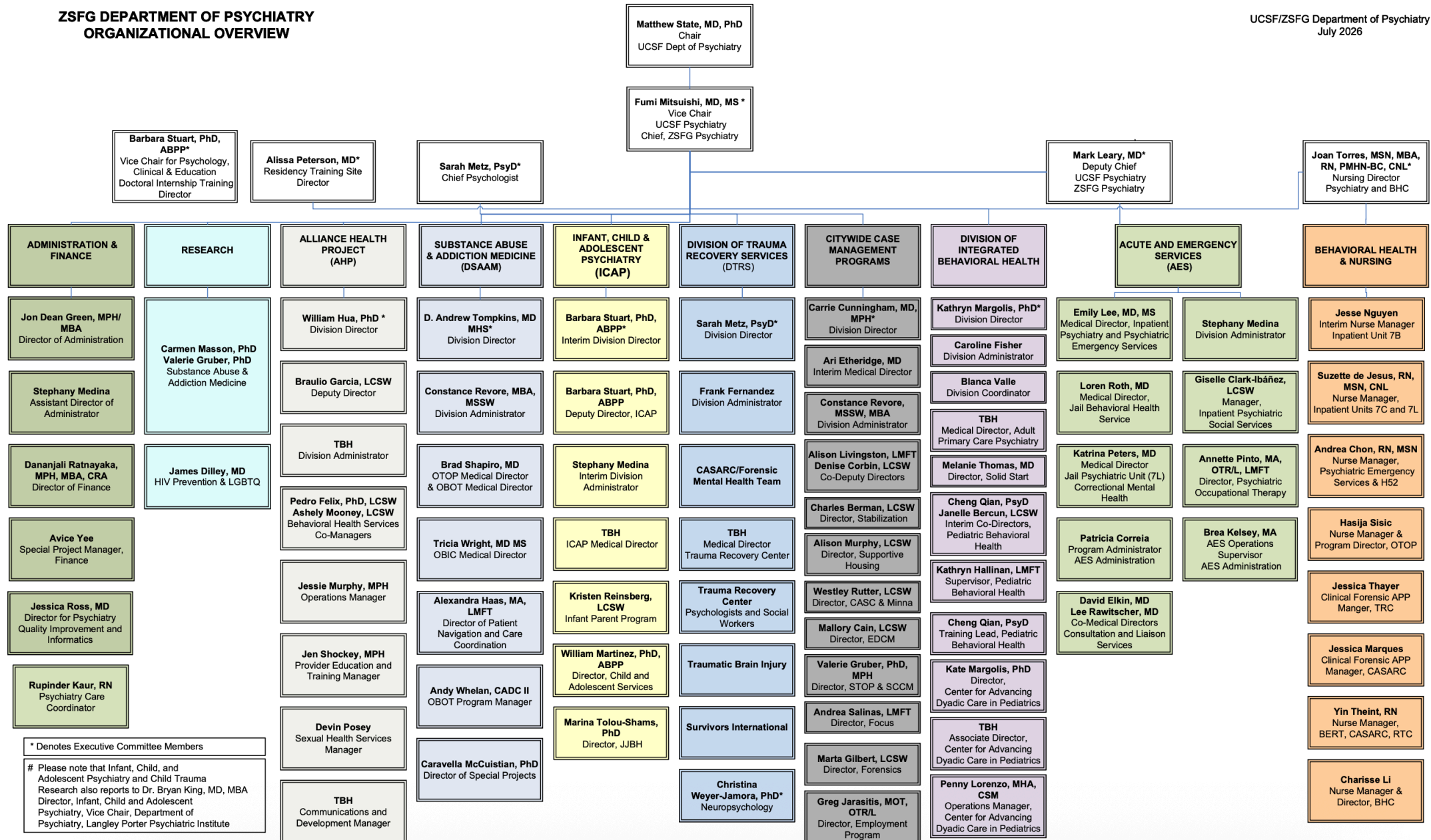


People: Departmental Leadership

People: Org Chart

ZSFG DEPARTMENT OF PSYCHIATRY ORGANIZATIONAL OVERVIEW

UCSF/ZSFG Department of Psychiatry
July 2026



People: Divisional Leadership

Adult and Emergency Services

Mark Leary, MD



Alliance Health Project

Will Hua, PhD



Citywide Case Management

Carrie Cunningham, MD, MPH



Integrative Behavioral Health

Kate Margolis, PhD



Infant Child and Adolescent Psychiatry

Barbara Stuart, PhD



Substance use and Addiction Medicine

Andy Tompkins, MD



Trauma Recovery Services

Sarah Metz, PhD



People: Faculty, N=65

AES (28)

Martha Vargas, MD
Mark Leary, MD
Emily Lee, MD
Jessica Ross, MD, PhD
Loren Roth, MD
Peter Ferren, MD
John Harbison, MD
Richard Patel, MD
Raj Kalapatapu, MD, PhD
Andrea Rosati, MD
Colin Buzza, MD
William Smith, MD
Stefana Morgan, MD
(Sudha Prathikanti, MD)
(Molly Burke, MD)
Alissa Peterson, MD
Andrew Halls, MD
Kyle Jamison, MD
Tyler Wheeler, MD
Lee Rawitscher, MD
David Elkin, MD
Brian Anderson, MD

AES (cont)

Renee Drolet, MD
Katrina Peters, MD
Eve Solomon, MD
Mark Luskus, MD
Kristin Ngyuen, MD
Tianyi Zhang, MD
(Lucy Ogbu-Nwobodo, MD,
MS, MAS)

ICAP (8)

Johanna Folk, PhD
Evan Holloway, PhD
William Martinez, PhD
Jeanne McPhee, PhD
Siva Sundaram, MD
Barbara Stuart, PhD
Marina Tolou-Shams, PhD
Juliet Yonek, PhD, MPH

AHP (3)

Annesa Flentje, PhD
William Hua, PhD
James Koved, MD

DSAAM (7)

Jen Annunziata, MD
Alex Bazazi, MD, PhD
Valerie Gruber, PhD
Caravella McCuistian, PhD
Meredith Meacham, PhD,
MPH
Brad Shapiro, MD
David Andrew Tompkins,
MD, MHS
(+8 additional faculty from other
departments)

CWCM (10)

Jennifer Annunziata, MD
Luther Arms, MD
Sherri Borden, MS, RN, ANP
Jennifer Cummings, MD
Carrie Cunningham, MD,
MPH
Ari Etheridge, MD
Valerie Gruber, PhD
Jacob Izenberg, MD
Veronica Losso, MD
Virginia Mommsen, MD, MS

DIBH (5)

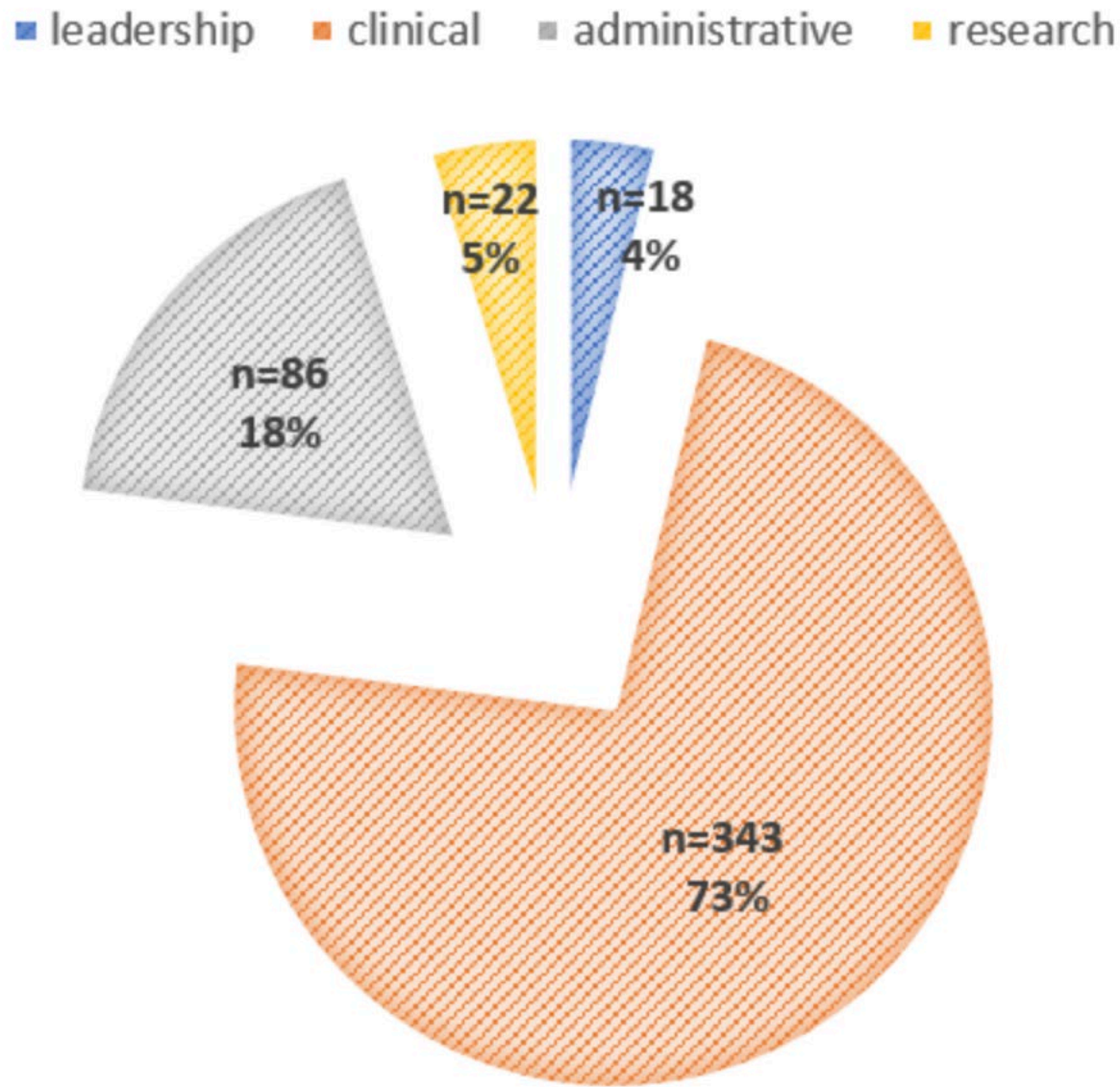
Jessica Arizaga, PhD
Kathryn Margolis, PhD
Cheng Qian, PhD
Melanie Thomas, MD, MS
Austin Yang, PsyD

DTRS (6)

Sarah Metz, PsyD
Oona Appel, PsyD
Peter Ferren, MD
Nikki Leba, PhD
Christina Weyer Jamora, PhD
Melissa Brie, PhD

People: By Type

Total # Faculty: 65
Total # Staff: 404



People: Hospital/Medical Staff Committees

- ZSFG Medical Executive Committee
 - Fumi Mitsuishi (member)
- ZSFG Psychiatry/DPH Behavioral Health Services Leadership Committee
 - Fumi Mitsuishi, Mark Leary (members)
- ZSFG Medical Staff Well Being Committee
 - Scott Steiger (chair), Andy Tompkins (member)
- ZSFG Medical Staff Credentials Committee
 - Peter Ferren (member), Melissas Brie (member)
- ZSFG Utilization Management Committee
 - Mark Leary (member)
- ZSFG Event Analysis and Systems Improvement Committee
 - Mark Leary (member)
- ZSFG Psychiatry/DPH Behavioral Health Services Leadership Committee
 - Mark Leary, Fumi Mitsuishi, Jessica Ross (members)
- Psychiatry Assault Battery Review Board
 - Annette Pinto (chair)
- ZSFG TMBHF
 - Melanie Thomas, Randi Tanksley
- DPH Systemwide High Utilizer Case Conference
 - Mark Leary (member)
- DPH/BHS/ZSFG Post-5150 Follow-up Care Advisory Group
 - Mark Leary (member)
- San Francisco Health Network FindHelp Implementation Leadership
 - Melanie Thomas, Randi Tanksley
- ZSFG Pediatric PCBH Task Force
 - Kate Margolis

Awards/Recognition

Solid Start: CHCF Pulse of Change Grant for 2024 – 2026. One of only eight organizations selected, expanded its racially concordant navigation and perinatal mental health services.

Cheng Qian
2025 UCSF Department of Psychiatry and Behavioral Sciences Early Career Psychology Clinical Innovation Award

Kate Margolis
2025 Hero and Hearts Award from the San Francisco General Hospital Foundation for her work in the HealthySteps Program

HealthySteps: 2025 ZSFG Awardee by the San Francisco Health Commission

Will Martinez
Appointed to the California Commission for Behavioral Health's Cultural and Linguistic Competency Committee
American Board of Professional Psychology
Board Certified in Child Psychology

Stuart
Department of Psychiatry and Behavioral Sciences Faculty Mentoring Award
American Board of Professional Psychology
Board Certified in Behavioral and Cognitive Psychology
Appointed to the School of Medicine Faculty Council

Tolou-Shams
UCSF Academic Senate Distinguished Faculty Awards Distinction in Teaching & Distinction in Mentoring
Kilroy Realty Endowed Professor of Psychiatry

Rape Treatment Center & CASARC Medical Forensic Teams: 2026 ZSFG Equity Award

Jessica Marques: Daisy Award,
Mireya Lopez: ZSFG Bee Award

Christina Weyer Jamora
2025 Society of Neuro-Oncology Survivorship Research of the Year Award

2026 Inducted as an ACRM Fellow

McCuistian
UCSF Bay Area Center for AIDS Research Excellence Award for Socio-Behavioral Research
Editor in Chief, Journal of Psychoactive Drugs

Tompkins
AGLP's James Paulsen Award for LGBTQ+ Advocacy
NIH Study Section Reviewer

William Hua
2024 Excellence in Clinical Teaching Award, UCSF AIDS Research Institute

Awards/Recognition-The Daisy Foundation



2026 DAISY
Awardee

Jessica Marques,
Nurse Manager of
CASARC

Awards/Recognition-2025 Hero and Heart Awards



2025 Hero and Heart Awards

Kate Margolis, PhD,
Director of the Division
of Integrative Behavioral
Health



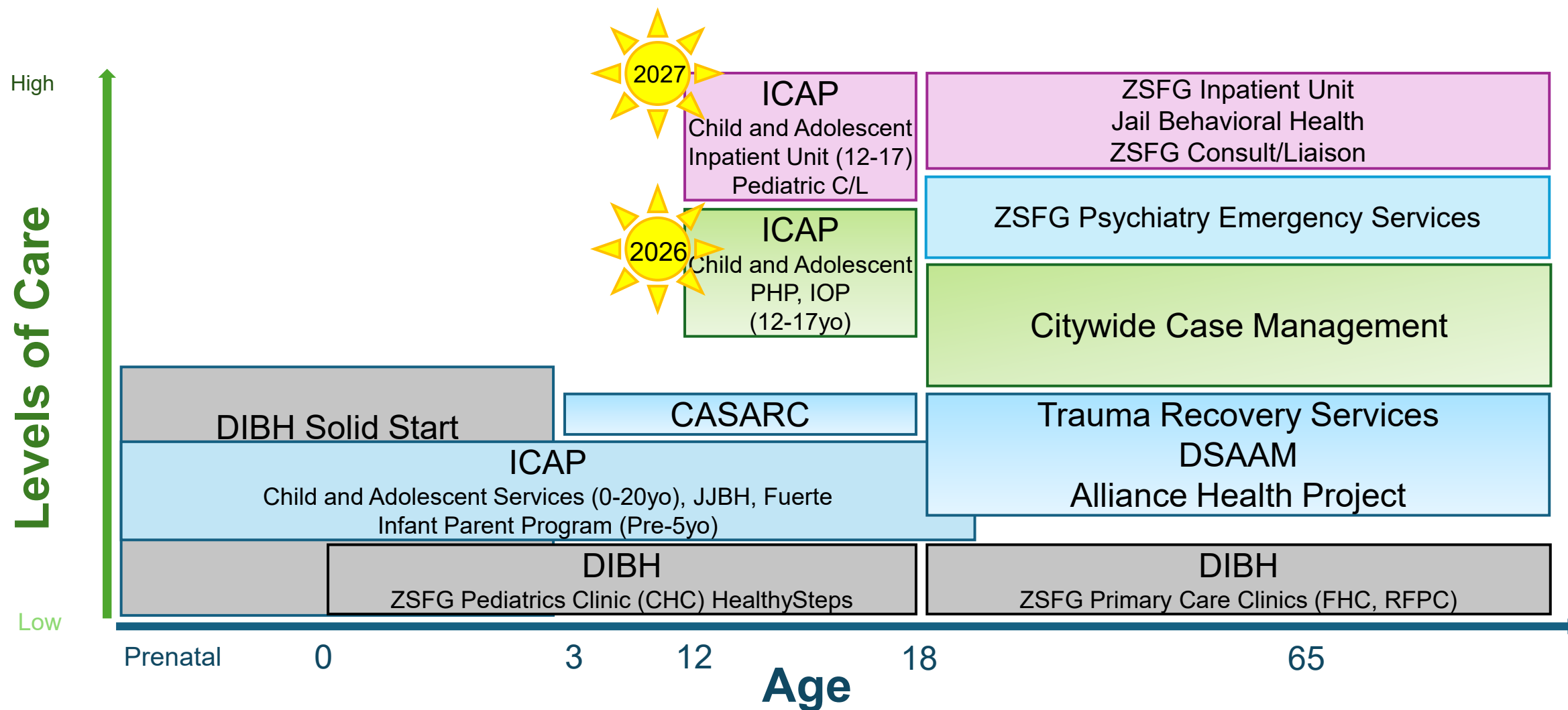
People: Departmental, University (and Beyond) Leadership and Committee Participation

- Martinez: UCSF DPBS Vice Chair of Opportunity and Health Equity; UCSF Committee on Equal Opportunity Chair; DPBS Diversity Committee Chair; Stuart: UCSF DPBS Vice Chair of Psychology; DPBS Distinguished Lecture Series Chair
- Stuart: UCSF DPBS Vice Chair for Psychology, DPBS Psychology Training Directors Committee, Chair; UCSF DPBS Education Council, Chair
- Tolou-Shams: UCSF DPBS Vice Chair of Community Engagement, Outreach, and Advocacy; DPBS Deputy Vice Chair of Research, ZSFG
- McCuistian: DPBS Diversity Committee; Junior Faculty for AIDS Research, Co-Chair; NIDA
- Gruber: DPBS Faculty Mentoring Council; School of Medicine Faculty Council, member; Advisory Board, Alcohol and Drug Abuse Counseling Program, UC San Diego
- Tompkins: Northern California Psychiatric Society Executive Committee, member; APA Area 6 Executive Committee, member
- Halls: UCSF DPBS Interim Residency Training Director



3. Clinical Services

Across the lifespan at all levels of care



Acute and Emergency Services (AES)

- History:
 - First SFGH Inpatient Psychiatric Unit opened in 1924
 - Current locked units: 1970s
 - Current PES: 1987 (was connected to the ED)
- Locations:
 - Bldg 5: PES, 7B, 7C, 7L
 - Bldg 25: Consultation/Liaison
 - SF County Jails
- Personnel
 - Inpatient providers – 10 FTE; SW - 11 FTE
 - PES providers – 12.6 FTE; SW – 4 FTE
 - C/L providers – 2.6 FTE
 - Jail Psychiatry Service – 5 FTE
- Budget: \$24.43MM
- Focus: To provide interdisciplinary patient-centered psychiatric care in the least restrictive treatment environment while prioritizing safety and supporting the recovery of adults with acute and/or severe mental illness.



Acute and Emergency Services (AES)

Psychiatric Emergency Services

- **Psychiatric Emergency Services**
 - 5000 intakes annually
 - Licensed for 18 beds (census cap 20-21 O/N)
 - Legal status on intake: 50% involuntary
 - ALOS (licensed for 23 hrs max)
 - Rolling 12-month LOS: 28.9
- **Inpatient Psychiatry Unit**
 - 7B&C: 44-bed locked acute unit
 - 7L: 6-bed forensic unit
 - 735 admissions (2025)
- **Consultation Liaison Service**
 - 810 initial consultations (2025)

Acute and Emergency Services (AES)

Inpatient Psychiatry Units and Consultation Liaison Service



- Inpatient Psychiatry Units
 - 7B&C: 44-bed locked acute unit
 - 7L: 6-bed forensic unit
- 735 admissions (2025)
- Consultation Liaison Service
 - 810 initial consultations (2025)

Acute and Emergency Services (AES)

Jail Behavioral Health Services

- Staffing: UCSF/ZSFG Faculty Psychiatrists
- Service: outpatient psychiatric care
- Volume: 4792 visits in 2025
- Location: SF County Jails @ 850 Bryant and San Bruno campuses
- Integrates psychiatric care with Jail Inpatient Unit 7L, the JBHS civil service clinicians providing care in the jail, and Citywide Case Management
- Active teaching site for UCSF medical students and residents



Acute and Emergency Services (AES) Leadership Team



Mark Leary, MD
Director, AES



Stephany Medina
Administrator, AES



Joan Torres, MSN, MBA, RN,
PMHN-BC, CNL (DPH)
Director of Nursing,
ZSFG Psychiatry



Emily Lee, MD
Medical Director,
PES & Inpatient Units



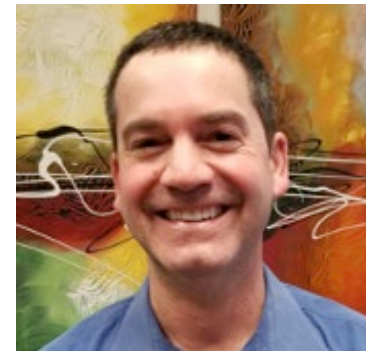
Giselle Clark-Ibañez, LCSW
Director of Social
Worker, Inpatient Units



Annette Pinto, MA,
OTR/L, LMFT
Director, Psychiatric
Occupational Therapy



David Elkin, MD
Co-Director,
Consultation Liaison
Service



Lee Rawitscher, MD
Co-Director,
Consultation Liaison
Service



Loren Roth, MD
Medical Director,
Jail Behavioral Health Srvcs

Alliance Health Project (AHP)

- Founded in 1984
- Locations:
 - 1930 Market St
 - Mission Center Building
 - Ward 86
- Personnel:
 - 55 Staff (30 Clinical)
 - 4 Faculty
- Budget: \$13.84MM
- Focus: Support the mental health and wellness of the LGBTQ+ and HIV-affected communities in constructing healthy and meaningful lives



First Crew of AHP Staff, 1984

Alliance Health Project (AHP)

- Ambulatory Services:
 - Behavioral Health Services (case management, groups, psychotherapy, medication management)
 - MediCal and Ryan White eligible SF residents
 - Unduplicated Client #: 896
 - Sexual Health Services: HIV/HCV/STI testing and counseling, linkage and navigation, overdose prevention and community engagement
 - SF residents, focus on Asian and Pacific Islander, Black/African Americans, People who Use Drugs, People Experiencing Homelessness
 - Unduplicated Client #: 852



AHP Staff at SF Pride Celebration 2026

Alliance Health Project Leadership Team



William Hua, PhD
Director



Braulio Garcia, LCSW
Deputy Director



Ellen Harrington, LCSW
Behavioral Health
Services Manager



Jessie Murphy, MPH
Interim Div Admin +
Operations Manager



Jen Shockey, MPH
Provider Training &
Education Manager

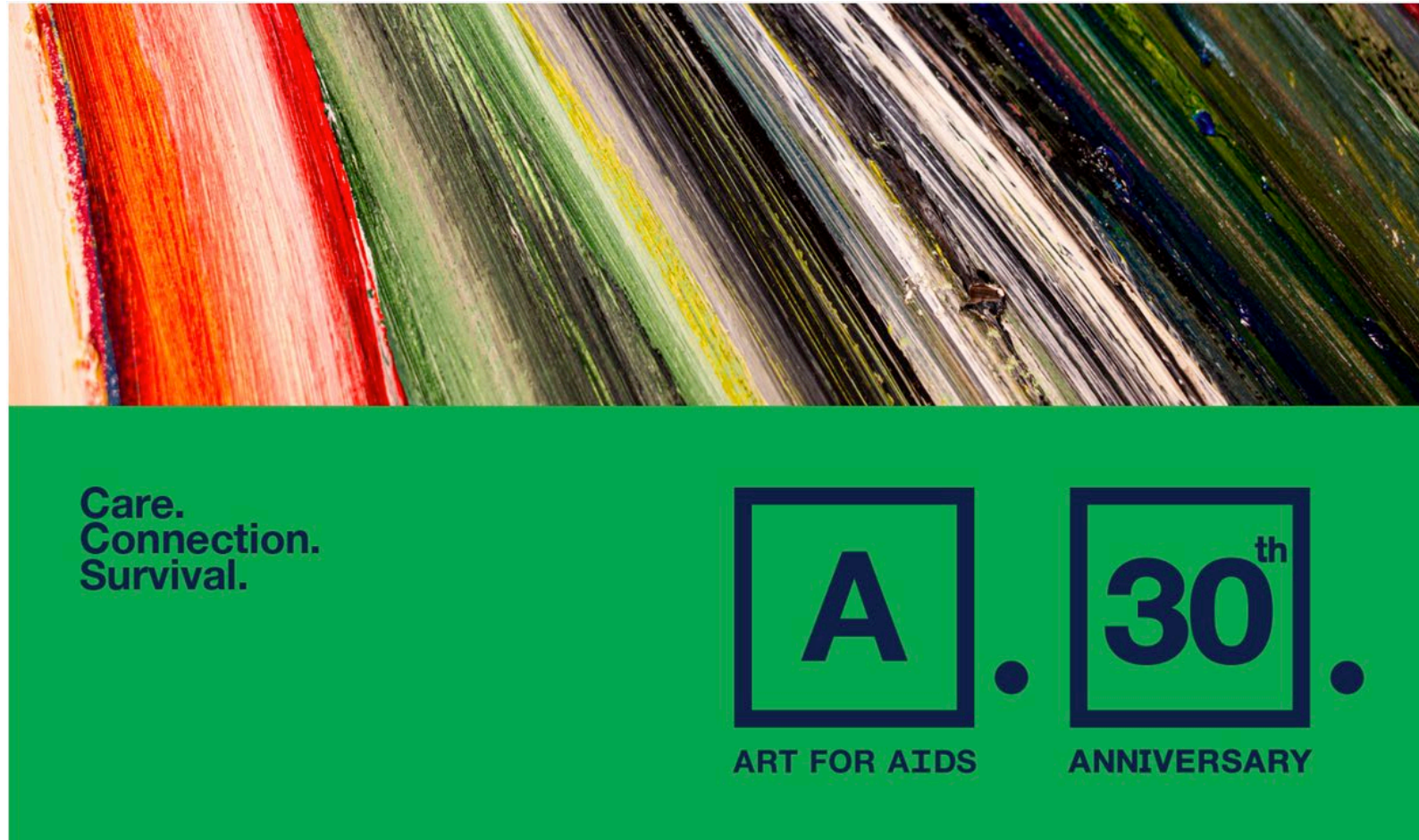


Devin Posey
Sexual Health
Services Manager



James Koved, MD
Medical Director

Art for AIDS



Art for AIDS: Thirty Years of Showing Up
October 21 – November 4

Citywide Case Management

- Founded in 1980
- Locations (13 sites):
 - 1263 Mission St
 - CASC
 - Permanent Supportive Housing
 - PES
- Personnel:
 - 179 Staff (160 clinical)
 - 8 Faculty
- Budget: \$36.75MM
- Focus: Foster health, hope and belonging through intensive community-based behavioral health care



Citywide Case Management

- Ambulatory Services:
Comprehensive wraparound intensive social-behavioral services for people who experience serious mental illness, housing instability, trauma, and substance use disorders (Ambulatory)
 - Multiple entry points: hospital, criminal justice system, homelessness response system
 - Recovery Supports: medication, substance use treatment, peer milieu, employment
- Unduplicated client #: 2080



Citywide Case Management Leadership Team



Carrie Cunningham

Citywide Division Director

she/her



Constance Revore

Division Administrator / Director Administration and Finance

she/her



Luther Arms

Citywide Medical Director

he/him



Alison Livingston

Citywide Deputy Director

she/her



Denise Corbin

Citywide Deputy Director

she/her



Valerie Gruber

STOP Program Director

she/her



Westley Rutter

Citywide CASC & Minna Program Director

he/him



Charlie Berman

Citywide Stabilization Program Director

he/him



Andrea Salinas

Citywide Focus Program Director

she/her



Alison Murphy

Citywide Supportive Housing Program Director

she/her



Greg Jarasitis

Citywide Employment Program Director

he/him



Marta Gilbert

Citywide Forensics Program Director

she/her



Mallory Cain

Citywide EDCM Program Director

she/her

Infant, Child and Adolescent Psychiatry (ICAP)

- Founded in 1979 (IPP), 1997 (CAS)
- Locations: ZSFG 6B, SFUSD schools
- Personnel:
 - 38 Staff (22 Clinical, 13 Research)
 - 8 Faculty
- Budget: \$8.49MM
- Focus: To provide high quality, culturally-responsive, trauma-informed behavioral health care for **children and adolescents** (birth to age 24) and their families within a coordinated and developmentally continuous system across clinics and community settings through clinical services and research



Infant, Child, and Adolescent Psychiatry (ICAP)

- Ambulatory Services:

- IPP

- Home-based child and caregiver dyadic therapy
 - Unduplicated Client #: 68
 - Early Childhood Mental Health Consultation: consultation to Obstetrics, Midwifery and Gynecology Services at ZSFG, and SF Family Treatment Court
 - Consultation Service: 1800 Children and 380 Providers

- CAS Services: Diagnostic assessment clinic, Family Mental Health Navigation, Individual and Family Therapy, Parenting Groups, Psychiatry Service, Psychological & Developmental Testing and Evaluation

- Unduplicated Client #: 193

- Intensive Outpatient and Partial Hospitalization Programs

- Hospital-based Services:

- Consultation-Liaison services to inpatient pediatric unit (ZSFG)



NEW

Infant, Child, and Adolescent Psychiatry (ICAP) Leadership Team



Barbara Krishna
Stuart, PhD

Interim Division Director

Vice Chair for
Psychology, UCSF
DPBS



Siva Sundaram,
MD

Medical Director, ICAP



William Martinez, PhD

Director, ICAP Child and
Adolescent Services

Vice Chair for Opportunity and
Health Equity, UCSF DPBS



Kristin Reinsberg, MS,
LMFT

Director, ICAP Infant Parent
Program and Perinatal

Director, ICAP Infant and
Early Childhood Mental
Health Consultation



Rosa Lutario, MS,
LCSW

Director, ICAP Intensive
Outpatient and Partial
Hospitalization Programs



Marina Tolou-Shams,
PhD

Director, ICAP Juvenile
inJustice Behavioral Health

Vice Chair for Community
Engagement, Outreach and
Advocacy, UCSF DPBS

Deputy Vice Chair for
Research, ZSFG Department
of Psychiatry

Integrative Behavioral Health (DIBH)

- Founded in 2021
- Locations: RFPC, FHC, 5M, CHC, Family Birth Center, L&D, Postpartum Unit, and Neonatal Intensive Care Unit
- Personnel:
 - 23 Staff (13 Clinical, 2 Research)
 - 4 Faculty
- Budget: \$4.46MM
- Focus: The division is engaged in clinical services, technical assistance and training programs, research and policy efforts, to provide and advance population-based and full spectrum (biopsychosocial) collaborative behavioral health services through partnerships with other departments (Pediatrics, OB/Gyn, Family Medicine, Internal Medicine), and the SFHN Department of Primary Care and Primary Care Behavioral Health



Integrative Behavioral Health (DIBH)



Ambulatory Services: Behavioral health consultation, triage, assessment, intervention, psychotherapy, and linkage to social/legal supports at non-psychiatric settings.

- Adult Primary Care Behavioral Health: Health psychology and psychiatry consultation services at **FHC** and **RFPC**
 - Unduplicated client #: 160
 - Encounter #: 2000
- Adult Perinatal Behavioral Health Services (Solid Start): Serves birthing people at ZSFG from pregnancy through the postpartum period (infant's first year)
 - Unduplicated client #: 402 for mental health, 351 for navigation
 - Encounter #: 1920 for mental health, 1920 for navigation
- Pediatric Behavioral Health (HealthySteps): Serves children and families at CHC
 - Unduplicated client #: 1673
 - Encounter #: 2674

Technical Assistance and Training:

- Center for Advancing Dyadic Care in Pediatrics
- Pediatric Psychology Training Program

Integrative Behavioral Health (DIBH) Leadership Team



Kathryn Margolis,
PhD

Division Director

Director, Center for
the Advancement of
Dyadic Care



Caroline Fisher,
PhD

Division Administrator



Cheng Qian, PhD

Director, DIBH
Healthy Steps



Melanie Thomas,
MD, MS

Director, DIBH Solid
Start

Substance Use and Addiction Medicine (DSAAM)

- Founded in 1973
- Locations
 - ZSFG Bldg 80/90: 83, 93, 95
- Personnel
 - Staff # 46 (Clinical 28)
 - Faculty # 7 DPBS, 8 other Dpts
- Budget: \$12.29MM
- Focus: DSAAM provides outpatient DMC-ODS certified clinical services to more than **2,100** persons annually with a primary substance use disorder. Services include medications, harm reduction, overdose prevention, counseling, contingency management, & case management, and diagnosis and treatment of co-occurring conditions (non-SUD mental illnesses and infectious complications of substance use).



Substance Use and Addiction Medicine (DSAAM)

Program	Activities	Unduplicated Client #
Opiate Treatment Outpatient Program (OTOP)	licensed opioid treatment program; provides methadone and buprenorphine, psychosocial services to low-income patients with opioid use disorder	2100
OTOP's MAJIC	intake and ongoing MOUD services for individuals incarcerated in San Francisco County Jail	
OBIC	office-based licensed specialty addiction treatment clinic. We provide evaluation and treatment for substance use disorders with medications and other evidence-based treatments. We also evaluate and treat other co-occurring mental health conditions.	54
JUNO Community	MOUD, patient navigation, and financial incentives to individuals aged 18 and older with opioid use disorder (OUD) who initiate MOUD while incarcerated in any CA jail or prison and agree to be linked to an MOUD outpatient provider in SF after release.	634
Project CATCH	navigation program that provides short-term one-on-one support for high-need individuals with active Hepatitis C. The program is designed to integrate with a client's existing care team to focus on achieving an HCV cure (SVR).	192
OBOT (Office-Based Opiate Treatment program)	novel model that provides methadone treatment for opioid use disorder embedded within three primary care clinic locations: Tom Waddell Health Center, Potrero Hill Health Center, and Ward 86/Positive Health Program.	47
Bayview Methadone Van	provides onsite intakes and on-going MOUD for patients residing in the Bayview Neighborhood through a partnership with the Metropolitan Baptist Church.	77

Substance Use and Addiction Medicine (DSAAM) Leadership Team



Andy Tompkins, MD, MHS
Division Director



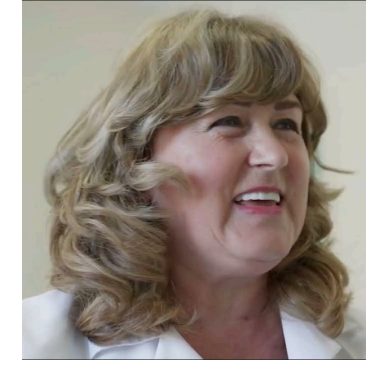
Connie Revore, MBA, MSW
Division Administrator



Joan Torres, MSN, MBA, RN
Director of Nursing,
ZSFG Psychiatry



Brad Shapiro, MD
Medical Director, OTOP



Hasija Sisic, RN
Nurse Manager &
Program Director, OTOP



Ali Haas, LMFT
Director, Patient Navigation
and Care Coordination



Tricia Wright, MD
Medical Director, OBIC



Caravella McCuistian, PhD
Director, Special Projects



Andrew Wheelan, CADC II
Director, Clinical Operations

Trauma Recovery Services (DTRS)

- Founded in 1970's
- Locations:
 - 2727 Mariposa St
 - ZSFG Bldg 5 6H, 7G, Bldg 80/90
- Personnel
 - Staff # 32 (Clinical 11)
 - Faculty # 7
- Budget: \$6.47MM
- Focus: Trauma Recovery Services provides individualized treatment for the needs of the specific patient and draw on many evidence-based modalities of care. Up to 16 sessions are offered, with the possibility of extension for clients with continued medical or psychiatric necessity. Trauma-informed treatment incorporates psychotherapeutic approaches that have proven most effective for PTSD and other disorders, such as depression, borderline personality disorder, and substance use disorder.



Trauma Recovery Services (DTRS)

Program	Activities	Unduplicated Client #
CASARC	Specialized professional services to children and adolescents (≤ 18) who experienced physical/sexual abuse and/or witnessed severe violence. Patients receive (1) physical exam and undergo a special interview that focuses on the event(s) experienced to collect evidence for potential legal action, (2) case management and trauma-focused psychotherapy as needed	227
Neuro- psychology Service	Provides direct clinical service to ZSFG patients referred by their treating physician for inpatient or outpatient neuropsychological evaluations to determine neurological and psychiatric diagnosis, and appropriate therapeutic, rehabilitative, remedial, and counseling strategies.	259
RTC	Team of physician assistants and nurse practitioners are on call 24/7 to provide (1) direct care and support to adult and youth survivors of sexual assault and abuse, (2) consultation with medical providers seeking information on best treatment practices.	450
TRC	Multidisciplinary mental health team providing evidence-based psychotherapy, clinical case management, assertive outreach, and psychiatric medication services to adult San Francisco residents who are recent victims of violent crime.	473
NATRC	Provide technical assistance, training, and implementation support to established and new TRCs across the nation, and advocate for policy changes that increase funding and support for TRCs. Our vision is a world where every survivor of violence gets the help they need to heal.	N/A

Trauma Recovery Services (DTRS) Leadership Team



Sarah Metz, PsyD
Division Director,
Trauma Recovery
Services



Christina Weyer-Jamora, PhD
Neuropsych Service
Director



Joan Torres, MSN, MBA, RN
Director of Nursing,
ZSFG Psychiatry



Yin Theint, MSN, RN
Nurse Manager,
BERT, RTC & CASARC



Frank Fernandez
Division Administrator,
DTRS



Janelle Melohn
Senior Director, National
Alliance of Trauma Recovery
Center



Jody Friedman, LCSW
Behavioral Health Psychiatric
Supervisor, Clinical Coordinator
CASARC



Jessica Thayer, PA
Clinical Forensic APP
Manager, RTC



Jessica Marques, FNP-BC
Clinical Forensic Manager,
CASARC



4. Performance Improvement & Patient Safety

Performance Improvement and Patient Safety ZSFG Way Fellowship



Jessica Ross, MD, PhD



Rupinder Kaur, RN

ZSFG Psychiatry: advancing quality, safety, and financial sustainability

REVENUE AND FINANCIAL SUSTAINABILITY

Completed

Discharge-readmit workflow redesign

Re-standardized patient movement between psychiatry and med/surg, reducing care delays and closing account separation gaps

In progress

Inpatient psychiatry acuity capture

Standardizing clinical documentation and UM review workflows to accurately reflect patient acuity, supporting appropriate reimbursement

Launching

Medi-Cal professional fee billing — inpatient

Implementing pro fee billing for inpatient psychiatry attendings; Epic build in progress with BHS and CPG.

Launching

Revenue capture — C/L psychiatry and PES

Closing billing gaps in consult-liaison and PES e-consults; addressing attestation, coding, and Epic workflow issues that result in lost charges

PATIENT SAFETY AND REGULATORY RISK REDUCTION

In progress

MOUD in PES and inpatient psychiatry

Expanding initiation of medications for opioid use disorder; building Epic-integrated workflows

Launching

Post-assault debrief standardization

Implementing a structured debrief tool to capture actionable data after restraint, seclusion, and assault events; supports CDPH survey compliance

Launching

Reducing seclusion and restraint in PES

Identifying clinical markers in patients at risk for seclusion or restraint to target early interventions; reduces regulatory exposure and patient harm

Launching

Language-appropriate psychiatric legal holds

Identifying non-English-speaking patients and implementing language-concordant LPS(legal hold) advisements in Epic, beginning with Spanish

EQUITY AND ACCESS

Improving Acute Patient Days in Inpatient Psychiatry

WHAT WE CHANGED

1

Documentation templates

Aligned psychiatry provider templates with UM acuity criteria

2

Secondary review workflow

Implemented workflows to increase acuity gained through secondary reviews

3

Next: 24-hour feedback

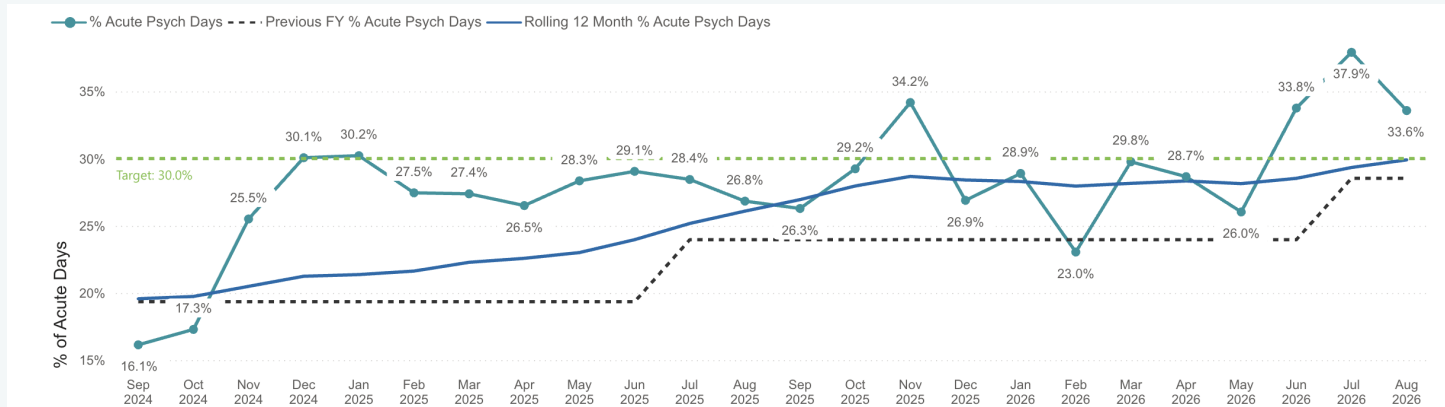
Working with the PROSPECT lab to give clinical staff 24-hour feedback on documenting acuity

WHAT FOLLOWED

19.6% → 29.9%

Rolling 12-month % acute psych days, Sep 2024–Aug 2026

Highest since Epic go-live (Aug 2019)



Secondary reviews Nov 2025 baseline vs. after new workflow

26 → 66

secondary reviews

18

acute days authorized

27%

of reviews authorized

Chart: Power BI dashboard; y-axis shown from 15%. Target 30%. Secondary review figures compare the Nov 2025 baseline with the period after the countermeasure.

Improving Identification and Treatment of OUD in PES

WHAT WE CHANGED

<10% → 80%

of PES admissions now get a nursing substance use assessment

Staff engagement: meetings with staff to provide education, identify barriers to care, and improve workflow

ED Track Board (ZSFG PES)

Sign In Tx Team Sticky Note Refresh Add'l Tools

2 Are you an RN with an addiction related question? Call 6-0678 to speak with an Addiction

All Pts (17) Patients Awaiting MSE (0) Areas More Views

	Bed	Patient	A/G	Att	Legal	LS Exp	OUD	Care Coord
	OB...		29 y /...	—	6000 (Voluntary),6...	—	—	👤
	OB...		77 y /...	—	5358 (Permanent),...	—	!	👤
			27 y /...	JDC	Legal status 5150 (...	9/25/2026 10:14 PM	!	—
	OB...		32 y /...	SM	6000 (Voluntary),6...	—	—	👤
	OB...		45 y /...	JAR	6000 (Voluntary),6...	—	—	—
	OB...		30 y /...	JAR	Legal status 5150 (...	9/25/2026 8:29 PM	—	👤
	OB...		38 y /...	JAR	Legal status 5150 (...	9/24/2026 1:04 PM	!	—
	OB...		35 y /...	SM	6000 (Voluntary),6...	—	—	👤
	SR02		32 y /...	JAR	Legal status 5150 (...	9/25/2026 3:54 PM	!	—
	OB...		50 y /...	JAR	5358 (Permanent),...	—	—	—
	OB...		57 y /...	JAR	Legal status 5150 (...	9/25/2026 12:02 PM	—	👤
	OB...		18 y / F	CIN	Legal status 5150 (...	9/25/2026 10:31 AM	—	—

WHAT FOLLOWED, FY25 → FY26

+70%

PES consults to the Addiction Care Team

FY25

63

FY26

107

+27%

Brixadi administered in PES

FY25

11

FY26

14

+29%

Outpatient buprenorphine prescriptions from PES

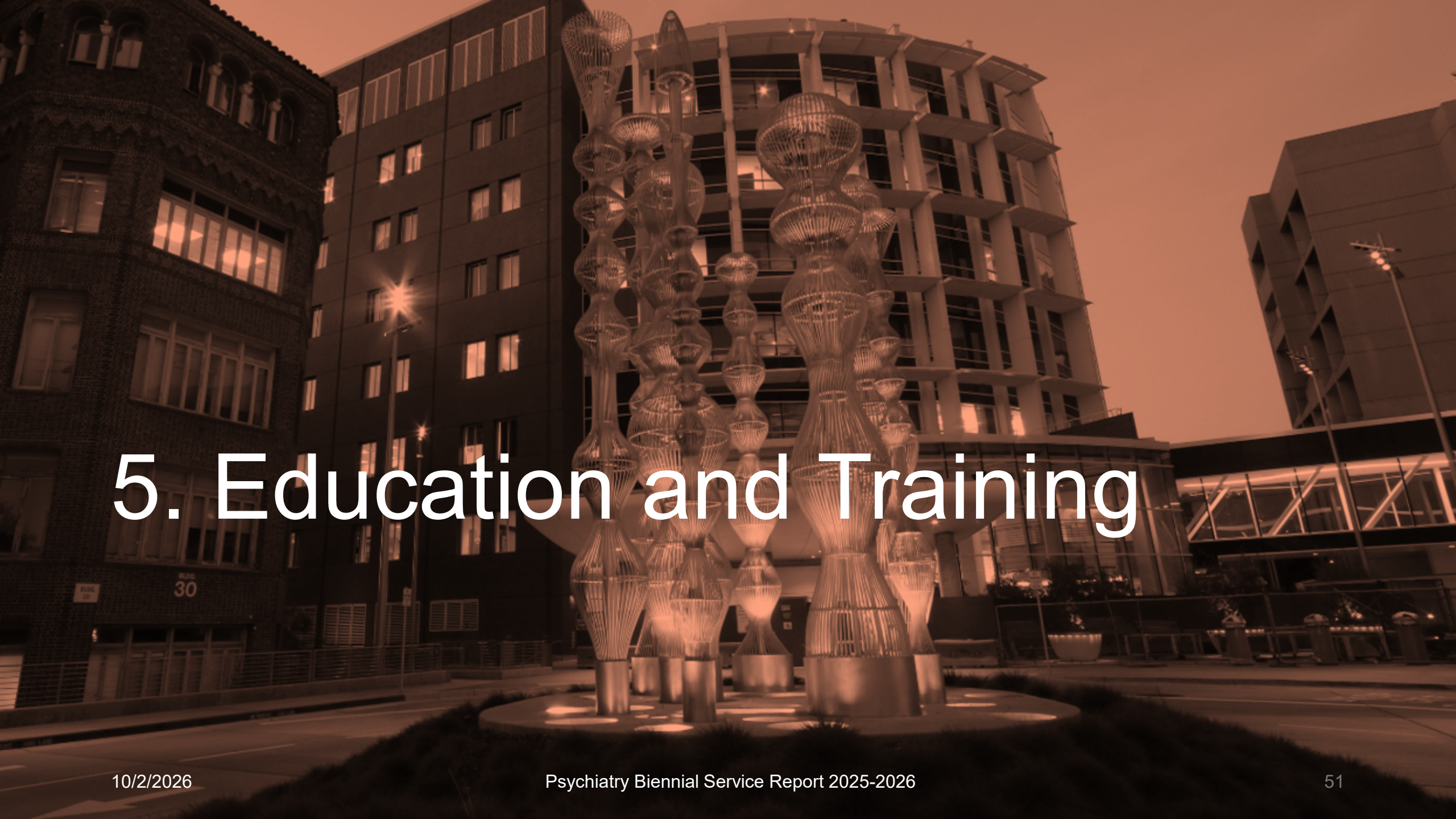
FY25

31

FY26

40

FY = July–June (FY25: Jul 2024–Jun 2025; FY26: Jul 2025–Jun 2026). Project rollout March 2025. Trackboard shown with patient names blurred; OUD column outlined.



5. Education and Training

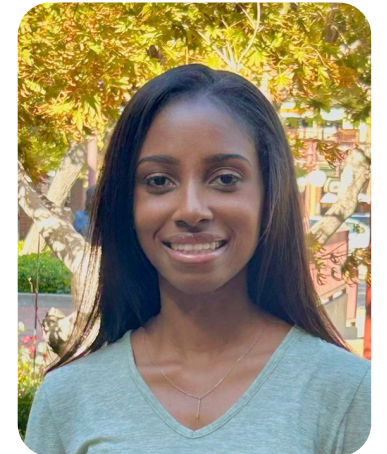
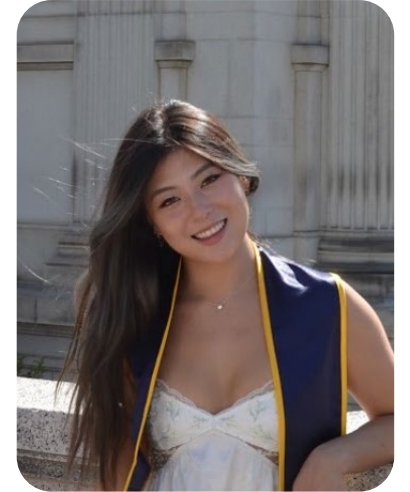
Education and Training Activities: Summary

	Medical Students	Psychiatry Residents	Psychiatry Fellows	Psychology Pre-Doctoral Students	Psychology Post-Doctoral Fellows	Social Work Trainees	Totals
Numbers	2-6 per block (12 blocks per year)	61	5	11	7	35	≈170
Description	- Psychiatry 110 Core Clerkships on Inpatient and C/L psychiatry - Electives and sub-internships (Inpatient, C/L, Jail Beh Health, CWCM, DSAAM)	- PGY-1: Inpatient, PES - PGY-2: C/L - PGY-3/4: Electives - All years: LCE	- Child and Adolescent Psychiatry - Public Psychiatry - Addiction Psychiatry	- MCTP APA accredited Child Adolescent Services (6) - MCTP Externship (5) - CPTP (1)	- MCTP CAS Implementation Science (1) - Integrated Behavioral Health (2) - MCTP Pediatric Multidisciplinary Assessment (1) - Juvenile Justice Behavioral Health (3) - T32 Fellow (1)		
Participating Divisions	- AES - CWCM - DSAAM	- AES - AHP - CWCM - DSAAM	- ICAP - DSAAM	- ICAP - DSAAM	- ICAP - DIBH - DSAAM	- AHP (7) - CWCM (14) - ICAP (10) - DTRS (4)	

Education/Training: UCSF Psychiatry Residency Program 26-27



Education/Training: Multicultural Clinical Training Program 2025-26





6. Research Enterprise

Research Enterprise

Annesa Flentje & Will Hua: LIFESCAPE Study compares effectiveness of Cognitive Processing Therapy vs. STAIR Narrative Therapy for PTSD for LGBTQIA+ people

Christina Weyer Jamora & Melissa Brie: Cognition and cognitive rehabilitation in brain tumor populations

Christina Weyer Jamora, Melissa S Brie, Paige M Bracci, Ellen M Smith, Tracy L Luks, Stephanie Phan, Steve E Braunstein, Nancy Ann Oberheim-Bush, Nicholas A Butowski, Jennifer L Clarke, John De Groot, Susan M Chang, Michele Diaz Nelson, Shawn L Hervey-Jumper, Jennie W Taylor, Proof of concept using vocational tele-cognitive rehabilitation to improve work status in primary brain tumor, *Neuro-Oncology Practice*, 2026;, npag066, <https://doi.org/10.1093/nop/npag066>

Christina Weyer-Jamora, Melissa S Brie, Paige M Bracci, Ellen M Smith, Tracy L Luks, Stephanie Phan, Steve E Braunstein, Nancy Ann Oberheim-Bush, Nicholas A Butowski, Jennifer L Clarke, Karin Gehring, Adrian Aguilera, John de Groot, Susan M Chang, Shawn L Hervey-Jumper, Jennie W Taylor, Tele-cognitive rehabilitation for adult lower-grade glioma: An interim prospective pilot feasibility study, *Neuro-Oncology Practice*, Volume 13, Issue 1, February 2026, Pages 126–138, <https://doi.org/10.1093/nop/npaf073>

Lauren Mai: Neuropsychology for Vietnamese-speaking populations

Gavett BE, Tomaszewski Farias S, Tiet QQ, et al. *Harmonized cognitive performance in an older adult cohort of Vietnamese American immigrants: The VIP study. Alzheimer's Dement.* 2025; 21:e70097. <https://doi.org/10.1002/alz.70097>

Citywide Case Management – Research



Luther Arms, MD **Citywide Medical Director**

Improving the utilisation of medication-assisted treatment for alcohol use disorder at discharge. BMJ Open Qual. 2022 12; 11(4). **Arms L**, Johl H, DeMartini J. PMID: 36588329; PMCID: PMC9748926.



Jacob Izenberg, MD

Izenberg, J. M. (2025). The Waiting Room Effect: Why Diverting People With Mental Illness From Jails Requires Broad Structural and Systemic Change. Psychiatric Services, 76(12), 1128–1131.
<https://doi.org/10.1176/appi.ps.20240386> (Original work published December 1, 2025)

Research: DIBH

UCSF Center for Advancing Dyadic Care in Pediatrics (CADP) will participate in the **Family Mental Health National Demonstration Project** in partnership with Georgetown University's Thrive Center for Children, Families and Communities.

CADP research focuses on the impact of dyadic care on healthcare quality and its implementation factors.

Recent presentations include:

- *Dyadic Behavioral Health in Pediatric Primary Care: Promise, Policy, and Practice* by Kathryn Margolis and Alicia Samp
- *Building Bridges for Dyadic Care: A Case Study on Scaling Collaborative Efforts in California's Primary Care Public Health Systems* by Cherie Falvey, Shay-Lee Perez, and Kathryn Margolis,
- *Addressing Caregiver Mental Health in Pediatric Settings: Implementation Gaps and Opportunities through Dyadic Services* by Meghan Carlsen Evans, Kathryn Margolis, and Cheng Qian at the Zero to Three conference in October 2026.

Research - DSAAM

DSAAM serves as a real-world laboratory for addiction research—bridging clinical innovation, implementation science, prevention, and health equity to **improve the delivery of substance use disorder care in safety-net and community settings.**

The FY25–26 portfolio can be summarized around five strategic priorities:

- **Advance treatment for substance use disorders** through clinical trials and studies of medications, treatment models, and emerging technologies.
- **Improve access, engagement, and retention in care**, particularly across transitions between emergency, hospital, justice, outpatient, and community settings.
- **Reduce overdose, infectious disease, and other substance-related harms** through prevention, harm reduction, and innovative behavioral and digital interventions.
- **Address disparities and structural barriers to care** through community-engaged and culturally responsive research.
- **Translate evidence into practice** by using DSAAM's clinical settings to understand how promising interventions and policies perform under real-world conditions.

Research DSAAM

DSAAM authors published more than 50 unique peer-reviewed publications in 2025–26, approximately 85% directly aligned with DSAAM's research mission”.

Investigator(s)	Year	Publication title	Journal
David Andrew Tompkins	2026	Ending conversion therapies for sexual orientation and gender identity: a narrative review of health professions' position statements and analysis of regulatory options	J LGBTQ+ Mental Health
David Andrew Tompkins	2025	Demographic and clinical characteristics associated with utilization of alcohol use disorder treatment in a multicenter study of patients with alcohol-associated cirrhosis	Alcohol Clin Exp Res
Caravella McCuistian	2026	Overcoming low representation: Lessons from an integrative data analysis of CTN studies for assessing treatment effectiveness among Black people who use cocaine and/or opioids	J Subst Use Addict Treat
Caravella McCuistian	2026	Comparative effectiveness of social-contextual treatments for improving substance-related problems among Black adults: An individual-level data synthesis	Addiction
Caravella McCuistian	2025	A clarion call to the addiction science community: it's time to resist the anti-scientific policies of the US Trump administration	Am J Drug Alcohol Abuse
Caravella McCuistian	2025	An individual-level data synthesis of Clinical Trials Network studies to examine the impact of psychosocial treatments for Black people who use cocaine and/or opioids	Drug Alcohol Depend
Caravella McCuistian	2025	Evaluating a Tobacco-free Policy Intervention in Residential Substance Use Disorder Programs	J Drug Issues
Caravella McCuistian	2025	Ethical Issues in Treating Substance Use Disorders: Counselor Perspectives	J Psychoactive Drugs
Caravella McCuistian	2025	Policy and Practice Changes Associated with a Tobacco-Free Initiative in Residential Substance Use Disorder Treatment	J Psychoactive Drugs
Alex Bazazi; Leslie Suen	2026	Short-Acting Opioid Dose and Patient-Directed Discharge in Hospitalized Patients With Opioid Use Disorder	JAMA Netw Open
Alex Bazazi	2026	Inpatient initiation of long-acting injectable buprenorphine for adolescents and young adults with opioid use disorder	J Subst Use Addict Treat
Alex Bazazi; Sarah Rosenwohl-Mack; Leslie Suen	2026	Outpatient initiation of direct-to-inject buprenorphine	Drug Alcohol Depend
Alex Bazazi	2025	The NOD (Naltrexone for Overdose Prevention) study protocol: a pilot randomized controlled trial of intramuscular naltrexone for opioid overdose prevention among people who use stimulants living with or at risk for HIV	Addict Sci Clin Pract
Alex Bazazi	2025	Schizophrenia and Retention in HIV Care Among Adults Insured Through Medicaid in the United States: A Population-Based Retrospective Cohort Study	J AIDS
Alex Bazazi; Leslie Suen	2025	Outpatient Low-Dose Initiation of Buprenorphine for People Using Fentanyl	JAMA Netw Open

Research: ICAP

PI	Project Name
William Martinez	Fuerte: a school-based group prevention program targeting newcomer Latin American immigrant youth at risk of behavioral health concerns due to immigration-related stressors and psychological trauma
Barbara Stuart & William Martinez	DHCS, CYBHI • Parent and Caregiver Support Programs Dissemination of Parent-Child Interaction Therapy in San Francisco County Public Health Clinics • Dissemination of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems
Barbara Stuart	• NIH ProNET: Psychosis-risk outcomes network. • HRSA Community-Responsive Empirically Supported Substance Use Treatment Training Program (CRESTT) • DHCS Coordinated Specialty Care for First Episode Psychosis in California, Behavioral Center of Excellence

Research: ICAP JJBH Active Projects (2026)

Project	Funder	Principal Investigator	Amount Funded
CASA and FostrSpace: Systems delivery of digital substance use prevention tools to foster youth (R61/R33)	National Institutes on Drug Abuse (NIDA)	Dr. Marina Tolou-Shams	\$4,440,058
The Impact of Racism on Trajectories of Substance Use, Mental Health and Legal System Contact from Adolescence to Young Adulthood (R01)	National Institutes of Health (NIH)	Dr. Marina Tolou-Shams	\$2,206,757
Reducing Parenting Stress to Facilitate Justice-Involved Youth’s Treatment Engagement (K23)	National Institutes of Health (NIH)	Dr. Johanna Folk	\$1,108,964
Mentoring to reduce substance use for youth in the juvenile justice system (K24)	National Institutes on Drug Abuse (NIDA)	Dr. Marina Tolou-Shams	\$826,110
Project ECHO-Trauma Informed Systems of Care (ECHO-TISC)	Children and Youth Behavioral Health Initiative (CYBHI)	Dr. Marina Tolou-Shams	\$749,503
Ecological mHealth Cannabis Prevention for Youth Involved in the Juvenile Legal System (K23)	National Institutes of Health (NIH)	Dr. Evan Holloway	\$568,052
Less Restrictive Placement	UC Law (state)	Dr. Johanna Folk	\$200,000
Implementing Interventions in Detention School Settings to Address Trauma and Substance Use	DPBS Pivot/Resilience Funding Program	Dr. Johanna Folk	\$75,000
Preventing Substance Use Among Incarcerated Youth through Addressing Posttraumatic Stress	UCSF RAP	Dr. Johanna Folk	\$50,000

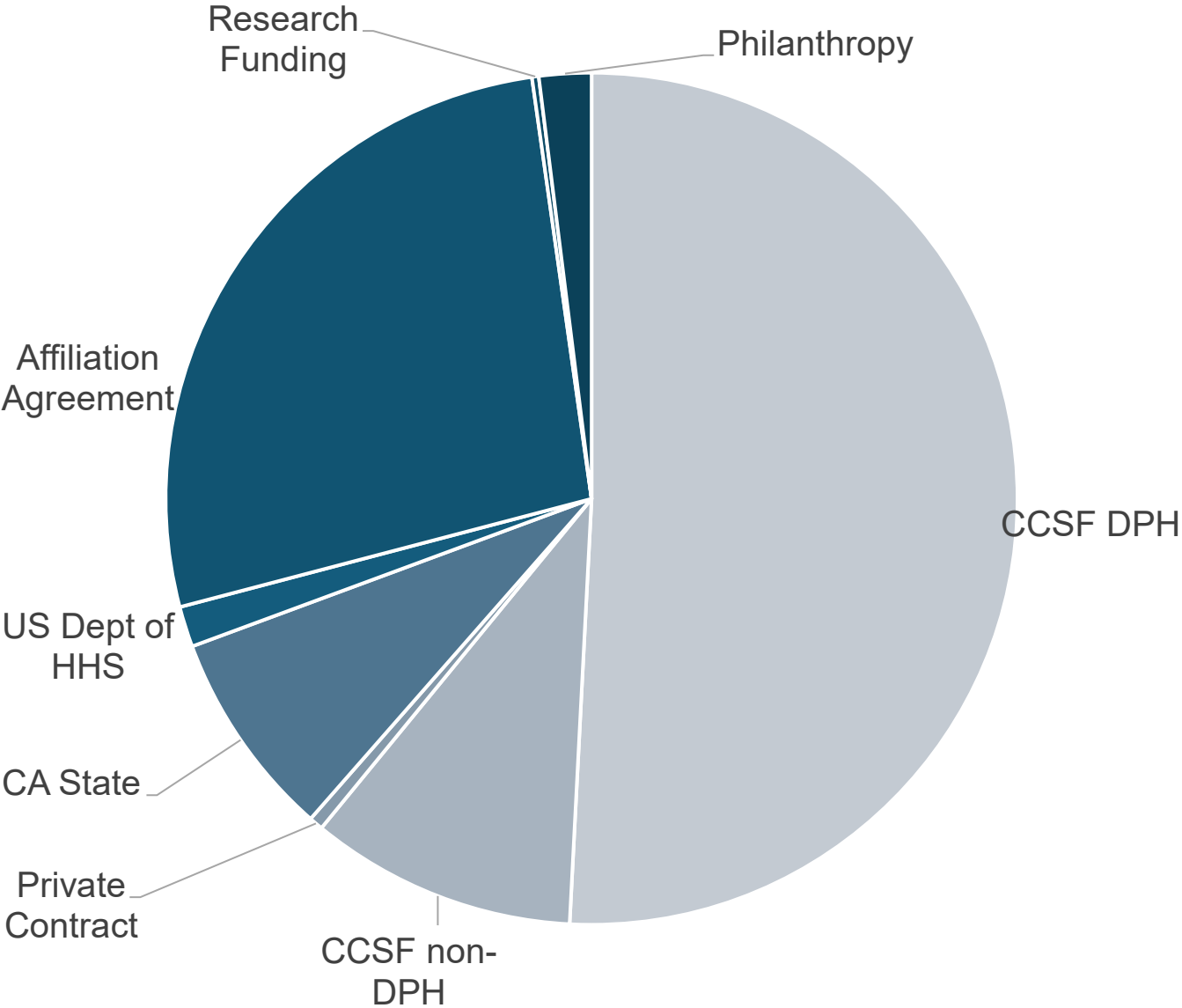


7. Budget and Finance

Budget and Finances:

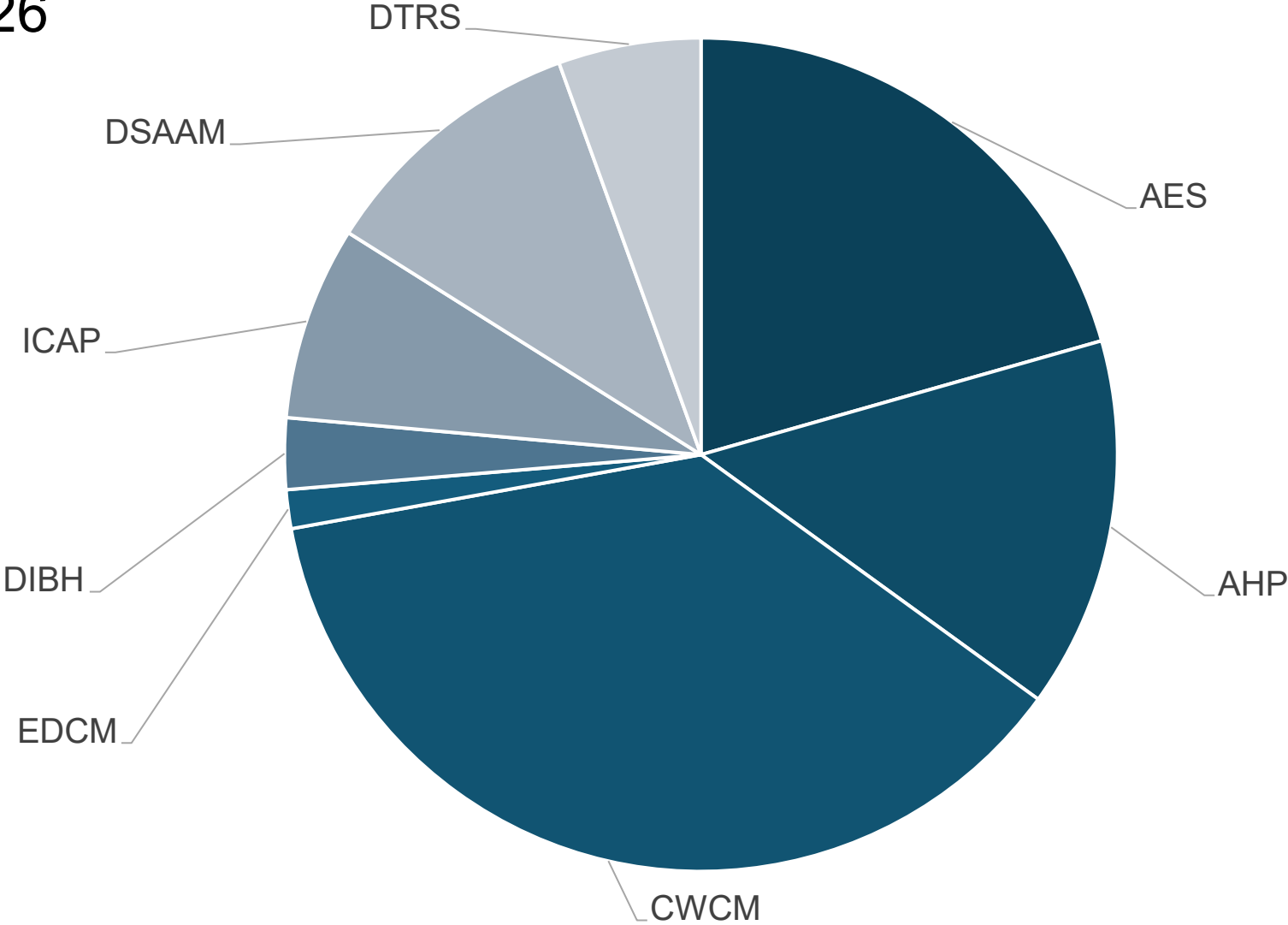
Revenue by Source FY25-26

Source	FY25-26 Revenue by Source
CCSF DPH	\$59,350,000
CCSF non-DPH	\$11,814,082
Private Contract	\$621,000
CA State	\$9,221,000
US Dept of HHS	\$1,800,000
Affiliation Agreement	\$31,356,000
Research Funding	\$300,000
Philanthropy	\$2,317,000
	\$116,779,082



Budget and Finances:
Revenue by Division FY25-26

Division	FY25-26 Revenue by Division
AES	\$24,048,081
AHP	\$16,804,578
CWCM	\$43,406,849
EDCM	\$1,756,000
DIBH	\$3,228,207
ICAP	\$8,777,438
DSAAM	\$12,291,860
DTRS	\$6,466,069
Sum	\$116,779,082





8. Summary

Summary: Strengths

- **Comprehensive, High-Quality Care**

- Provide care for an extremely high-acuity behavioral health population across all levels of care, from acute locked facilities to community-based services, ensuring no patient in psychiatric crisis is turned away.
- Deliver whole-person care that bridges clinical and forensic systems, preventing individuals from falling through the cracks.

- **Expertise, Reputation, and Collaboration**

- Nationally and internationally recognized faculty, with deep expertise in behavioral health, trauma-responsive care, and the child, youth, and family (CYF) system.
- Leadership in workforce development and training programs, serving critical needs across the field and the community.

- **Resilient, Mission-Driven Teams and Infrastructure**

- Highly skilled, mission-driven teams with strong morale, adaptability, and commitment to quality improvement.
- Strong reputation for culturally responsive, trauma-informed, and community-centered care, particularly for LGBTQ+ and HIV-affected communities over 40+ years.

Summary: Challenges

- **Funding and Resource Limitations**

- Insufficient and uncertain funding models, including limited Medi-Cal reimbursement pathways and lack of philanthropic support, restrict staffing, training, and program growth.
- Inability to offer competitive salaries exacerbate staffing shortages and difficulties in service delivery.
- Budgetary challenges, including loss of city contracts for services (e.g., AHP, DIBH, DTRS), and missed opportunities to capture professional fees for inpatient services and PES.

- **Workforce and Leadership Challenges**

- Sustaining provider wellness and mitigating burnout in demanding roles requiring intensive coordination and trauma-responsive care.
- Strained leadership and management, with changing infrastructure and HR challenges.
- Limited local infrastructure for research and training

- **Operational and Structural Barriers**

- Limited staffing flexibility, high clinical volumes, and space constraints impede program development, quality improvement, and team building.
- Uncertainty in organizational structure and dispersed services complicates planning, role clarity, and long-term sustainability.
- Excessive lower-level-of-care patients on inpatient units due to limited discharge options.
- Physical separation of teams (e.g., TRC and RTC) creates siloed workflows and communication gaps.

Summary: Goals

- **Successful Launch of New Clinical Operations:** Successfully open the new PES space, increase acute inpatient care days, optimize patient flow with eye on future expansion of bed capacity (BHC-MHRC, UCSF Hyde LSAT), and launch acute adolescent mental health programs, including intensive outpatient (2027), partial hospitalization (2028), and inpatient unit (2028).
- **Preserve Existing Services, Expand Training and Workforce Development:** Closely examine funding streams, increase efficiencies and revenue, strengthen clinical leadership, and enhance training opportunities for wide spectrum of trainees
- **Advance Research, QI, Policy, and Sustainability Initiatives:** Integrate research and QI efforts into clinical services, develop robust data management systems, and secure philanthropic and other support for innovative clinical interventions.

Thank you

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

Document Name:	<i>ZSFG Clinical Service Rules and Regulations</i>
Clinical Service :	<i>Psychiatry</i>
Date of last approval:	<i>October 2024</i>
Summary of R&R updates:	
Update #1:	Revised Psychiatry Department mission statement
Update #2:	Added Clinical Indicator of “percentage of acute days on Inpatient Service”
Update #3:	Added role of new Quality Improvement Coordinator to PIPS process
Update #4:	
Update #5:	

**PSYCHIATRY CLINICAL SERVICE
RULES AND REGULATIONS**
20242026

Mark Leary 9/25/2026
Mark Leary, MD, Deputy Chief, ZSFG Psychiatry Date

Fumi Mitsuishi 9/25/2025
Fumi Mitsuishi, MD, MS, Chief, ZSFG Psychiatry Date

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San Francisco General Hospital
1001 Potrero Ave
San Francisco, CA 94110

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I. PSYCHIATRY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

The mission of the Psychiatry Clinical Service is to provide ~~the high-quality behavioral health services for the whole person across the lifespan through our comprehensive continuum of care, while drawing on the DPH-UCSF community-academic partnership to address underlying multigenerational systemic challenges via innovative research and leading-edge educational programs that ensure a sustainable workforce to meet the needs of our community into the future.~~ best quality care to individuals with a variety of mental disorders and psychosocial problems, especially those from ethnic and minority groups, who largely depend on the public sector. In support of this mission and to further the academic collaboration between the City and the University, the Psychiatry Clinical Service is committed to providing training, research and evaluation, and direct patient care that will enhance the treatment of consumers of our services. Scope of Service Statements for specific units/services are maintained in the ZSFG Psychiatry Clinical Service Policy and Procedures Manual, Section 5.1B.

B. MEMBERSHIP REQUIREMENTS

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

CPR Certification is required for Affiliated Professionals.

C. ORGANIZATION OF PSYCHIATRY CLINICAL SERVICE

1. The Officers of the Psychiatry Clinical Service are:

- a. Chief of Service
- b. Deputy Chief
- c. Director of Administration

2. Chief of Service (refer to APPENDIX G for additional information)

- a. Appointment and review of the Chief of Service will occur by the process specified in the ZSFG Medical Staff Bylaws.
- b. Responsibilities
 - 1) Overall direction of the clinical, teaching, and research activities for the service.
 - 2) Review and recommendation of all new appointments, requests for privileges and reappointments.
 - 3) Overall direction of the Performance Improvement/Patient Safety and CQI activities for the Service.
 - 4) Appointment of the remaining officers of the service and of service committee members.
 - 5) Financial affairs of the service.
 - 6) Attendance at the Medical Executive Committee, the Chiefs of Service meetings and other meetings as called from time to time by the Executive Administrator or the Chief of Staff.
 - 7) Disciplinary actions as necessary, as set forth in these Rules and Regulations and in the Bylaws and Rules and Regulations of the Medical Staff.

3. Deputy Chief:

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- a. Responsibilities: Assists the Chief of Service with the above.

4. Director of Administration:

- a. Responsibilities: Provides overall direction for the budget of the department, human resources, and overall operations of the Service.

5. Attending Responsibilities (Psychiatrists, Psychologists):

Overall direction of clinical care is the responsibility of the supervising attending clinical staff of the Psychiatry Clinical Service. Specific attending job descriptions are maintained in the ZSFG Psychiatry Clinical Service Job Description Manual, (Refer to Appendix C).

II. CREDENTIALING

A. CREDENTIALING OF MEDICAL STAFF AND AFFILIATED PROFESSIONAL STAFF (refer to APPENDIX B)

B. NEW APPOINTMENTS

The process of application for membership to the Medical Staff or Affiliated Professional Staff of ZSFG through the Psychiatry Clinical Service is in accordance with ZSFG Medical Staff Bylaws and the Rules and Regulations.

C. REAPPOINTMENTS

The process of reappointment to the Medical Staff or Affiliated Professional Staff of ZSFG through the Psychiatry Clinical Service is in accordance with ZSFG Bylaws and the Rules and Regulations.

D. PRACTITIONER PERFORMANCE PROFILES

It is the policy of the Psychiatry Clinical Service to certify clinical competence of all medical staff and affiliated professionals, including newly appointed staff members. Information gathered from proctoring, peer review and/or monitoring activities is reviewed by the Chief of the Psychiatry Clinical Service, who then makes appropriate recommendations to continue or revise the status of the staff member. For subsequent reappointment to the medical staff or affiliated professional staff, information gathered from continuous monitoring of the staff member's clinical practice is reviewed by the Chief of the Psychiatry Clinical Service or his/her designee, who makes appropriate recommendations to reappoint or revise the status of the staff member. All materials gathered for evaluation purposes are kept in confidential files in the Psychiatry Clinical Service. Details are outlined in the Psychiatry Clinical Service Credentialing of Medical and Affiliated Professional Staff Policy and Procedure 5.1A (Refer to Appendix B).

E. MODIFICATION OF CLINICAL SERVICE PRIVILEGES

Periodic re-determination of clinical service privileges and the increase in, or curtailment of same, shall be based upon direct observation of care provided, review of records of patients treated in the hospital, review of the records of the Medical Staff which document the evaluation of the member's provision of professional care. Clinical privileges will also be reviewed in the event of a change in job duties/responsibilities to determine that appropriate privileges are assigned. This process for modification of clinical service is in accordance with the ZSFG Bylaws and the Rules and Regulations.

F. STAFF STATUS CHANGE

The process for Staff Status Change for members of the Psychiatry Clinical Service is in accordance with ZSFG Bylaws and the Rules and Regulations.

G. AFFILIATED PROFESSIONALS

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

H. STAFF CATEGORIES

The Psychiatry Clinical Service staff fall into the same staff categories which are described in the ZSFG Bylaws and the Rules and Regulations, as well as these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES (refer to APPENDIX A)

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Psychiatry Clinical Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, and the Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Psychiatry Clinical Service Privilege Request Form shall be reviewed annually.

C. CLINICAL PRIVILEGES

Psychiatry Clinical Service privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws and the Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Psychiatry Clinical Service or his/her designee.

1. Privileges to practice in the Psychiatry Clinical Service will be commensurate with clinical training and documentation of an acceptable standard of clinical practice. The specifics of the process are set forth in the Bylaws and the Rules and Regulations of the ZSFG Medical Staff. Privileges, which will be assigned, are described in detail in the Privileges Request Form for Privileges in Psychiatry Service (Refer to Appendix A).
2. Privileges are delineated by consensus of the Active members of the clinical service, and are approved by the Chief of Service or his/her designee, subject to the approval of the Credentials Committee of the medical staff.
3. Individual privileges are subject to review and revision at an initial appointment, throughout the period of proctoring, at the time of reappointment, at the time as judged necessary by the Chief of Service, or at any time recommended by 2/3s of the clinical service's Active staff.

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

It is the policy of the Psychiatry Clinical Service, ZSFG, to certify that clinical competence of all medical/affiliated professionals, during the first two years of the initial appointment. Upon completion of the two years, information gathered from proctoring, peer review and/or monitoring activities is reviewed by the Chief of the Psychiatry Clinical Service or his/her designee, who then makes appropriate recommendation to continue or revise the status of the staff member. For subsequent reappointment to the medical/affiliated professionals, information gathered from continuous monitoring of the staff member's clinical practice is reviewed by the Chief of the Psychiatry Clinical Service or his/her designee, who makes appropriate recommendations to reappoint or revise the status of the staff member. All materials gathered for evaluation purposes are kept in confidential files in the Psychiatry Clinical Service. Details are outlined in the Psychiatry Clinical Service Credentialing of Medical Professional Staff Policy and Procedure 5.1A (Refer to Appendix B)

B. ADDITIONAL PRIVILEGES

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

C. REMOVAL OF PRIVILEGES

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

V. EDUCATION

The Psychiatry Clinical Service serves as a training site for students, interns, and residents in the disciplines of medicine (psychiatry), psychology, nursing, social work, and occupational therapy. Trainees work under the supervision of the Psychiatry Clinical Service faculty and staff who are responsible for monitoring the quality of clinical care provided. Discipline directors are responsible for ensuring that training assignments are properly supervised and are commensurate with the trainee's educational level.

In addition, all Psychiatry Clinical Service members may attend UCSF departmental courses for CME credits.

VI. PSYCHIATRY CLINICAL SERVICE CONSULTATION CRITERIA

The Psychiatry Clinical Service Consultation Criteria are outlined in Appendix H.

VII. EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)

- A.** An appropriate medical screening examination shall be provided to all persons who present themselves to the ZSFG Psychiatry Emergency Service and who request, or have request made on their behalf, for an examination or treatment of a medical condition. In such an event, the Hospital shall not seek authorization from an individual's insurance company until a medical screening examination has been provided and any necessary stabilizing treatment has been initiated. The patient will not be transferred to another facility unless the patient's condition is stabilized or it is in the patient's best interest to be transferred due to the hospital's inability to provide the needed services or level of care.
- B.** An appropriate medical screening examination shall be provided to persons, including visitors, who present themselves at an area of the Hospital's main campus other than the Emergency Department if they request, or have a request made on their behalf, for examination or treatment for what may be an emergency medical condition. Where there is no verbal request, a request will nevertheless be considered to exist if a prudent

layperson observer would conclude, based on the person's appearance or behavior, that the person needs emergency examination or treatment.

- C. The medical screening exam must be performed by a physician or other qualified medical personnel as designated by the clinical service.
- D. In the event that a request is made for emergency care in a ~~Hospital~~Hospital department off the Hospital's main campus, such as a Community Primary Care Services Clinic, EMTALA does not apply. The clinic shall provide whatever assistance is within its ~~capability~~capabilities and shall call ~~the~~local emergency medical services to ~~take transport~~ the individual to an emergency department.

VIII. DISCIPLINARY ACTION

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

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

The Psychiatry Clinical Service is committed to strive towards maintaining the highest possible standard of practice. The Psychiatry Clinical Service PIPS Plan is detailed in APPENDIX E.

A. GOALS and OBJECTIVES

The Psychiatry Clinical Service is committed to strive towards maintaining the highest possible standard of practice. The purpose of the PIPS Program of the Department of Psychiatry is to promote desired patient outcomes by evaluating and improving processes that most affect patient care. The PIPS Program is a multidisciplinary effort, dependent upon the continued commitment and involvement of all staff, including both clinical and administrative, to provide our patients with the highest degree of quality care possible.

B. RESPONSIBILITY

The Psychiatry Department's Executive Committee guides and directs all departmental PIPS activities.

C. REPORTING

All Performance Improvement/Patient Safety activities are reported to the Executive Committee and the ZSFG PIPS Committee through annual reports and presentations. Nursing specific quality improvement activities are also reported to the Nursing Quality Improvement Coordinating Committee. The Assault & Battery Review Board is an important standing multidisciplinary committee that is engaged in PIPS activity. In addition, the Acute and Emergency Services Staff meeting reviews relevant findings to disseminate them to clinical staff. The Department of Psychiatry's PIPS Program is fully integrated into the ZSFG PIPS Program.

D. CLINICAL INDICATORS

The Psychiatry Clinical Service's PIPS Program conducts ongoing monitoring of AWOLS, assaults (including sexual assaults), death/suicide, suicide attempts, seclusion and restraint, patient complaints, code blues, development of disabling or ~~life-life~~-threatening conditions, ~~and~~ medication errors, ~~and percentage of acute days on the inpatient service~~. (See APPENDIX E for additional information.).

E. CLINICAL SERVICE PRACTITIONER PERFORMANCE PROFILES (OPPE)

Performance improvement and patient care information are collected biannually and are included in the clinical service practitioners' performance profile.

F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

The Psychiatry Clinical Services PIPS Program collects Medical Staff peer reviews and medication monitoring. In addition, the Psychiatry Clinical Service has a Significant Event Program, Patient Complaint and Grievance Process, and a Patient Satisfaction Survey Process. (see APPENDIX E for additional information)

G. DISCHARGE PLAN ~~AND EXIT RECORD~~

The requirements for discharge plan ~~and exit record~~ are detailed in APPENDIX F

H. INFORMED CONSENT

All decisions for treatment should involve the active participation of the patient when competent, and should be made after appropriate discussions of risks, benefits, and alternatives.

Documentation of "Informed Consent" on medical staff approved forms is required for All Psychiatric Medications.

I. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

1) Physicians

All requirements and details are delineated in APPENDIX F.

2) Housestaff

Details are outlined in the APPENDIX B

3) Affiliated Professionals

Annual UCSF or CCSF Performance Evaluation. Ongoing monitoring requirements and details are delineated in APPENDIX B.

4) ZSFG Employees other than Affiliated Professionals

Annual UCSF or CCSF Performance Evaluation.

J. COMMITTEE STRUCTURE

The Psychiatry Clinical Service will maintain the following committees:

- Executive Committee
- Division Directors Committee
- Acute and Emergency Services Staff Committee
- Assault & Battery Review Board
- Residency Training Committee

X. MEDICAL RECORDS

The members of the service are committed to the maintenance of complete, accurate, and timely medical records.

1. The requirements as set forth in the ZSFG Medical Staff Bylaws and the Rules and Regulations define the minimum standards for records in the service, and
2. Medical Record documentation requirements are detailed in APPENDIX F.

XI. PROTECTION OF PATIENT PRIVACY

- A. Members of the Medical Staff shall comply with the DPH Notice of Privacy Practices, the Hospital Policies and Procedures regarding patient privacy and the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA).
- B. Members of the Medical Staff shall abide by the following:
 1. Protected Health information shall only be accessed, discussed or divulged as required for the performance of job duties;
 2. User IDS and/or passwords shall only be disclosed to Hospital Information Systems staff;
 3. Members shall not log into Hospital information systems or authenticate entries with the user ID or password of another; and
 4. Members shall only install software on Hospital computers that have been appropriately licensed and authorized by Hospital Information Systems staff.
- C. Members agree that violation of this section regarding Protection of Patient Privacy may result in corrective action as set forth in these Bylaws.

XII. PSYCHIATRY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM

It is the policy of the Psychiatry Clinical Service to provide supervision of psychiatric housestaff for their work in the clinical service. Details are outlined in Section 1.15 of the Psychiatric Clinical Policy and Procedures manual (Appendix C). See CHN Intranet Site, Housestaff Competencies link.

Psychiatry residents who are providing clinical care during regular business hours, 8:00AM-5:00PM, are supervised by an attending psychiatrist associated with the individual service. After hours and on weekends, psychiatry residents providing clinical care are supervised by a Back-Up Attending Psychiatrist who provides supervision by telephone and is available to assist on-site as indicated. Psychiatry residents providing clinical care in the Psychiatry Emergency Service (PES) are supervised by a PES attending psychiatrist who is on-site 24/7.

XIII. MEETING REQUIREMENTS

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

The Psychiatry ~~Medical Staff/Faculty Clinical Services~~ shall meet as frequently as necessary, but at least quarterly, to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

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

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XIV. ADOPTION AND ADMENDMENT

The Psychiatry Clinical Service Rules and Regulations will be adopted and revised annually by a majority vote of all Active members of the Psychiatry Service at a quarterly Psychiatry Clinical Service Meeting.

APPENDIX A – PSYCHIATRY PRIVILEGE REQUEST FORM

Zuckerberg San Francisco General Hospital

Delineation of Privileges

Psychiatry 2020

Privilege	Status	Approved
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Psych PSYCHIATRY 2019
(08/2020 MEC)

FOR ALL PRIVILEGES

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

34.10 ADULT (CORE) PRIVILEGES - PSYCHIATRISTS (MD/DO)

Diagnostic assessment and treatment of psychiatric and substance abuse disorders; including mental status exam; treatment planning; individual psychotherapy; group psychotherapy; family psychotherapy; emergency psychiatry assessment and treatment; crisis management; evaluation of medical status; use of psychotropic drugs approved by the FDA; detoxification following substance abuse; and behavior modification of patients 16 years and older. Placement of all legally applicable involuntary mental health holds for the purpose of evaluation and treatment of patients of all ages.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology.

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.20 BEHAVIORAL HEALTH CENTER PRIVILEGES - PSYCHIATRISTS (MD/DO)

Diagnostic assessment and treatment of psychiatric and substance abuse disorders; including mental status exam; treatment planning; individual psychotherapy; group psychotherapy; family psychotherapy; emergency psychiatry assessment and treatment; crisis management; evaluation of medical status; use of psychotropic drugs approved by the FDA; detoxification following substance abuse; and behavior modification.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology.

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

Medical Director, Behavioral Health Center _____ Date _____

34.30 SUBSPECIALTY PRIVILEGES (MD/DO)

Note: If You Are Requesting Specialized Privileges, You Need To Request Separate Adult Core Privileges Unless You Intend To Restrict Your Practice Exclusively To The Subspecialty Area(s).
In addition to criteria noted in 34.10, psychiatrists must possess training that qualifies them as subspecialists in an area of psychiatry and must provide evidence of qualifications, i.e. certificate of completion of specialized training in a recognized area or subspecialty board certification.

34.31 CHILD PSYCHIATRY

Psychiatric assessment and treatment (see Basic Privileges above) of patients under 19 years of age, including clinical interactions with adult individuals connected to the child, as indicated for the assessment and treatment of the child.

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PREREQUISITES: Currently Board-eligible, Board certified, or Re-Certified in Child Psychiatry or documentation of 2 years or more of applicable clinical experience in Child Psychiatry approved by the Chief of Psychiatry

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.32 ADOLESCENT PSYCHIATRY (MD/DO)
Psychiatric assessment and treatment (see Basic Privileges above) of patients from 14 through 18 years of age, including clinical interactions with adult individuals connected to the child, as indicated for the assessment and treatment of the child.

PREREQUISITES: Possess Basic Privileges in Psychiatry; Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology in General Psychiatry who in addition to general psychiatry training has two years or more of documented sufficient, specialized training and experience in working with adolescents and their families approved by the Chief of Psychiatry, and has demonstrated competence to examine and treat adolescents comprehensively, or a member of the Service prior to 10/17/00.

PROCTORING: 5 proctored adolescent cases within the first year.

REAPPOINTMENT: 4 cases in each 2 year period

34.33 ELECTROCONVULSIVE THERAPY (ECT) - ADULT PATIENTS (MD/DO)
Assessment of candidate patients, patient selection; ECT treatment; post-treatment monitoring of patients in collaboration with SFGHTC Anesthesia staff.

PREREQUISITES: Possess Basic Privileges in Psychiatry; documentation successful completion of specific ECT training within the past 3 years (if training completed prior to 3 years ago, documentation of ECT clinical activity in good standing with an average of at least 5 cases annually during the prior 3 years), or a member of the Service prior to 10/17/00.

PROCTORING: 5 proctored cases by physician privileged for ECT treatment at SFGHTC or other institution required prior to independent practice of ECT (i.e. if first 5 treatment cases; if proctored by a staff member of another institution, proctoring must be completed prior to granting of privilege).

REAPPOINTMENT: Peer review of 5 cases in each 2 year period is required for reappointment.

34.40 ADULT (CORE) PRIVILEGES - LICENSED CLINICAL PSYCHOLOGISTS (PhD/PsyD/EdD)

Diagnostic assessment and treatment of psychiatric and substance abuse disorders, including mental status examination, treatment planning, individual psychotherapy, group psychotherapy, family psychotherapy, behavior modification, and cognitive behavioral therapy of patients 18 years and older.

PREREQUISITES: Completion of a doctoral degree in psychology from an APA accredited program and licensure by the State of California, Board of Psychology on the basis of the doctoral degree in psychology

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.50 SPECIALIZED PRIVILEGES (PhD/PsyD/EdD)

Note: If You Are Requesting Specialized Privileges, You Need To Request Separate Adult Core Privileges Unless You Intend To Restrict Your Practice Exclusively To The Subspecialty Area(s).

In addition to criteria noted in 34.40, psychologists must apply for each privilege individually and provide documentation indicating appropriate training and proficiency in the activity or technique.

34.51 PSYCHOMETRIC EVALUATION

Testing and measurement of psychological variables including intelligence, aptitude, and personality traits

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PREREQUISITES: Minimum of one year of experience (1500 hours) providing psychometric evaluation in a clinical setting, including test administration, scoring, and interpretation, as well as written report. Proficiency in delivering these services in an autonomous fashion must be verified by a supervisor or prior work setting and approved by the Chief Psychologist. \

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period 5 proctored cases within the first year

a. Along With Initialing For Privileges 34.51, Please Initial Here To Indicate If You Are Requesting Privileges For Children And Adolescent (Under 19 Years Of Age) Psychometric Evaluation _____

b. Along With Initialing For Privileges 34.51, Please Initial Here To Indicate If You Are Requesting Privileges For Adult (18 Years Of Age And Older) Psychometric Evaluation _____

34.52 NEUROPSYCHOLOGICAL EVALUATION

Note: Neuropsychology Privileges Subsumes Psychometric Evaluation Privileges Specialized diagnostic assessment of disorders of neurocognitive function.

PREREQUISITES: Completion of the equivalent of a full-time post-doctoral internship in clinical neuropsychology or 2 years of work experience as a clinical neuropsychologist. This experience must be verified by former supervisor or work setting, including the ability to proficiently deliver these services in an autonomous fashion. Experience must be approved by the Chief Psychologist.

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

a. Along With Initialing For Privileges 34.52, Please Initial Here To Indicate If You Are Requesting Privileges For Children And Adolescent (Under 19 Years Of Age) Psychometric Evaluation _____

b. Along With Initialing For Privileges 34.52, Please Initial Here To Indicate If You Are Requesting Privileges For Adult (18 Years Of Age And Older) Psychometric Evaluation _____

34.53 CHILD AND ADOLESCENT PSYCHOLOGY

Psychological assessment and treatment (see Basic Privileges above for Clinical Psychologists) of patients under 19 years of age, including clinical interactions with adult individuals connected to the child, as indicated for the assessment and treatment of the child.

PREREQUISITES: Documentation of a least one year of didactic instruction and supervised clinical experience in child and adolescent assessment and treatment; approved by Chief Psychologist.

PROCTORING: 5 cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.54 ADDICTION MEDICINE

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

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

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

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

Addiction Medicine Director/Designee _____

Date _____

34.60 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH

RESEARCH Admit and follow adult 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

Division Chief _____ Date _____

Service Chief _____ Date _____

APPENDIX B – CREDENTIALING OF MEDICAL AND AFFILIATED STAFF

POLICY:

It is the policy of the Department of Psychiatry, Zuckerberg San Francisco General Hospital, to certify the clinical competence of all medical and affiliated staff, including newly appointed staff. Newly appointed staff are proctored during the initial six months of their ~~appointment, and~~ appointment and also undergo continuous monitoring of clinical practice (outlined below). Upon completion of the proctoring process, information gathered from proctoring, peer review, and/or monitoring activities is reviewed by the Chief of the Department or his/her designee, who then makes appropriate recommendations regarding whether to continue or revise the ~~status of the~~ staff member's status. For subsequent reappointment to the medical staff, information gathered ~~from~~ through continuous monitoring of the staff member's clinical practice is reviewed by the Chief of the Department or his/her designee, who then makes appropriate recommendations ~~to reappoint or revise~~ regarding the status of ~~the staff member's reappointment~~ staff member status.

All materials gathered for evaluation purposes are kept in confidential files in the Department of Psychiatry.

PURPOSE:

To ensure that medical and affiliated staff of the Department of Psychiatry are able to demonstrate well-developed skills in the following areas:

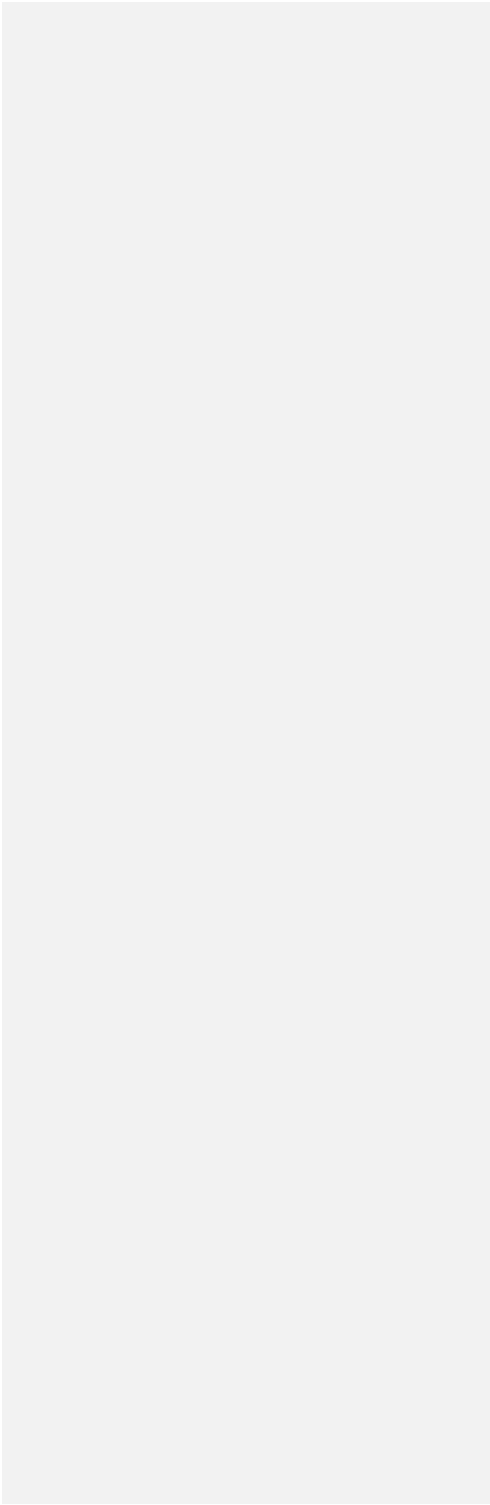
- Interview of psychiatric patients
- Diagnosis of psychiatric patients
- Development of appropriate treatment plan
- Use of psychotropic medications (MD/DO/NP only)
- Facility with standard psychological therapies

BASIC QUALIFICATIONS FOR CONSIDERATION OF APPOINTMENT TO THE MEDICAL STAFF:

1. Psychiatrists must have successfully completed an approved ACGME residency training program in Psychiatry, be Board Admissible or Board Certified by the American Board of Psychiatry and Neurology, and possess Medical Licensure from the Medical Board of California. The requirement for Board certification or admissibility may be waived at the discretion of the Chief of Service after careful review of the applicant's qualifications and experience. Such a waiver request shall be put in writing by the Chief of Service to the ZSFG Credentials ~~Committee, and~~ Committee and will outline the applicant's qualifications and experience.
2. Clinical Psychologists must hold a doctorate degree in psychology from an APA-accredited ~~program, and~~ program and be licensed on the basis of the doctorate degree in psychology by the State of California Board of Psychology. The requirement for an ~~APA-APA~~ APA-accredited training program may be waived at the discretion of the Chief Psychologist after careful review of the applicant's qualifications/experience and verification that the applicant has completed the same number of internship hours as those required by an ~~APA-APA~~ APA-accredited training program and as required by the State of California, Board of Psychology. Such a waiver will be requested in writing by the Chief Psychologist to the ZSFG Credentials ~~Committee, and~~ Committee and will outline the applicant's

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qualifications and experience.



3. Nurse Practitioners and Physician Assistants must hold the following qualifications:

Nurse Practitioners:

1. Active California Registered Nurse license
2. Successful completion of a Nurse Practitioner program which conforms to the California BRN standards.
3. Certification to practice and prescribe in the state of California as a Nurse Practitioner
4. At least one year of experience as a Registered Nurse or Nurse Practitioner in psychiatry and/or adult health
5. All other requirements listed in the Bylaws and the Rules and Regulations

Physician Assistants:

1. Active California Physician Assistant license
2. Successful completion of a Physician Assistant Training Program which conforms to California Medical Board standards
3. At least one year of experience as a Physician Assistant in Psychiatry and/or adult health
4. All other requirements listed in the Bylaws and the Rules and Regulations

PROCESS:

I. Proctoring of Newly Appointed Medical and Affiliated Staff – Divisions will choose who proctors

- A. A minimum of one proctor is assigned to each newly appointed staff member. The assigned proctor(s) comprise experienced medical staff member(s). It is the responsibility of the proctor(s) to observe the actual practices of the applicant and document their observations. The observations may be made in one of two ways:
 1. On an ad hoc basis, the proctor may concurrently review the clinical care of individual patients and complete the proctoring forms.
 2. The new staff member may serve as a case discussant in a case conference. This involves review by the new staff member of the patient's history, interview of the patient in the presence of other staff members, development of a differential diagnosis and discussion of a treatment plan.
- B. Each new staff member receives a minimum of six (6) clinical reviews during the initial six months of their appointment, documented on the proctoring form.
- C. PES On-Call Physicians: Before working independently, PES on-call physicians are reviewed on four clinical assessments upon initial employment. Six months after initial employment, the physician is reviewed on two more clinical assessments. Thus, at the end of the six-month proctoring process, six case reviews have occurred. The proctoring period may be extended in the event that the new staff member is not scheduled for clinical care activities frequently enough

to complete six clinical reviews during the initial six months of employment. Each assessment is carried out by the senior attending psychiatrist on duty in PES at the time the on-call physician is scheduled to work, and is documented on the PES Orientation/Proctoring form. Each assessment includes:

1. One observed interview (more if needed)
2. Clinical assessment
3. Diagnostic formulation
4. Treatment and planning
5. Completion of necessary documentation

- D. Concerns of the proctor regarding a proctored practitioner's performance will be documented and the issue will be brought to the immediate attention of both the Deputy Chief and Service Chief of the Department for necessary action.

II. Continuous Monitoring of Clinical Practice

- A. The clinical practice of all medical and affiliated staff in the Department of Psychiatry is monitored according to the monitoring plan developed by the PIPS ~~Committee, and~~ Committee and includes ~~primarily~~ peer review primarily. Examples of unusual or deviant practice are reported to the Department's Chief as provided in this policy and are available for review at the time of reappointment to the medical staff.
- B. Clinician-specific information for Ongoing Professional Practice Evaluation (OPPE) related to clinical practice is reviewed by the Chief of the department or his/her designee when the staff member is being considered for reappointment to the medical staff. Appropriate information would include the following:
1. Attributable/preventable mortality
 2. Adverse drug reporting events
 3. NP/PA - Appropriateness of clinical decision-making
 4. Completion of annual training modules
 5. Maintenance of State Licensing CME requirements
 6. SAFE reports ~~about on~~ interpersonal and communication skills
 7. Patients' complaints
 8. SAFE reports about provider professional behavior
 9. Flu vaccine policy compliance
 10. Percent closed Epic clinical notes within 3 days
 11. Complaints from non-ZSFG DPH clinicians/staff
- C. Performance problems will be reviewed by the Deputy Chief and Service Chief of the Department for necessary action.

III. Credentialing

A. Licensure/Certification:

All medical and affiliated staff members are required to provide the following information to the Academic Personnel Analyst to ensure that each member's file contains current licensure/certification information:

1. Copies of current licensure/certification, as applicable:

Professional license
DEA Certification (MD/DO/NP only)

2. As the above individual licenses/certificates expire, it is the responsibility of the medical staff member to apply for their renewal in a timely manner and provide the Academic Personnel Analyst with a current copy of each prior to or upon expirations.

B. Medical and Affiliated Staff Appointment/Reappointment Paperwork:

All medical staff members are required to complete in full and submit the necessary medical/affiliated staff appointment/reappointment paperwork within the time limit specified by the office requesting the paperwork.

C. Medical Staff Members Assigned as Proctors:

All medical staff members assigned as proctors to junior members are required to complete the necessary proctoring documentation in accordance with the ZSFG Department of Psychiatry Proctoring Policy (see Section II of this policy). It is the responsibility of either the peer reviewer or the individual medical staff member, whichever applies, to ensure that all documentation is completed in full and submitted within the time limit specified by the Quality Management Office.

D. Failure to Meet Documentation/Paperwork Compliance Deadlines:

In the event that the documentation/paperwork summarized in 1, 2 and 3 below is not provided within the time limit specified (as outlined in A, B, C, and D above), per ZSFG Medical Staff Bylaws and the Rules and Regulations, the medical staff member will no longer qualify for medical staff and their appointment and privileges will be terminated.

1. Medical Staff members are responsible for providing the following documentation:

- a. Licensure/Certification
Professional License
DEA Certification (MD/DO/NP only)

b. Appointment/Reappointment Paperwork

2. Proctors are responsible for providing the following documentation:

- a. Proctoring documentation

3. Supervisors are responsible for arranging and/or providing the following:

- a. Peer review findings
- b. Recommendation requests

APPENDIX C – HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

A. EDUCATION OBJECTIVES

Rotation on the Psychiatry Service at ZSFG is primarily designed to provide the PGY-1 psychiatry resident with a comprehensive experience in the emergency and inpatient treatment of major mental illness. An emphasis is placed upon thorough assessment and diagnosis of the major mental disorders, as well as the major treatment modalities of inpatient psychiatry and emergency psychiatry. Clinical interviewing, crisis stabilization, family intervention, and psychopharmacology are among the important topics of study. Rotations for advanced residents (PGY-2 through PGY-4) focus on outpatient, case management, and consultation liaison psychiatry, with training experiences tailored to provide an in-depth exposure to these different treatment settings and the development of fundamental competencies in these clinical areas.

B. SUPERVISION AND EVALUATION

Residents at ZSFG are supervised and evaluated in an ongoing way via multiple channels.

1. Residents are not members of the medical staff. The clinical and medico-legal responsibility for their patient care activities rests with their supervisors, who are attending level members of the Active and Courtesy medical staff. The routine credentialing processes for medical staff membership permits monitoring of the quality of care provided. The same standards of quality apply as when the supervising attending member of the medical staff is the sole provider. The close involvement of the responsible attending psychiatrist is documented in the patients' medical records by written entries, co-signatures on key documents, treatment plans, discharge forms, diagnosis forms, etc.
2. In the PGY 1 year, residents on the ZSFG Inpatient Psychiatric Units meet at least daily with their on-ward supervisor, who interviews patients with them and directly supervises their work. The on-ward supervisor will also read and make notes in the patient's medical chart. The residents also meet once a week with their off-ward supervisor. (As for evaluation, each of these supervisors is responsible for ongoing feedback as well as a written evaluation at the end of each ~~three-month~~ rotation, which is discussed with the resident. It is the responsibility of the supervisor to provide written evaluations within the deadlines set by the Residency Training Program Office.)
3. In the PGY 1 year, residents rotating on the Psychiatric Emergency Service (PES) are supervised by the PES faculty attending psychiatrist, who interviews patients with them and directly supervises their work. The supervisor will also read and make notes in the patient's medical chart.
4. Residents rotating on the Psychiatric Consultation Liaison Service are supervised by an Attending Psychiatrist in several ways. The Attending Psychiatrist is accessible ~~by~~ via pager throughout the work-week to review urgent and emergent clinical issues. The resident attends daily general service and team rounds, ~~that-which~~ which provide ~~setting opportunities~~ for further clinical review. A weekly Case Conference provides a forum for the residents to intensively

review their clinical care of a patient. Finally, each resident meets weekly with their service supervisor to review challenging or problematic clinical issues

5. Advanced UCSF residents working on other services in the Department of Psychiatry are supervised by faculty attending psychiatrists and psychologists assigned to the service. The faculty attendings are responsible for the clinical care provided by the residents.
6. After hours, weekends, and holidays, on-call residents in-house are supervised by the faculty backup attending psychiatrist who is available by pager and able to come to the hospital if clinically indicated. Residents are strongly encouraged to call the faculty back-up for any clinical or administrative question, and are required to call for the following: new admissions to the Jail Psychiatric Unit, unexpected patient discharges from inpatient psychiatry, new consult requests TO non-psychiatric services, new consultation requests FROM non-psychiatric services, any significant changes in medical condition or treatment plan for current psychiatric inpatients, AWOL of a patient on an involuntary psychiatric hold, assault occurring on an inpatient psychiatry unit, administration of involuntary emergency medications, initiation of seclusion or restraint, and any difficult to resolve staff conflicts or system issues. The faculty attending psychiatrist is responsible for all clinical services provided by the on-call resident. In addition, licensed psychiatrists in the Psychiatric Emergency Service are available to the on-call resident for face-to-face consultation.
7. The Site Director meets with each of the PGY 1 residents to review their evaluation and progress in the program midway ~~during-through~~ their ~~six-six~~-month rotations. The evaluations and summary of the meetings are then placed in their permanent file.

*San Francisco General Hospital
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San Francisco, CA 94110*

APPENDIX D – PSYCHIATRY HOUSESTAFF COMPETENCIES

Psychiatry Milestones, The Accreditation Council for Graduate medical Education can be viewed at the link below:

<https://ucsf.box.com/s/sxozupuluc260nsqebre9d3ijlgqohl8>

APPENDIX E – PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PLAN

PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) PLAN DEPARTMENT OF PSYCHIATRY

Purpose

The purpose of the PIPS program of the Department of Psychiatry at San Francisco General Hospital is to promote desired patient outcomes by evaluating and improving processes that most affect patient care.

The PIPS program is a multidisciplinary effort, dependent upon the continued commitment and involvement of all staff, including both clinical and administrative, to provide our patients with the highest degree of quality care possible.

Goals

1. Improvement of patient outcomes and patient safety.
2. Improvement of the processes of care.
3. Awareness, understanding and involvement of all staff in quality and performance improvement through the integration of the concepts of quality into daily practice.
4. Coordination and integration of the processes of care between providers.

Objectives

1. To educate all staff in the concepts of performance improvement (PI) and patient safety.
2. To promote responsibility and accountability for the performance improvement process by each member of the staff.
3. To evaluate the quality and appropriateness of care through ongoing monitoring and evaluation activities specific to the Department of Psychiatry.
4. To design new processes that are effective, consistent with the organization's mission, that consider staff and patient needs, ideas, and expectations, and that are based on up-to-date information.
5. To identify and study processes/issues from a variety of data sources, including: patient surveys, staff meetings, committee reports, PI reports, audits, infection control data, risk management, and patient complaint data.
6. To determine trends or patterns that warrant further evaluation.
7. To conduct monitoring activities designed to evaluate processes that are high-risk, high-volume, and problem-prone.
8. To utilize the information obtained through surveys and identify the needs and expectations of patients and others, e.g., staff, providers.

9. To take corrective action on problems identified or processes that could be improved.
10. To re-evaluate the corrective actions taken and monitor the response.
11. To facilitate the collaboration of all PI groups and committees to identify and resolve intradepartmental and interdepartmental problems.
12. To recognize and support staff participation in unit and ~~program-program~~-based performance improvement and patient safety activities.

Authority and Accountability

- A. All performance improvement and patient safety activities are coordinated by the Department of Psychiatry Quality Improvement Coordinator and reported to the Department of Psychiatry Executive Committee, and the ZSFG PIPS Committee. Nursing-specific performance improvement and patient safety activities are also reported to the Nursing Quality Improvement Coordination Committee. In addition, the Acute and Emergency Staff meeting, Medical Staff Meeting and Psychiatric Nursing Executive Committee review relevant findings ~~in order to~~ apply to clinical practice.
- B. **Inpatient and PES PIPS Activities**
The Inpatient Units and PES are integral parts of the department's PIPS Program. All units are involved in ongoing PI monitoring activities, and unit staff participate in ~~Department-department~~-wide PIPS task forces. PIPS information is disseminated to the units through leadership meetings, Acute and Emergency Staff meetings, Medical Staff meetings, and the Nursing QI Coordinating Committee.

In addition, Nursing reports to the Psychiatry Nursing QI Coordinating Committee. The purpose of this committee is to coordinate and provide continuity from a nursing perspective. [See Department of Nursing QI Plan for description.]

- C. **Department of Psychiatry Executive Committee**
The Department of Psychiatry Executive Committee guides and directs all departmental performance improvement and patient safety activities

1. Objectives
 - a. Plan and implement the ~~department-department~~-wide PIPS program.
 - b. Development and approval of the PIPS plan.
 - c. Selection of topics for ~~department-department~~-wide projects, and approval of PIPS outcome monitors and projects.
 - d. Review and discussion of the findings of PIPS studies and projects. When applicable, initiation of plans of action to improve patient care using data gathered from Sentinel Event Reviews, Drug Usage Evaluations, and PI monitoring activities and projects.
 - e. Identification of opportunities to improve care and reduce barriers to quality patient care.
 - f. Approval and implementation of recommendations for ~~quality of care~~quality-of-care improvements.
 - g. Allocation of resources to facilitate the development, implementation, monitoring, evaluation, and ~~follow~~follow-up of performance improvement activities.

- h. Assessment of the effectiveness of the PIPS program, at least annually, to determine its impact on patient care and service delivery.
 - i. Support the design and evaluation of new processes using the CQI process.
2. Committee Membership
- The Executive Committee meets monthly. Standing committee members
- ~~include:~~include: Chief of Psychiatry, [committee chairperson]
 - Deputy Chief of Psychiatry
 - Medical Director of Psychiatry Emergency Services,
 - Director of Psychiatry Residency Training
 - Nursing Director for Acute Psychiatry
 - Clinical Director for the Division of Substance Abuse and Addiction Medicine
 - Director of the Division of Citywide Case Management
 - Division Director of the Division of Infant Child and Adolescent Psychiatry
 - Director of Psychiatry Administration
 - Director of the Division of Alliance Health -Project
 - Director of the Division of Trauma Recovery Services-Recovery Services-
 - Director of the Division of Integrated Behavioral Health
 - ZSFG Chief Integrative Officer (ex officio)

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D. Departmental/Program Monitoring and Activities

Through continuous monitoring and evaluation, the patient-patient-focused functions and organizational functions are improved. Indicators, based on the scope of service and importantkey aspects of care, are generated and studied at the departmental, unit, or service level. Both outcomes and processes are monitored, and when an improvementopportunity opportunityfor improvement is identified, an action plan designed to improve the function or process is developed and implemented.

1. Peer Review and Medication Monitoring – Evaluation ofThe adequacy and appropriateness of care is are monitored-evaluated annually through the Peer Review and Medication Monitoringsc processes. Medication monitoring processes measured include prescribing and ordering, preparing and dispensing, administration, and monitoring the medications' effects on patients. Peer review criteria, primarily documentation-documentation-based, are reviewed by Medical Staff for compliance to-with documentation standards. When non-compliance is noted, staff are counseled regarding-on specific means-ways of-to meeting the criteria. Results from Peer Review and Medication Monitoring are quantified annually, andannually and reviewed by the administrative leadership.

Sentinel Event (SE) Review/Root Cause Analysis (RCA) – All unusual occurrences whichthat meet Level I and Level II criteria are addressed. This process includes an in-depth investigation of the incident, a determination of whether standards of care were met, and, when appropriate, a SE Level I Review and Root Cause Analysis. The significant event reviews are designed to identify opportunities to improve processes, staff performance, and the quality of patient care outcomes. These reviews are conducted with the oversight of the ZSFG Risk Management Committee.

2. Drug Usage Evaluations – Standards relating-tofor the ongoing evaluation of drug usage are applied using specific criteria to measure the appropriateness and effectiveness of medications used in the Department of Psychiatry. Criteria-Criteria-based studies are conducted that focus on frequently prescribed medications [high volume], medications that carries with it-them a significant degree of risk for the patient [high risk and/or drugs]

that are used for a specific diagnosis or condition. Results of Drug Usage Evaluations include ~~the~~ mechanisms ~~for improvement to improve the medication use of the medication~~ and are disseminated to the Medical Staff, Executive Committee, and PIPS Committees.

3. **Patient Complaint/Grievance-** The department is committed to providing quality care and service in accordance with our patients' needs and desires. When a patient or a patient's significant other(s) is dissatisfied with any aspect of care provided within the psychiatry department, the Deputy Chief and Director of Psychiatry Nursing will be ~~notified~~ notified, and an investigation will be conducted. The Deputy Chief and Director of Psychiatry Nursing will ~~collaboratively~~ work collaboratively with the patient and the treatment team to resolve all patient complaints. All complaints received will be tracked and reported annually to the Patient Concern Subcommittee of the ZSFG Performance Improvement and Patient Safety Committee (PIPS) [See Department of Psychiatry Patient Complaint Policy #8.2]

Reporting of PIPS Activities

The activities of each committee are documented. This provides a way to monitor problems that are identified in the PIPS forum and to ~~insure~~ ensure implementation of improvements. Priority is given to those aspects of patient care that are high risk, high volume, and/or ~~problem~~ problem-prone.

All departmental PIPS activities are reported to the ZSFG PIPS by the Department of Psychiatry Quality Improvement Coordinator through annual reports and presentations. The Department of Psychiatry program is fully integrated into the ZSFG PIPS program.

EFFECTIVE DATE: MARCH 2002
REVISED: May 2012
May, 2014
August 2016
November 2018
October 2020

CROSS REFERENCE: Unusual Occurrence: Significant Event Management
Significant Event Review Program
Patient Complaint Policy

Approved By:

Chief, Department of Psychiatry

Date

Director of Administration, Psychiatry

Date

Director, Psychiatric Nursing Division

Date

APPENDIX F – MEDICAL RECORDS DOCUMENTATION



*The Integrated Delivery System
Of San Francisco's Department of
Public Health*

DEPARTMENT OF PSYCHIATRY

5.3A

TITLE: Medical Record Documentation Policy - Medical Staff

POLICY: It is the policy of the San Francisco General Hospital Department of Psychiatry that medical services provided to patients are documented in accordance with the procedure as stated in this document.

PURPOSE: To ensure adequate and consistent standards of medical records charting in the Department of Psychiatry.

PROCEDURE:

A) Medical Staff: – Inpatient and Psychiatry Emergency Service ~~Psychiatric Emergency Service (PES):~~

PES is responsible for initiating the following:

- ~~psychiatric service record~~
- PES intake ~~assessment/evaluation form/initial assessment (including medical history)~~
- admission orders
- ~~ZSFG registration and admission forms~~
- voluntary admission/patient consent for medication, or, 5150/5150 advisement forms
- informed consent/medication advisement forms
- medical screening exam

The inpatient attending physician is responsible for ~~evaluating the patient and~~ documenting an Initial Psychiatric Assessment and Interdisciplinary Plan of Care (IPOC) ~~Treatment Plan~~ within 24 hours of inpatient admission. Inpatient attending physician progress notes shall be completed on all inpatients, Monday through Friday, and all patients deemed by Utilization Management to be receiving an acute level of care on Saturday and Sunday.

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Medical Staff- Consultation/Liaison Service (C/L):

The Consultation/Liaison (C/L) staff is responsible for completing the following documentation:

- consultation report
- daily follow up notes on hospitalized patients held on 5150 involuntary holds after leaving the ED, and others as clinically indicated
- PSR form
- Attending or Resident transfer note if admitted to Inpatient Psychiatry
- Medication consents (as appropriate) and legal status documents

~~If a patient is admitted after 4:30 p.m., C/L is responsible for completing the admission orders to inpatient psychiatry. If a patient is admitted between 8:00 a.m. and 4:30 p.m., the inpatient unit staff is responsible for completing the admission orders.~~

B) Medical Staff - Jail Psychiatric Services (JPS):

~~For patients admitted from JPS to 7L, JPS is responsible for completing the following forms. These forms must accompany the patient upon transfer.~~

~~JPS evaluation form~~

~~5150~~

For admissions between 8:30 a.m. and 4:00 p.m., the inpatient medical and unit staff are responsible for the following:

- patient evaluation
- PSR
- Inpatient admission orders (Unit medical staff responsible between 4:00-5:00)
- physical exam
- Initial Psychiatric Assessment and Interdisciplinary Plan of Care (IPOC)
- ZSFG registration and admission forms
- voluntary admission/patient consent for medication forms or 5150/5150 advisement forms (if appropriate)

Medication consent forms for night and weekend admissions from JPS, the on-call resident and attending faculty back-up assume the above responsibilities. The responsibilities of the inpatient resident and attending physician are as previously outlined.

C) Medical Staff Inpatient Unit:

A. Admission Orders: Review admission orders from PES and revise as indicated.

B. Admission Note:

The initial psychiatric assessment is completed and placed in the database section of the chart and includes the following categories:

- chief complaint
- history of present illness
- pertinent medical, psychiatric, substance abuse, alcohol withdrawal, family, educational, occupational and social history
- active medical problems/findings
- TB screening status
- Physical exam status
- patient's personal strengths
- patient's level of function
- mental status examination
- ICD-10 diagnosis initial plan of care with goals/rationale that substantiate the medical necessity of acute inpatient admission.
- treatment interventions
- disposition plan
- indication of patient's level of involvement in the plan, and signature if obtainable
- Attending physician signature with name and CHN#

C. Physical Examination and Review of Systems: See P&P #2.11.01

D. Interdisciplinary Plan of Care:

The Treatment Team will review and update the Interdisciplinary Plan of Care every week.

E. Progress Notes:

Progress notes are written each day (7 days/week) by the psychiatry attending for all patients deemed by Utilization Management to be receiving acute care. These notes should address the current mental status; assessment (including documentation of medical necessity for acute care), disposition and treatment plan specifically addressing problems outlined in the initial and subsequent plans. Rationale for medication order changes (including dose and type) must be documented.

F. Discharge Plan ~~and Exit Record~~:

The Patient Discharge Summary (ICD-10 diagnoses, and Post-hospital care referral) must be completed at the time of discharge.

- a. A clinician to clinician discussion of the patient's medical care needs is required for patients who are being discharged to another hospital or jail.
- b. Written Discharge Summary: The attending physician certifies oversight and responsibility for the patient's hospital course by signing the written discharge summary.

Discharge Plan:

1. Identifying information:

- Patient's name, B#, Date of Birth (if possible, use addressograph stamp)
- Admission/Discharge dates
- Admission/Discharge units
- Admission/Discharge legal status

2. Treatment Information:

- a. ICD-10 diagnoses
- b. Medication upon discharge (and amount given at discharge)
- c. Brief summary of hospitalization - include the following:
 - reasons for admission
 - mental status
 - course of treatment
 - medication response
 - complications
 - suicidal and assaultive behavior/ideation
 - abnormal physical exam and lab data

3. Resident physician's signature (if completed by Resident physician)

4. Attending physician's signature.

H. Monitoring:

The Attending Psychiatrist is responsible for reviewing and ensuring the completeness of medical staff, resident, and medical student documentation

Revised: June, 1995
May, 1999
May, 2000
March, 2002
August 2004
May, 2010
May, 2012
May, 2014
May, 2016
October 2020

Approved: October 2020



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Mark Leary, MD
Deputy Chief, Department of Psychiatry

Approved: September 2026

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APPENDIX G – CHIEF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

CHIEF OF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

Position Summary:

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

Reporting Relationships:

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

Position Qualifications:

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

Major Responsibilities:

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

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

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

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

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

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

APPENDIX H -

PSYCHIATRIC CONSULTATION SERVICE
DIVISION OF Acute and Emergency Services/ ZSFG DEPARTMENT OF PSYCHIATRY

The mission of the Consultation Services is to assist the clinical staff to identify, evaluate and intervene with acute management difficulties of patients who are emotionally impaired or mentally disordered.

1. *Referral Criterion*

- Medically admitted adults at ZSFG

2. *Service Priorities*

High

- Patients currently on a legal psychiatric hold (5150, 5250 and TCon)
- Patients immediately at risk for suicidal behavior
- Patients with a mental disorder and immediate risk for assaultive behavior
- Patients with severely disorganized or chaotic behavior

Routine

- Evaluation for psychiatric diagnosis
- Evaluation for non-emergent psychiatric intervention
- Evaluation for psychiatric aftercare
- Advisory opinion regarding informed consent
- Patients in whom a mental disorder may significantly influence cooperation with staff or treatment
- Enhancement of the provider/patient relationship
- Patients transferred down from Psychiatry

3. *To Refer*

Place consult request order in Epic EHR

Monday - Friday, 8:00 a.m. - 5:00 p.m. - 327-9058

Other hours throughout the week - 327-9058 - **(Emergency / Urgent Cases Only)**

4. *Please provide the following information:*

- Patient name
- Medical Record Number
- Service
- Attending Physician
- Patient Location
- Brief description of patient and referral question

5. Please inform the patient that you have asked us to see him/her.

Please Note: We are able to optimize our assistance and coordination of services when we are contacted early in the day and as early in the week as possible. We must see all patients admitted on psychiatric holds at least once.

**PSYCHIATRY CLINICAL SERVICE
RULES AND REGULATIONS
2026**

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

A. SCOPE OF SERVICE

The mission of the Psychiatry Clinical Service is to provide high-quality behavioral health services for the whole person across the lifespan through our comprehensive continuum of care, while drawing on the DPH-UCSF community-academic partnership to address underlying multigenerational systemic challenges via innovative research and leading-edge educational programs that ensure a sustainable workforce to meet the needs of our community into the future. In support of this mission and to further the academic collaboration between the City and the University, the Psychiatry Clinical Service is committed to providing training, research and evaluation, and direct patient care that will enhance the treatment of consumers of our services. Scope of Service Statements for specific units/services are maintained in the ZSFG Psychiatry Clinical Service Policy and Procedures Manual, Section 5.1B.

B. MEMBERSHIP REQUIREMENTS

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

CPR Certification is required for Affiliated Professionals.

C. ORGANIZATION OF PSYCHIATRY CLINICAL SERVICE

1. The Officers of the Psychiatry Clinical Service are:

- a. Chief of Service
- b. Deputy Chief
- c. Director of Administration

2. Chief of Service (refer to APPENDIX G for additional information)

- a. Appointment and review of the Chief of Service will occur by the process specified in the ZSFG Medical Staff Bylaws.
- b. Responsibilities
 - 1) Overall direction of the clinical, teaching, and research activities for the service.
 - 2) Review and recommendation of all new appointments, requests for privileges and reappointments.
 - 3) Overall direction of the Performance Improvement/Patient Safety and CQI activities for the Service.
 - 4) Appointment of the remaining officers of the service and of service committee members.
 - 5) Financial affairs of the service.
 - 6) Attendance at the Medical Executive Committee, the Chiefs of Service meetings and other meetings as called from time to time by the Executive Administrator or the Chief of Staff.
 - 7) Disciplinary actions as necessary, as set forth in these Rules and Regulations and in the Bylaws and Rules and Regulations of the Medical Staff.

3. Deputy Chief:

- a. Responsibilities: Assists the Chief of Service with the above.

4. Director of Administration:

- a. Responsibilities: Provides overall direction for the budget of the department, human resources, and overall operations of the Service.

5. Attending Responsibilities (Psychiatrists, Psychologists):

Overall direction of clinical care is the responsibility of the supervising attending clinical staff of the Psychiatry Clinical Service. Specific attending job descriptions are maintained in the ZSFG Psychiatry Clinical Service Job Description Manual, (Refer to Appendix C).

II. CREDENTIALING

A. CREDENTIALING OF MEDICAL STAFF AND AFFILIATED PROFESSIONAL STAFF (refer to APPENDIX B)

B. NEW APPOINTMENTS

The process of application for membership to the Medical Staff or Affiliated Professional Staff of ZSFG through the Psychiatry Clinical Service is in accordance with ZSFG Medical Staff Bylaws and the Rules and Regulations.

C. REAPPOINTMENTS

The process of reappointment to the Medical Staff or Affiliated Professional Staff of ZSFG through the Psychiatry Clinical Service is in accordance with ZSFG Bylaws and the Rules and Regulations.

D. PRACTITIONER PERFORMANCE PROFILES

It is the policy of the Psychiatry Clinical Service to certify clinical competence of all medical staff and affiliated professionals, including newly appointed staff members. Information gathered from proctoring, peer review and/or monitoring activities is reviewed by the Chief of the Psychiatry Clinical Service, who then makes appropriate recommendations to continue or revise the status of the staff member. For subsequent reappointment to the medical staff or affiliated professional staff, information gathered from continuous monitoring of the staff member's clinical practice is reviewed by the Chief of the Psychiatry Clinical Service or his/her designee, who makes appropriate recommendations to reappoint or revise the status of the staff member. All materials gathered for evaluation purposes are kept in confidential files in the Psychiatry Clinical Service. Details are outlined in the Psychiatry Clinical Service Credentialing of Medical and Affiliated Professional Staff Policy and Procedure 5.1A (Refer to Appendix B).

E. MODIFICATION OF CLINICAL SERVICE PRIVILEGES

Periodic re-determination of clinical service privileges and the increase in, or curtailment of same, shall be based upon direct observation of care provided, review of records of patients treated in the hospital, review of the records of the Medical Staff which document the evaluation of the member's provision of professional care. Clinical privileges will also be reviewed in the event of a change in job duties/responsibilities to determine that appropriate privileges are assigned. This process for modification of clinical service is in accordance with the ZSFG Bylaws and the Rules and Regulations.

F. STAFF STATUS CHANGE

The process for Staff Status Change for members of the Psychiatry Clinical Service is in accordance with ZSFG Bylaws and the Rules and Regulations.

G. AFFILIATED PROFESSIONALS

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

H. STAFF CATEGORIES

The Psychiatry Clinical Service staff fall into the same staff categories which are described in the ZSFG Bylaws and the Rules and Regulations, as well as these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES (refer to APPENDIX A)

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Psychiatry Clinical Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, and the Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Psychiatry Clinical Service Privilege Request Form shall be reviewed annually.

C. CLINICAL PRIVILEGES

Psychiatry Clinical Service privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws and the Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Psychiatry Clinical Service or his/her designee.

1. Privileges to practice in the Psychiatry Clinical Service will be commensurate with clinical training and documentation of an acceptable standard of clinical practice. The specifics of the process are set forth in the Bylaws and the Rules and Regulations of the ZSFG Medical Staff. Privileges, which will be assigned, are described in detail in the Privileges Request Form for Privileges in Psychiatry Service (Refer to Appendix A).
2. Privileges are delineated by consensus of the Active members of the clinical service, and are approved by the Chief of Service or his/her designee, subject to the approval of the Credentials Committee of the medical staff.
3. Individual privileges are subject to review and revision at an initial appointment, throughout the period of proctoring, at the time of reappointment, at the time as judged necessary by the Chief of Service, or at any time recommended by 2/3s of the clinical service's Active staff.

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

It is the policy of the Psychiatry Clinical Service, ZSFG, to certify that clinical competence of all medical/affiliated professionals, during the first two years of the initial appointment. Upon completion of the two years, information gathered from proctoring, peer review and/or monitoring activities is reviewed by the Chief of the Psychiatry Clinical Service or his/her designee, who then makes appropriate recommendation to continue or revise the status of the staff member. For subsequent reappointment to the medical/affiliated professionals, information gathered from continuous monitoring of the staff member's clinical practice is reviewed by the Chief of the Psychiatry Clinical Service or his/her designee, who makes appropriate recommendations to reappoint or revise the status of the staff member. All materials gathered for evaluation purposes are kept in confidential files in the Psychiatry Clinical Service. Details are outlined in the Psychiatry Clinical Service Credentialing of Medical Professional Staff Policy and Procedure 5.1A (Refer to Appendix B)

B. ADDITIONAL PRIVILEGES

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

C. REMOVAL OF PRIVILEGES

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

V. EDUCATION

The Psychiatry Clinical Service serves as a training site for students, interns, and residents in the disciplines of medicine (psychiatry), psychology, nursing, social work, and occupational therapy. Trainees work under the supervision of the Psychiatry Clinical Service faculty and staff who are responsible for monitoring the quality of clinical care provided. Discipline directors are responsible for ensuring that training assignments are properly supervised and are commensurate with the trainee's educational level.

In addition, all Psychiatry Clinical Service members may attend UCSF departmental courses for CME credits.

VI. PSYCHIATRY CLINICAL SERVICE CONSULTATION CRITERIA

The Psychiatry Clinical Service Consultation Criteria are outlined in Appendix H.

VII. EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)

- A.** An appropriate medical screening examination shall be provided to all persons who present themselves to the ZSFG Psychiatry Emergency Service and who request, or have request made on their behalf, for an examination or treatment of a medical condition. In such an event, the Hospital shall not seek authorization from an individual's insurance company until a medical screening examination has been provided and any necessary stabilizing treatment has been initiated. The patient will not be transferred to another facility unless the patient's condition is stabilized or it is in the patient's best interest to be transferred due to the hospital's inability to provide the needed services or level of care.
- B.** An appropriate medical screening examination shall be provided to persons, including visitors, who present themselves at an area of the Hospital's main campus other than the Emergency Department if they request, or have a request made on their behalf, for examination or treatment for what may be an emergency medical condition. Where there is no verbal request, a request will nevertheless be considered to exist if a prudent

layperson observer would conclude, based on the person's appearance or behavior, that the person needs emergency examination or treatment.

- C. The medical screening exam must be performed by a physician or other qualified medical personnel as designated by the clinical service.
- D. In the event that a request is made for emergency care in a Hospital department off the Hospital's main campus, such as a Community Primary Care Services Clinic, EMTALA does not apply. The clinic shall provide whatever assistance is within its capabilities and shall call local emergency medical services to transport the individual to an emergency department.

VIII. DISCIPLINARY ACTION

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

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

The Psychiatry Clinical Service is committed to strive towards maintaining the highest possible standard of practice. The Psychiatry Clinical Service PIPS Plan is detailed in APPENDIX E.

A. GOALS and OBJECTIVES

The Psychiatry Clinical Service is committed to strive towards maintaining the highest possible standard of practice. The purpose of the PIPS Program of the Department of Psychiatry is to promote desired patient outcomes by evaluating and improving processes that most affect patient care. The PIPS Program is a multidisciplinary effort, dependent upon the continued commitment and involvement of all staff, including both clinical and administrative, to provide our patients with the highest degree of quality care possible.

B. RESPONSIBILITY

The Psychiatry Department's Executive Committee guides and directs all departmental PIPS activities.

C. REPORTING

All Performance Improvement/Patient Safety activities are reported to the Executive Committee and the ZSFG PIPS Committee through annual reports and presentations. Nursing specific quality improvement activities are also reported to the Nursing Quality Improvement Coordinating Committee. The Assault & Battery Review Board is an important standing multidisciplinary committee that is engaged in PIPS activity. In addition, the Acute and Emergency Services Staff meeting reviews relevant findings to disseminate them to clinical staff. The Department of Psychiatry's PIPS Program is fully integrated into the ZSFG PIPS Program.

D. CLINICAL INDICATORS

The Psychiatry Clinical Service's PIPS Program conducts ongoing monitoring of AWOLS, assaults (including sexual assaults), death/suicide, suicide attempts, seclusion and restraint, patient complaints, code blues, development of disabling or life-threatening conditions, medication errors, and percentage of acute days on the inpatient service (See APPENDIX E for additional information.).

E. CLINICAL SERVICE PRACTITIONER PERFORMANCE PROFILES (OPPE)

Performance improvement and patient care information are collected biannually and are included in the clinical service practitioners' performance profile.

F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

The Psychiatry Clinical Services PIPS Program collects Medical Staff peer reviews and medication monitoring. In addition, the Psychiatry Clinical Service has a Significant Event Program, Patient Complaint and Grievance Process, and a Patient Satisfaction Survey Process. (see APPENDIX E for additional information)

G. DISCHARGE PLAN

The requirements for discharge plan are detailed in APPENDIX F

H. INFORMED CONSENT

All decisions for treatment should involve the active participation of the patient when competent, and should be made after appropriate discussions of risks, benefits, and alternatives.

Documentation of "Informed Consent" on medical staff approved forms is required for All Psychiatric Medications.

I. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

1) Physicians

All requirements and details are delineated in APPENDIX F.

2) Housestaff

Details are outlined in the APPENDIX B

3) Affiliated Professionals

Annual UCSF or CCSF Performance Evaluation. Ongoing monitoring requirements and details are delineated in APPENDIX B.

4) ZSFG Employees other than Affiliated Professionals

Annual UCSF or CCSF Performance Evaluation.

J. COMMITTEE STRUCTURE

The Psychiatry Clinical Service will maintain the following committees:

- Executive Committee
- Division Directors Committee
- Acute and Emergency Services Staff Committee
- Assault & Battery Review Board
- Residency Training Committee

X. MEDICAL RECORDS

The members of the service are committed to the maintenance of complete, accurate, and timely medical records.

1. The requirements as set forth in the ZSFG Medical Staff Bylaws and the Rules and Regulations define the minimum standards for records in the service, and
2. Medical Record documentation requirements are detailed in APPENDIX F.

XI. PROTECTION OF PATIENT PRIVACY

- A. Members of the Medical Staff shall comply with the DPH Notice of Privacy Practices, the Hospital Policies and Procedures regarding patient privacy and the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA).
- B. Members of the Medical Staff shall abide by the following:
 1. Protected Health information shall only be accessed, discussed or divulged as required for the performance of job duties;
 2. User IDS and/or passwords shall only be disclosed to Hospital Information Systems staff;
 3. Members shall not log into Hospital information systems or authenticate entries with the user ID or password of another; and
 4. Members shall only install software on Hospital computers that have been appropriately licensed and authorized by Hospital Information Systems staff.
- C. Members agree that violation of this section regarding Protection of Patient Privacy may result in corrective action as set forth in these Bylaws.

XII. PSYCHIATRY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM

It is the policy of the Psychiatry Clinical Service to provide supervision of psychiatric housestaff for their work in the clinical service. Details are outlined in Section 1.15 of the Psychiatric Clinical Policy and Procedures manual (Appendix C). See CHN Intranet Site, Housestaff Competencies link.

Psychiatry residents who are providing clinical care during regular business hours, 8:00AM-5:00PM, are supervised by an attending psychiatrist associated with the individual service. After hours and on weekends, psychiatry residents providing clinical care are supervised by a Back-Up Attending Psychiatrist who provides supervision by telephone and is available to assist on-site as indicated. Psychiatry residents providing clinical care in the Psychiatry Emergency Service (PES) are supervised by a PES attending psychiatrist who is on-site 24/7.

XIII. MEETING REQUIREMENTS

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

The Psychiatry Medical Staff/Faculty shall meet as frequently as necessary, but at least quarterly, to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

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

XIV. ADOPTION AND ADMENDMENT

The Psychiatry Clinical Service Rules and Regulations will be adopted and revised annually by a majority vote of all Active members of the Psychiatry Service at a quarterly Psychiatry Clinical Service Meeting.

APPENDIX A – PSYCHIATRY PRIVILEGE REQUEST FORM

Zuckerberg San Francisco General Hospital

Delineation of Privileges

Psychiatry 2020

Privilege	Status	Approved
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Psych PSYCHIATRY 2019 **(08/2020 MEC)**

FOR ALL PRIVILEGES

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

34.10 ADULT (CORE) PRIVILEGES - PSYCHIATRISTS (MD/DO)

Diagnostic assessment and treatment of psychiatric and substance abuse disorders; including mental status exam; treatment planning; individual psychotherapy; group psychotherapy; family psychotherapy; emergency psychiatry assessment and treatment; crisis management; evaluation of medical status; use of psychotropic drugs approved by the FDA; detoxification following substance abuse; and behavior modification of patients 16 years and older. Placement of all legally applicable involuntary mental health holds for the purpose of evaluation and treatment of patients of all ages.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology.

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.20 BEHAVIORAL HEALTH CENTER PRIVILEGES - PSYCHIATRISTS (MD/DO)

Diagnostic assessment and treatment of psychiatric and substance abuse disorders; including mental status exam; treatment planning; individual psychotherapy; group psychotherapy; family psychotherapy; emergency psychiatry assessment and treatment; crisis management; evaluation of medical status; use of psychotropic drugs approved by the FDA; detoxification following substance abuse; and behavior modification.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology.

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

Medical Director, Behavioral Health Center

Date

34.30 SUBSPECIALTY PRIVILEGES (MD/DO)

Note: If You Are Requesting Specialized Privileges, You Need To Request Separate Adult Core Privileges Unless You Intend To Restrict Your Practice Exclusively To The Subspecialty Area(s).

In addition to criteria noted in 34.10, psychiatrists must possess training that qualifies them as subspecialists in an area of psychiatry and must provide evidence of qualifications, i.e. certificate of completion of specialized training in a recognized area or subspecialty board certification.

34.31 CHILD PSYCHIATRY

Psychiatric assessment and treatment (see Basic Privileges above) of patients under 19 years of age, including clinical interactions with adult individuals connected to the child, as indicated for the assessment and treatment of the child.

PREREQUISITES: Currently Board-eligible, Board certified, or Re-Certified in Child Psychiatry or documentation of 2 years or more of applicable clinical experience in Child Psychiatry approved by the Chief of Psychiatry

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.32 ADOLESCENT PSYCHIATRY (MD/DO)

Psychiatric assessment and treatment (see Basic Privileges above) of patients from 14 through 18 years of age, including clinical interactions with adult individuals connected to the child, as indicated for the assessment and treatment of the child.

PREREQUISITES: Possess Basic Privileges in Psychiatry; Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology in General Psychiatry who in addition to general psychiatry training has two years or more of documented sufficient, specialized training and experience in working with adolescents and their families approved by the Chief of Psychiatry, and has demonstrated competence to examine and treat adolescents comprehensively, or a member of the Service prior to 10/17/00.

PROCTORING: 5 proctored adolescent cases within the first year.

REAPPOINTMENT: 4 cases in each 2 year period

34.33 ELECTROCONVULSIVE THERAPY (ECT) - ADULT PATIENTS (MD/DO)

Assessment of candidate patients, patient selection; ECT treatment; post-treatment monitoring of patients in collaboration with SFGHTC Anesthesia staff.

PREREQUISITES: Possess Basic Privileges in Psychiatry; documentation successful completion of specific ECT training within the past 3 years (if training completed prior to 3 years ago, documentation of ECT clinical activity in good standing with an average of at least 5 cases annually during the prior 3 years), or a member of the Service prior to 10/17/00.

PROCTORING: 5 proctored cases by physician privileged for ECT treatment at SFGHTC or other institution required prior to independent practice of ECT (i.e. if first 5 treatment cases; if proctored by a staff member of another institution, proctoring must be completed prior to granting of privilege).

REAPPOINTMENT: Peer review of 5 cases in each 2 year period is required for reappointment.

34.40 ADULT (CORE) PRIVILEGES - LICENSED CLINICAL PSYCHOLOGISTS (PhD/PsyD/EdD)

Diagnostic assessment and treatment of psychiatric and substance abuse disorders, including mental status examination, treatment planning, individual psychotherapy, group psychotherapy, family psychotherapy, behavior modification, and cognitive behavioral therapy of patients 18 years and older.

PREREQUISITES: Completion of a doctoral degree in psychology from an APA accredited program and licensure by the State of California, Board of Psychology on the basis of the doctoral degree in psychology

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.50 SPECIALIZED PRIVILEGES (PhD/PsyD/EdD)

Note: If You Are Requesting Specialized Privileges, You Need To Request Separate Adult Core Privileges Unless You Intend To Restrict Your Practice Exclusively To The Subspecialty Area(s).

In addition to criteria noted in 34.40, psychologists must apply for each privilege individually and provide documentation indicating appropriate training and proficiency in the activity or technique.

34.51 PSYCHOMETRIC EVALUATION

Testing and measurement of psychological variables including intelligence, aptitude, and personality traits

PREREQUISITES: Minimum of one year of experience (1500 hours) providing psychometric evaluation in a clinical setting, including test administration, scoring, and interpretation, as well as written report. Proficiency in delivering these services in an autonomous fashion must be verified by a supervisor or prior work setting and approved by the Chief Psychologist. \

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period 5 proctored cases within the first year

a. Along With Initialing For Privileges 34.51, Please Initial Here To Indicate If You Are Requesting Privileges For Children And Adolescent (Under 19 Years Of Age) Psychometric Evaluation _____

b. Along With Initialing For Privileges 34.51, Please Initial Here To Indicate If You Are Requesting Privileges For Adult (18 Years Of Age And Older) Psychometric Evaluation _____

34.52 NEUROPSYCHOLOGICAL EVALUATION

Note: Neuropsychology Privileges Subsumes Psychometric Evaluation Privileges Specialized diagnostic assessment of disorders of neurocognitive function.

PREREQUISITES: Completion of the equivalent of a full-time post-doctoral internship in clinical neuropsychology or 2 years of work experience as a clinical neuropsychologist. This experience must be verified by former supervisor or work setting, including the ability to proficiently deliver these services in an autonomous fashion. Experience must be approved by the Chief Psychologist.

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

a. Along With Initialing For Privileges 34.52, Please Initial Here To Indicate If You Are Requesting Privileges For Children And Adolescent (Under 19 Years Of Age) Psychometric Evaluation _____

b. Along With Initialing For Privileges 34.52, Please Initial Here To Indicate If You Are Requesting Privileges For Adult (18 Years Of Age And Older) Psychometric Evaluation _____

34.53 CHILD AND ADOLESCENT PSYCHOLOGY

Psychological assessment and treatment (see Basic Privileges above for Clinical Psychologists) of patients under 19 years of age, including clinical interactions with adult individuals connected to the child, as indicated for the assessment and treatment of the child.

PREREQUISITES: Documentation of a least one year of didactic instruction and supervised clinical experience in child and adolescent assessment and treatment; approved by Chief Psychologist.

PROCTORING: 5 cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.54 ADDICTION MEDICINE

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

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

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

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

Addiction Medicine Director/Designee

Date

*San Francisco General Hospital
1001 Potrero Ave
San Francisco, CA 94110*

34.60 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH

Admit and follow adult 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

Division Chief

Date

Service Chief

Date

APPENDIX B – CREDENTIALING OF MEDICAL AND AFFILIATED STAFF

POLICY:

It is the policy of the Department of Psychiatry, Zuckerberg San Francisco General Hospital, to certify the clinical competence of all medical and affiliated staff, including newly appointed staff. Newly appointed staff are proctored during the initial six months of their appointment and also undergo continuous monitoring of clinical practice (outlined below). Upon completion of the proctoring process, information gathered from proctoring, peer review, and/or monitoring activities is reviewed by the Chief of the Department or his/her designee, who then makes appropriate recommendations regarding whether to continue or revise the staff member's status. For subsequent reappointment to the medical staff, information gathered through continuous monitoring of the staff member's clinical practice is reviewed by the Chief of the Department or his/her designee, who then makes appropriate recommendations regarding the staff member's reappointment or status.

All materials gathered for evaluation purposes are kept in confidential files in the Department of Psychiatry.

PURPOSE:

To ensure that medical and affiliated staff of the Department of Psychiatry are able to demonstrate well-developed skills in the following areas:

- Interview of psychiatric patients
- Diagnosis of psychiatric patients
- Development of appropriate treatment plan
- Use of psychotropic medications (MD/DO/NP only)
- Facility with standard psychological therapies

BASIC QUALIFICATIONS FOR CONSIDERATION OF APPOINTMENT TO THE MEDICAL STAFF:

1. Psychiatrists must have successfully completed an approved ACGME residency training program in Psychiatry, be Board Admissible or Board Certified by the American Board of Psychiatry and Neurology, and possess Medical Licensure from the Medical Board of California. The requirement for Board certification or admissibility may be waived at the discretion of the Chief of Service after careful review of the applicant's qualifications and experience. Such a waiver request shall be put in writing by the Chief of Service to the ZSFG Credentials Committee and will outline the applicant's qualifications and experience.
2. Clinical Psychologists must hold a doctorate degree in psychology from an APA-accredited program and be licensed on the basis of the doctorate degree in psychology by the State of California Board of Psychology. The requirement for an APA-accredited training program may be waived at the discretion of the Chief Psychologist after careful review of the applicant's qualifications/experience and verification that the applicant has completed the same number of internship hours as those required by an APA-accredited training program and as required by the State of California, Board of Psychology. Such a waiver will be requested in writing by the Chief Psychologist to the ZSFG Credentials Committee and will outline the applicant's qualifications and experience.

3. Nurse Practitioners and Physician Assistants must hold the following qualifications:

Nurse Practitioners:

1. Active California Registered Nurse license
2. Successful completion of a Nurse Practitioner program which conforms to the California BRN standards.
3. Certification to practice and prescribe in the state of California as a Nurse Practitioner
4. At least one year of experience as a Registered Nurse or Nurse Practitioner in psychiatry and/or adult health
5. All other requirements listed in the Bylaws and the Rules and Regulations

Physician Assistants:

1. Active California Physician Assistant license
2. Successful completion of a Physician Assistant Training Program which conforms to California Medical Board standards
3. At least one year of experience as a Physician Assistant in Psychiatry and/or adult health
4. All other requirements listed in the Bylaws and the Rules and Regulations

PROCESS:

I. Proctoring of Newly Appointed Medical and Affiliated Staff – Divisions will choose who proctors

- A. A minimum of one proctor is assigned to each newly appointed staff member. The assigned proctor(s) comprise experienced medical staff member(s). It is the responsibility of the proctor(s) to observe the actual practices of the applicant and document their observations. The observations may be made in one of two ways:
 1. On an ad hoc basis, the proctor may concurrently review the clinical care of individual patients and complete the proctoring forms.
 2. The new staff member may serve as a case discussant in a case conference. This involves review by the new staff member of the patient's history, interview of the patient in the presence of other staff members, development of a differential diagnosis and discussion of a treatment plan.
- B. Each new staff member receives a minimum of six (6) clinical reviews during the initial six months of their appointment, documented on the proctoring form.
- C. PES On-Call Physicians: Before working independently, PES on-call physicians are reviewed on four clinical assessments upon initial employment. Six months after initial employment, the physician is reviewed on two more clinical assessments. Thus, at the end of the six-month proctoring process, six case reviews have occurred. The proctoring period may be extended in the event that the new staff member is not scheduled for clinical care activities frequently enough

to complete six clinical reviews during the initial six months of employment. Each assessment is carried out by the senior attending psychiatrist on duty in PES at the time the on-call physician is scheduled to work, and is documented on the PES Orientation/Proctoring form. Each assessment includes:

1. One observed interview (more if needed)
 2. Clinical assessment
 3. Diagnostic formulation
 4. Treatment and planning
 5. Completion of necessary documentation
- D. Concerns of the proctor regarding a proctored practitioner's performance will be documented and the issue will be brought to the immediate attention of both the Deputy Chief and Service Chief of the Department for necessary action.

II. Continuous Monitoring of Clinical Practice

- A. The clinical practice of all medical and affiliated staff in the Department of Psychiatry is monitored according to the monitoring plan developed by the PIPS Committee and includes peer review primarily. Examples of unusual or deviant practice are reported to the Department's Chief as provided in this policy and are available for review at the time of reappointment to the medical staff.
- B. Clinician-specific information for Ongoing Professional Practice Evaluation (OPPE) related to clinical practice is reviewed by the Chief of the department or his/her designee when the staff member is being considered for reappointment to the medical staff. Appropriate information would include the following:
1. Attributable/preventable mortality
 2. Adverse drug reporting events
 3. NP/PA - Appropriateness of clinical decision-making
 4. Completion of annual training modules
 5. Maintenance of State Licensing CME requirements
 6. SAFE reports on interpersonal and communication skills
 7. Patients' complaints
 8. SAFE reports about provider professional behavior
 9. Flu vaccine policy compliance
 10. Percent closed Epic clinical notes within 3 days
 11. Complaints from non-ZSFG DPH clinicians/staff
- C. Performance problems will be reviewed by the Deputy Chief and Service Chief of the Department for necessary action.

III. Credentialing

- A. Licensure/Certification:
All medical and affiliated staff members are required to provide the following information to the Academic Personnel Analyst to ensure that each member's file contains current licensure/certification information:
1. Copies of current licensure/certification, as applicable:

Professional license
DEA Certification (MD/DO/NP only)
 2. As the above individual licenses/certificates expire, it is the responsibility of the medical staff member to apply for their renewal in a timely manner and provide the Academic Personnel Analyst with a current copy of each prior to or upon expirations.
- B. Medical and Affiliated Staff Appointment/Reappointment Paperwork:
All medical staff members are required to complete in full and submit the necessary medical/affiliated staff appointment/reappointment paperwork within the time limit specified by the office requesting the paperwork.
- C. Medical Staff Members Assigned as Proctors:
All medical staff members assigned as proctors to junior members are required to complete the necessary proctoring documentation in accordance with the ZSFG Department of Psychiatry Proctoring Policy (see Section II of this policy). It is the responsibility of either the peer reviewer or the individual medical staff member, whichever applies, to ensure that all documentation is completed in full and submitted within the time limit specified by the Quality Management Office.
- D. Failure to Meet Documentation/Paperwork Compliance Deadlines:
In the event that the documentation/paperwork summarized in 1, 2 and 3 below is not provided within the time limit specified (as outlined in A, B, C, and D above), per ZSFG Medical Staff Bylaws and the Rules and Regulations, the medical staff member will no longer qualify for medical staff and their appointment and privileges will be terminated.
1. Medical Staff members are responsible for providing the following documentation:
 - a. Licensure/Certification
Professional License
DEA Certification (MD/DO/NP only)
 - b. Appointment/Reappointment Paperwork
 2. Proctors are responsible for providing the following documentation:
 - a. Proctoring documentation
 3. Supervisors are responsible for arranging and/or providing the following:
 - a. Peer review findings
 - b. Recommendation requests

APPENDIX C – HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

A. EDUCATION OBJECTIVES

Rotation on the Psychiatry Service at ZSFG is primarily designed to provide the PGY-1 psychiatry resident with a comprehensive experience in the emergency and inpatient treatment of major mental illness. An emphasis is placed upon thorough assessment and diagnosis of the major mental disorders, as well as the major treatment modalities of inpatient psychiatry and emergency psychiatry. Clinical interviewing, crisis stabilization, family intervention, and psychopharmacology are among the important topics of study. Rotations for advanced residents (PGY-2 through PGY-4) focus on outpatient, case management, and consultation liaison psychiatry, with training experiences tailored to provide an in-depth exposure to these different treatment settings and the development of fundamental competencies in these clinical areas.

B. SUPERVISION AND EVALUATION

Residents at ZSFG are supervised and evaluated in an ongoing way via multiple channels.

1. Residents are not members of the medical staff. The clinical and medico-legal responsibility for their patient care activities rests with their supervisors, who are attending level members of the Active and Courtesy medical staff. The routine credentialing processes for medical staff membership permit monitoring of the quality of care provided. The same standards of quality apply as when the supervising attending member of the medical staff is the sole provider. The close involvement of the responsible attending psychiatrist is documented in the patients' medical records by written entries, co-signatures on key documents, treatment plans, discharge forms, diagnosis forms, etc.
2. In the PGY 1 year, residents on the ZSFG Inpatient Psychiatric Units meet at least daily with their on-ward supervisor, who interviews patients with them and directly supervises their work. The on-ward supervisor will also read and make notes in the patient's medical chart. The residents also meet once a week with their off-ward supervisor. (As for evaluation, each of these supervisors is responsible for ongoing feedback as well as a written evaluation at the end of each rotation, which is discussed with the resident. It is the responsibility of the supervisor to provide written evaluations within the deadlines set by the Residency Training Program Office.)
3. In the PGY 1 year, residents rotating on the Psychiatric Emergency Service (PES) are supervised by the PES faculty attending psychiatrist, who interviews patients with them and directly supervises their work. The supervisor will also read and make notes in the patient's medical chart.
4. Residents rotating on the Psychiatric Consultation Liaison Service are supervised by an Attending Psychiatrist in several ways. The Attending Psychiatrist is accessible via pager throughout the workweek to review urgent and emergent clinical issues. The resident attends daily general service and team rounds, which provide opportunities for further clinical review. A weekly Case Conference provides a forum for the residents to intensively

review their clinical care of a patient. Finally, each resident meets weekly with their service supervisor to review challenging or problematic clinical issues

5. Advanced UCSF residents working on other services in the Department of Psychiatry are supervised by faculty attending psychiatrists and psychologists assigned to the service. The faculty attendings are responsible for the clinical care provided by the residents.
6. After hours, weekends, and holidays, on-call residents in-house are supervised by the faculty backup attending psychiatrist who is available by pager and able to come to the hospital if clinically indicated. Residents are strongly encouraged to call the faculty back-up for any clinical or administrative question, and are **required** to call for the following: new admissions to the Jail Psychiatric Unit, unexpected patient discharges from inpatient psychiatry, new consult requests **TO** non-psychiatric services, new consultation requests **FROM** non-psychiatric services, any significant changes in medical condition or treatment plan for current psychiatric inpatients, AWOL of a patient on an involuntary psychiatric hold, assault occurring on an inpatient psychiatry unit, administration of involuntary emergency medications, initiation of seclusion or restraint, and any difficult to resolve staff conflicts or system issues. The faculty attending psychiatrist is responsible for all clinical services provided by the on-call resident. In addition, licensed psychiatrists in the Psychiatric Emergency Service are available to the on-call resident for face-to-face consultation.
7. The Site Director meets with each of the PGY 1 residents to review their evaluation and progress in the program midway through their six-month rotations. The evaluations and summary of the meetings are then placed in their permanent file.

*San Francisco General Hospital
1001 Potrero Ave
San Francisco, CA 94110*

APPENDIX D – PSYCHIATRY HOUSESTAFF COMPETENCIES

Psychiatry Milestones, The Accreditation Council for Graduate medical Education can be viewed at the link below:

<https://ucsf.box.com/s/sxozupuluc260nsqebre9d3ijlgqohl8>

APPENDIX E – PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PLAN

PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) PLAN DEPARTMENT OF PSYCHIATRY

Purpose

The purpose of the PIPS program of the Department of Psychiatry at San Francisco General Hospital is to promote desired patient outcomes by evaluating and improving processes that most affect patient care.

The PIPS program is a multidisciplinary effort, dependent upon the continued commitment and involvement of all staff, including both clinical and administrative, to provide our patients with the highest degree of quality care possible.

Goals

1. Improvement of patient outcomes and patient safety.
2. Improvement of the processes of care.
3. Awareness, understanding and involvement of all staff in quality and performance improvement through the integration of the concepts of quality into daily practice.
4. Coordination and integration of the processes of care between providers.

Objectives

1. To educate all staff in the concepts of performance improvement (PI) and patient safety.
2. To promote responsibility and accountability for the performance improvement process by each member of the staff.
3. To evaluate the quality and appropriateness of care through ongoing monitoring and evaluation activities specific to the Department of Psychiatry.
4. To design new processes that are effective, consistent with the organization's mission, that consider staff and patient needs, ideas, and expectations, and that are based on up-to-date information.
5. To identify and study processes/issues from a variety of data sources, including patient surveys, staff meetings, committee reports, PI reports, audits, infection control data, risk management, and patient complaint data.
6. To determine trends or patterns that warrant further evaluation.
7. To conduct monitoring activities designed to evaluate processes that are high-risk, high-volume, and problem-prone.
8. To utilize the information obtained through surveys and identify the needs and expectations of patients and others, e.g., staff, providers.

9. To take corrective action on problems identified or processes that could be improved.
10. To re-evaluate the corrective actions taken and monitor the response.
11. To facilitate the collaboration of all PI groups and committees to identify and resolve intradepartmental and interdepartmental problems.
12. To recognize and support staff participation in unit and program-based performance improvement and patient safety activities.

Authority and Accountability

- A.** All performance improvement and patient safety activities are coordinated by the Department of Psychiatry Quality Improvement Coordinator and reported to the Department of Psychiatry Executive Committee, and the ZSFG PIPS Committee. Nursing-specific performance improvement and patient safety activities are also reported to the Nursing Quality Improvement Coordination Committee. In addition, the Acute and Emergency Staff meeting, Medical Staff Meeting and Psychiatric Nursing Executive Committee review relevant findings to apply to clinical practice.

B. Inpatient and PES PIPS Activities

The Inpatient Units and PES are integral parts of the department's PIPS Program. All units are involved in ongoing PI monitoring activities, and unit staff participate in department-wide PIPS task forces. PIPS information is disseminated to the units through leadership meetings, Acute and Emergency Staff meetings, Medical Staff meetings, and the Nursing QI Coordinating Committee.

In addition, Nursing reports to the Psychiatry Nursing QI Coordinating Committee. The purpose of this committee is to coordinate and provide continuity from a nursing perspective. [See Department of Nursing QI Plan for description.]

C. Department of Psychiatry Executive Committee

The Department of Psychiatry Executive Committee guides and directs all departmental performance improvement and patient safety activities

1. Objectives

- a. Plan and implement the department-wide PIPS program.
- b. Development and approval of the PIPS plan.
- c. Selection of topics for department-wide projects, and approval of PIPS outcome monitors and projects.
- d. Review and discussion of the findings of PIPS studies and projects. When applicable, initiation of plans of action to improve patient care using data gathered from Sentinel Event Reviews, Drug Usage Evaluations, and PI monitoring activities and projects.
- e. Identification of opportunities to improve care and reduce barriers to quality patient care.
- f. Approval and implementation of recommendations for quality-of-care improvements.
- g. Allocation of resources to facilitate the development, implementation, monitoring, evaluation, and follow-up of performance improvement activities.

- h. Assessment of the effectiveness of the PIPS program, at least annually, to determine its impact on patient care and service delivery.
 - i. Support the design and evaluation of new processes using the CQI process.
- 2. Committee Membership
The Executive Committee meets monthly. Standing committee members include:
Chief of Psychiatry, [committee chairperson]
Deputy Chief of Psychiatry
Medical Director of Psychiatry Emergency Services,
Director of Psychiatry Residency Training
Nursing Director for Acute Psychiatry
Clinical Director for the Division of Substance Abuse and Addiction Medicine
Director of the Division of Citywide Case Management
Director of the Division of Infant Child and Adolescent Psychiatry
Director of Psychiatry Administration
Director of the Division of Alliance Health Project
Director of the Division of Trauma Recovery Services
Director of the Division of Integrated Behavioral Health
ZSFG Chief Integrative Officer (ex officio)

D. Departmental/Program Monitoring and Activities

Through continuous monitoring and evaluation, the patient-focused functions and organizational functions are improved. Indicators, based on the scope of service and key aspects of care, are generated and studied at the departmental, unit, or service level. Both outcomes and processes are monitored, and when an opportunity for improvement is identified, an action plan to improve the function or process is developed and implemented.

- 1. Peer Review and Medication Monitoring – The adequacy and appropriateness of care are evaluated annually through these processes. Medication monitoring processes measured include prescribing and ordering, preparing and dispensing, administration, and monitoring the medications’ effects on patients. Peer review criteria, primarily documentation-based, are reviewed by Medical Staff for compliance with documentation standards. When non-compliance is noted, staff are counseled on specific ways to meet the criteria. Results from Peer Review and Medication Monitoring are quantified annually and reviewed by the administrative leadership.

Sentinel Event (SE) Review/Root Cause Analysis (RCA) – All unusual occurrences that meet Level I and Level II criteria are addressed. This process includes an in-depth investigation of the incident, a determination of whether standards of care were met, and, when appropriate, a SE Level I Review and Root Cause Analysis. The significant event reviews are designed to identify opportunities to improve processes, staff performance, and the quality of patient care outcomes. These reviews are conducted with the oversight of the ZSFG Risk Management Committee.

- 2. Drug Usage Evaluations – Standards for the ongoing evaluation of drug usage are applied using specific criteria to measure the appropriateness and effectiveness of medications used in the Department of Psychiatry. Criteria-based studies are conducted that focus on frequently prescribed medications [high volume], medications that carries with them a significant degree of risk for the patient [high risk and/or drugs

that are used for a specific diagnosis or condition. Results of Drug Usage Evaluations include mechanisms to improve medication use and are disseminated to the Medical Staff, Executive Committee, and PIPS Committees.

3. Patient Complaint/Grievance- The department is committed to providing quality care and service in accordance with our patients' needs and desires. When a patient or a patient's significant other(s) is dissatisfied with any aspect of care provided within the psychiatry department, the Deputy Chief and Director of Psychiatry Nursing will be notified, and an investigation will be conducted. The Deputy Chief and Director of Psychiatry Nursing will work collaboratively with the patient and the treatment team to resolve all patient complaints. All complaints received will be tracked and reported annually to the Patient Concern Subcommittee of the ZSFG Performance Improvement and Patient Safety Committee (PIPS) [See Department of Psychiatry Patient Complaint Policy #8.2]

Reporting of PIPS Activities

The activities of each committee are documented. This provides a way to monitor problems that are identified in the PIPS forum and to ensure implementation of improvements. Priority is given to those aspects of patient care that are high risk, high volume, and/or problem-prone.

All departmental PIPS activities are reported to the ZSFG PIPS by the Department of Psychiatry Quality Improvement Coordinator through annual reports and presentations. The Department of Psychiatry program is fully integrated into the ZSFG PIPS program.

EFFECTIVE DATE: MARCH 2002

REVISED: May 2012
May, 2014
August 2016
November 2018
October 2020

CROSS REFERENCE: Unusual Occurrence: Significant Event Management
Significant Event Review Program
Patient Complaint Policy

Approved By:

Chief, Department of Psychiatry

Date

Director of Administration, Psychiatry

Date

Director, Psychiatric Nursing Division

Date

APPENDIX F – MEDICAL RECORDS DOCUMENTATION



*The Integrated Delivery System
Of San Francisco's Department of
Public Health*

DEPARTMENT OF PSYCHIATRY

5.3A

TITLE: **Medical Record Documentation Policy - Medical Staff**

POLICY: It is the policy of the San Francisco General Hospital Department of Psychiatry that medical services provided to patients are documented in accordance with the procedure as stated in this document.

PURPOSE: To ensure adequate and consistent standards of medical records charting in the Department of Psychiatry.

PROCEDURE:

A) Medical Staff – Inpatient and Psychiatry Emergency Service:

PES is responsible for initiating the following:

-
- PES intake assessment
- admission orders
-
- voluntary admission/patient consent for medication, or, 5150/5150 advisement forms
- informed consent/medication advisement forms
- medical screening exam

The inpatient attending physician is responsible for documenting an Initial Psychiatric Assessment and Interdisciplinary Plan of Care (IPOC) within 24 hours of inpatient admission. Inpatient attending physician progress notes shall be completed on all inpatients Monday through Friday, and all patients deemed by Utilization Management to be receiving an acute level of care on Saturday and Sunday.

Medical Staff- Consultation/Liaison Service (C/L):

The Consultation/Liaison (C/L) staff is responsible for completing the following documentation:

- consultation report
- daily follow up notes on hospitalized patients held on 5150 involuntary holds after leaving the ED, and others as clinically indicated
- PSR form
- Attending or Resident transfer note if admitted to Inpatient Psychiatry
- Medication consents (as appropriate) and legal status documents

B) Medical Staff - Jail Psychiatric Services (JPS):

For admissions between 8:30 a.m. and 4:00 p.m., the inpatient medical and unit staff are responsible for the following:

- patient evaluation
- PSR
- Inpatient admission orders (Unit medical staff responsible between 4:00-5:00)
- physical exam
- Initial Psychiatric Assessment and Interdisciplinary Plan of Care (IPOC)
- ZSFG registration and admission forms
- voluntary admission/patient consent for medication forms or 5150/5150 advisement forms (if appropriate)

Medication consent forms for night and weekend admissions from JPS, the on-call resident and attending faculty back- up assume the above responsibilities. The responsibilities of the inpatient resident and attending physician are as previously outlined.

C) Medical Staff Inpatient Unit:

A. Admission Orders: Review admission orders from PES and revise as indicated.

B. Admission Note:

The initial psychiatric assessment is completed and placed in the database section of the chart and includes the following categories:

- chief complaint
- history of present illness
- pertinent medical, psychiatric, substance abuse, alcohol withdrawal, family, educational, occupational and social history
- active medical problems/findings
- TB screening status
- Physical exam status
- patient's personal strengths
- patient's level of function
- mental status examination
- ICD-10 diagnosis initial plan of care with goals/rationale that substantiate the medical necessity of acute inpatient admission.
- treatment interventions
- disposition plan
- indication of patient's level of involvement in the plan, and signature if obtainable
- Attending physician signature with name and CHN#

C. Physical Examination and Review of Systems; See P&P #2.11.01

D. Interdisciplinary Plan of Care:

The Treatment Team will review and update the Interdisciplinary Plan of Care every week.

E. Progress Notes:

Progress notes are written each day (7 days/week) by the psychiatry attending for all patients deemed by Utilization Management to be receiving acute care. These notes should address the current mental status; assessment (including documentation of medical necessity for acute care), disposition and treatment plan specifically addressing problems outlined in the initial and subsequent plans. Rationale for medication order changes (including dose and type) must be documented.

F. Discharge Plan :

The Patient Discharge Summary (ICD-10 diagnoses, and Post-hospital care referral) must be completed at the time of discharge.

- a. A clinician to clinician discussion of the patient's medical care needs is required for patients who are being discharged to another hospital or jail.
- b. Written Discharge Summary: The attending physician certifies oversight and responsibility for the patient's hospital course by signing the written discharge summary.

Discharge Plan:

1. Identifying information:

- Patient's name, B#, Date of Birth (if possible, use addressograph stamp)
- Admission/Discharge dates
- Admission/Discharge units
- Admission/Discharge legal status

2. Treatment Information:

- a. ICD-10 diagnoses
- b. Medication upon discharge (and amount given at discharge)
- c. Brief summary of hospitalization - include the following:
 - reasons for admission
 - mental status
 - course of treatment
 - medication response
 - complications
 - suicidal and assaultive behavior/ideation
 - abnormal physical exam and lab data
- 3. Resident physician's signature (if completed by Resident physician)
- 4. Attending physician's signature.

H. Monitoring:

The Attending Psychiatrist is responsible for reviewing and ensuring the completeness of medical staff, resident, and medical student documentation

Revised: June, 1995
May, 1999
May, 2000
March, 2002
August 2004
May, 2010
May, 2012
May, 2014
May, 2016
October 2020

Approved:
October 2020



*San Francisco General Hospital
1001 Potrero Ave
San Francisco, CA 94110*

Mark Leary, MD
Deputy Chief, Department of Psychiatry

Approved: September 2026

APPENDIX G – CHIEF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

CHIEF OF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

Position Summary:

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

Reporting Relationships:

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

Position Qualifications:

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

Major Responsibilities:

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

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

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

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

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

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

APPENDIX H -

PSYCHIATRIC CONSULTATION SERVICE DIVISION OF Acute and Emergency Services/ ZSFG DEPARTMENT OF PSYCHIATRY

The mission of the Consultation Services is to assist the clinical staff to identify, evaluate and intervene with acute management difficulties of patients who are emotionally impaired or mentally disordered.

1. *Referral Criterion*

- Medically admitted adults at ZSFG

2. *Service Priorities*

High

- Patients currently on a legal psychiatric hold (5150, 5250 and TCon)
- Patients immediately at risk for suicidal behavior
- Patients with a mental disorder and immediate risk for assaultive behavior
- Patients with severely disorganized or chaotic behavior

Routine

- Evaluation for psychiatric diagnosis
- Evaluation for non-emergent psychiatric intervention
- Evaluation for psychiatric aftercare
- Advisory opinion regarding informed consent
- Patients in whom a mental disorder may significantly influence cooperation with staff or treatment
- Enhancement of the provider/patient relationship
- Patients transferred down from Psychiatry

3. *To Refer*

Place consult request order in Epic EHR

Monday - Friday, 8:00 a.m. - 5:00 p.m. - 327-9058

Other hours throughout the week - 327-9058 - **(Emergency / Urgent Cases Only)**

4. *Please provide the following information:*

- Patient name
- Medical Record Number
- Service
- Attending Physician
- Patient Location
- Brief description of patient and referral question

5. Please inform the patient that you have asked us to see him/her.

Please Note: We are able to optimize our assistance and coordination of services when we are contacted early in the day and as early in the week as possible. We must see all patients admitted on psychiatric holds at least once.

Delineation Of Privileges

Surgery

Provider Name:

Privilege	Status	Approved
-----------	--------	----------

38.60 Opportunistic Bilateral Salpingectomy for Ovarian Cancer Risk Reduction

Performance of bilateral salpingectomy (removal of both fallopian tubes with preservation of the ovaries) for ovarian cancer risk reduction in appropriately selected patients who are already undergoing an abdominal or pelvic operation for another indication. The salpingectomy should not alter the intended route or substantially increase the risk of the primary operation. This privilege does not include oophorectomy or other gynecologic procedures unless separately privileged.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with completion of appropriate education/training regarding patient selection, informed consent, operative technique, relevant pelvic anatomy, and potential complications of opportunistic salpingectomy. Observation of at least one bilateral salpingectomy case performed by a qualified surgeon prior to independent performance.

PROCTORING: Successful completion of two proctored bilateral salpingectomy procedures (removal of four fallopian tubes) under the direct observation of a physician qualified to perform and proctor the procedure. The proctor will assess appropriate patient selection and consent, identification of relevant anatomy, safe operative technique, complete removal of the fallopian tubes, preservation of the ovaries and ovarian blood supply, management or recognition of complications, and appropriate specimen handling.

REAPPOINTMENT: Documentation of at least five opportunistic bilateral salpingectomy procedures (each fallopian tube counts as one procedure) every 2 years, with acceptable clinical outcomes.
If the minimum case volume is not met, renewal of the privilege will require review and may require additional proctoring or demonstration of current competency in accordance with Medical Staff policy.

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

Document Name: Surgery/Vascular Surgery Privilege List

Clinical Service: Vascular Surgery

Date of last approval:

Summary of Updates: Add fluoroscopy certification requirements for vascular procedures

Update 1: 34.45 Vascular Surgery-Core Prerequisites
Add: Must hold a valid and current California X Ray/Fluoroscopy Certificate.

Update 2:

Update 3:

Update 4:

Update 5:

Update 6:

Update 7:

Update 8:

Delineation Of Privileges
Surgery

Provider Name:

Privilege	Status	Approved
-----------	--------	----------

38.45 Vascular Surgery - Core

- Angiography
- Venography
- Endarterectomy or thrombectomy of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous)
- Surgical bypass of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous)
- Open repair of aneurysms (excluding vessels in the pericardium and intracranial)
- Endovascular repair of the aorta, including the arch, thoracic and abdominal aorta
- Thoracic outlet decompression with rib resection and neurolysis
- Injection and ablation procedures of pseudoaneurysms and venous structures
- Creation or revision of arteriovenous fistula and grafts, open or percutaneous
- Percutaneous vascular access and placement of indwelling vascular catheters (arterial or venous)
- Endovascular treatment of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous, excluding vessels in pericardium and intracranial), including angioplasty, stent deployment, atherectomy, intravascular ultrasound, thrombectomy and thrombolysis.
- Excision, resection or biopsy of artery, vein or graft
- Amputation of the lower extremity
- Debridement of skin, subcutaneous, fascia, muscle, bone
- Tube thoracostomy
- Fasciotomy, upper and lower extremity
- Placement and Management of Resuscitative Balloon Occlusion of the Aorta (REBOA)

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training **and/or** Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery in Vascular Surgery. **Must hold a valid and current California X-Ray/Fluoroscopy Certificate.**

PROCTORING: 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.

REAPPOINTMENT: 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

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Delineation Of Privileges

Surgery

Provider Name:

Privilege	Status	Approved
-----------	--------	----------

38.45 Vascular Surgery - Core

- Angiography
- Venography
- Endarterectomy or thrombectomy of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous)
- Surgical bypass of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous)
- Open repair of aneurysms (excluding vessels in the pericardium and intracranial)
- Endovascular repair of the aorta, including the arch, thoracic and abdominal aorta
- Thoracic outlet decompression with rib resection and neurolysis
- Injection and ablation procedures of pseudoaneurysms and venous structures
- Creation or revision of arteriovenous fistula and grafts, open or percutaneous
- Percutaneous vascular access and placement of indwelling vascular catheters (arterial or venous)
- Endovascular treatment of the lower extremity, upper extremity, abdominal, thoracic or cervical vessels (arterial or venous, excluding vessels in pericardium and intracranial), including angioplasty, stent deployment, atherectomy, intravascular ultrasound, thrombectomy and thrombolysis.
- Excision, resection or biopsy of artery, vein or graft
- Amputation of the lower extremity
- Debridement of skin, subcutaneous, fascia, muscle, bone
- Tube thoracostomy
- Fasciotomy, upper and lower extremity
- Placement and Management of Resuscitative Balloon Occlusion of the Aorta (REBOA)

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery with documented additional training **and/or** Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Surgery in Vascular Surgery. Must hold a valid and current California X-Ray/Fluoroscopy Certificate.

PROCTORING: 5 observed operative procedures and 15 retrospective reviews of operative procedures of a sampling of the procedures listed below.

REAPPOINTMENT: 10 core operative procedures in the previous two years of a sampling of the procedures listed below.

Summary of Changes (August 2026 Update) – Ambulatory Care Standing Order Protocol

Update #	Clinical Area	Previous Version	Proposed / Updated Version	Summary of Change
1	Adult Primary Care – ABDOMINAL AORTIC ANEURYSM SCREENING	order a “vascular ultrasound abdominal aortic aneurysm screening evaluation”	order a “Vascular ultrasound abdominal aorta limited” with reason for exam as “Aortic aneurysm (AAA) screening, smoking history (Age >= 50yo)”	Clarified order instructions to match EHR
2	Adult Primary Care – BREAST CANCER SCREENING	If last mammogram > 18 months order mammogram	Added additional recommendations to review previous mammogram result as well as to review with provider if any symptoms.	Added additional context to instructions for breast cancer screening to more accurately order as per recommendations and clinical indication.
3	Adult Primary Care – CHOLESTEROL SCREENING	Previously outlined multiple factors (including age, other health conditions, family history, hx of smoking, etc.) that would indicate that patient would be recommended to check lipid panel	Age 19 or older if no lipid panel in the past 5 years	Simplified in light of new 2026 AHA recommendations that would effectively expand recommendations.
4	Adult Primary Care – DIABETES SCREENING	Previously noted age and prediabetes as	Added history of gestational diabetes as additional	Added history of gestational diabetes and aligned age recommendations to

		factors to order screening.	condition to order screening.	simplify SOP as well as add important evidence-based consideration.
5	Adult Primary Care – STI SCREENING	SOP outlined request for confidential phone number if patient <age 25. Outdated links to swab instructions.	Expanded request for confidential contact info for all patients. Updated swab/resource link.	Simplified given concern that all patients would benefit and historically operationalizing age range has led to potential for this step not to occur. Also, updated resource link given changes to websites.
6	Adult Primary Care – TB SCREENING	Outlined previous TB screening recommendations for adults.	Updated TB screening to reflect most updated CDPH recommendations.	Updated as per CDPH guidelines.
7	Ambulatory Specialty Care – DERMATOLOGY	No previous section.	Added new section to support psoriatic biologic therapy, methotrexate, isotretinoin, acitretin, and JAK inhibitors screening labs.	Updated to reflect Dermatology protocols
8	Ambulatory Specialty Care – ENDOCRINOLOGY – Diabetes Clinic	Previously only endocrinology section was related to diabetes.	Additional section added, see below, and diabetes recommendations expanded to allow staff to forgo POCT glucose if pt has glucose meter or CGM, check lipid panel, and include retinal camera.	Updated as per operations and to reflect recent additional care options (e.g., pts on CGM).
9	Ambulatory Specialty Care – ENDOCRINOLOGY (INCLUDING LIPID CLINIC)	Additional section added.	Added recommendations on lipid screening and nuclear medicine scans.	Added to include screening recommended for Endocrinology beyond Diabetes Clinic.

10	Ambulatory Specialty Care – NEPHROLOGY	Additional section added.	Added to reflect screening recommended in Nephrology clinic.	Added to include screening/orders recommended for Nephrology clinic, including for common conditions such as CKD, anemia, and .
11	Ambulatory Specialty Care – RHEUMATOLOGY	New section added.	Added section to include orders recommended for common concerns in Rheumatology clinic.	Added to include screening/orders recommended for common rheumatologic conditions and for pt's on medications that require monitoring.
12	Pediatric Primary Care – Cholesterol Screening	New section added	Added section to better align with 2026 AHA guidelines.	Added to better align with 2026 AHA guidelines that include pediatric screening.
13	Pediatric Primary Care – TB Screening	Previously reflected outdated guidelines	Updated to reflect newer CDPH guidelines on TB screening	Updated to reflect current CDPH guidelines.
14	Pediatric Primary Care – Teen Screening/STI Screening	Previously recommended collecting confidential phone number for specific age range.	Updated to reflect best practice to collect confidential contact information for all patients.	Updated to reflect best practice to collect confidential contact information for all patients.
15	SFHN Perinatal Care – Hepatitis B Screening	Previously recommended only to do if not previously done.	Updated to reflect that Hepatitis B surface antigen is recommended to screen for all.	Updated to reflect current recommendations.
16	SFHN Perinatal Care – Genetic Counseling Referral	Previously recommended to refer patients considered to be of advanced maternal age to be referred to genetic counseling.	Updated to reflect current practices.	Updated to reflect current practices.

17	SFHN Perinatal Care – NIPT Screening	Previously noted to be recommended as indicated.	Updated to reflect that NIPT carrier screening should be ordered if not completed previously.	Updated to reflect best practices.
18	SFHN Perinatal Care– Gestational Diabetes Screening	Previously not specific to type of GTT recommended.	Updated to reflect current recommendation to conduct 3 hr fasting testing.	Clarified to reflect recommended testing.
19	SFHN Perinatal Care – Immunization Recommendations	Previously did not include vaccination table.	Added immunization table complied from evidence-based resources, including ACOG.	Added updated immunization recommendations.
20	SFHN Perinatal Care – US Position Check	Previously noted to be done at antenatal testing	Updated to following: With point of care ultrasound obstetric provider if available. At antenatal testing if not	Updated to reflect current practices/recommendations.

SFHN Ambulatory Care Clinics Combined Standing Order Protocols for Health Care Maintenance and Chronic Disease Management

[PROCEDURE FOR SFHN ADULT PRIMARY CARE:](#)

[PROCEDURE FOR SFHN AMBULATORY SPECIALTY CARE:](#)

[PROCEDURE FOR SFHN PEDIATRIC PRIMARY CARE:](#)

[PROCEDURE FOR SFHN PERINATAL CARE:](#)

STATEMENT OF POLICY:

The ZSFG Medical Staff policy regarding Standing Order Protocols (SOPs) for Health Care Maintenance and Chronic Disease Management is that it must be renewed annually by the designated primary care provider or ambulatory care provider of record. Specifically, SOPs enable authorized staff members with appropriate training to apply SOPs applicable to the patient's visit type and care delivery site/ setting, in order to complete panel management in-reach and outreach activities.

1. SFHN Ambulatory Care Clinics allow appropriately trained clinical staff to follow Standing Orders when the order meets the following criteria:
 - a. Describes a specific patient-care task;
 - b. Describes patient-related criteria required to qualify for task; and
 - c. Defines a time period during which task may be performed.
2. The Standing Order is initiated and/or checked as received and reviewed in the medical record by the supervising provider or Clinical Leadership annually. All requisitions to the laboratory, x-ray, or other services are made under the name of the supervising/treating or primary clinician.
3. All staff will be oriented/trained to the Standing Order protocols prior to generating or executing standing orders for any patient, using available standard work documents. The Clinical Leadership of each clinic site/department must document staff who have been appropriately trained and achieved competency on completing aspects of the Standing Order Protocol. The Clinical Leadership is also responsible for assuring compliance and adherence of staff to the standing order protocols.
4. The Standing Orders described in this document reflect the boundaries of the scope of practice of Medical Assistants as described in the regulations of the Medical Board of California that state, "Medical Assistants are not allowed to read, interpret or diagnose symptoms or test results." The Standing Orders described in this document for Ophthalmology/Optometry management reflect the boundaries of the scope of practice of Allied Ophthalmic Personnel (AOP) as described in the regulations of the International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), "AOP may not diagnose or treat eye disorders and may not prescribe medications; they are not independent practitioners." In the SFHN Ophthalmology

clinic, AOP refers to Certified Ophthalmic Assistant, Certified Ophthalmic Technicians, Certified Ophthalmic Medical Technologists, Registered Ophthalmic Ultrasound Biometrists, and Certified Diagnostic Ophthalmic Sonographers.

5. All immunizations or other medications given by non-licensed staff require documented verification by a licensed clinician (MD, DO, NP, CNM, PA, RN).
6. Newly created Standing Orders will be reviewed and approved to assess safety, and congruence with approved clinical guidelines. Standing Orders will be reviewed annually, and more frequently whenever corresponding clinical guidelines and best practices are revised. Departments sponsoring Standing Orders are responsible for the annual review of those Standing Orders.
7. Authorized staff members with appropriate training includes DPH/UCSF clinical staff (Registered Nurses, Licensed Vocational Nurses, delegated Medical Evaluation Assistants, Allied Ophthalmic Personnel, and delegated Health Workers) and Clinical support volunteer staff, as defined in the ZSFG Volunteer Policy Appendix F. While appropriately trained clinical staff members can complete all of the elements in the standing order protocol, appropriately trained Clinical support volunteer may only order diagnostic imaging and blood tests that are prompted by the Care Gaps section of EPIC.
8. Definitions
 - *Licensure*: refers to a restricted practice requiring a vetting process by which individuals are deemed qualified to perform that practice and are thus *licensed*. Certain clinical staff members are licensed by the State of California to perform defined patient-care activities.
 - *Standing Order*: an order for a specific set of patient-care activities that may be applied to any patient meeting certain criteria during a defined time period.
 - *Abbreviations Used*: Registered Nurse (RN), Licensed Vocational Nurses (LVN), Medical Evaluation Assistant (MEA), Health Workers I-IV (HW)

PROCEDURE FOR SFHN ADULT PRIMARY CARE:

ABDOMINAL AORTIC ANEURYSM SCREENING	For men aged 65-75, who have ever smoked, order a "Vascular ultrasound abdominal aorta limited" with reason for exam as "Aortic aneurysm (AAA) screening, smoking history (Age >= 50yo)" if no abdominal imaging done (ultrasound; CT with or without contrast; or MRI with or without contrast) between ages 65-74.
BREAST CANCER SCREENING	For a woman aged 40-74, authorized staff members with appropriate training will do the following: 1. If available, review previous mammogram recommendation and submit according to the recommendation 2. If last mammogram > 18 months or if patient has not had any previous mammograms, order mammogram 3. Patients with new symptoms should be reviewed with provider
CERVICAL CANCER SCREENING	For a patients with a cervix > 21yo, authorized staff members with appropriate training will do the following: 1. For patients aged 21-29, if last cytology test (PAP) > 33 months, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam." If PAP will be done at a future visit, schedule patient for PAP as appropriate. 2. For patients > age 30, if last PAP > 57 months with HPV co-test or >33 months without HPV co-test, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam" and " Human Papillomavirus (HPV), High Risk Genotype by PCR." If PAP will be done at a future visit, schedule patient for PAP as appropriate.
CHOLESTEROL SCREENING	Authorized staff members with appropriate training will do the following: Order lipid panel ¹ 1. Age 19 or older if no lipid panel in the past 5 years
CHRONIC CONTROLLED MEDICATION USE	If a patient presents requesting refills of controlled medications, Authorized staff members with appropriate training will do the following: 1. If no Utox in last 10 months, order Utox
CHRONIC KIDNEY DISEASE SCREENING	Authorized staff members with appropriate training will order the following for patients aged 18 and older: 1. With a diagnosis of diabetes: a basic metabolic panel and a urine

	microalbuminuria if not completed within the prior 10 months 2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months 3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
COLORECTAL CANCER SCREENING	For a patient aged 45-75, authorized staff members with appropriate training will review the care gap for guidance and do the following: 1. If colonoscopy within 10 yrs → Review last colonoscopy for recommendations on interval screening to confirm screening is up to date. If there is no recommendation about when to complete the next colonoscopy, refer to provider. 2. If colonoscopy > 10 yrs OR if FOBT/FIT >10 months OR if No FOBT/FIT → Order and offer FIT 3. If No colonoscopy AND if (FOBT/FIT >10 months or No FOBT/FIT) → Order and offer FIT
CONGESTIVE HEART FAILURE CARE	Authorized staff members with appropriate training will obtain an O2Sat
COPD/ASTHMA CARE	Authorized staff members with appropriate training will obtain an O2Sat
DEPRESSION SCREENING	Authorized staff members with appropriate training will do the following: If last PHQ2 is >10 months old, complete PHQ-2 screening questions and enter results into EHR
DIABETES SCREENING	Authorized staff members with appropriate training will order an A1c for the following patients 1. For patients who have a history of prediabetes, order A1c if no A1c has been done in the past 10 months 2. For patients who do not have a history of prediabetes a. Age ≥ 35, order A1C if not done in the past 36 months b. Age 18-34, order A1C once and if patient has a BMI of ≥ 25 3. For patients who have a history of gestational diabetes, order A1C if not done in past 36
DIABETES MANAGEMENT	Authorized staff members with appropriate training will do the following: 1. If last A1c > 10 months (or at an interval per local clinic program protocol), order A1c 2. If last metabolic panel > 10 months, order serum metabolic panel 3. If last urine microalb/Cr (UACR) > 10 months, order urine microalb/Cr (UACR) 4. <u>Review CareGap active for Teleretinal Screening</u> 5. <u>If clinic has a TRS camera, and no future appointment already scheduled with 4M, place order and complete teleretinal imaging.</u> 6. <u>If clinic does not have a TRS camera, refer to 4M for teleretinal screening.</u> 7. If last foot exam > 10 months: a. Perform Monofilament Test. b. Record MFT test results in EHR. c. If result is abnormal, refer to Podiatry

DYSURIA	If patient presents with complaint of dysuria, order a point of care urinalysis
HIV+ CARE	Authorized staff members with appropriate training will do the following: 1. If newly diagnosed HIV+, order the following labs if never documented: a. Blood tests: hepatitis A antibody, hepatitis B core IgG, surface antibody and antigen, hepatitis C antibody HLA-B*5071, Syphilis test, HIV Genotype WITH Integrase resistance, HIV Viral Load, Toxo IgG, G6PD, CD4 b. For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT c. For heterosexual men: Urine GC/CT d. For MSM: Urine, pharyngeal and rectal GC/CT 2. Order CBC w/ Platelets (if ≥ 3 mos after last), CD4 T Cells (if ≥ 3 mos after last), HIV Viral Load (if ≥ 3 mos after last), fasting Lipid Panel (if ≥ 10 mos after last), Syphilis test (if ≥ 3 mos after last), HIV-1 Genotype (if ≥ 10 mos after last), Quantiferon (if ≥ 10 mos after last), CMP (if ≥ 3 mos after last), GC/CT (if ≥ 6 mos after last), Hgb A1c (if ≥ 10 mos after last), Urinalysis (if ≥ 10 mos after last), Urine Microalbumin (if ≥ 10 mos after last) 3. If patient was never given MCV (Meningococcal Vaccine/Menactra), give 2 doses of MCV 8-12 weeks apart (previously vaccinated persons who received only one dose should receive a 2nd dose at the earliest opportunity, even if longer than 12 weeks). A booster dose should be given every 5 years. 4. Page the PHAST team to discuss immediate initiation of ART: 415-443-3892 5. Contact the SFDPH LINCS team to refer patient for partner services: 415-487-5506
HIV SCREENING	Authorized staff members with appropriate training will do the following: 1. If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY" 2. If patient is at increased risk for HIV², order "HIV 1/2 ANTIBODY" if last done > 10 mo ago
HEPATITIS B SCREENING	Authorized staff members with appropriate training will do the following: If a patient is age > 18 years old order PANEL "Hepatitis B HBV Surface Antigen" AND "Hepatitis B HBV Surface Antibody" AND "Hepatitis B Total HBV Core Antibody" if all components not previously done.
HEPATITIS C SCREENING	Authorized staff members with appropriate training will do the following: 1. If a patient is age ≥ 18 years old AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," order "HEPATITIS C HCV ANTIBODY." 2. If a patient is pregnant AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," during current pregnancy, order

	"HEPATITIS C HCV ANTIBODY."
IMMUNIZATIONS	The RN/LVN or delegated MEA/HW under the supervision of a provider administers immunization per CDPH's Immunization Recommendations. All nursing staff are expected to know the contraindications of all immunizations offered at Zuckerberg San Francisco General and the Community Primary Care Clinics. The RN/LVN or delegated MEA/HW will complete the following steps before administering immunizations: i. Reviews vaccination due in the Electronic Health Record (EHR) at time of visit. ii. Verifies vaccinations to be administered. iii. Gives patient Vaccination Information Sheet (VIS). iv. Checks chart, immunization card, EHR to verify the patient's immunization history. v. Completes the Screening Questionnaire for Adults vi. Reviews the completed Screening Questionnaire for contraindications before administering immunizations. vii. Obtains patient's oral agreement prior to administering immunizations after VIS given. viii. If any questions or concerns about administering immunizations, contacts Charge Nurse or provider. ix. Delegated MEA/HW has licensed clinician verify immunizations prior to administering, per clinic workflows.
MEDICAL DETOXIFICATION	If a patient presents for medical detoxification initial assessment, authorized staff members with appropriate training will do the following: 1. Order CBC w/ plt and diff, CMP, PT/INR 2. If no PPD or QFT w/i last 12 mos, order QFT or place PPD 3. If previous PPD+ or QFT+, AND no CXR w/in last 12 mos, order CXR PA+LAT 4. If female aged 18-50, order UPreg
PHARMACY PANEL MANAGEMENT	The clinical pharmacist can initiate or adjust medications for this patient according to the San Francisco Health Network Standardized Procedure for Ambulatory Care Clinical Pharmacist.
PrEP (Pre-Exposure Prophylaxis) LABS	Authorized staff members with appropriate training will do the following: Order PrEP Initial Labs during patient intake appointment: HIV Ab/Ag, HIV viral load, HBsAg, HBsAb, HBcAb, Hepatitis C ab, Hepatitis A total ab, CMP, Syphilis test, UPreg, i. For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT ii. For heterosexual men: Urine GC/CT iii. For MSM: Urine, pharyngeal and rectal GC/CT

	Order PrEP Follow-Up Labs while on PrEP (≥ 3 months after last): HIV Ab/Ag, BMP, UPreg, Syphilis test, - For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT - For heterosexual men: Urine GC/CT - For MSM: Urine, pharyngeal and rectal GC/CT; HCV ab (if >10 mo since last)
PREGNANCY INTENTION SCREENING	For a woman aged 12-50 (or post menarche and pre menopause) authorized staff members with appropriate training will <u>confidentially</u> ask: <u>Last menstrual period</u> <u>Would you like to be tested for pregnancy today?</u> - If yes, perform a urine pregnancy test if patient agrees or requests; report result to the provider.
STI SCREENING	Authorized staff members with appropriate training will do the following: Obtain and document a confidential phone number for any patient undergoing STI screening <i>All sexually active people ≥ 12 - ≤ 50 years of age who could become pregnant:</i> - Syphilis if no record of prior test (if at increased risk*, test if last done >10 mo) <i>Sexually active women < 25 years of age:</i> - Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done >10 mo - HIV if no record of prior test (if at increased risk*, test if last done >10 mo) <i>Sexually active women ≥ 25 years of age and at increased risk for STIs*</i> - Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done >10 mo - HIV if last done >10 mo - Syphilis if last done >10 mo <i>Sexually active men who have sex with women < 25 years of age and at increased for STIs*</i> - Urine gonorrhea (GC) and chlamydia (CT) if last done >10 mo - HIV if last done > 10 mo - Syphilis if last done >10 mo <i>Sexually active men who have sex with women ≥ 25 years of age and at increased for STIs*</i> - HIV if last done > 10 mo

- Syphilis if last done >10 mo

Sexually active men who have sex with men

- HIV if last done > 10 mo
- Syphilis if last done > 10 mo
- GC and CT from all sites of exposure if last tested > 10 mo ago
 - Urine if insertive anal sex or received oral sex in the last 12 months
 - Pharyngeal swab if performed oral sex on a penis in the last 12 months
 - Rectal swab if receptive anal sex in the last 12 months

Sexually active transgender people

- HIV if last done > 10 mo
- Syphilis if last done > 10 mo
- Offer GC and CT screening based on current anatomy and sites of exposure
 - Urine if has a penis and insertive anal sex or received oral sex in the last 12 months
 - Pharyngeal swab if performed oral sex on a penis in the last 12 months
 - Rectal swab if receptive anal sex in the last 12 months
 - Vaginal swab or urine if has a cervix and had receptive vaginal (front hole) sex in last 12 months

Sexually active people living with HIV

- Syphilis if last done > 10 mo
- Offer GC and CT screening based on current anatomy and sites of exposure
 - Urine if has a penis and insertive anal sex or received oral sex in the last 12 months
 - Pharyngeal swab if performed oral sex on a penis in the last 12 months
 - Rectal swab if receptive anal sex in the last 12 months
 - Vaginal swab or urine if has a cervix and had receptive vaginal (front hole) sex in last 12 months

Note: Vaginal, rectal, and throat swabs can be self-collected by the patient. If patient chooses to do self-collection, provide them with the appropriate multi-site swab and instructions on self-collection.

Swab instruction (English [and Spanish](#)):

- <https://www.sf.gov/cityclinic-testing>

**Sex with a man who has sex with men, history of STI in the past year, contact with sex partner with HIV/STI, methamphetamine use, non-*

	<i>prescribed opiate use, unstable housing or homelessness, sex work, intimate partner violence, or incarceration.</i>
TB SCREENING	If a patient meets one of the following criteria³: a. Requirement by program/school/employment b. Has one or more risk factors for TB based on the CDPH California TB Risk Assessment: a. Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*. Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons b. Homelessness or incarceration, current or past. Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime c. Immunosuppression, current or planned, HIV infection, organ transplant recipient, treated with biologic agents including TNFalpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/kg/day for ≥ 1 month) or other immunosuppressive medication d. Close contact to someone with infectious TB disease during lifetime Authorized staff members with appropriate training will do the following: a. Perform a TB symptom screen. All abnormal TB symptoms should be reported to the medical provider for required follow-up as TB skin/blood testing cannot be used to rule out active TB disease in the presence of symptoms. A TB symptom screen consists of: a. Cough lasting more than 2-3 weeks b. Cough with hemoptysis (blood in sputum) c. Fevers or night sweats d. Unintentional weight loss b. If TB symptoms are present, notify the medical provider for additional assessment and follow-up c. Ask the patient if they have ever had a reaction to a TB skin test. If YES: only an IGRA blood test (called "Quantiferon TB Gold In-tube" or QFT) should be used in order to avoid skin necrosis at the test site. d. If no previous +PPD or +QFT, and no QFT or PPD done within the last 12 months, draw QFT or place PPD e. If previous PPD+ or QFT+ documented in EHR: a. If no CXR documented after PPD+ or QFT+ order 2-view CXR PA+LAT

	b. If there is prior documentation of a normal CXR after the previously documented PPD+ or QFT+ order repeat CXR PA+LAT if any of the following is true: i. TB symptoms are present (also notify provider) ii. Patient needs initial clearance for work/school and most recent prior normal CXR is from over a year ago iii. Patient needs initial OR annual clearance for housing/shelter or behavioral health/drug treatment programs c. Ask about TB/LTBI treatment history and refer patient to provider for preventive treatment if they have never been treated for LTBI *Countries with elevated TB Risk: This includes many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, and South America. "Elevated TB rate" is defined as greater than or equal to 10 TB cases per 100,000 persons by National TB Controllers Association (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its Global Tuberculosis Report (bit.ly/who-global-tb-data), as well as a searchable TB country profile based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the United States, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates.
THYROID DISEASE CARE	Authorized staff members with appropriate training will do the following: 1. If new patient at initial encounter with known thyroid disease, order TSH with reflex to FT4
TRANSGENDER/MSM CARE	For transgender patients interested in hormonal reassignment of gender, authorized staff members with appropriate training will do the following: 1. Order baseline labs⁴: CBC with differential, CMP, glucose, hepatitis A antibody, hepatitis B surface antibody and antigen, hepatitis C antibody, Syphilis test, lipid profile, prolactin level (for MTF), HIV antibody, Quantiferon (TB blood test), urine GC/CT 2. MSM and Transgender persons who have sex with men: If patient was never given MCV (Meningococcal Vaccine/Menactra), give 2 doses of MCV 8-12 weeks apart (previously vaccinated persons who received only one dose should receive a 2nd dose at the earliest opportunity, even if longer than 12 weeks). A booster dose should be given every 5 years. 3. MSM and Transgender persons who have sex with men: If patient was never given MPOX vaccine, give 2 doses of MPOX 4 weeks apart.

APPENDIX:

1. Blumenthal RS, Morris PB, Gaudino M, Johnson HM, Anderson TS, Bittner VA, Blankstein R, Brewer LC, Cho L, de Ferranti SD, Gianos E, Gluckman TJ, Gradney KF, Isiadinso I, Lloyd-Jones DM, Marrs JC, Martin SS, McLain KH, Mehta LS, Mora S, Mulugeta WM, Natarajan P, Navar AM, Orringer CE, Polonsky TS, Reynolds HR, Saseen JJ, Shapiro MD, Soffer DE, Tynes SA, Villavaso CD, Virani SS, Wilkins JT. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. J Am Coll Cardiol. 2026 May 19;87(19):2624-2757. doi: 10.1016/j.jacc.2025.11.016. Epub 2026 Mar 13. PMID: 41824590.
2. Increased risk for HIV: anal intercourse without a condom, having vaginal intercourse without a condom and with more than 1 partner whose HIV status is unknown, exchanging sex for drugs or money (transactional sex), having other sexually transmitted infections (STIs) or a sex partner with an STI, and having a sex partner who is living with HIV or is in a high-risk category.
Increased risk for gonorrhea or chlamydia: Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. Annals of internal medicine. Sep 23 2014.
Increased risk for syphilis: women who have sex with men who have sex with men, STD in the past year, sex work, methamphetamine use, homelessness, or incarceration. Syphilis Infection in Non-pregnant Adults and Adolescents: Screening U.S. Preventive Services Task Force/ June 7th, 2016
3. “California Adult TB Risk Assessment and User Guide (August 2024 version)” and “California Pediatric TB Risk Assessment and User Guide (August 2024 version)” California Department of Public Health (CDPH). URL: <https://www.cdph.ca.gov/Programs/CID/DCDC/pages/tb-risk-assessment.aspx>. Accessed July 2026.
4. Protocols for Hormonal Reassignment of Gender, Tom Waddell Health Center, 05/07/13

PROCEDURE FOR SFHN AMBULATORY SPECIALTY CARE:

In addition to Standing Order Protocols for Primary Care, the following may apply to specific specialty care clinics.

CARDIOLOGY MANAGEMENT	Authorized staff members with appropriate training will do the following: 1. Obtain O2 Sat on all patients each provider visit 2. Perform ECG on the following patients: a. New Cardiology Clinic patients at initial visit b. All visits in Electrophysiology Clinic c. Patients with new complaint of acute chest pain 3. Annually for all patients with heart failure to screen for left bundle branch block Order Chest x-ray (PA and lateral) for new pacemaker patients, one-week post implant. 4. Metabolic panel, CBCs, PT/INR on all patients prior to the following procedures: a. Cardiac catheterization b. Transesophageal echocardiogram c. Cardioversion d. Pacemaker implants
CHRONIC KIDNEY DISEASE SCREENING	Authorized staff members with appropriate training will order the following: 1. With a diagnosis of diabetes: a basic metabolic panel and a urine microalbuminuria if not completed within the prior 10 months 2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months 3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
CONTRACEPTION COUNSELING	For a woman aged 12-50 (<u>or post menarche and pre menopause</u>), authorized staff members with appropriate training will confidentially ask: "Would you like to become pregnant in the next year?" 1. If no, refer patient to a trained staff member to discuss options for pregnancy prevention 2. If yes, refer patient to a trained staff member to provide preconception counseling
DERMATOLOGY MANAGEMENT	Authorized staff members with appropriate training will do the following: 1. Psoriasis Biologic Therapy (Applies only to: Etanercept, Adalimumab, Infliximab, Ustekinumab, Risankizumab, Guselkumab, Secukinumab, Ixekizumab, Bimekizumab) a. If no baseline labs are documented within past year, order: - Quantiferon-TB Gold (QFNG-TB) - HIV - Hepatitis B core antibody - Hepatitis B surface antibody

	Hepatitis B surface antigen b. If Hepatitis B core antibody is positive and no HBV viral load completed in the past 3 months, order: HBV viral load 2. Methotrexate a. If patient has an active Methotrexate prescription and no labs completed in the past 4 months, order: CBC with differential Comprehensive Metabolic Panel 3. Isotretinoin (Accutane) a. If initiating therapy and no baseline labs are documented, order: Comprehensive Metabolic Panel Lipid panel b. If no follow-up labs documented after goal dose is reached, order (one time): Comprehensive Metabolic Panel Lipid panel c. For patients requiring pregnancy monitoring (a woman aged 12-50 (or post menarche and pre menopause): Obtain urine pregnancy test monthly 4. Acitretin a. If patient has an active Acitretin prescription and no labs completed in the past 4 months, order: Lipid panel CBC with differential Comprehensive Metabolic Panel 5. JAK Inhibitors a. If no baseline labs are documented, order: Quantiferon-TB Gold (QFNG-TB) HIV Hepatitis B core antibody Hepatitis B surface antibody Hepatitis B surface antigen
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	b. If no TB screening completed in the past 12 months, order: Quantiferon-TB Gold (QFNG-TB) c. If patient has an active JAK inhibitor prescription and no labs completed in the past 4 months, order: CBC with differential Comprehensive Metabolic Panel Lipid panel d. For patients requiring pregnancy monitoring (a woman aged 12-50 (or post menarche and pre menopause): Obtain urine pregnancy test per protocol
DIABETES SCREENING	Authorized staff members with appropriate training will order an A1C for the following patients: 1. For patients who have a history of prediabetes, order A1c if no A1c has been done in the past 10 months 2. For patients who do not have a history of prediabetes a. Age ≥ 45, order A1C if not done in the past 30 months b. Age 18-44, order A1C if not done in the past 30 months and if patient has a BMI of ≥ 23
ENDOCRINOLOGY - DIABETES CLINIC	Authorized staff members with appropriate training will do the following: 1. If last A1c > 3 months, order A1c 2. Obtain POCT blood glucose test for <u>all diabetes visits unless patient has their own glucose meter or CGM with today's glucose value</u> 3. If last urine microalbumin/Cr > 10 months, order urine microalbumin/Cr 4. If last serum metabolic panel > 10 months, order serum metabolic panel 5. If last lipid panel > 10 months, order lipid panel 6. If last foot exam > 10 months perform Monofilament Test. 7. If last diabetes retinal eye exam > 10 months, place order for referral for diabetic retinal screen or perform with in clinic retinal camera
ENDOCRINOLOGY-LIPID CLINIC	Authorized staff members with appropriate training will do the following: 1. If no new result since last lipid clinic visit, order lipid panel 2. If patient is followed for a thyroid related condition and > 4 weeks since last thyroid labs, check TSH and FT4 3. If patient is followed for a calcium/parathyroid related condition and no renal/PTH since last appt, check renal panel and PTH Nuclear Medicine – Hyperthyroidism Scans 1. If patient scheduled for nuclear medicine thyroid scan and labs not completed within 2 days of the anticipated appointment, order: - o TSH - o Free T4 - o HCG serum if female

	Nuclear Medicine – Thyroid Cancer Scans/Treatment 1. If patient scheduled for nuclear medicine thyroid cancer scan/treatment and labs not ordered, order on day 1 of nuclear medicine appointment (I-123 administration day): - o TSH - o Free T4 - o Thyroglobulin panel - o HCG serum if female - o Random urine creatinine (spot) - o Random urine iodine (spot, send-out)
NEPHROLOGY MANAGEMENT	Authorized staff members with appropriate training will do the following: 1. For any patient scheduled with a Nephrology clinician: order the following diagnostic tests if they have not been completed in the 3 months prior to their encounter: a. Renal Function Panel b. Microalbumin/Creatinine Ratio, Urine c. Protein to creatinine ratio, urine d. CBC without differential e. PTH, Intact f. 25-OH Vitamin D 2. For any patient scheduled with a Nephrology clinician: order the following diagnostic tests if they have not been completed in the 12 months prior to their encounter: a. Fasting lipid panel b. Serum uric acid 3. For patients seen in the Nephrology clinic for anemia management and they have been on an erythropoietin-stimulating agent (i.e., Darbepoetin, Epogen) in the past 12 months: please order the following labs if they have not been completed in the prior 1 month: a. CBC without differential b. Ferritin c. Transferrin with iron saturation For patients who are kidney transplant recipients on tacrolimus who don't have a Tacrolimus level ordered, please order a tacrolimus level to be completed within 2 weeks of the patient's encounter with a Nephrology clinician.
OPHTHALMOLOGY/OPTOMETRY MANAGEMENT	Authorized staff members with appropriate training will do the following: 1. Review patient's Electronic Health Record prior to clinic. 2. Verify ophthalmic diagnostic orders (appendix A and appendix B) that need to be performed for the visit according to standard work.

	- Place ophthalmic diagnostic order on behalf of the appropriate clinician. Note that ALL ophthalmic diagnostic orders that are ordered by AOP require documented verification by a licensed clinician (MD/OD/DO). - Complete diagnostic tests accordingly. - Document finding(s) in the electronic health record.
PREGNANCY TESTING	Authorized staff members with appropriate training will order a urine pregnancy test for patients under the following circumstances: - Requested by the patient (women of all ages). - If the patient is missing monthly menses. - If the patient is scheduled for dental surgery with anesthesia - If the patient is starting or continuing a teratogenic drug. - If the patient is having a uterine or cervical procedure - before initiating contraception, unless healthcare provider reasonably certain patient is not pregnant. - If the patient is being seen in Reproductive Endocrinology and Infertility (REI) Clinic.
PULMONOLOGY MANAGEMENT	Authorized staff members with appropriate training will do the following: - Obtain O2 Sat on all patients each provider visit - Ambulatory/exertional oximetry testing - All patients annually - All Patients needing O2 prescription or prescription renewals - All patients with O2 Sat of <94% on RA or < 94% on O2 as currently ordered - O2 can be applied temporarily and titrated for testing on patients who do not have a current O2 order. Initiate O2 at 2 liters via nasal cannula or simple mask and titrate as necessary to maintain O2 Sat > = 94%
RADIOLOGY patients	Authorized staff members with appropriate training will do the following: CT with Contrast Studies: Serum Creatinine and GFR if none in chart within 45 days of contrast study date.
RHEUMATOLOGY MANAGEMENT	Authorized staff members with appropriate training will do the following: - If autoimmune disease diagnosis (RA, Vasculitis, Sarcoid Arthropathy, Psoriatic Arthritis, Scleroderma, Ankylosing spondylitis, Reactive arthritis, Sjögren syndrome, Mixed connective tissue disease, undifferentiated connective tissue disease, Giant cell arthritis, Granulomatosis with polyangiitis, Microscopic polyangiitis, Polyarteritis nodosa, Dermatomyositis, Polymyositis, Inclusion body myositis, or other myositis, unspecified) and no labs in past 3 months, order: - RA Panel - ESR - CRP (high sensitivity) - CBC with differential

	iv. CMP
	2. If a diagnosis of Systemic lupus erythematosus(Lupus) and no labs in past 6 months, order: a. Lupus Panel: i. RA Panel ii. Anti-dsDNA antibody iii. C3 complement iv. C4 complement v. Urine protein, creatinine 3. If gout diagnosis and no uric acid in past 6 months, order: a. Uric acid b. CBC c. CMP 4. If a patient is taking Methotrexate, Leflunomide, Mycophenolate, Azathioprine, Cyclophosphamide, Tofacitinib, Baricitinib, or Upadacitinib and there is no lab result within the last 3 months, order: a. CBC b. CMP c. ESR 5. CRP

REFERENCES

1. [CDPH's Immunization Recommendations](#)
2. One Key Question (Frayne DJ, Verbiest S, Chelmow D, et al. Health Care System Measures to Advance Preconception Wellness: Consensus Recommendations of the Clinical Workgroup of the National Preconception Health and Health Care Initiative. *Obstetrics & Gynecology*. 2016;127(5):863-872. doi: 10.1097/AOG.0000000000001379)
3. American College of Obstetricians and Gynecologists (ACOG)
4. Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. *Annals of internal medicine*. Sep 23 2014.
5. American Diabetes Association (ADA) 2017 Guidelines
6. Blumenthal RS, Morris PB, Gaudino M, Johnson HM, Anderson TS, Bittner VA, Blankstein R, Brewer LC, Cho L, de Ferranti SD, Gianos E, Gluckman TJ, Gradney KF, Isiadinso I, Lloyd-Jones DM, Marrs JC, Martin SS, McLain KH, Mehta LS, Mora S, Mulugeta WM, Natarajan P, Navar AM, Orringer CE, Polonsky TS, Reynolds HR, Saseen JJ, Shapiro MD, Soffer DE, Tynes SA, Villavaso CD, Virani SS, Wilkins JT. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2026 May 19;87(19):2624-2757. doi: 10.1016/j.jacc.2025.11.016. Epub 2026 Mar 13. PMID: 41824590.
7. Adapted from Centers for Medicare and Medicaid Guidelines. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Oxygen-Therapy-Text-Only.pdf>

Appendix A Ophthalmic Diagnostic Orders

1. OPTICAL COHERENCE TOMOGRAPHY (OCT) – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. OCT MACULA
 - B. OCT RNFL
 - C. ANTERIOR SEGMENT OCT
 - D. OCT OPTIC NERVE
 - E. OCT-ANGRIOGRAPHY
2. VISUAL FIELD – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. HUMPHREY VISUAL FIELD (30-2, 24-2, 10-2, SUPERIOR 36)
 - B. AUTOMATED VISUAL FIELD (DYNAMIC VISUAL FIELD, GOLDMANN VISUAL FIELD)
3. OPTICAL BIOMETRY- LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
4. ULTRASOUND – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. A-SCAN (A-SCAN BIOMETRY, IMMERSION A-SCAN, DIAGNOSTIC A-SCAN, CONTACT A-SCAN)
 - B. B-SCAN (ULTRASOUND BIOMICROSCOPE(UBM), POSTERIOR B-SCAN, ANTERIOR B-SCAN)
5. POSTERIOR PHOTO – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. COLOR FUNDUS PHOTO
 - B. OPTIC DISC PHOTO –STEREO, NON-STEREO
 - C. FUNDUS AUTOFLUORESCENCE
 - D. TELERETINAL SCREENING PHOTOGRAPHY
6. EXTERNAL PHOTO – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. SLIT LAMP PHOTO
 - B. EXTERNAL PHOTO
7. TOPOGRAPHY – – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
8. FLUORESCEIN ANGIOGRAPHY — LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)*
9. ICG ANGIOGRAPHY – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)*

*only the component of image orders is included in this protocol.

Appendix B Ophthalmic Diagnostic Order Sets for Sub-Specialty Clinics in Ophthalmology

All patients who are scheduled in the following sub-specialty clinic or for the following visit reason in ophthalmology will need the following diagnostic tests according to clinic protocol, unless indicated otherwise.

1. Retina Sub-Specialty
 - A. Surgical Retina Clinic
 - 1) Diabetic Patients
 - Color Fundus Photo
 - OCT Macula
 - 2) Non-Diabetic Patients
 - OCT Macula
 - B. Medical Retina Clinic
 - OCT Macula
2. Laser 3 and all other visits for intravitreal injection or possible intravitreal injection
 - OCT Macula
3. Diagnostic Testing for Biometry
 - Optical Biometry
 - Topography
 - A-Scan Biometry if unable to obtain axial length in optical biometry, or axial length difference equal or greater than 0.3mm in optical biometry.
4. Neuro-Ophthalmology Clinic
 - VISUAL FIELD
 - OCT Macula
 - OCT RNFL
 - COLOR FUNDUS PHOTO
5. Pre-Op and Post-Op for Pterygium excision
 - Topography
 - Slit Lamp Photo
6. Pre-op for Ptosis
 - Humphrey Visual Field – Superior 36 (Ptosis Field)
 - External Photo
7. Diabetic Retinal Screening Clinic
 - Teleretinal Screening Photography

PROCEDURE FOR SFHN PEDIATRIC PRIMARY CARE:

In addition to Standing Order Protocols for Primary Care, the following may apply to specific primary care clinics.

PROCEDURE:

ANEMIA SCREENING	The authorized staff with the appropriate training will screen for anemia once between ages 9-18 mo and once between ages 2yo-3 yo, with a hemoglobin (hemocue) can be performed annually for participants of the WIC program (ie 3-5yo).
CHOLESTEROL SCREENING	Authorized staff members with appropriate training will do the following: Order a lipid panel: 1. Once between ages of 9-11 years
FLUORIDE VARNISH	The authorized staff with appropriate training will apply up to 0.1 ml fluoride varnish to any child with erupted teeth at every visit, up to four times a year, through the 6 th birthday after obtaining verbal consent from the guardian.
IMMUNIZATION	The authorized staff with the appropriate training under the supervision of a provider administers immunization per Zuckerberg San Francisco General recommendations (see attached; based on annual CDPH Immunization Recommendations). All nursing staff are expected to know the contraindications of all immunizations offered at Zuckerberg San Francisco General and the Community Primary Care Clinics
LEAD	Screen for lead once after the first birthday (typically at 12mo WCC visit) and once again between the 2 nd and 5 th birthdays.
TB SCREENING	If a patient meets one of the following criteria²: - Requirement by program/school/employment - Has one or more risk factors for TB based on the CDPH California TB Risk Assessment: - Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*. Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons - Homelessness or incarceration, current or past. Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime - Immunosuppression, current or planned, HIV infection, organ transplant recipient, treated with biologic agents including TNFalpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/kg/day for ≥ 1 month) or other immunosuppressive medication - Close contact to someone with infectious TB disease during lifetime

Authorized staff members with appropriate training will do the following:

- a. Perform a TB symptom screen. **All abnormal TB symptoms should be reported to the medical provider for required follow-up** as TB skin/blood testing cannot be used to rule out active TB disease in the presence of symptoms. A TB symptom screen consists of:
 - a. Cough lasting more than 2-3 weeks
 - b. Cough with hemoptysis (blood in sputum)
 - c. Fevers or night sweats
 - d. Unintentional weight loss
- b. If TB symptoms are present, notify the medical provider for additional assessment and follow-up
- c. Ask the patient if they have ever had a reaction to a TB skin test. If YES: **only an IGRA blood test (called "Quantiferon TB Gold In-tube" or QFT) should be used in order to avoid skin necrosis at the test site.**
- d. If no previous +PPD or +QFT, and no QFT or PPD done within the last 12 months, draw QFT or place PPD
- e. If previous PPD+ or QFT+ documented in EHR:
 - a. If no CXR documented after PPD+ or QFT+ order 2-view CXR PA+LAT
 - b. If there is prior documentation of a normal CXR after the previously documented PPD+ or QFT+ order repeat CXR PA+LAT if any of the following is true:
 - i. TB symptoms are present (also notify provider)
 - ii. Patient needs initial clearance for work/school and most recent prior normal CXR is from over a year ago
 - iii. Patient needs initial OR annual clearance for housing/shelter or behavioral health/drug treatment programs
 - c. Ask about TB/LTBI treatment history and refer patient to provider for preventive treatment if they have never been treated for LTBI

***Countries with elevated TB Risk:** This includes many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, and South America. "Elevated TB rate" is defined as greater than or equal to 10 TB cases per 100,000 persons by National TB Controllers Association (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its Global Tuberculosis Report (bit.ly/who-global-tb-data), as well as a searchable TB country profile based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the United States, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates.

- All nursing staff are expected to know the contraindication of placing a

	PPD (there are no true contraindications of placing a PPD, but it should not be done in someone with a prior positive PPD, history of tuberculosis, active rash on arms, born outside of the United States, or receipt of MMR vaccine <4 weeks before).
TEEN SCREENING/STI SCREENING	Teen Screening (ages 12-17): The following SOPs are protected to the teen patient and should not be performed in front of a guardian/caregiver. • Obtain and document a confidential phone number for any patient undergoing screening • The authorized staff with the appropriate training shall collect Urine dip (clean catch) for females > 12 years old with symptoms of dysuria, urgency or frequency, • The authorized staff with the appropriate training shall perform a urine pregnancy test at patient request or if >age 12 and responds yes to the question, "Could you be pregnant today?" and will report any positive result to the provider. • STI SCREENING: • If patient aged >= 15yo regardless of sexual activity ○ Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send ○ If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. • If aged >12 and sexually active: ○ Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send ○ If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. • Additional STI screening per provider discretion
Transcutaneous bilirubin	Obtain a Transcutaneous Bilirubin (TcB) using a Transcutaneous Bilimeter at Newborn visits for neonates through the first 14 days of life for all visits and up to 28 days of life when requested.

PROCEDURE FOR SFHN PERINATAL CARE:

In addition to Standing Order Protocols for Primary Care, the following applies to clinics providing perinatal care.

Prenatal Decision Support Tool and Standing Orders – Designed to facilitate initiation of Prenatal duties by authorized staff with the appropriate training when patients come for a Prenatal intake and/or appointment with an ObGyn/Prenatal provider without requiring a direct MD order.

Gestational age	Name of test or Vaccination	Testing Frequency/Situation	Referrals/Education
At any gestational age at OB intake visit or earliest possible prenatal visit	Initial Labs: ○ ABO/Rh Blood Type and Screen ○ CBC ○ Ferritin ○ Syphilis test ○ Rubella antibody IgG ○ Varicella antibody IgG ○ <u>Hepatitis B surface antigen</u> ○ <u>Hepatitis B surface antibody and Hepatitis B core antibody if not previously documented.</u> ○ Hepatitis C Antibody ○ HIV ½ Antibody and Antigen ○ Hemoglobin A1c ○ Urine Culture ○ Chem 7 urine dip ○ Quantiferon if positive TB risk assessment by CDPH Risk Assessment Tool (link) Gonorrhea (GC) and Chlamydia (CT)	Once Perform only if not already documented in chart	○ Refer to Genetic Counseling for 1+ “YES” answer from genetic questionnaire on California Prenatal Screening Program (CPSP care plan) ○ Complete CPSP Orientation within 30 days of prenatal care initiation. ○ Complete initial CPSP Assessments for Nutritionist (30 Min), Psychosocial (30 min), Health Education (30 min), minimum required time per California Perinatal Services Program (CPSP) ○ Refer to US – dating, NT (11-14 2/7 weeks), Fetal survey (18-20 weeks.) ○ WIC Referral ○ Dental Referral ○ Assess dependent care needs and appointment navigation. ○ PHN/BIH/SisterWeb Doula Referral ○ Refer to RD if initial A1c 5.7-6.4
	Early GLT	Within one week of results if initial hemoglobin A1c 5.7-6.4. If entering care >35 weeks consult provider to individualize care.	
	NIPT (cell free fetal DNA genetic screening), carrier screening if not previously documented	Once at >10 weeks gestational age.	
	Prenatal Vitamins	Dispense as needed throughout the pregnancy. 1 tablet daily throughout pregnancy and post-partum	

	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once between 27-36 weeks of gestation if not previously given	
	RSV	Once at 32-36 weeks gestation from September to January	
15 – 21 WEEKS	msAFP (second trimester genetic screening)	Once at specific to gestational age (15-21 weeks)	○ Refer to Genetic Counseling , if Abnormal Expanded Screen results ○ Complete 2nd trimester CPSP Assessments (Psychosocial/ Nutrition/Health Education ○ ○ Refer to US - Fetal survey (18-22 wks.) ○
	Urine dip Chem-2 (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI	
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	
	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	at high risk for Hepatitis A or severe infe
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	

24 – 28 WEEKS	3 rd Trimester Labs: GLT, 1 hour Syphilis antibody/RPR serology CBC Ferritin HIV ½ antibodies and antigen GTT as needed	GTT (3 hour fasting) once as needed based on GLT result	Complete 3rd Trimester CPSP Assessments (Nutrition/Psychosocial/Health Education)
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	
	Rhogam	ABO/Rh and antibody screen prior to administration of Rhogam Give Rhogam at 28 weeks if Rh negative	
	Urine dip Chem 7	UTI symptoms	
	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if ~~Hep A non-immune~~ and not up to date and	at high risk for Hepatitis A or severe infe
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once between 27-36 weeks of gestation with each pregnancy	
28 – 36 WEEKS	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	- Refer to Post-Partum Tubal Ligation Class (if applicable) - Breast feeding education material - Birth preferences and assess childcare resources as needed for planned admission - Order breast pump - PPTL consent papers to be signed by 35 6/7 weeks
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI	

	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	at high risk for Hepatitis A or severe infe
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once between 27-36 weeks of gestation with each pregnancy. Recommend Tdap to newborn close contacts (partner, caregivers)	
	RSV	Once at 32-36 weeks gestation from September to January (or into the spring if CDPH advises that the RSV se	se
36 – 41 WEEKS	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	○ Breastfeeding education
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI	
	Repeat GC and CT screening	At 36 weeks if <25 years old or high risk	
	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	At any gestational age if Hep A non-immune	
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once if not previously given	
	RSV	Once at 32-36 weeks gestation from September to January (or into unusually long)	

	US position check Group B Strep	Once at 36 weeks Once at 36 weeks	With point of care ultrasound obstetric provider if available. At antenatal testing if not. Clinic collect/self-collect
POST PARTUM	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	○ Complete Postpartum CPSP Assessments (Nutrition/Psychosocial/Health Education) ○ Screen for Depression (PHQ-2 or Edinburgh)
	GLT, 2 hour	At 6 weeks post-partum only if patient is diagnosed with GDM during pregnancy	
	Vaccinations:		
	COVID-19	If not up to date with current year's	
	Hepatitis A series	At any gestational age if Hep A non-immune	
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	During flu season yearly if not Up to date	
	Tdap	If not up to date	
	MMR	Postpartum if not up to date	
	Varicella	Postpartum if not up to date	
	HPV	Postpartum if not up to date	
	Urine dip (chem 7)	UTI symptoms, diabetes, or h/o recurrent UTI	

Vaccine	Aug	Sep	Oct	Nov	Dec	Jan	Feb - Jul
Tdap	Can be administered at any time						
COVID-19		Administer as soon as available	However, it can be administered at any time of the year to eligible individuals				
Influenza		Ideally administer in the early fall	However, it can be administered at any time while the virus is circulating.				

RSV		Administer September through January in most of the continental U.S.*	
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Table adapted from ACOG www.acog.org/clinical-information/maternal-immunization-schedule

REFERENCES: These standards are a distillation of recommendations from both medical literature and provider input, including but not limited to: United States Preventive Service Taskforce, American College of Obstetricians and Gynecologist, The American College of Nurse-Midwives, and the California Department of Public Health

APPROVAL

Ambulatory Care Committee	August 2026
Medical Executive Committee	

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SFHN Ambulatory Care Clinics Combined Standing Order Protocols for Health Care Maintenance and Chronic Disease Management

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[PROCEDURE FOR SFHN ADULT PRIMARY CARE:](#)

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[PROCEDURE FOR SFHN AMBULATORY SPECIALTY CARE:](#)

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[PROCEDURE FOR SFHN PEDIATRIC PRIMARY CARE:](#)

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[PROCEDURE FOR SFHN PERINATAL CARE:](#)

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STATEMENT OF POLICY:

The ZSFG Medical Staff policy regarding Standing Order Protocols (SOPs) for Health Care Maintenance and Chronic Disease Management is that it must be renewed annually by the designated primary care provider or ambulatory care provider of record. Specifically, SOPs enable authorized staff members with appropriate training to apply SOPs applicable to the patient's visit type and care delivery site/ setting, in order to complete panel management in-reach and outreach activities.

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1. SFHN Ambulatory Care Clinics allow appropriately trained clinical staff to follow Standing Orders when the order meets the following criteria:
 - a. Describes a specific patient-care task;
 - b. Describes patient-related criteria required to qualify for task; and
 - c. Defines a time period during which task may be performed.
2. The Standing Order is initiated and/or checked as received and reviewed in the medical record by the supervising provider or Clinical Leadership annually. All requisitions to the laboratory, x-ray, or other services are made under the name of the supervising/treating or primary clinician.
3. All staff will be oriented/trained to the Standing Order protocols prior to generating or executing standing orders for any patient, using available standard work documents. The Clinical Leadership of each clinic site/department must document staff who have been appropriately trained and achieved competency on completing aspects of the Standing Order Protocol. The Clinical Leadership is also responsible for assuring compliance and adherence of staff to the standing order protocols.
4. The Standing Orders described in this document reflect the boundaries of the scope of practice of Medical Assistants as described in the regulations of the Medical Board of California that state, "Medical Assistants are not allowed to read, interpret or diagnose symptoms or test results." The Standing Orders described in this document for Ophthalmology/Optometry management reflect the boundaries of the scope of practice of Allied Ophthalmic Personnel (AOP) as described in the regulations of the International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), "AOP may not diagnose or treat eye disorders and may not prescribe medications; they are not independent practitioners." In the SFHN Ophthalmology

clinic, AOP refers to Certified Ophthalmic Assistant, Certified Ophthalmic Technicians, Certified Ophthalmic Medical Technologists, Registered Ophthalmic Ultrasound Biometrists, and Certified Diagnostic Ophthalmic Sonographers.

5. All immunizations or other medications given by non-licensed staff require documented verification by a licensed clinician (MD, DO, NP, CNM, PA, RN).
6. Newly created Standing Orders will be reviewed and approved to assess safety, and congruence with approved clinical guidelines. Standing Orders will be reviewed annually, and more frequently whenever corresponding clinical guidelines and best practices are revised. Departments sponsoring Standing Orders are responsible for the annual review of those Standing Orders.
7. Authorized staff members with appropriate training includes DPH/UCSF clinical staff (Registered Nurses, Licensed Vocational Nurses, delegated Medical Evaluation Assistants, Allied Ophthalmic Personnel, and delegated Health Workers) and Clinical support volunteer staff, as defined in the ZSFG Volunteer Policy Appendix F. While appropriately trained clinical staff members can complete all of the elements in the standing order protocol, appropriately trained Clinical support volunteer may only order diagnostic imaging and blood tests that are prompted by the Care Gaps section of EPIC.
8. Definitions
 - *Licensure*: refers to a restricted practice requiring a vetting process by which individuals are deemed qualified to perform that practice and are thus *licensed*. Certain clinical staff members are licensed by the State of California to perform defined patient-care activities.
 - *Standing Order*: an order for a specific set of patient-care activities that may be applied to any patient meeting certain criteria during a defined time period.
 - *Abbreviations Used*: Registered Nurse (RN), Licensed Vocational Nurses (LVN), Medical Evaluation Assistant (MEA), Health Workers I-IV (HW)

PROCEDURE FOR SFHN ADULT PRIMARY CARE:

ABDOMINAL AORTIC ANEURYSM SCREENING	For men aged 65-75, who have ever smoked, <u>order a "Vascular ultrasound abdominal aorta limited" with reason for exam as "Aortic aneurysm (AAA) screening, smoking history (Age >= 50yo)"</u> ~~order a "vascular ultrasound abdominal aortic aneurysm screening evaluation"~~ if no abdominal imaging done (ultrasound; CT with or without contrast; or MRI with or without contrast) between ages 65-74.
BREAST CANCER SCREENING	For a woman aged 40-74, authorized staff members with appropriate training will do the following: <u>1. If available, review previous mammogram recommendation and submit according to the recommendation</u> <u>2. If last mammogram > 18 months or if patient has not had any previous mammograms, order mammogram</u> <u>3. Patients with new symptoms should be reviewed with provider</u>
CERVICAL CANCER SCREENING	For a patients with a cervix > 21yo, authorized staff members with appropriate training will do the following: - For patients aged 21-29, if last cytology test (PAP) > 33 months, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam." If PAP will be done at a future visit, schedule patient for PAP as appropriate. - For patients > age 30, if last PAP > 57 months with HPV co-test or >33 months without HPV co-test, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam" and "Human Papillomavirus (HPV), High Risk Genotype by PCR." If PAP will be done at a future visit, schedule patient for PAP as appropriate.
CHOLESTEROL SCREENING	Authorized staff members with appropriate training will do the following: Order lipid panel ¹⁶ <u>Order a lipid panel:</u> <u>Age 19 or older if no lipid panel in the past 5 years</u> <u>Children age 9-11 once</u>

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	<u>Order a Lp(a)</u> <u>Age 19 or older if never obtained (once?)</u> <u>2026 AHA guideline is below:</u> <u>(https://doi.org/10.1161/CIR.0000000000001423 if you want reference to change the reference they have</u> 1. <u>If male and aged 35 and older OR women aged 45 and older</u> 2. <u>If male aged 20-35 or female 20-45, AND with one of the following cardiovascular risk factors:</u> a. <u>Diabetes.</u> b. <u>Previous personal history of CHD or non-coronary atherosclerosis (e.g., abdominal aortic aneurysm, peripheral artery disease, carotid artery stenosis).</u> c. <u>A family history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives.</u> d. <u>Tobacco use.</u> e. <u>Hypertension.</u> f. <u>Obesity (BMI ≥30)</u>
	If a patient presents requesting refills of controlled medications, Authorized staff members with appropriate training will do the following: 1. If no Utox in last 10 months, order Utox
	Authorized staff members with appropriate training will order the following for patients aged 18 and older: 1. With a diagnosis of diabetes: a basic metabolic panel and a urine microalbuminuria if not completed within the prior 10 months 2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months 3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
COLORECTAL	For a patient aged 45-75, authorized staff members with appropriate training will review the care gap for guidance and do the following: 1. If colonoscopy within 10 yrs → Review last colonoscopy for recommendations on interval screening to confirm screening is up to date. If there is no recommendation about when to complete the next colonoscopy, refer to provider. 2. If colonoscopy > 10 yrs OR if FOBT/FIT >10 months OR if No FOBT/FIT → Order and offer FIT 3. If No colonoscopy AND if (FOBT/FIT >10 months or No FOBT/FIT) → Order and offer FIT

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CONGESTIVE HEART FAILURE CARE	Authorized staff members with appropriate training will obtain an O2Sat
COPD/ASTHMA CARE	Authorized staff members with appropriate training will obtain an O2Sat
DEPRESSION SCREENING	Authorized staff members with appropriate training will do the following: If last PHQ2 is >10 months old, complete PHQ-2 screening questions and enter results into EHR
DIABETES SCREENING	Authorized staff members with appropriate training will order an A1c for the following patients 1. For patients who have a history of prediabetes, order A1c if no A1c has been done in the past 10 months 2. For patients who do not have a history of prediabetes a. Age ≥ 345, order A1C if not done in the past 360 months b. Age 18-344, order A1C <u>once if not done in the past 30 months</u> and if patient has a BMI of ≥ 253 <u>with at least one other risk factor.</u> 3. <u>For patients who have a history of gestational diabetes, order A1C if not done in past 360 (or 32 or 36 months)</u>
DIABETES MANAGEMENT	Authorized staff members with appropriate training will do the following: 1. If last A1c > 10 months (or at an interval per local clinic program protocol), order A1c 2. If last metabolic panel > 10 months, order serum metabolic panel 3. If last urine microalb/Cr (UACR) > 10 months, order urine microalb/Cr (UACR) 4. <u>Review CareGap active for Teleretinal Screening.</u> 5. <u>If clinic has a TRS camera, and no future appointment already scheduled with 4M, place order and complete teleretinal imaging.</u> 6. <u>If clinic does not have a TRS camera, refer to 4M for teleretinal screening.</u> 7. If last foot exam > 10 months: a. Perform Monofilament Test. b. Record MFT test results in EHR. c. If result is abnormal, refer to Podiatry
DYSURIA	If patient presents with complaint of dysuria, order a point of care urinalysis
HIV+ CARE	Authorized staff members with appropriate training will do the following: 1. If newly diagnosed HIV+, order the following labs if never documented:

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	- Blood tests: hepatitis A antibody, hepatitis B core IgG, surface antibody and antigen, hepatitis C antibody HLA-B*5071, Syphilis test, HIV Genotype WITH Integrase resistance, HIV Viral Load, Toxo IgG, G6PD, CD4 - For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT - For heterosexual men: Urine GC/CT - For MSM: Urine, pharyngeal and rectal GC/CT - Order CBC w/ Platelets (if ≥ 3 mos after last), CD4 T Cells (if ≥ 3 mos after last), HIV Viral Load (if ≥ 3 mos after last), fasting Lipid Panel (if ≥ 10 mos after last), Syphilis test (if ≥ 3 mos after last), HIV-1 Genotype (if ≥ 10 mos after last), Quantiferon (if ≥ 10 mos after last), CMP (if ≥ 3 mos after last), GC/CT (if ≥ 6 mos after last), Hgb A1c (if ≥ 10 mos after last), Urinalysis (if ≥ 10 mos after last), Urine Microalbumin (if ≥ 10 mos after last) - If patient was never given MCV (Meningococcal Vaccine/Menactra), give 2 doses of MCV 8-12 weeks apart (previously vaccinated persons who received only one dose should receive a 2nd dose at the earliest opportunity, even if longer than 12 weeks). A booster dose should be given every 5 years. - Page the PHAST team to discuss immediate initiation of ART: 415-443-3892 - Contact the SFDPH LINCIS team to refer patient for partner services: 415-487-5506
HIV SCREENING	Authorized staff members with appropriate training will do the following: - If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY" - If patient is at increased risk for HIV²⁴, order "HIV 1/2 ANTIBODY" if last done > 10 mo ago
HEPATITIS B SCREENING	Authorized staff members with appropriate training will do the following: If a patient is age > 18 years old order PANEL "Hepatitis B HBV Surface Antigen" AND "Hepatitis B HBV Surface Antibody" AND "Hepatitis B Total HBV Core Antibody" if all components not previously done.
HEPATITIS C SCREENING	Authorized staff members with appropriate training will do the following: If a patient is age ≥18 years old AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," order "HEPATITIS C

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	HCV ANTIBODY." 2. If a patient is pregnant AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," during current pregnancy, order "HEPATITIS C HCV ANTIBODY."
IMMUNIZATIONS	The RN/LVN or delegated MEA/HW under the supervision of a provider administers immunization per CDPH's Immunization Recommendations. All nursing staff are expected to know the contraindications of all immunizations offered at Zuckerberg San Francisco General and the Community Primary Care Clinics. The RN/LVN or delegated MEA/HW will complete the following steps before administering immunizations: - Reviews vaccination due in the Electronic Health Record (EHR) at time of visit. - Verifies vaccinations to be administered. - Gives patient Vaccination Information Sheet (VIS). - Checks chart, immunization card, EHR to verify the patient's immunization history. - Completes the Screening Questionnaire for Adults - Reviews the completed Screening Questionnaire for contraindications before administering immunizations. - Obtains patient's oral agreement prior to administering immunizations after VIS given. - If any questions or concerns about administering immunizations, contacts Charge Nurse or provider. - Delegated MEA/HW has licensed clinician verify immunizations prior to administering, per clinic workflows.
MEDICAL DETOXIFICATION	If a patient presents for medical detoxification initial assessment, authorized staff members with appropriate training will do the following: - Order CBC w/ plt and diff, CMP, PT/INR - If no PPD or QFT w/i last 12 mos, order QFT or place PPD - If previous PPD+ or QFT+, AND no CXR w/i last 12 mos, order CXR PA+LAT - If female aged 18-50, order UPreg
PHARMACY PANEL MANAGEMENT	The clinical pharmacist can initiate or adjust medications for this patient according to the San Francisco Health Network Standardized Procedure for Ambulatory Care Clinical Pharmacist.
PrEP (Pre-Exposure Prophylaxis) LABS	Authorized staff members with appropriate training will do the following:

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	Order PrEP Initial Labs during patient intake appointment: HIV Ab/Ag, HIV viral load, HBsAg, HBsAb, HBcAb, Hepatitis C ab, Hepatitis A total ab, CMP, Syphilis test, UPreg, - For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT - For heterosexual men: Urine GC/CT - For MSM: Urine, pharyngeal and rectal GC/CT Order PrEP Follow-Up Labs while on PrEP (≥ 3 months after last): HIV Ab/Ag, BMP, UPreg, Syphilis test, - For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT - For heterosexual men: Urine GC/CT - For MSM: Urine, pharyngeal and rectal GC/CT; HCV ab (if >10 mo since last)
PREGNANCY INTENTION SCREENING	For a woman aged 12-50 (or post menarche and pre menopause) authorized staff members with appropriate training will <u>confidentially</u> ask: <u>Last menstrual period.</u> <u>Would you like to be tested for pregnancy today?</u> - If yes, perform a urine pregnancy test if patient agrees or requests; report result to the provider.
STI SCREENING	Authorized staff members with appropriate training will do the following: Obtain and document a confidential phone number for any patient <u>undergoing STI screening age <25</u> <i>All sexually active people $\geq 12 - \leq 50$ years of age who could become pregnant:</i> - Syphilis if no record of prior test (if at increased risk*, test if last done >10 mo) <i>Sexually active women < 25 years of age:</i> - Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done >10 mo - HIV if no record of prior test (if at increased risk*, test if last done >10 mo) <i>Sexually active women ≥ 25 years of age and at increased risk for STIs*</i> - Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done

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- >10 mo
- HIV if last done >10 mo
- Syphilis if last done >10 mo

*Sexually active men who have sex with women < 25 years of age and at increased for STIs**

- Urine gonorrhea (GC) and chlamydia (CT) if last done >10 mo
- HIV if last done > 10 mo
- Syphilis if last done >10 mo

*Sexually active men who have sex with women ≥ 25 years of age and at increased for STIs**

- HIV if last done > 10 mo
- Syphilis if last done >10 mo

Sexually active men who have sex with men

- HIV if last done > 10 mo
- Syphilis if last done > 10 mo
- GC and CT from all sites of exposure if last tested > 10 mo ago
 - Urine if insertive anal sex or received oral sex in the last 12 months
 - Pharyngeal swab if performed oral sex on a penis in the last 12 months
 - Rectal swab if receptive anal sex in the last 12 months

Sexually active transgender people

- HIV if last done > 10 mo
- Syphilis if last done > 10 mo
- Offer GC and CT screening based on current anatomy and sites of exposure
 - Urine if has a penis and insertive anal sex or received oral sex in the last 12 months
 - Pharyngeal swab if performed oral sex on a penis in the last 12 months
 - Rectal swab if receptive anal sex in the last 12 months
 - Vaginal swab or urine if has a cervix and had receptive vaginal (front hole) sex in last 12 months

Sexually active people living with HIV

- Syphilis if last done > 10 mo
- Offer GC and CT screening based on current anatomy and sites of exposure
 - Urine if has a penis and insertive anal sex or received

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	oral sex in the last 12 months - o Pharyngeal swab if performed oral sex on a penis in the last 12 months - o Rectal swab if receptive anal sex in the last 12 months - o Vaginal swab or urine if has a cervix and had receptive vaginal (front hole) sex in last 12 months Note: Vaginal, rectal, and throat swabs can be self-collected by the patient. If patient chooses to do self-collection, provide them with the appropriate multi-site swab and instructions on self-collection. ~~(Throat swab – Engl, Span or Rectal swab – Engl, Span)~~ ~~https://www.sfdcdp.org/wp-content/uploads/2018/01/Chlamydia-Gonorrhea-TMA-SFDPH-FINAL-01.19.2021.pdf~~ Swab instruction (English ~~and Spanish~~visuals): • ~~https://www.sf.gov/cityclinic-testing~~ • ~~http://www.sfcityclinic.org/providers/VaginalSwab_ENG.pdf~~ • ~~http://www.sfcityclinic.org/providers/PharyngealSwab_ENG.pdf~~ • ~~http://www.sfcityclinic.org/providers/RectalSwab_ENG.pdf~~ Patient instructions in Spanish are available on the SFCC website: ~~http://www.sfcityclinic.org/providers/#SelfCollection~~ <i>*Sex with a man who has sex with men, history of STI in the past year, contact with sex partner with HIV/STI, methamphetamine use, non-prescribed opiate use, unstable housing or homelessness, sex work, intimate partner violence, or incarceration.</i>
TB SCREENING	If a patient meets one of the following criteria²³: a. ~~Requirement by program/school/employment~~ b. ~~Has one or more risk factors for TB based on the CDPH California TB Risk Assessment:~~ a. ~~Foreign born (except Canada and Australia) Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*.~~ ~~Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons~~ b. ~~Marginally housed or homeless~~ ~~Homelessness or incarceration, current or past. Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional~~

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	<u>facility during lifetime</u> <u>c. ~~Has diabetes~~ immunosuppression, current or planned, HIV infection, organ transplant recipient, treated with biologic agents including TNF alpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/kg/day for ≥1 month) or other immunosuppressive medication</u> <u>~~a-d.~~ Close contact to someone with infectious TB disease during lifetime</u> <u>e. Current or former tobacco smoker</u> <u>d. HIV positive</u> <u>e. Immunosuppressed</u> <u>f. Requirement by program/school/employment</u> Authorized staff members with appropriate training will do the following: <u>a. Perform a TB symptom screen. All abnormal TB symptoms should be reported to the medical provider for required follow-up as TB skin/blood testing cannot be used to rule out active TB disease in the presence of symptoms. A TB symptom screen consists of:</u> <u>a. Cough lasting more than 2-3 weeks</u> <u>b. Cough with hemoptysis (blood in sputum)</u> <u>c. Fevers or night sweats</u> <u>d. Unintentional weight loss</u> <u>b. If TB symptoms are present, notify the medical provider for additional assessment and follow-up</u> <u>c. Ask the patient if they have ever had a reaction to a TB skin test. If YES: only an IGRA blood test (called "Quantiferon TB Gold In-tube" or QFT) should be used in order to avoid skin necrosis at the test site.</u> <u>a. If EHR does not contain any prior result of "Quantiferon TB" OR "PPD", order "Quantiferon TB Gold In-Tube" or place PPD</u> <u>d. If no previous +PPD or +QFT, and no QFT or PPD done within the last 12 months, draw QFT or place PPD</u> <u>e. If previous PPD+ or QFT+ documented in EHR:</u> <u>a. If no CXR documented after PPD+ or QFT+ order 2-view CXR PA+LAT</u> <u>b. If there is prior documentation of a normal CXR after the previously documented PPD+ or QFT+ order repeat CXR PA+LAT if any of the following is true:</u> <u>i. TB symptoms are present (also notify provider)</u>
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	ii. <u>Patient needs initial clearance for work/school and most recent prior normal CXR is from over a year ago</u> iii. <u>Patient needs initial OR annual clearance for housing/shelter or behavioral health/drug treatment programs</u> c. <u>Ask about TB/LTBI treatment history and refer patient to provider for preventive treatment if they have never been treated for LTBI</u><u>If TB screening is for annual requirement by program/school/employment AND no previous +PPD or +QFT, order "Quantiferon TB Gold In-Tube" or place PPD if none in last 12 months; if previous PPD+ or QFT+, AND no CXR w/in last 12 mos, order CXR PA+LAT</u> <u>*Countries with elevated TB Risk: This includes many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, and South America. "Elevated TB rate" is defined as greater than or equal to 10 TB cases per 100,000 persons by National TB Controllers Association (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its Global Tuberculosis Report (bit.ly/who-global-tb-data), as well as a searchable TB country profile based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the United States, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates.</u>
THYROID DISEASE CARE	Authorized staff members with appropriate training will do the following: 1. If new patient at initial encounter with known thyroid disease, order TSH with reflex to FT4
TRANSGENDER/MSM CARE	For transgender patients interested in hormonal reassignment of gender, authorized staff members with appropriate training will do the following: 1. Order baseline labs⁴⁷: CBC with differential, CMP, glucose, hepatitis A antibody, hepatitis B surface antibody and antigen, hepatitis C antibody, Syphilis test, lipid profile, prolactin level (for MTF), HIV antibody, Quantiferon (TB blood test), urine GC/CT 2. MSM and Transgender persons who have sex with men: If patient was never given MCV (Meningococcal Vaccine/Menactra), give 2 doses of MCV 8-12 weeks apart (previously vaccinated persons who received only one dose should receive a 2nd dose at the

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	earliest opportunity, even if longer than 12 weeks). A booster dose should be given every 5 years.
	3. MSM and Transgender persons who have sex with men: If patient was never given MPOX vaccine, give 2 doses of MPOX 4 weeks apart.

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APPENDIX:

1. American College of Obstetricians and Gynecologists (ACOG)
2. "California Adult TB Risk Assessment and User Guide (August 2024 version)" and "California Pediatric TB Risk Assessment and User Guide (August 2024 version)" California Department of Public Health (CDPH). URL: https://www.cdph.ca.gov/Programs/CID/DCDC/pages/tb_risk_assessment.aspx. Accessed July 2026. "New Guidelines for TB Infection Screening, Treatment, and Referrals to the SF TB Clinic," Julie Higashi, MD PhD, TB Controller, Disease Prevention and Control Branch, Population Health Division, San Francisco Department of Public Health, Summer 2013
3. ~~Increased risk for HIV: anal intercourse without a condom, having vaginal intercourse without a condom and with more than 1 partner whose HIV status is unknown, exchanging sex for drugs or money (transactional sex), having other sexually transmitted infections (STIs) or a sex partner with an STI, and having a sex partner who is living with HIV or is in a high-risk category.~~
~~Increased risk for gonorrhea or chlamydia: Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. Annals of Internal Medicine. Sep 23 2014.~~
~~Increased risk for syphilis: women who have sex with men who have sex with men, STD in the past year, sex work, methamphetamine use, homelessness, or incarceration. Syphilis Infection in Non-pregnant Adults and Adolescents: Screening U.S. Preventive Services Task Force/ June 7th, 2016~~
4. American Diabetes Association 2020
1. Blumenthal RS, Morris PB, Gaudino M, Johnson HM, Anderson TS, Bittner VA, Blankstein R, Brewer LC, Cho L, de Ferranti SD, Gianos E, Gluckman TJ, Gradney KF, Isadienso I, Lloyd-Jones DM, Marris JC, Martin SS, McLain KH, Mehta LS, Mora S, Mulugeta WM, Natarajan P, Navar AM, Orringer CE, Polonsky TS, Reynolds HR, Saseen JJ, Shapiro MD, Soffer DE, Tynes SA, Villavaso CD, Virani SS, Wilkins JT. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/AHA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. J Am Coll Cardiol. 2026 May 19;87(19):2624-2757. doi: 10.1016/j.jacc.2025.11.016. Epub 2026 Mar 13. PMID: 41824590. ~~Final Update Summary: Lipid Disorders in Adults (Cholesterol, Dyslipidemia): Screening. U.S. Preventive Services Task Force. July 2015.~~
2. ~~Increased risk for HIV: anal intercourse without a condom, having vaginal intercourse without a condom and with more than 1 partner whose HIV status is unknown, exchanging sex for drugs or money (transactional sex), having other sexually transmitted infections (STIs) or a sex partner with an STI, and having a sex partner who is living with HIV or is in a high-risk category.~~
~~Increased risk for gonorrhea or chlamydia: Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted~~

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infection. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. Annals of internal medicine. Sep 23 2014.
Increased risk for syphilis: women who have sex with men who have sex with men, STD in the past year, sex work, methamphetamine use, homelessness, or incarceration. Syphilis Infection in Non-pregnant Adults and Adolescents: Screening U.S. Preventive Services Task Force/ June 7th, 2016

5.

3. “California Adult TB Risk Assessment and User Guide (August 2024 version)” and “California Pediatric TB Risk Assessment and User Guide (August 2024 version)” California Department of Public Health (CDPH). URL: <https://www.cdph.ca.gov/Programs/CID/DCDC/pages/tb-risk-assessment.aspx>. Accessed July 2026.

6-4. Protocols for Hormonal Reassignment of Gender, Tom Waddell Health Center, 05/07/13

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PROCEDURE FOR SFHN AMBULATORY SPECIALTY CARE:

In addition to Standing Order Protocols for Primary Care, the following may apply to specific specialty care clinics.

CARDIOLOGY MANAGMENT	Authorized staff members with appropriate training will do the following: 1. Obtain O2 Sat on all patients each provider visit 2. Perform ECG on the following patients: a. New Cardiology Clinic patients at initial visit b. All visits in Electrophysiology Clinic c. Patients with new complaint of acute chest pain 3. Annually for all patients with heart failure to screen for left bundle branch blockOrder Chest x-ray (PA and lateral) for new pacemaker patients, one-week post implant. 4. Metabolic panel, CBCs, PT/INR on all patients prior to the following procedures: a. Cardiac catheterization b. Transesophageal echocardiogram c. Cardioversion d. Pacemaker implants
CHRONIC KIDNEY DISEASE SCREENING	Authorized staff members with appropriate training will order the following: 1. With a diagnosis of diabetes: a basic metabolic panel and a urine microalbuminuria if not completed within the prior 10 months 2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months 3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
CONTRACEPTION COUNSELING	For a woman aged 12-50 (<u>or post menarche and pre menopause</u>), authorized staff members with appropriate training will confidentially ask: "Would you like to become pregnant in the next year?" 1. If no, refer patient to a trained staff member to discuss options for pregnancy prevention 2. If yes, refer patient to a trained staff member to provide preconception counseling
DERMATOLOGY MANAGEMENT	<u>Authorized staff members with appropriate training will do the following:</u> <u>1. Psoriasis Biologic Therapy (Applies only to: Etanercept, Adalimumab, Infliximab, Ustekinumab, Risankizumab, Guselkumab, Secukinumab, Ixekizumab, Bimekizumab)</u>

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	<u>Quantiferon-TB Gold (QFNG-TB)</u> <u>HIV</u> <u>Hepatitis B core antibody</u> <u>Hepatitis B surface antibody</u> <u>Hepatitis B surface antigen</u> b. <u>If no TB screening completed in the past 12 months, order:</u> <u>Quantiferon-TB Gold (QFNG-TB)</u> c. <u>If patient has an active JAK inhibitor prescription and no labs completed in the past 4 months, order:</u> <u>CBC with differential</u> <u>Comprehensive Metabolic Panel</u> <u>Lipid panel</u> d. <u>For patients requiring pregnancy monitoring (a woman aged 12-50 (or post menarche and pre menopause):</u> <u>Obtain urine pregnancy test per protocol</u>
DIABETES SCREENING	Authorized staff members with appropriate training will order an A1C for the following patients: - For patients who have a history of prediabetes, order A1c if no A1c has been done in the past 10 months - For patients who do not have a history of prediabetes - Age ≥ 45, order A1C if not done in the past 30 months - Age 18-44, order A1C if not done in the past 30 months and if patient has a BMI of ≥ 23
ENDOCRINOLOGY - DIABETES MANAGEMENT CLINIC	Authorized staff members with appropriate training will do the following: - If last A1c > 3-4 months, order A1c - Obtain POCT blood glucose test for <u>new and established patients at every diabetes clinic visit; all diabetes visits unless patient has their own glucose meter or CGM with today's glucose value</u> - If last urine microalbumin/Cr > 10 months, order urine microalbumin/Cr - If last serum metabolic panel > 10 months, order serum metabolic panel - If last lipid panel > 10 months, order lipid panel - If last foot exam > 10 months <u>perform Monofilament Test.</u> - If last diabetes retinal eye exam > 10 months, place order for referral for diabetic retinal screen <u>or perform with in clinic retinal camera</u>
ENDOCRINOLOGY - MANAGEMENT (includes Diabetes, Lipid Including LIPID CLINIC, Weight	Authorized staff members with appropriate training will do the following: <u>If last A1c > 3 months, order A1c</u> <u>Obtain POCT blood glucose for all diabetes visits unless patient has their own glucose meter or CGM with today's glucose</u>

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	c. <u>Protein to creatinine ratio, urine</u> d. <u>CBC without differential</u> e. <u>PTH, Intact</u> f. <u>25-OH Vitamin D</u> 2. <u>For any patient scheduled with a Nephrology clinician: order the following diagnostic tests if they have not been completed in the 12 months prior to their encounter:</u> a. <u>Fasting lipid panel</u> b. <u>Serum uric acid</u> 3. <u>For patients seen in the Nephrology clinic for anemia management and they have been on an erythropoietin-stimulating agent (i.e., Darbepoetin, Epogen) in the past 12 months: please order the following labs if they have not been completed in the prior 1 month:</u> a. <u>CBC without differential</u> b. <u>Ferritin</u> c. <u>Transferrin with iron saturation</u> a- <u>For patients who are kidney transplant recipients on tacrolimus who don't have a Tacrolimus level ordered, please order a tacrolimus level to be completed within 2 weeks of the patient's encounter with a Nephrology clinician.</u>
OPHTHALMOLOGY/ OPTOMETRY MANAGEMENT	Authorized staff members with appropriate training will do the following: 1. Review patient's Electronic Health Record prior to clinic. 2. Verify ophthalmic diagnostic orders (appendix A and appendix B) that need to be performed for the visit according to standard work. 3. Place ophthalmic diagnostic order on behalf of the appropriate clinician. Note that ALL ophthalmic diagnostic orders that are ordered by AOP require documented verification by a licensed clinician (MD/OD/DO). 4. Complete diagnostic tests accordingly. 5. Document finding(s) in the electronic health record.
PREGNANCY TESTING	Authorized staff members with appropriate training will order a urine pregnancy test for patients under the following circumstances: 1. Requested by the patient (women of all ages). 2. If the patient is missing monthly menses. 3. If the patient is scheduled for dental surgery with anesthesia 4. If the patient is starting or continuing a teratogenic drug. 5. If the patient is having a uterine or cervical procedure 6. before initiating contraception, unless healthcare provider reasonably certain patient is not pregnant. 7. If the patient is being seen in Reproductive Endocrinology and Infertility (REI) Clinic.
PULMONOLOGY	Authorized staff members with appropriate training will do the

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MANAGEMENT	following: - Obtain O2 Sat on all patients each provider visit - Ambulatory/exertional oximetry testing - All patients annually - All Patients needing O2 prescription or prescription renewals - All patients with O2 Sat of <94% on RA or < 94% on O2 as currently ordered - O2 can be applied temporarily and titrated for testing on patients who do not have a current O2 order. Initiate O2 at 2 liters via nasal cannula or simple mask and titrate as necessary to maintain O2 Sat > = 94%
RADIOLOGY patients	Authorized staff members with appropriate training will do the following: CT with Contrast Studies: Serum Creatinine and GFR if none in chart within 45 days of contrast study date.
RHEUMATOLOGY MANAGEMENT	<u>Authorized staff members with appropriate training will do the following:</u> <u>If autoimmune disease diagnosis (RA, Vasculitis, Sarcoid Arthropathy, Psoriatic Arthritis, Scleroderma, Ankylosing spondylitis, Reactive arthritis, Sjögren syndrome, Mixed connective tissue disease, undifferentiated connective tissue disease, Giant cell arthritis, Granulomatosis with polyangiitis, Microscopic polyangiitis, Polyarteritis nodosa, Dermatomyositis, Polymyositis, Inclusion body myositis, or other myositis, unspecified) and no labs in past 3 months, order:</u> <u>RA Panel</u> <u>ESR</u> <u>CRP (high sensitivity)</u> <u>CBC with differential</u> <u>CMP</u> <u>If a diagnosis of Systemic lupus erythematosus(Lupus) and no labs in past 6 months, order:</u> <u>Lupus Panel:</u> <u>RA Panel</u> <u>Anti-dsDNA antibody</u> <u>C3 complement</u> <u>C4 complement</u> <u>Urine protein, creatinine</u> <u>If gout diagnosis and no uric acid in past 6 months, order:</u> <u>Uric acid</u> <u>CBC</u> <u>CMP</u>

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	4. <u>If a patient is taking Methotrexate, Leflunomide, Mycophenolate, Azathioprine, Cyclophosphamide, Tofacitinib, Baricitinib, or Upadacitinib and there is no lab result within the last 3 months, order:</u> a. <u>CBC</u> b. <u>CMP</u> c. <u>ESR</u> a. <u>5. CRP</u>
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Additional inclusions without a current solution:

- Ability of clinic RN to transcribe/rewrite an order as written to change administration route to clinic administered. Annual update and training? Shreya not sure if SOP.
- Vaccine administration by all staff(Flu, Covid) without co-signature by any 2430 — Vanessa to work w/PC and align language

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2. One Key Question (Frayne DJ, Verbiest S, Chelmow D, et al. Health Care System Measures to Advance Preconception Wellness: Consensus Recommendations of the Clinical Workgroup of the National Preconception Health and Health Care Initiative. *Obstetrics & Gynecology*. 2016;127(5):863-872. doi: 10.1097/AOG.0000000000001379)
3. American College of Obstetricians and Gynecologists (ACOG)
4. Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. *Annals of internal medicine*. Sep 23 2014.
- ~~5. American Diabetes Association (ADA) 2017 Guidelines~~
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- ~~6. Blumenthal RS, Morris PB, Gaudino M, Johnson HM, Anderson TS, Bittner VA, Blankstein R, Brewer LC, Cho L, de Ferranti SD, Gianos E, Gluckman TJ, Gradney KF, Isadinso I, Lloyd-Jones DM, Marrs JC, Martin SS, McLain KH, Mehta LS, Mora S, Mulugeta WM, Natarajan P, Navar AM, Orringer CE, Polonsky TS, Reynolds HR, Saseen JJ, Shapiro MD, Soffer DE, Tynes SA, Villavaso CD, Virani SS, Wilkins JT. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2026 May 19;87(19):2624-2757. doi: 10.1016/j.jacc.2025.11.016. Epub 2026 Mar 13. PMID: 41824590.~~
- ~~6. Final Update Summary: Lipid Disorders in Adults (Cholesterol, Dyslipidemia): Screening. U.S. Preventive Services Task Force. July 2015.~~
7. Adapted from Centers for Medicare and Medicaid Guidelines. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Oxygen-Therapy-Text-Only.pdf>

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Appendix A Ophthalmic Diagnostic Orders

1. OPTICAL COHERENCE TOMOGRAPHY (OCT) – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. OCT MACULA
 - B. OCT RNFL
 - C. ANTERIOR SEGMENT OCT
 - D. OCT OPTIC NERVE
 - E. OCT-ANGRIOGRAPHY
2. VISUAL FIELD – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. HUMPHREY VISUAL FIELD (30-2, 24-2, 10-2, SUPERIOR 36)
 - B. AUTOMATED VISUAL FIELD (DYNAMIC VISUAL FIELD, GOLDMANN VISUAL FIELD)
3. OPTICAL BIOMETRY- LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
4. ULTRASOUND – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. A-SCAN (A-SCAN BIOMETRY, IMMERSION A-SCAN, DIAGNOSTIC A-SCAN, CONTACT A-SCAN)
 - B. B-SCAN (ULTRASOUND BIOMICROSCOPE(UBM), POSTERIOR B-SCAN, ANTERIOR B-SCAN)
5. POSTERIOR PHOTO – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. COLOR FUNDUS PHOTO
 - B. OPTIC DISC PHOTO –STEREO, NON-STEREO
 - C. FUNDUS AUTOFLUORESCENCE
 - D. TELERETINAL SCREENING PHOTOGRAPHY
6. EXTERNAL PHOTO – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
 - A. SLIT LAMP PHOTO
 - B. EXTERNAL PHOTO
7. TOPOGRAPHY – – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)
8. FLUORESCEIN ANGIOGRAPHY – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)*
9. ICG ANGIOGRAPHY – LEFT EYE (OS), RIGHT EYE (OD), BOTH EYES (OU)*

*only the component of image orders is included in this protocol.

Appendix B Ophthalmic Diagnostic Order Sets for Sub-Specialty Clinics in Ophthalmology

All patients who are scheduled in the following sub-specialty clinic or for the following visit reason in ophthalmology will need the following diagnostic tests according to clinic protocol, unless indicated otherwise.

1. Retina Sub-Specialty
 - A. Surgical Retina Clinic
 - 1) Diabetic Patients
 - Color Fundus Photo
 - OCT Macula
 - 2) Non-Diabetic Patients
 - OCT Macula
 - B. Medical Retina Clinic
 - OCT Macula
2. Laser 3 and all other visits for intravitreal injection or possible intravitreal injection
 - OCT Macula
3. Diagnostic Testing for Biometry
 - Optical Biometry
 - Topography
 - A-Scan Biometry if unable to obtain axial length in optical biometry, or axial length difference equal or greater than 0.3mm in optical biometry.
4. Neuro-Ophthalmology Clinic
 - VISUAL FIELD
 - OCT Macula
 - OCT RNFL
 - COLOR FUNDUS PHOTO
5. Pre-Op and Post-Op for Pterygium excision
 - Topography
 - Slit Lamp Photo
6. Pre-op for Ptosis
 - Humphrey Visual Field – Superior 36 (Ptosis Field)
 - External Photo
7. Diabetic Retinal Screening Clinic
 - Teleretinal Screening Photography

PROCEDURE FOR SFHN PEDIATRIC PRIMARY CARE:

In addition to Standing Order Protocols for Primary Care, the following may apply to specific primary care clinics.

PROCEDURE:

ANEMIA SCREENING	The authorized staff with the appropriate training will screen for anemia once between ages 9-18 mo and once between ages 2yo-3 yo, <u>with a hemoglobin (hemocue)</u> -can be performed annually for participants of the WIC program (ie 3-5yo).
CHOLESTEROL SCREENING	<u>Authorized staff members with appropriate training will do the following:</u> <u>Order a lipid panel;</u> <u>1. Once between ages of 9-11 years</u>
FLUORIDE VARNISH	The authorized staff with appropriate training will apply up to 0.1 ml fluoride varnish to any child with erupted teeth at every visit, up to four times a year, through the 6 th birthday after obtaining verbal consent from the guardian.
IMMUNIZATION	The authorized staff with the appropriate training under the supervision of a provider administers immunization per Zuckerberg San Francisco General recommendations (see attached; based on annual <u>CDPH Immunization Recommendations</u> <u>CDC guidelines as found on eeziz.org</u>). All nursing staff are expected to know the contraindications of all immunizations offered at Zuckerberg San Francisco General and the Community Primary Care Clinics.
LEAD	Screen for lead once after the first birthday (typically at 12mo WCC visit) and once again between the 2 nd and 5 th birthdays.
TB SCREENING	~~The authorized staff with appropriate training conducts TB risk factor screening annually and documents the result in the medial record and on required paper forms.~~ <u>-If a patient meets one of the following criteria²:</u> <u>a. Requirement by program/school/employment</u> <u>b. Has one or more risk factors for TB based on the CDPH California TB Risk Assessment;</u> <u>a. Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*. Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons</u> <u>b. Homelessness or incarceration, current or past. Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime</u>

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- c. Immunosuppression, current or planned, HIV infection, organ transplant recipient, treated with biologic agents including TNFalpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/kg/day for ≥1 month) or other immunosuppressive medication
- d. Close contact to someone with infectious TB disease during lifetime

Authorized staff members with appropriate training will do the following:

- a. Perform a TB symptom screen. **All abnormal TB symptoms should be reported to the medical provider for required follow-up** as TB skin/blood testing cannot be used to rule out active TB disease in the presence of symptoms. A TB symptom screen consists of:
 - a. Cough lasting more than 2-3 weeks
 - b. Cough with hemoptysis (blood in sputum)
 - c. Fevers or night sweats
 - d. Unintentional weight loss
- b. If TB symptoms are present, notify the medical provider for additional assessment and follow-up
- c. Ask the patient if they have ever had a reaction to a TB skin test. If YES: **only an IGRA blood test (called "Quantiferon TB Gold In-tube" or QFT) should be used in order to avoid skin necrosis at the test site.**
- d. If no previous +PPD or +QFT, and no QFT or PPD done within the last 12 months, draw QFT or place PPD
- e. If previous PPD+ or QFT+ documented in EHR:
 - a. If no CXR documented after PPD+ or QFT+ order 2-view CXR PA+LAT
 - b. If there is prior documentation of a normal CXR after the previously documented PPD+ or QFT+ order repeat CXR PA+LAT if any of the following is true:
 - i. TB symptoms are present (also notify provider)
 - ii. Patient needs initial clearance for work/school and most recent prior normal CXR is from over a year ago
 - iii. Patient needs initial OR annual clearance for housing/shelter or behavioral health/drug treatment programs
 - c. Ask about TB/LTBI treatment history and refer patient to provider for preventive treatment if they

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	have never been treated for LTBI *Countries with elevated TB Risk: This includes many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, and South America. "Elevated TB rate" is defined as greater than or equal to 10 TB cases per 100,000 persons by National TB Controllers Association (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its Global Tuberculosis Report (bit.ly/who-global-tb-data), as well as a searchable TB country profile based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the United States, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates. • TB SCREENING is considered positive if a patient meets one of the following criteria: ◦ Birth, travel or residence in a TB-endemic area (outside of US, Canada, Australia, New Zealand, Western or Northern Europe) for >1 month since last screening ◦ Has had a household member with confirmed active TB since the last screening ◦ Confirmed HIV positive ◦ Starting or currently on immunosuppression therapy • If the TB SCREENING is positive, authorized staff will: ◦ If EHR does not contain any prior result of "Quantiferon TB" OR "PPD", order "Quantiferon TB Gold In Tube" for patients born outside of the United States or place PPD for patients born in the United States. ◦ If there is documentation of previous PPD+ or QFT+, AND no CXR within the last 12 months, order CXR PA+LAT • If authorized staff with appropriate training suspects the patient is at risk but is unsure about risk level or which test to order/perform, they should check with provider for that visit. • All nursing staff are expected to know the contraindication of placing a PPD (there are no true contraindications of placing a PPD, but it should not be done in someone with a prior positive PPD, history of tuberculosis, active rash on arms, born outside of the United States, or receipt of MMR vaccine <4 weeks before).
TEEN SCREENING/STI SCREENING	Teen Screening (ages 12-17): The following SOPs are protected to the teen patient and should not be performed in front of a guardian/caregiver. • <u>Obtain and document a confidential phone number for any patient undergoing screening</u> • The authorized staff with the appropriate training shall collect Urine dip (clean catch) for females > 12 years old with symptoms of dysuria,

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	urgency or frequency, - The authorized staff with the appropriate training shall perform a urine pregnancy test at patient request or if >age 12 and responds yes to the question, "Could you be pregnant today?" and will report any positive result to the provider. STI SCREENING: ~~Obtain and document a confidential phone number.~~ - If patient aged >= 15yo regardless of sexual activity - Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send - If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. - If aged >12 and sexually active: - Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send - If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. - Additional STI screening per provider discretion
Transcutaneous bilirubin	Obtain a Transcutaneous Bilirubin (TcB) using a Transcutaneous Bilimeter at Newborn visits for neonates through the first 14 days of life for all visits and up to 28 days of life when requested.

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PROCEDURE FOR SFHN PERINATAL CARE:

In addition to Standing Order Protocols for Primary Care, the following applies to clinics providing perinatal care.

Prenatal Decision Support Tool and Standing Orders – Designed to facilitate initiation of Prenatal duties by authorized staff with the appropriate training when patients come for a Prenatal intake and/or appointment with an ObGyn/Prenatal provider without requiring a direct MD order.

Gestational age	Name of test or Vaccination	Testing Frequency/Situation	Referrals/Education	Formatted: Font: (Default) +Body (Calibri)
At any gestational age at OB intake visit or earliest possible prenatal visit	Initial Labs:	Once	Refer to Genetic Counselor for Advanced Maternal Age (AMA)	Formatted: Font: (Default) +Body (Calibri)
	- ABO/Rh Blood Type and Screen - CBC - Ferritin - Syphilis test - Rubella antibody IgG - Varicella antibody IgG - Hepatitis B surface antigen - Hepatitis B surface antibody, Hepatitis B surface antigen, and Hepatitis B core antibody if not previously documented. - Hepatitis C Antibody - HIV 1/2 Antibody and Antigen - Hemoglobin A1c - Urine Culture - Chem 7 urine dip - Quantiferon if positive TB risk assessment by CDPH Risk Assessment Tool (link)	Perform only if not already documented in chart	- Refer to Genetic Counseling for 1+ "YES" answer from genetic questionnaire on California Prenatal Screening Program (CPSP care plan) - Complete CPSP Orientation within 30 days of prenatal care initiation. - Complete initial CPSP Assessments for Nutrition (30 Min), Psychosocial (30 min), Health Education (30 min), minimum required time per California Perinatal Services Program (CPSP)	Formatted: Font: (Default) +Body (Calibri), 11 pt
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			- Refer to US – dating, NT (11-14 2/7 weeks), Fetal survey (18-20 weeks.) - WIC Referral - Dental Referral - Assess dependent care needs and appointment navigation.	Formatted: Font: (Default) +Body (Calibri)
			PHN/BIH/SisterWeb Doula Referral	Formatted: Font: (Default) +Body (Calibri)
			Refer to RD if initial A1c 5.7-6.4	
	Gonorrhea (GC) and Chlamydia (CT)			
	Early GLT	Within one week of results if initial hemoglobin A1c 5.7-6.4. If entering care >35 weeks consult provider to individualize care.		
	NIPT (cell free fetal DNA genetic screening), carrier screening if <u>not previously documented</u> indicated	Once at >10 weeks gestational age.		
	Prenatal Vitamins	Dispense as needed throughout the pregnancy. 1 tablet daily		

		throughout pregnancy and post-partum		
	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if ~~Hep A~~ ~~non-immune and~~ not up to date and		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
	Tdap	Once between 27-36 weeks of gestation if not previously given		Formatted: Font: (Default) +Body (Calibri)
	RSV	Once at 32-36 weeks gestation from September to January		Formatted: Font: (Default) +Body (Calibri)
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15 – 21 WEEKS	msAFP (second trimester genetic screening)	Once at specific to gestational age (15-21 weeks)	Refer to Genetic Counselor, if Abnormal Expanded Screen results	Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem-2 (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	Complete 2nd trimester C Assessments (Psychosocial/ Nutrition/Health Education)	Formatted: Font: (Default) +Body (Calibri), 11 pt
			Refer to US - Fetal survey (18-22 wks.)	Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI		
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum		
	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if ~~Hep A~~ ~~non-immune and~~ not up to date and	at high risk for Hepatitis A or severe infection	Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
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24 – 28 WEEKS	3 rd Trimester Labs:	GTT (3 hour fasting) once as needed based on GLT result	Complete 3rd Trimester C Assessments (Nutrition/Psychosocial/Plth Education)	Formatted: Font: (Default) +Body (Calibri)
	GLT, 1 hour Syphilis antibody/RPR serology CBC Ferritin HIV ½ antibodies and antigen GTT as needed			Commented [TK4]: As per Martin Escandon, clarification to use 3 hour 75g glucose load test instead of 2 hour 50g glucose test (previous practice prior to 2022).
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum		Formatted: Font: (Default) +Body (Calibri), 11 pt
	Rhogam	ABO/Rh and antibody screen prior to administration of Rhogam Give Rhogam at 28 weeks if Rh negative		Formatted: Font: (Default) +Body (Calibri), 11 pt
	Urine dip Chem 7	UTI symptoms		Formatted: Font: (Default) +Body (Calibri)
	Vaccinations:			
	COVID-19	At any gestational age if not up to date with current year's vaccine		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and at high risk for Hepatitis A or severe infection		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
28 – 36 WEEKS	Tdap	Once between 27-36 weeks of gestation with each pregnancy if not previously given		Formatted: Font: (Default) +Body (Calibri)
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	- Refer to Post-Partum Tut Ligation Class (if applicable) - Breast feeding education material - Birth preferences and assess childcare resources as needed for planned admission - Order breast pump - Offer L&D tour - PPTL consent papers to be signed by 35 6/7 weeks	Formatted: Font: (Default) +Body (Calibri)
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia		Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI		

36 – 41 WEEKS	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and at high risk for Hepatitis A or severe infection		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
	Tdap	Once between 27-36 weeks of gestation <u>if not previously given with each pregnancy.</u> Recommend Tdap to newborn close contacts (partner, caregivers)		Formatted: Font: (Default) +Body (Calibri)
	RSV	Once at 32-36 weeks gestation from September to January <u>(or into the spring if CDPH advises that the RSV season is unusually long)</u>		Formatted: Font: (Default) +Body (Calibri)
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	o Breast-feeding education	Formatted: Font: (Default) +Body (Calibri)
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia		Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI		
	Repeat GC and CT <u>and Trichomonas</u> screening	At 36 weeks if <25 years old or high risk		Commented [EM5]: Change language - "Repeat GC and CT screening". Routine Trichomonas screening in asymptomatic pregnant patients is no longer our standard practice.
	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	At any gestational age if Hep A non-immune		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
	Tdap	Once if not previously given		Formatted: Font: (Default) +Body (Calibri)
	RSV	Once at 32-36 weeks gestation from September to January <u>(or into the spring if CDPH advises that the RSV season is unusually long)</u>		Formatted: Font: (Default) +Body (Calibri)
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	US position check Group B Strep	Once at 36 weeks Once at 36 weeks	Antenatal testing With point of care ultrasound obstetric provider if available. At antenatal testing if not. Clinic collect/self-collect	Commented [EM6]: Change - "With point of care ultrasound obstetric provider if available. At antenatal testing if not."
POST PARTUM	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	- Complete Postpartum CP Assessments (Nutrition/Psychosocial/Health Education) - Screen for Depression (PHQ-2 or Edinburgh)	Formatted: Font: (Default) +Body (Calibri)
	GLT, 2 hour	At 6 weeks post-partum only if patient is diagnosed with GDM during pregnancy		
Vaccinations:	COVID-19	If not up to date with current year's		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	At any gestational age if Hep A non-immune		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	During flu season yearly if not Up to date		Formatted: Font: (Default) +Body (Calibri)
	Tdap	If not up to date		Formatted: Font: (Default) +Body (Calibri)
	MMR	Postpartum if not up to date		Formatted: Font: (Default) +Body (Calibri)
	Varicella	Postpartum if not up to date		Formatted: Font: (Default) +Body (Calibri), 11 pt
	HPV	Postpartum if not up to date		Formatted: Font: (Default) +Body (Calibri)
	Urine dip (chem 7)	UTI symptoms, diabetes, or h/o recurrent UTI		Formatted: Font: (Default) +Body (Calibri), 11 pt

Vaccine	Aug	Sep	Oct	Nov	Dec	Jan	Feb - Jul
Tdap	Can be administered at any time						
COVID-19		Administer as soon as available	However, it can be administered at any time of the year to eligible individuals				
Influenza		Ideally administer in the early fall	However, it can be administered at any time while the virus is circulating.				

<u>RSV</u>	<u>Administer September through January</u> <u>in most of the continental U.S.*</u>	
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Table adapted from ACOG www.acog.org/clinical-information/maternal-immunization-schedule

REFERENCES: These standards are a distillation of recommendations from both medical literature and provider input, including but not limited to: United States Preventive Service Taskforce, American College of Obstetricians and Gynecologist, The American College of Nurse-Midwives, [Advisory Committee on Immunization Practices](#), and [Center for Disease Control](#) and the [California Department of Public Health](#)

APPROVAL

Ambulatory Care Committee	~~June~~ ~~2025~~ <u>August</u> <u>2026</u>
Medical Executive Committee	~~August 2025~~

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