

ZSFG JOINT CONFERENCE COMMITTEE MEETING

February 23, 2026

MEDICAL STAFF Report

Contents:

1. Chief of Staff Report
2. Urology Service Report
3. Chief of Staff Action List
 - a. Urology Rules and Regulations and summary of changes

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on February 23, 2026
February 2026 MEC Meetings

UROLOGY CLINICAL SERVICE REPORTS: David Bayne, MD

The highlights of the Urology report are as follows:

- I. **Mission and Vision-**The Urology service aims to provide comprehensive, high-quality urologic care for diverse patient populations, emphasizing equity, access and innovations. The department is committed to advancing clinical excellence, education, and research while fostering collaboration across UCSF and global health initiatives.
- II. **Scope of Clinical Service-** The Urology Clinical Service at Zuckerberg San Francisco General Hospital provides comprehensive adult and pediatric care, covering conditions such as urinary stone disease, benign prostatic hypertrophy (BPH), urethral and ureteral strictures, urologic oncology, reconstructive urology, minimally invasive laparoscopic surgery and endourology. Services include outpatient clinics, inpatient consultations, emergency and trauma coverage. Operating room time is scheduled three days per week with 24/7 on-call coverage. Clinic volume has increased substantially, with expanded telehealth services that enhance access and ensure continuity of care.
- III. **Faculty and Staff-** The department is led by Chief David B. Bayne, MD, MPH. The department comprises a diverse team of experienced and newly recruited faculty and includes faculty members with diverse subspecialties: Jack McAninch ,MD (GU trauma and reconstruction), Christi Butler, MD (gender-affirming surgery), Alan Shindel, MD (sexual medicine and pelvic pain), Sara Berdy, NP (general urology), Thomas Gaither, MD (reconstruction surgery), Rishi Sekar, MD (urologic oncology), and Natalia Leva, MD (pediatric urology). Additionally, the service hosts a trauma and reconstructive surgery fellow, John Myrga, MD. Four residents rotate through the program annually, gaining exposure to high-volume community urology, leadership development, and graduated autonomy in procedures ranging from cystoscopy and ureteroscopy to laparoscopic and open surgeries. Training is further enhanced through robust simulation opportunities, including robotic virtual simulators, cadaver lab and endourology labs, and microsurgery lab. This comprehensive approach ensures both clinical excellence and academic advancement within the department.
- IV. **Performance Improvement, and Patient Safety-QI Projects-** The department has launched several performance improvement and patient safety initiatives aimed at enhancing efficiency and patient experience. Efforts include improving operating room access, increasing OR block utilization, improve access to clinic and reduce no show rates. Telehealth services have been expanded and E-consult turnaround times now consistently meet the five-day benchmark.
- V. **Research-** The department has significantly expanded its research portfolio at ZSFG, efforts include smart note template for streamlined data collection. Notable projects include predictive modeling for surgical no-shows incorporating social determinants of health. Five IRBs have been approved, with two pending. Program launches partnership to train urologic oncologists at Uganda Cancer Institute. Lastly, working on reducing costs of minimally invasive surgery through portable ultrasound.
- VI. **Financial Report-** Charges and payments have increased over the past three years, driven by improved documentation, higher clinic volume, and reduced no-shows. Financial performance remains stable with positive trends. Financially, the department has maintained steady, with charges trending upward and payments remaining stable.

VII. Summary

Strengths- The Urology Clinical Service is supported by a dedicated, collaborative faculty and staff committed to delivering high-quality, evidence-based care. The department is recognized for its innovative research, which aligns with quality improvement initiatives to enhance patient outcomes. It also offers an outstanding residency experience, providing trainees with exposure to complex cases and exceptional learning opportunities.

Challenges- Key challenges include improving patient access, reducing wait times, and addressing no-shows, while ensuring health equity for vulnerable populations. Operational issues such as day-of-surgery cancellations, limited space, and equipment constraints. Additionally, securing advanced technology like robotic surgery and optimizing OR utilization remain priorities

Goals- The department also aims to broaden access to robotic surgery and continue with quality improvement initiatives to advance patient care.

- VII. **Urology Rules and Regulation-** Appreciation was extended to Dr. David Bayne and the Urology Department for their outstanding work and dedication to patient care. Dr. Bayne's leadership and his fantastic presentation was acknowledged including the department's progress in increasing revenue, launching new programs and advancing research initiatives. A motion for the committee to approve the updated Urology Service Rules and Regulations was made and approved. Approval from the Health Commission is requested for the Urology Service Rules and Regulations.

Department of Urology Service Report

David B. Bayne MD, MPH

Assistant Professor in Residence

University of California San Francisco

Department of Urology

Chief of Urology, Zuckerberg San Francisco General Hospital and Trauma Center

Endourology Fellowship Co-Director

Associate Director, Center for Health Equity in Surgery and Anesthesia

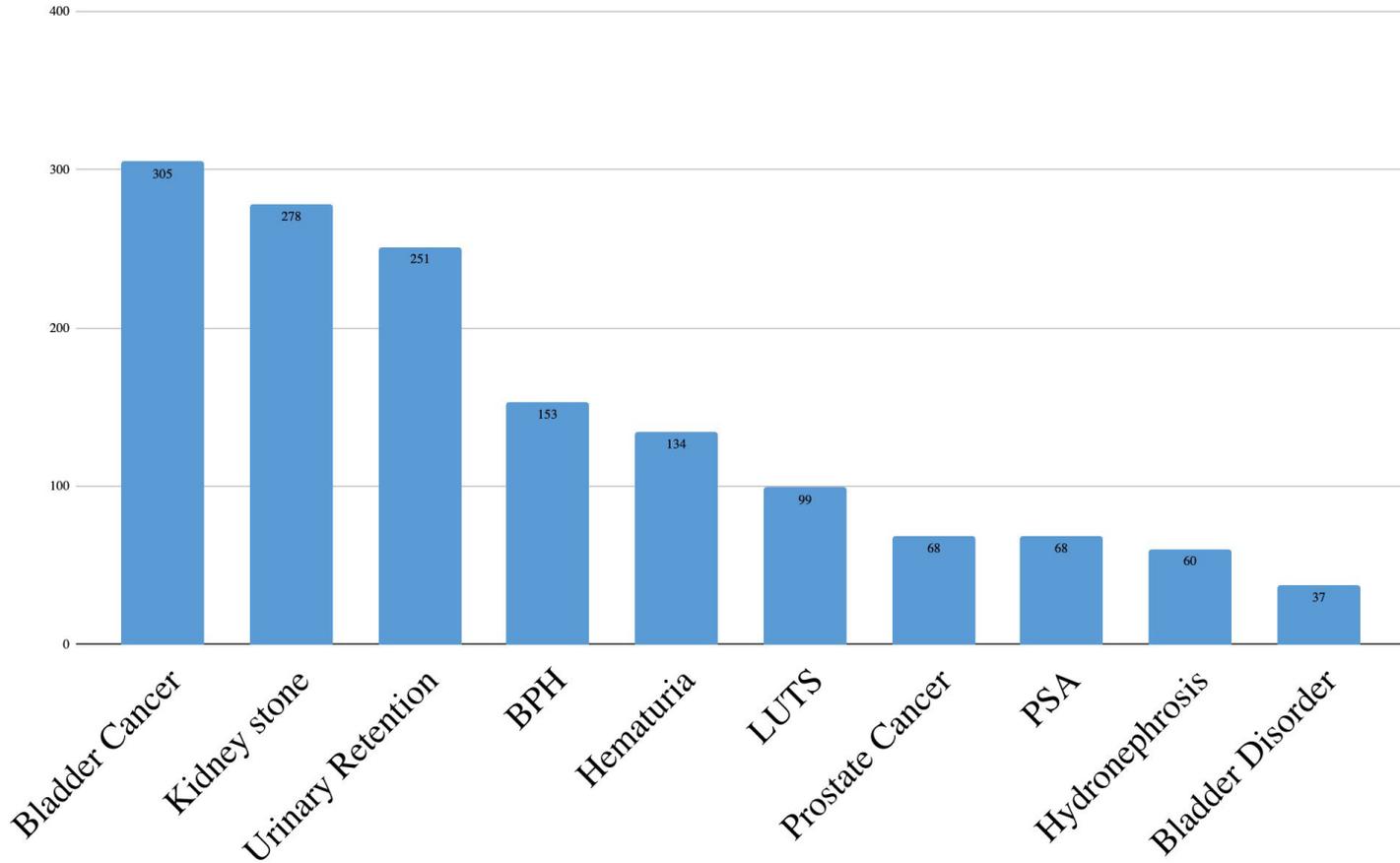
Agenda

- Scope of the Clinical Service
- Faculty and Residents
- Performance Improvement & Patient Safety (PIPS)
- Research
- Financial Report
- Strengths, Challenges/Opportunities, Goals

Clinical services and programs

- Comprehensive urology service covering adult and pediatric urologic conditions
- Programs include: urinary stone disease, benign prostatic hypertrophy (BPH), urinary tract obstruction/strictures, urologic oncology (prostate, bladder, kidney, testes), reconstructive urology, minimally invasive laparoscopic surgery, and endourology.
- Outpatient clinic visits, inpatient consultations, multiple surgical procedures, emergency/trauma urology coverage

Top 10 Diagnoses 2024-2025



Hospital-based clinical work

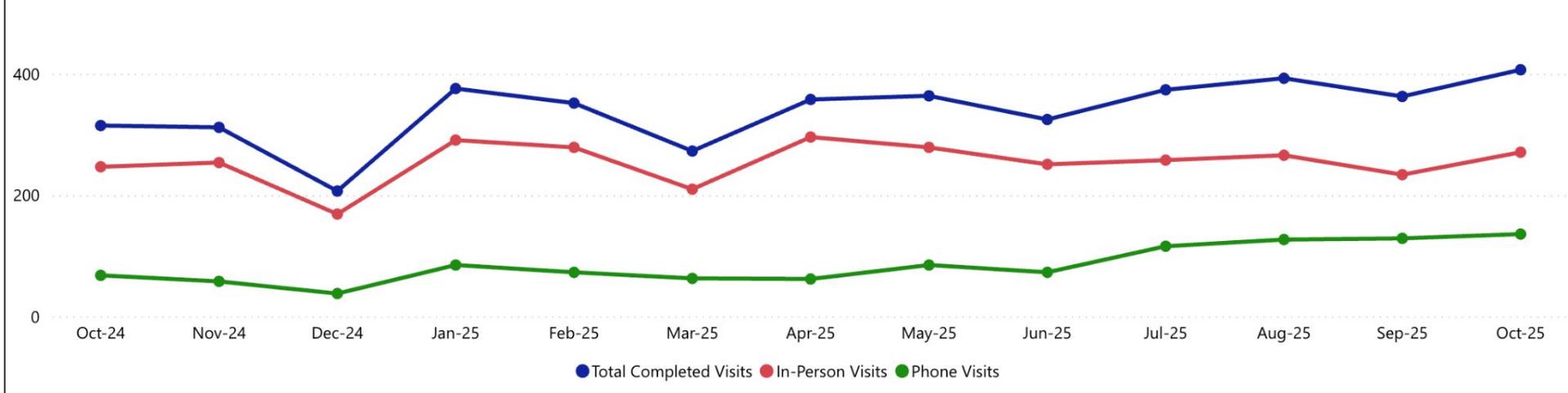
- Inpatient consults and admissions for urologic conditions (trauma urology, urgent urologic surgery, post operative inpatient management, malignant disease requiring hospitalization).
- OR surgical procedures three days/week
- On-call coverage at all times with attending faculty, trauma fellow

Ambulatory-based clinical work

- Outpatient clinic 3 days/week
 - Clinic 3M
 - Tuesday AM/PM Procedure
 - Wednesday AM catheter clinic, BCG, PTNS /**PM Procedure overflow**
 - Friday AM
- Follow-up visits for urologic oncology, stone disease, BPH/outflow obstruction, reconstructive urology, gender affirming surgical care.
- Pre- and post-operative ambulatory care, longitudinal care for urologically managed clinical conditions

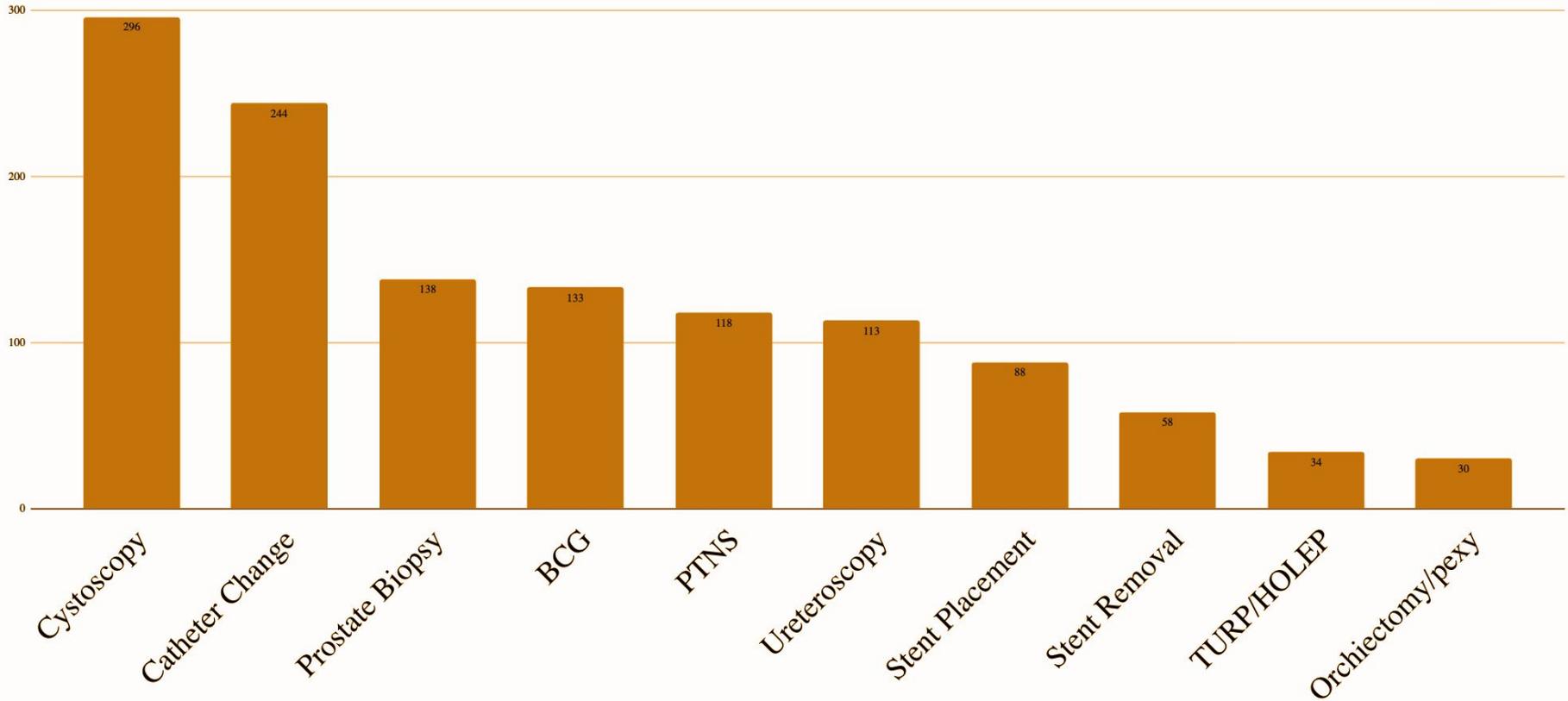
Clinic Volume

Specialty Care Completed Visits by Visit Type - Urology



	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Urology													
Total Completed Visits	315	312	207	376	352	273	358	364	325	374	393	363	407
In-Person Visits	247	254	169	291	279	210	296	279	251	258	266	234	271
Phone Visits	68	58	38	85	73	63	62	85	73	116	127	129	136
Video Visits	0	0	0	0	0	0	0	0	1	0	0	0	0
No Show Rate	15%	16%	18%	19%	18%	19%	18%	17%	18%	15%	12%	19%	17%

Top 10 Procedures



Structure of the Department

- The Urology Clinical Service at ZSFG Faculty



David Bayne,
Stone disease
and BPH



Jack McAninch,
GU Trauma and
Reconstruction



Christi Butler,
Gender affirming
surgery



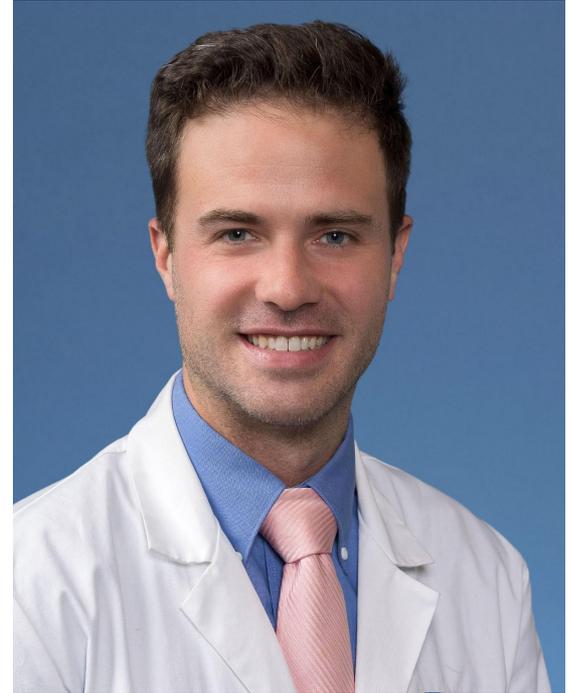
Alan Shindel,
Sexual medicine
and Pelvic pain



Sara Berdy,
General Urology

Thomas W. Gaither, MD MAS

- Assistant professor in residence
- College: Indiana University
- Medical school: UCSF
- Residency: UCLA
- Fellowship: Reconstruction/gender affirming surgery, UCLA
- Reconstruction, sexual health, robotics
- Research: questionnaire development, quality of life, LGBTQIA health



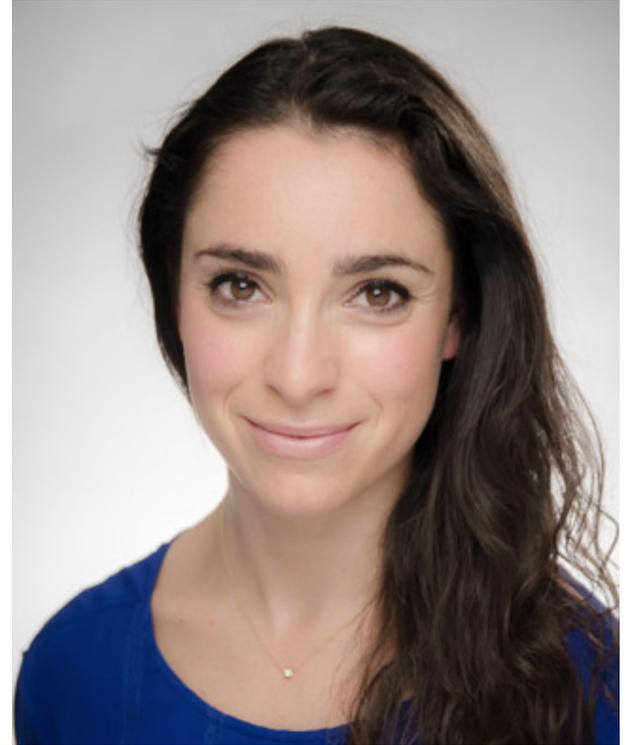
Rishi R. Sekar, MD, MSc

- Assistant Professor in Residence
- Medical School: Emory University
- Residency: Urologic Surgery, University of Washington
- Fellowship: Urologic Oncology and Health Services Research, University of Michigan
- Clinical Focus: Urologic Oncology
- Research Focus: Cancer care delivery, social needs and social determinants of health, safety net hospitals



Natalia Leva, MD

- Assistant Professor
- College: University of California, Berkeley
- Medical School: Stanford University School of Medicine
- Residency: University of California, San Francisco
- Fellowship in Pediatric Urology: University of California, San Francisco
- Specialty: Pediatric Urology
- Research: Transitional Urology, Efficiency in Healthcare Delivery



John Myrga, MD

- Urological Trauma and Reconstructive Surgery Fellow
- Medical School: University of Pittsburgh School of Medicine
- Residency: University of Pittsburgh Medical Center



Faculty Committees/Leads

Clinical services and procedures: Dr. Gaither and Dr. McAninch

Quality Improvement and eConsult management: Dr. Shindel

Surgical services and GU Oncology/Tumor Board: Dr. Sekar

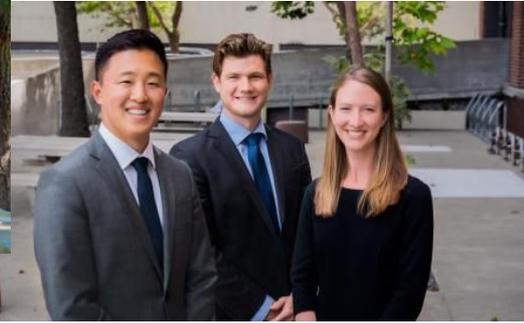
Resident education: Dr. Butler

Monthly “all hands” meetings with 3M staff: Chief resident, NP Sara Berdy

Education

Residency program

- 4 residents per year
- At ZSFG
 - 1 chief (PGY-6)
 - 1 senior (PGY-3)
 - 1 junior (PGY-2)
- ZSFG consistently a top rated rotation in our program



Key training program elements

- Leadership experience, managing service and OR
- Clinical training: exposure to high-volume “community urology” cases at a public hospital, including complex stone disease, reconstructive urology, trauma/urgent cases
- Procedural training: Graduated autonomy with operative cases (cystoscopy, ureteroscopy, transurethral procedures, laparoscopic surgery, open surgery).
- research mentored projects for trainees.

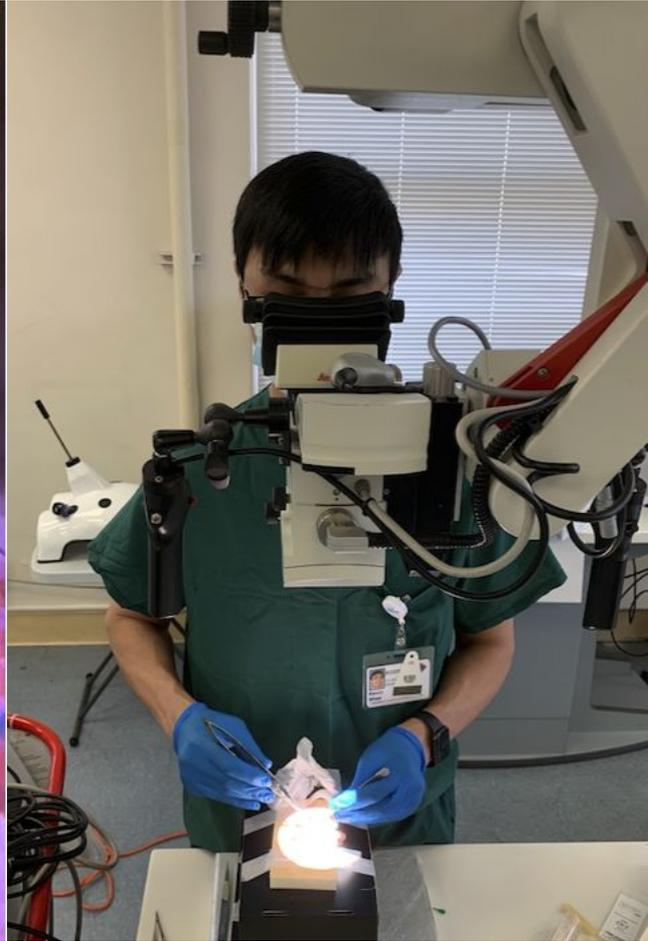
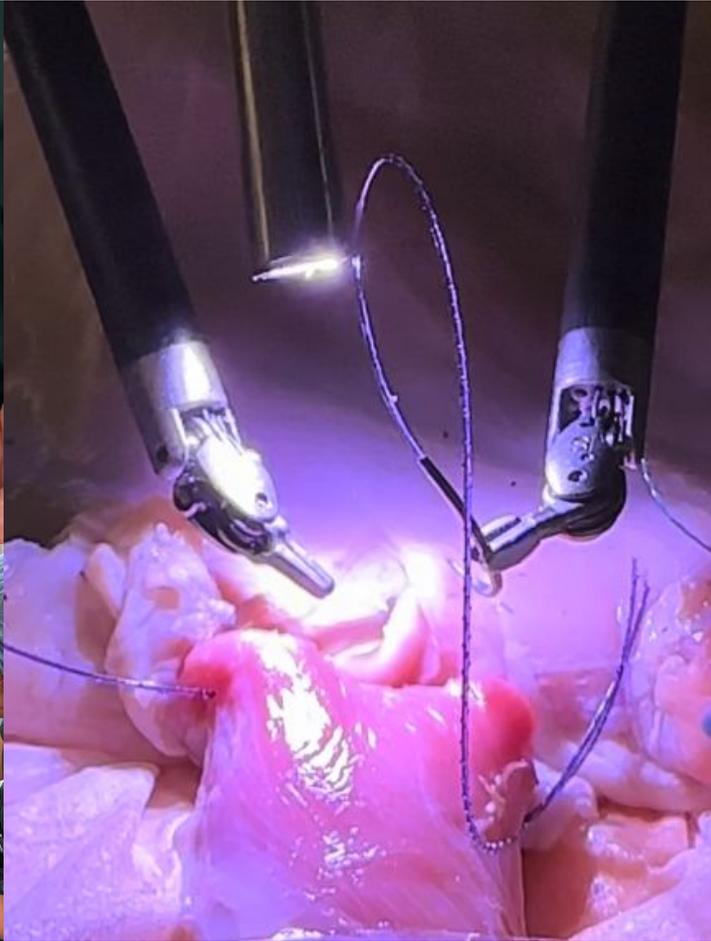
Simulation Training for UCSF Urology Residency

PGY 1: biweekly surgical skills lab with general surgery

- Focus on knot tying, suturing, and basic laparoscopy

PGY 2-6: rotating quarterly surgical simulation labs in urology

- Robotic virtual simulator and simulation lab on live tissue
- Cadaver lab focused on artificial urinary sphincter placement and inflatable implant prosthesis
- Endourology simulation lab for PCNL, ureteroscopy, and HoLEP
- Microsurgery lab focused on suturing and knot tying under the microscope
- Open surgery lab focused on urinary conduit construction and ureter to bowel suturing



Performance Improvement and Patient Safety Initiatives

Improve access to the operating room

- Root cause analysis
- Prediction model
- Proactive intervention

Improve access to clinic

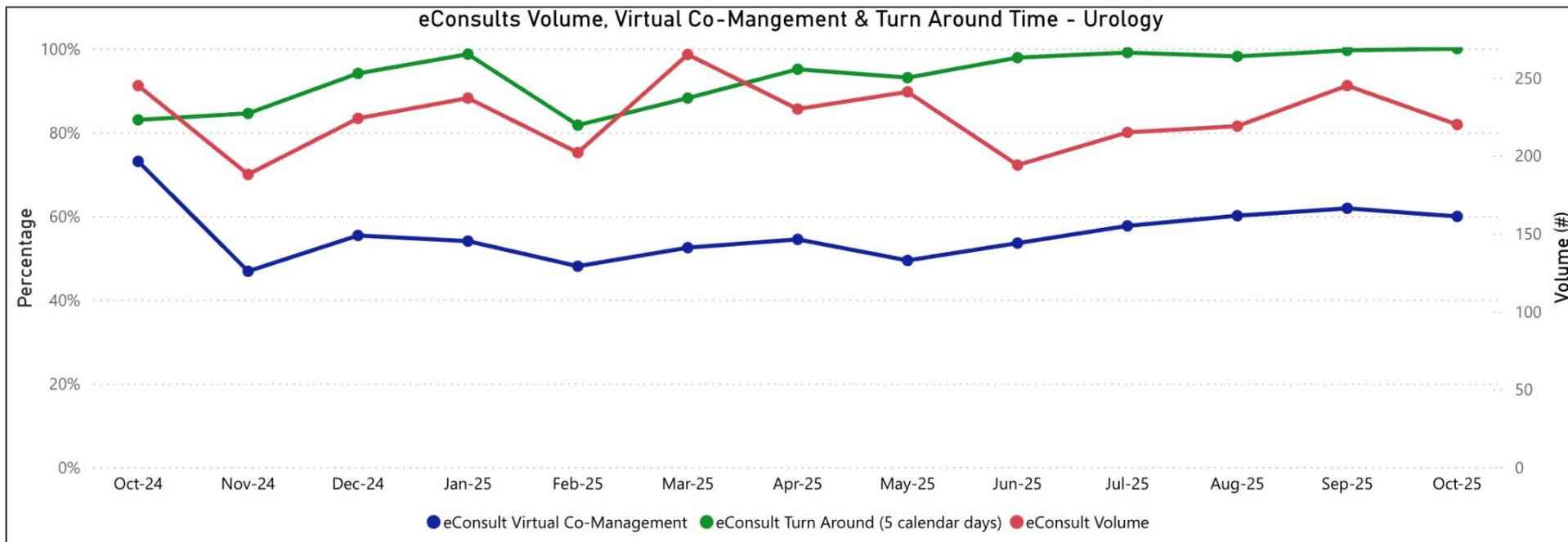
- Increase telephone visits
- eConsult remote management
- Appropriate patient discharges from urology clinic

Reduce clinic no show rates

- Root cause analysis, predictors, pilot intervention

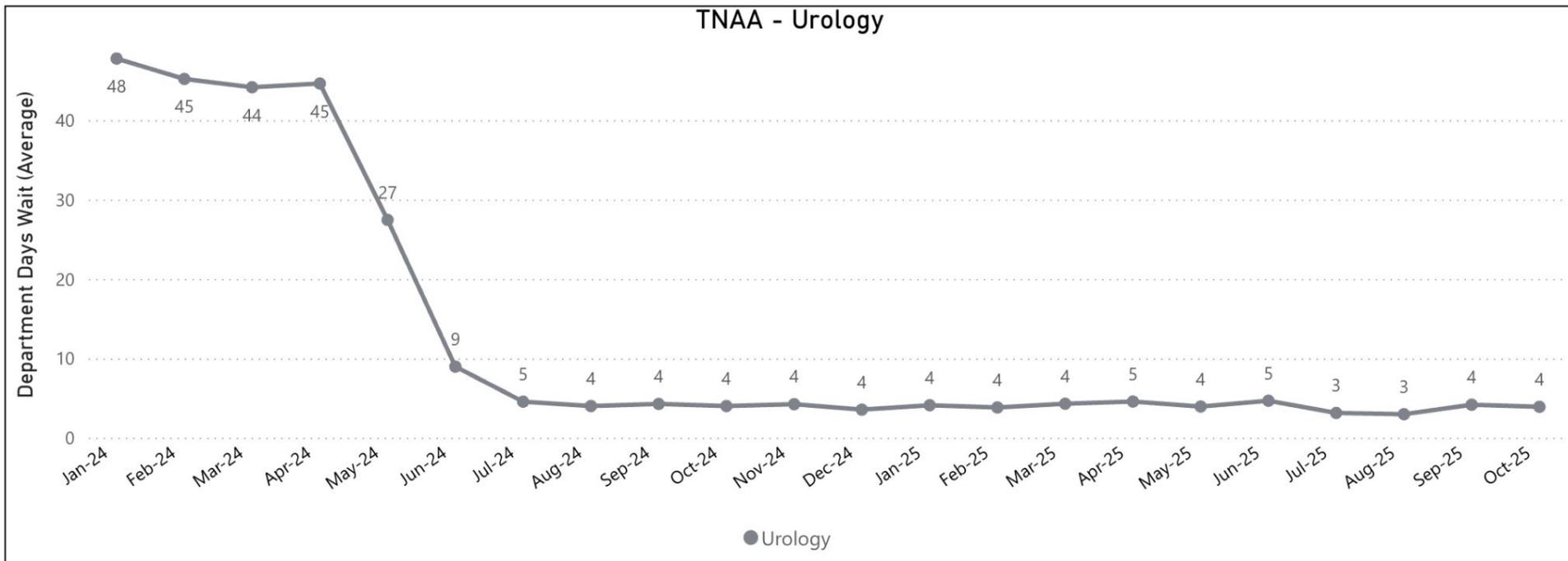
eConsults

eConsults Volume, Virtual Co-Management & Turn Around Time - Urology



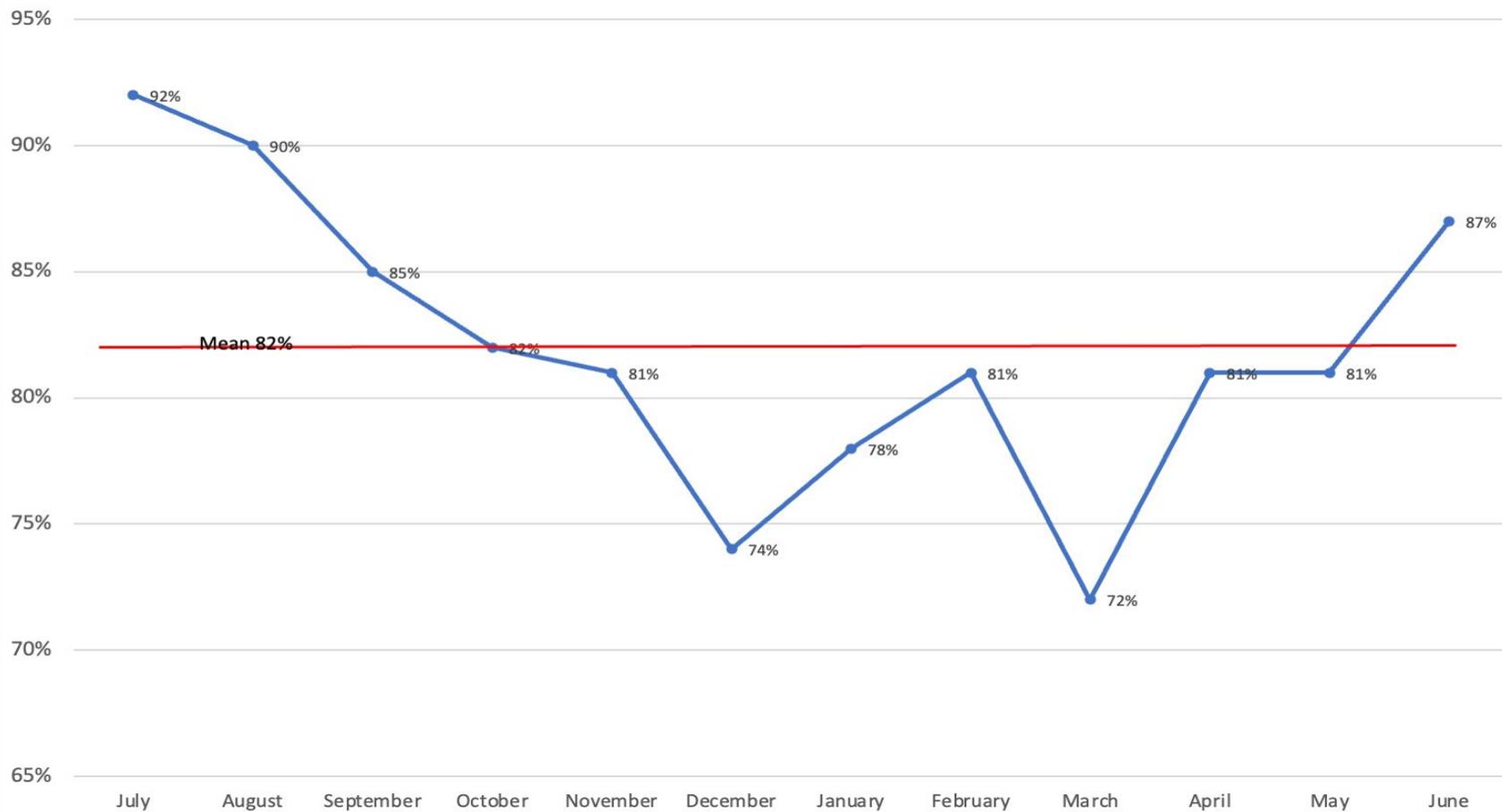
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Urology													
eConsult Volume	245	188	224	237	202	265	230	241	194	215	219	245	220
eConsult Virtual Co-Management	73%	47%	55%	54%	48%	52%	54%	49%	54%	58%	60%	62%	60%
eConsult Turn Around (5 calendar days)	83%	85%	94%	99%	82%	88%	95%	93%	98%	99%	98%	100%	100%

Time to Next Available Appointment



	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Urology	4	4	4	4	4	4	4	4	5	4	5	3	3	4	4

Urology OR Block Utilization 24-25



Performance Improvement and Patient Safety Initiatives

MODS

FACILITIES

SPECIALTIES

PROVIDERS

Urology

All

All

Reset

Experience Overview

☆ Favorite

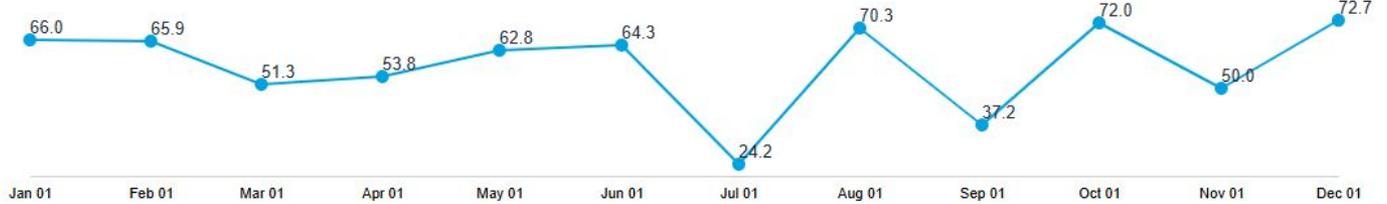
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Jan 01, 2025 - Dec 31, 2025

NET PROMOTER SCORE

58.9 n-size: 479



■ Negative
 ■ Neutral
 ■ Positive

Respondents: 139

Category	Negative	Neutral	Positive	Count
Recognition	3.1%		96.9%	32
Doctor	28.6%	46.4%	25.0%	28
Communication	20.0%	20.0%	60.0%	15
Courtesy/Respect	7.7%		92.3%	13
Wait Time	75.0%	8.3%	16.7%	12
Doctor-Communication	20.0%	50.0%	30.0%	10
Scheduling	50.0%	50.0%		10
Doctor-Courtesy/Respect		37.5%	62.5%	8
Pain	75.0%	25.0%		8
Grateful			100.0%	6

Faculty Research Funding Support

- K23 DK141906-01A1
- P30 AG015272-28
- Benioff Initiative for Prostate Cancer Research Grant
- UCSF Watson Faculty Grant x2
- DOD New Idea Development Grant
- PCORI Grant



Prospective registry integrated into clinic notes

My Note

 Sensitive  Tag  Share w/ Patient  Details

Summary:

 **B**           

24-hour urine collection – this was personally reviewed and results were discussed with the patient. It demonstrates the following:

No components found for: VOL24EXT, SSCAOX24EXT, CALCIUM24EXT, OXALATE24EXT, CITRATE24EXT, SSCAP24EXT, PH24EXT, SSUA24EXT, URIC24EXT, SODIUM24EXT, POTTAS24EXT, MAG24EXT, PHOS24EXT, NH424EXT, CHLOR24EXT, SULF24EXT, UUN24EXT, PCR24EXT, CREAT24EXT, CA24EXT, CACR24EXT

Stone Analysis:

Most recent stone analysis was personally reviewed and findings were discussed with the patient. ***

Stone analysis on {DPH AMB Stone Analysis Date:37158}:

{Stone analysis type:37122} %

Imaging Studies:

The following imaging was personally reviewed and the findings were discussed with the patient. This demonstrated: ***

CT Abdomen / Pelvis on {DPH AMB CT Abdomen / Pelvis Date:37155}

Right Kidney: {DPH AMB Stone Volume Type CT Abdomen / Pelvis Right:37124} calculi located in the {DPH AMB Stone Location CT Abdomen / Pelvis Right:37125}, total stone volume approximately {DPH AMB Stone Total Volume CT Abdomen / Pelvis Right:37131}mm, largest stone {DPH AMB Stone Largest Volume CT Abdomen / Pelvis Right:37133} mm with {DPH AMB STONE SEVERITY CT Abdomen / Pelvis Right:37135} hydronephrosis.

Left Kidney: {DPH AMB Stone Volume Type CT Abdomen / Pelvis Left:37129} calculi located in the {DPH AMB Stone Location CT Abdomen / Pelvis Left:37130}, total stone volume approximately {DPH AMB Stone Total Volume CT Abdomen / Pelvis Left:37132}mm, largest stone {DPH AMB Stone Largest Volume CT Abdomen / Pelvis Left:37134}mm with {DPH AMB STONE SEVERITY CT Abdomen / Pelvis Left:37136} hydronephrosis.



Identifying Social Determinants of Health Associated With Same-Day Cancellations for Urologic Surgery

Lynn Leng, Pablo A. Suarez, Mubarak A. Momodu, Sudarshan Srirangapatnam, and David B. Bayne

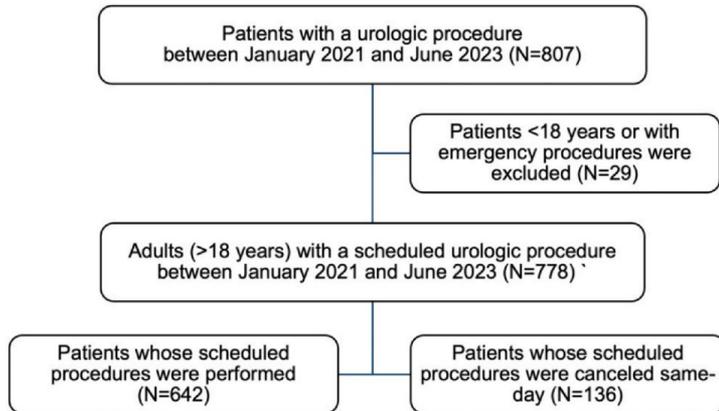


Figure 1. Patient selection methodology

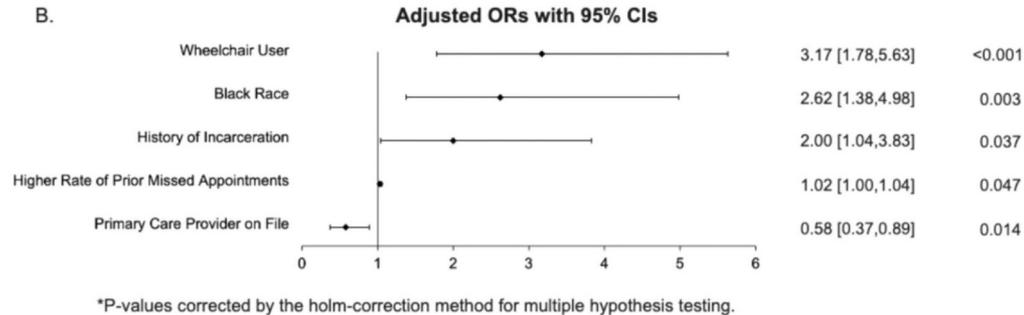


Figure 2. Forest plots of unadjusted and adjusted odds ratios.

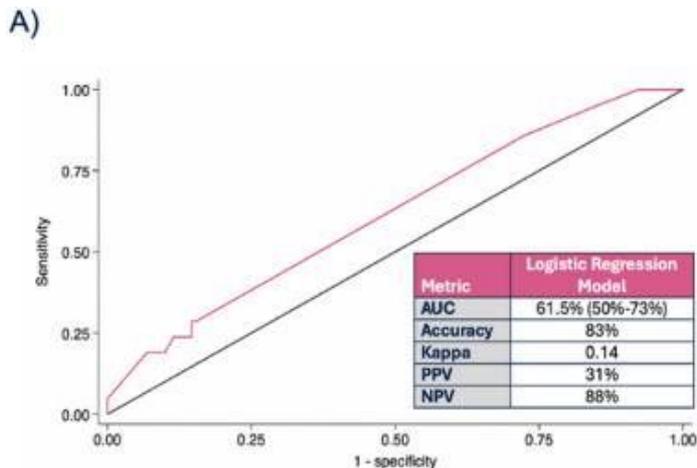
Enhancing surgical efficiency: predicting same-day cancellations in urologic procedures

Pablo A. Suarez¹  · Sudarshan Srirangapatnam¹ · Lynn Leng¹ · Mubarak M. Momodu¹ · John Neuhaus¹ · David B. Bayne¹

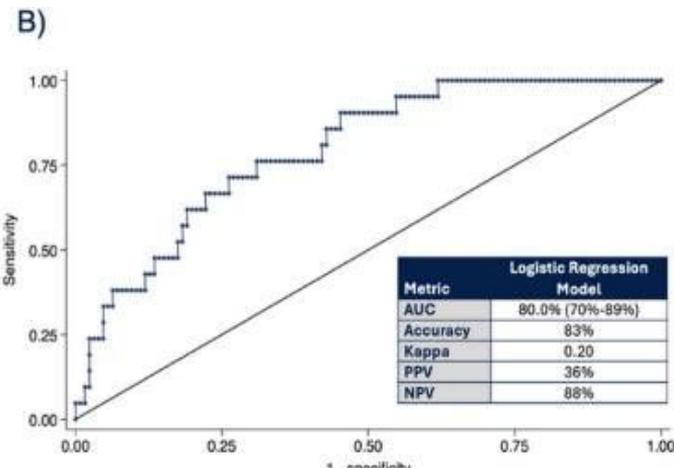
World Journal of Urology (2026) 44:48
<https://doi.org/10.1007/s00345-025-06155-6>

Receiver Operating Characteristic (ROC) curves and contingency matrices comparing model performance with and without comprehensive social determinants of health (SDOH) factors.

A. Simple Model using only demographic and clinical variables.



B. Comprehensive Model incorporating using demographic, clinical, social/behavioral, healthcare access/utilization, and census tract variables.



		Actual		
		True	False	Total
Predicted	True	17	61	78
	False	4	69	73
Total		21	130	151

		Actual		
		True	False	Total
Predicted	True	17	58	75
	False	4	72	76
Total		21	130	151

Enhancing surgical efficiency: predicting same-day cancellations in urologic procedures

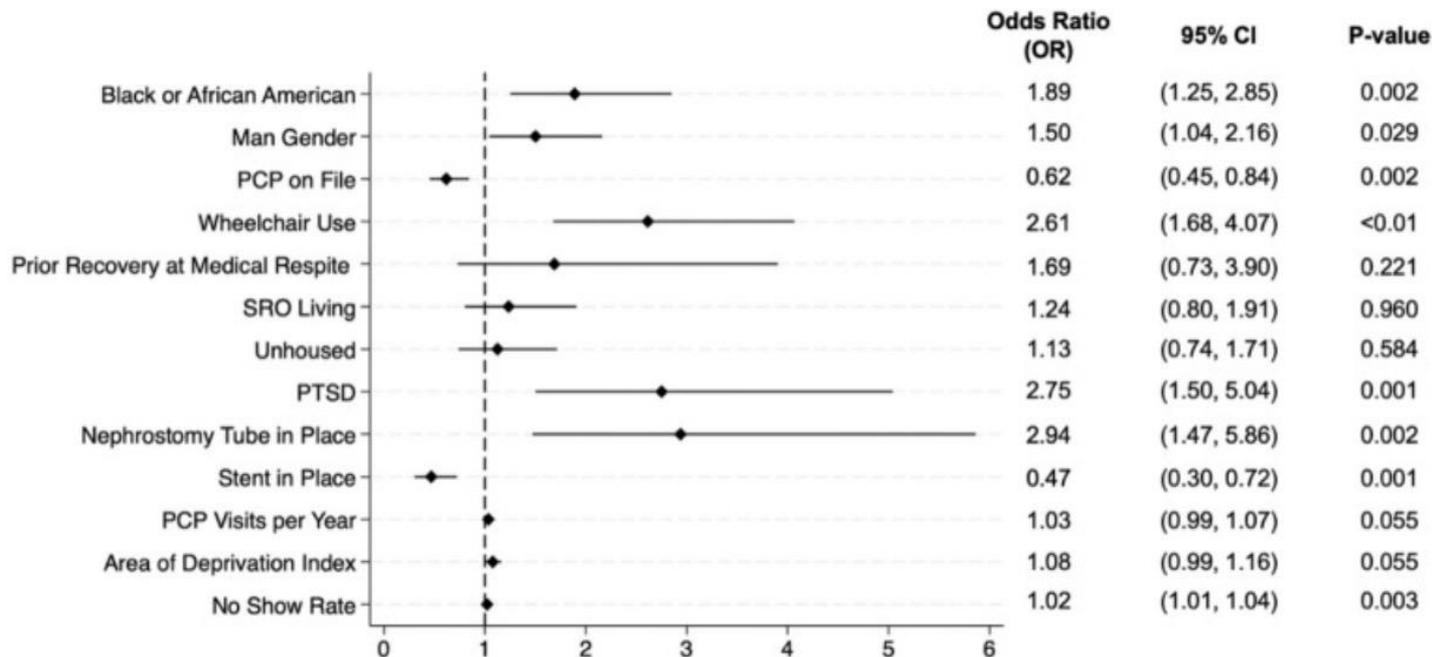
Pablo A. Suarez¹  · Sudarshan Srirangapatnam¹ · Lynn Leng¹ · Mubarak M. Momodu¹ · John Neuhaus¹ · David B. Bayne¹

World Journal of Urology (2026) 44:48
<https://doi.org/10.1007/s00345-025-06155-6>

Receiver Operating Characteristic (ROC) curves and contingency matrices comparing model performance with and without comprehensive social determinants of health (SDOH) factors.

A. Simple Model using only demographic and clinical variables.

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A closer look...

- Conducted **20 semi-structured interviews** for patients who between 1/1/2022 and 3/1/2024 had been referred for urological care after Emergency Department presentation for kidney stones but had **failed to present to the urology clinic after 60 days of referral placement**



A closer look...

- Interview transcriptions were coded and analyzed for thematic analysis in which themes are developed and relationships between themes explored

	Comparing Social Responsibilities or Containable	Dental History	Health Literacy	Language Barrier	Social Resources	Financial Constraints	Financial Distress	Follow Through	Initial Visit/Diagnosis	Pain	Patient Education of Treatment	Provider and Patient Relationship	Support Provided	Care Delivery Failure	Insurance Coverage	Insurance Available	Outside Current Ears	Overburdened Health Care System	Total
Comparing Social Responsibilities or Containable	0	0	15	0	0	0	1	0	0	21	7	0	0	0	0	0	0	0	86
Digital Literacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	49
Health Literacy	15	0	0	0	15	0	0	31	22	61	48	24	35	18	0	0	0	0	272
Limited Social Resources	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Social Resources	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51
Emotional Connected	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41
Emotional Distress	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37
Follow Through	0	0	31	0	0	0	0	0	0	16	24	0	0	22	0	0	0	0	145
Initial Visit/Diagnosis	0	0	22	0	0	0	0	0	49	22	0	0	0	0	0	0	0	0	141
Pain	21	0	61	0	0	0	0	30	49	0	48	22	14	12	0	0	0	0	274
Patient Education of Treatment	0	0	48	0	0	0	0	24	22	48	0	21	11	20	0	0	0	0	235
Provider and Patient Relationship	0	0	14	0	0	0	0	0	22	21	0	0	0	0	0	0	0	0	95
Support Provided	0	0	35	0	0	0	0	0	14	13	0	0	0	0	0	0	0	0	111
Care Delivery Failure	0	0	18	0	0	0	0	22	0	17	0	0	0	0	0	0	0	0	132
Insurance Coverage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33
Limited Social Resources	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20
Outside Current Ears	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
Overburdened Health Care System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45
Total	86	49	272	3	51	41	37	145	141	274	235	95	111	132	33	20	18	45	0

Interview transcript themes: **Patient Education**

- *“It was very confusing and I can't really tell you this is what the kidney stone do[es] and this is how it['s] affecting my body.” - Patient C*
- *“I did not know what this appointment was for, So I didn't go, and then they call me the next Monday, and they told me that I missed the appointment.”
- Patient R*



Interview transcript themes: **Need for advocacy**

- *Before me going into San Francisco General as my primary I had an outpatient clinic like a little small clinic that had my primary there and that primary physician retired during the pandemic. So it took him a while to get me in and to be seen. I had to contact MEDI-CAL...It took me a while to get the correct health care in which I'm getting right now.*
- Patient A
- *"I contacted my family doctor....And I asked to set up an appointment with [a] urologist. And also to do [imaging] of all my kidney and so on, so I can see what is going on there."* - Patient K



Research Key Projects

- ReSKU: kidney stones
- REBOOT: benign prostatic hyperplasia
- Qualitative research expansion
- **In the pipeline: care navigation pilot trial**
- GU surgical oncology as a new frontier for ZSFG research
- Now 5 IRBs approved at the county from one a year ago, 2 more pending:
20-31513, 21-35933, 14-14533, 25-45245, 21-33915*, 25-45298, 25-43311*
- Global urologic surgery



HHS Public Access

Author manuscript

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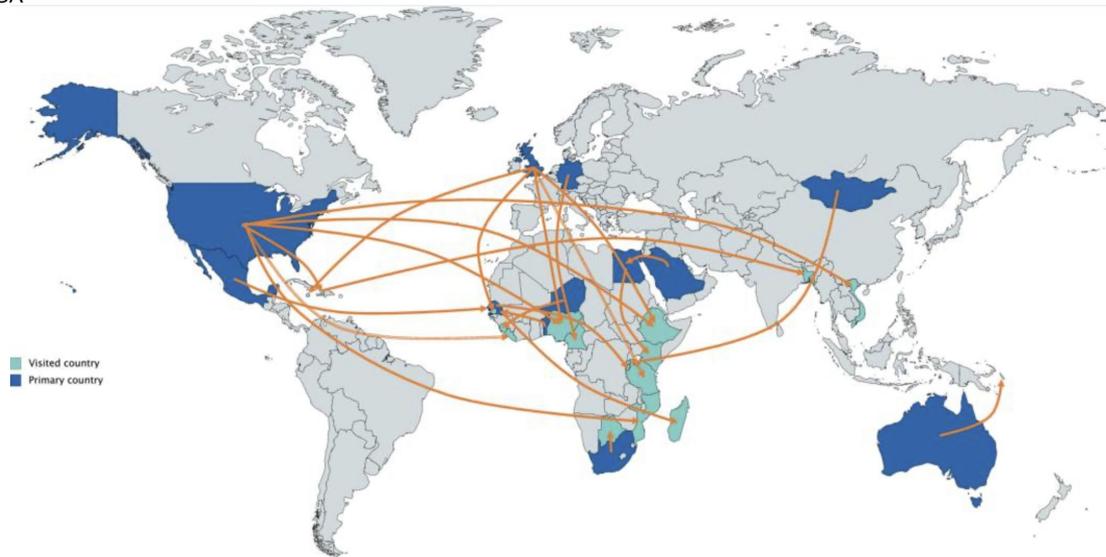
Challenges facing the urologist in low- and middle-income countries

Ian Metzler^{1,2}, David Bayne², Helena Chang¹, Mohamed Jalloh³, Ira Sharlip²

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³Hopital General Grand Yoff, Dakar, Senegal



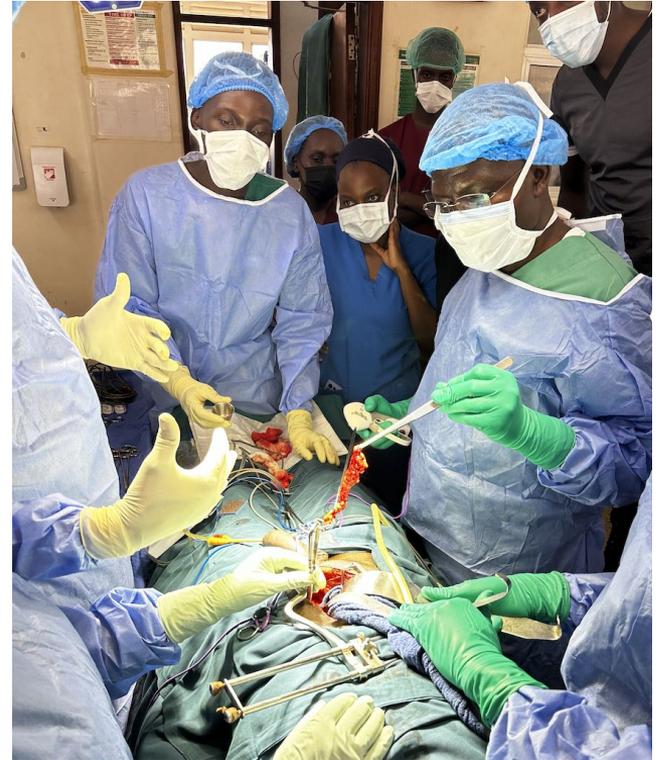
Mulago and UCSF Center for Health Equity in Surgery and Anesthesia

- Mulago Hospital is regional referral hospital for the Kampala Metropolitan Area and beyond
- Kampala estimated population of 3,846,102
- Uganda Cancer Institute (UCI) is a public, specialized, tertiary care medical facility
- UCI, affiliate of Mulago and Makerere University



Need for urology subspecialists

- Increasing momentum in urology with many new faculty
- Need for sub-specialization and training
- Uganda has the highest prostate cancer burden in East Africa, with an estimated incidence of about 37.1 percent per 100,000
- No training program in urologic oncology in the country or the region



The Urologic Oncology Fellowship Program at Uganda Cancer Institute

- Now official 2 year training program in partnership with UCI and UCSF Urology
- mentored exchange in oncologic research
- surgical education curriculum
- quality improvement curriculum in care access, cost effective treatments

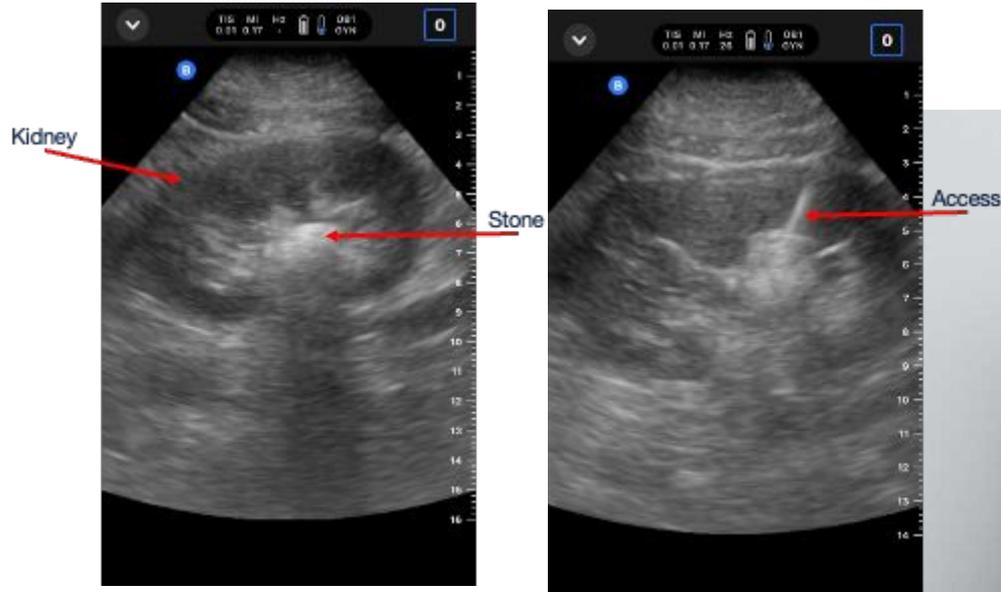
*Proposed future expansion to Endourology fellowship program



Uganda Cancer Institute

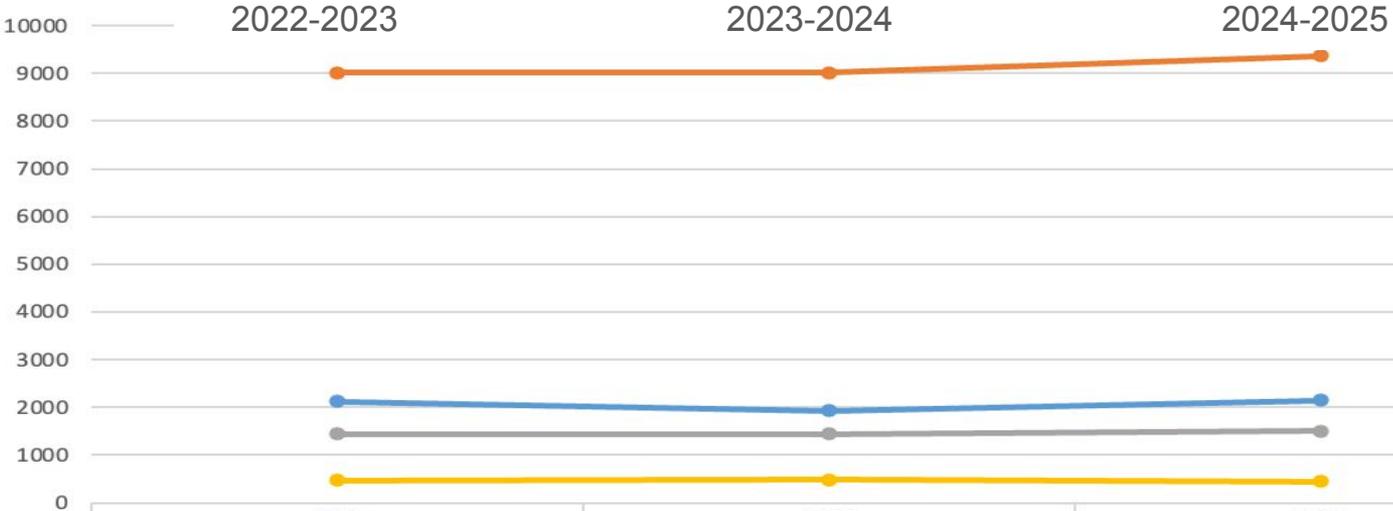
Research is Our Resource

Lowering cost of minimally invasive surgery



Financials: Charges and payments

- RVUs for the department are steady year over year
- Charges have been trending up and payments are steady



	2022	2023	2024
Procedures	2122	1924	2153
RVUs	9008	9009	9371
Charges in Thousands	\$1,441	\$1,440	\$1,504
Payments in Thousands	\$476	\$481	\$451

2025-2026 so far

	Charges	Payments	Coll % YTD
2025-Jul	\$109,868.00	\$90,976.40	82.81%
2025-Aug	\$221,767.00	\$126,420.45	57.01%
2025-Sep	\$359,254.00	\$168,125.67	46.80%
2025-Oct	\$508,378.00	\$216,614.11	42.61%
2025-Nov	\$618,391.00	\$255,532.04	41.32%
	\$618,391.00	\$255,532.04	

Strengths

- Great people with common focus
- Faculty engagement, dedicated, cohesive group
- Curiosity driven, innovative research that integrates with quality care improvement
- ZSFG highlight of residency rotation
- Committed to the community domestically and internationally



Challenges

- Reducing day of surgery cancellations and clinic loss to follow up while improving health equity for vulnerable patients
- Increasing access of our patient population to standard of care treatment for prostate/bladder cancer
- Faculty at multiple UCSF sites
- Space and **equipment**



Future aspirations

- Intelligent utilization of EHR data to **better identify and treat at risk patients with targeted intervention**
- Increasing access to **robotic surgery**
- **Cystoscopy suite** (fingers crossed!)



City and County of San Francisco



Zuckerberg San Francisco General
Hospital and Trauma Center

Department of Public Health

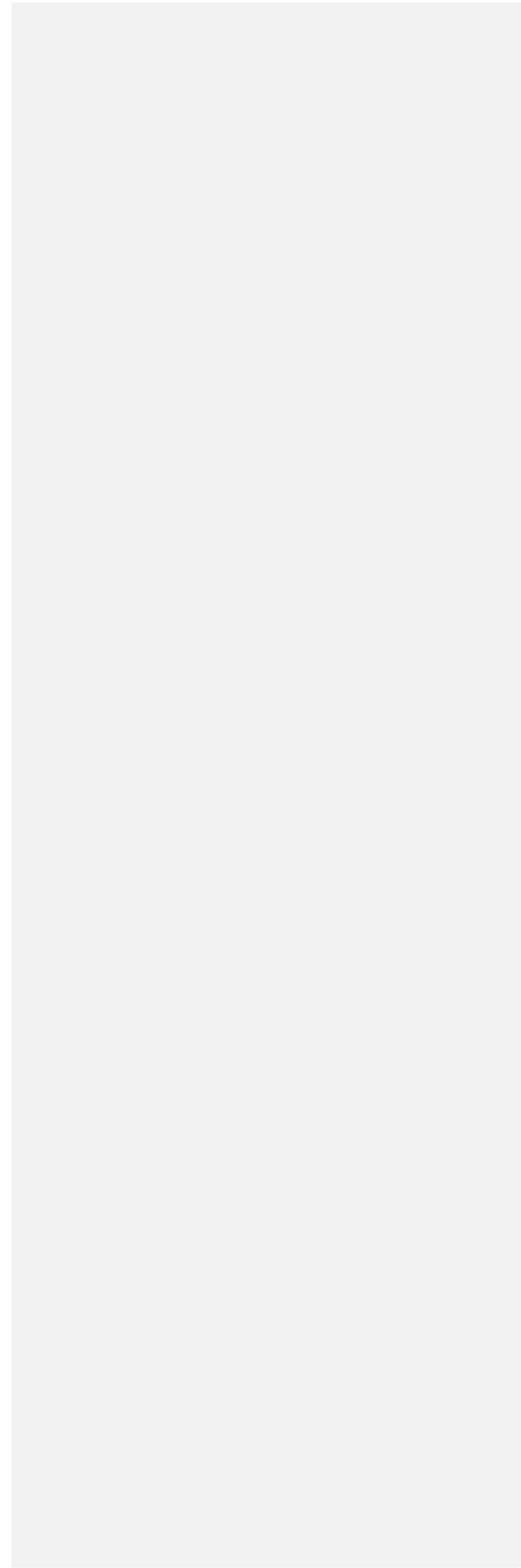
Mary Mercer, MD
Chief of Staff

Daniel Lurie
Mayor

Medical Executive Committee (MEC)
Summary of Changes

Document Name:	<i>ZSFG Clinical Service Rules and Regulations</i>
Clinical Service :	<i>Urology</i>
Date of last approval:	<i>1/2024</i>
Summary of R&R updates:	<i>Addition of “transurethral laser enucleation of prostate” to general procedure privileges and corrected spelling of “nephroscopy”</i>
Update #1:	<i>Addition of “transurethral laser enucleation of prostate” to general procedure privileges</i>
Update #2:	<i>corrected spelling of “nephroscopy”</i>
Update #3:	<i>Cover page: Change from “2024” to “2026”</i>
Update #4:	
Update #5:	

**UROLOGY CLINICAL SERVICE
RULES AND REGULATIONS
2024 2026**



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

A. PREAMBLE

1. The Rules and Regulations of the Urology Clinical Service define certain standards of practice and other rules for the organization of the department and the duties of its members.
2. Standards of clinical practice will be consistent with those standards established by the American College of Surgeons as set forth in the document "Hospital and Pre-hospital Resources for Optimal Care". If an apparent conflict exists, the standards defined in this document will prevail.
3. The Urology Clinical Service Rules and Regulations will supplement those set forth in the Bylaws and Rules and Regulations of the Medical Staff of Zuckerberg San Francisco General.
4. Should a conflict exist between these Rules and Regulations and those of the medical staff, the medical staff standards will prevail except in circumstances where the department adopts a more stringent standard.

B. SCOPE OF SERVICE

The Urology Clinical Service is staffed to provide complete care for all urological problems. The services include adult and pediatric care in both outpatient and inpatient environments. All necessary surgical procedures for appropriate care in urological and genital surgery is provided.

C. MEMBERSHIP REQUIREMENTS

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

D. ORGANIZATION AND STAFFING OF THE UROLOGY CLINICAL SERVICE

The Urology Clinical Service consist of the following officers:

- Chief of Service
- Director of Performance Improvement & Patient Safety
- Attending Physician

1. Chief of Service
 - a. Appoint and review
Appointment and review of the Chief of Service will occur by the process specified in the ZSFG Medical Staff Bylaws.

Responsibilities

- 1) Overall direction of the clinical, teaching and research activities for the Urology Clinical Service.
- 2) Review and recommendation on all new appointments, requests for privileges and reappointments of the Urology Clinical Service.

- 3) Appointment of the remaining officers of the Urology Clinical Service and of the Urology Clinical Service committee members.
 - 4) Financial affairs of the Urology Clinical Services.
 - 5) Disciplinary actions as necessary, as set forth in the Urology Clinical Service Rules and Regulations and in the Bylaws and Rules and Regulations of the Medical Staff.
 - 6) Chief, Urology Clinical Service job description – see ATTACHMENT D
2. Director of Performance Improvement and Patient Safety
 - a. Responsibilities
 - 1) Assists in the reappointment process of the Urology Clinical Service members.
 - 2) Provide overall direction to the Performance Improvement and Patient Safety of the Urology Clinical Service.
 3. Attending Physician
 - a. Responsibilities
 1. Overall direction of clinical care is the responsibility of the attending staff of the Urology Clinical Service. In order to discharge that responsibility, close supervision and active participation in decision-making is required in all surgical cases.
 2. Death and Complications shall be presented monthly to the entire Attending staff for discussion and recommendation.

II. CREDENTIALING

A. NEW APPOINTMENTS

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

B. REAPPOINTMENTS

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

1. Modification of Clinical Service
The process for Modification of Urological Clinical Service is requested through the appropriate review process.
2. Staff Status Change
The process for Staff Status Change for members of the Urology Services is in accordance with ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.
3. Modification/Changes to Privileges

The process for Modification/Change to Privileges for members of the Urology Services is in accordance with ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

C. PRACTITIONER PERFORMANCE PROFILES

Refer to IX D, Clinical Service Practitioner Performance Profiles

D. AFFILIATED PROFESSIONALS

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

E. STAFF CATEGORIES

Members of the Urology Service fall into the same staff categories which are described in Article III – *Categories of the Medical Staff* of the ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

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

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

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

C. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES

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

1. Privileges to practice in the Urology Clinical Service will be commensurate with clinical training and documentation of an acceptable standard of clinical practice. The specifics of the process and the privileges, which will be assigned, are described in detail in the *Delineation of Privileges, Urology Service - Attachment A*.
2. Privileges are delineated by consensus of the active members of the Urology Clinical Service, and are approved by the Chief of Urology, subject to the approval of the Credentials Committee of the medical staff.
3. Individual privileges are subject to review and revision at the time of initial appointment, throughout the period of proctoring, and at the time of reappointment. In addition, the Chief of Service, with consensus of the Urology

attendings, at any time judged necessary may also review and revise individual privileges.

4. The process for modification/change to the privileges for members of the Urology Service is in accordance with the ZSFG Medical Staff Bylaws and Rules and Regulations.

D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations.

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

Proctoring and monitoring requirements for the Urology Clinical Service shall be the responsibility of the Chief of the Service. All requirements and details of proctoring are delineated in the document *Proctoring Procedure Urology Service - Attachment B*.

1. All new privileges whether at the time of initial appointment or later will be proctored for a period one (1) year or until an adequate number of operative cases have been proctored.
2. If failure to achieve proctoring due to lack of opportunity to proctor (i.e., too few cases to evaluate performance) during the first year of appointment, an extension of six months may be granted by the Chief of Urology.

Any applicant who has successfully completed residency training at UCSF and has been evaluated by the Urology Faculty here at ZSFG during that training shall be exempt from the proctoring process. All other requirements in the process shall be completed. Residency training evaluations will satisfy the major portion of proctoring requirements. All requirements and details of proctoring are delineated in the document *Proctoring Procedure Urology Service - Attachment B*.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Urology Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations.

C. REMOVAL OF PRIVILEGES

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

V. EDUCATION OF MEDICAL STAFF

All members of the Urological Clinical Service are afforded the opportunity to attend UCSF departmental courses for CME credits.

VI. CLINICAL SERVICE HOUSE STAFF TRAINING PROGRAM AND SUPERVISION

(Refer to CHN Website for Housestaff Competencies link.)

- A. The Chief of Urology is responsible for training and teaching activities of the Urology Clinical Service. Training of House Staff is done in conjunction with the Chair of Urology at UCSF and the UCSF training program.
- B. Attending faculty shall supervise house staff in such a way that house staff assume progressively increasing responsibility for patient care according to their level of training ability and experience. For House Staff competencies, contact the patient's Attending Physician.
- C. All surgical cases and invasive procedures done by the Urology Clinical Service House Staff shall have an attending responsible faculty member present during the procedure.
- D. Each resident is evaluated by all members of the attending staff during their rotation. Each of the staff completes an evaluation and the summary of this information is presented to the house staff by the Chief of Service.
 - 1. Wednesday conferences are directed to in-service training and lectures by residents. These meetings are to discuss cases, evaluate management, and provide a means to improve care.
 - 2. M/M Conference includes evaluation and discussion of all department wide deaths and appropriate cases with an emphasis on specific problems and/or possible changes in practice and improvement of care.
 - 3. Ability to write patient care orders: House staff members may independently write patient care orders with the following exceptions: DNR, emergent medical necessity.

VII. CLINICAL SERVICE CONSULTATION CRITERIA

Urological consultation may be requested by contacting the on-call Urologist. All consults will be seen promptly 24 hours per day.

VIII. DISCIPLINARY ACTION

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

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY (PIPS), AND UTILIZATION MANAGEMENT

The Urology Clinical Service is committed to the maintenance of the highest standard possible of practice. The Urology Clinical Service Performance Improvement and Patient Safety Program is detailed in the document *Performance Improvement and Patient Safety Plan, Urology Clinical Service, Zuckerberg San Francisco General - Attachment C*.

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

Patient care is provided chiefly in 3M Clinic, the operating room and Cysto suite, but also includes other areas such as Emergency Room; intensive care units, Radiology, etc. Efficiency in

delivery of service is a prime objective: to minimize morbidity and mortality as well as to avoid unnecessary days of inpatient care.

A. REPORTING / MEDICAL RECORDS

The members of the Urology Clinical Service are committed to the maintenance of completed, accurate and timely medical records. The requirement as set forth in the ZSFG Bylaws, and Rules and Regulations as well as these Clinical Service Rules and Regulations.

B. RESPONSIBILITY / INFORMED CONSENT

All decisions for treatment should involve the active participation of the patient, and should be made after appropriate discussions or risks, benefits and alternatives as set forth in the ZSFG Bylaws and Rules and Regulations.

C. CLINICAL INDICATORS

Urological Clinical Indicators are outlined in the *Performance Improvement and Patient Safety Plan - Urology Clinical Service – Attachment C*. In addition, clinical care is monitored and evaluated by:

1. Preoperative Care
2. Appropriate Indicators for Surgery
3. Operative Complications
4. Operative Results
5. Post-operative Complications
6. Post-operative Care
7. Tissue Review

Clinical Indicators which are reviewed for reappointment in addition to the above include:

1. Operative Complications
2. Blood Usage
3. Returns to the Operating Room
4. Record Monitoring

D. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Urological Clinical Indicators are outlined in the Performance Improvement and Patient Safety Plan - Urology Clinical Service -Attachment C.

E. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Monitoring and evaluation of appropriate patient care services of physicians and housestaff are done monthly by a morbidity and mortality conference with complete discussion of case histories and outcomes. *Refer to Performance Improvement and Patient Safety Plan - Urology Clinical Service – Attachment C*.

F. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Monitoring and evaluation of professional performance and housestaff are done monthly by a morbidity and mortality conference with complete discussion of case histories and outcomes. Refer to *Performance Improvement and Patient Safety Plan – Urology Clinical Service -Attachment C*.

X. 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 Urology 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.

XI. ADDITIONAL CLINICAL SERVICE INFORMATION

The Chief of Urology is responsible for training and teaching activities of the Urology Clinical Service.

The Urology Clinical Service Performance Improvement and Patient Safety Program is detailed in the document *Performance Improvement and Patient Safety Plan, Urology Clinical Service, Zuckerberg San Francisco General - Attachment C*.

All decisions for treatment should involve the active participation of the patient, and should be made after appropriate discussions or risks, benefits and alternatives as set forth in the ZSFG Bylaws and Rules and Regulations.

XII. ADOPTION AND AMENDMENT

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

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested Approved

Applicant: Please initial the privileges you are requesting in the Requested column.
 Service Chief: Please initial the privileges you are approving in the Approved column.

UROLOGY 2010

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

40.00 URINARY SYSTEM:

40.10 GENERAL PROCEDURES

Preoperative, operative and post-operative care of all patient with urological and genital diseases and conditions. This includes cystoscopy, transurethral resection of prostate and —bladder, ~~transurethral laser enucleation of the prostate~~, ureteroscopy, ~~nephroscopy~~nephroscopy, scrotal surgery including orchiectomies, —nephrectomies, open prostatectomies, transrectal ultrasound and prostate biopsy, penile —and urethral surgery, urological and genital trauma, percutaneous renal surgery.

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Requested Approved

KIDNEY

Renal exploration
 Drainage of perirenal or renal abscess
 Nephrotomy, Nephrolithotomy, PNL
 Pyelotomy with exploration or drainage, pyelolithotomy
 Nephrectomy-simple, partial radical, laparoscopic
 Repair of renal injury
 Pyeloplasty-open or laparoscopic
 Renal endoscopy
 Lithotripsy

URETER

Uterotomy with exploration or drainage
 Ureterolithotomy, open or laparoscopic
 Ureterectomy with bladder cuff
 Ureterectomy-total, ectopic, abdominal, vaginal or perineal approach
 Repair of ureter-open and laparoscopic
 Ureteral endoscopy

BLADDER

Cystostomy-with fulguration, cryosurgical destruction, drainage, basket extraction of calculus
 Cystolithotomy
 Transvesical ureterolithotomy
 Cystectomy-partial or complete
 Pelvic exenteration
 Repair of bladder-open and laparoscopic
 Urodynamics
 Endoscopy-cystoscopy, urethroscopy, cystourethroscopy
 Transurethral surgeries of bladder and urethra, ureter and pelvis, vesical neck and prostate.

URETHRA

Urethrotomy, meatotomy
 Drainage of periurethral, perineal and Skene's gland abscess
 Urethrectomy, biopsy of urethra

Excision of diverticulum, Cowper's and Skene's glands, caruncle, urethral prolapse
Urethral repair- urethroplasty, urethrolisis, urethromeatoplasty, sling and sphincter
Repair of urethral injury
Closure of urethrostomy or urethrocutaneous fistula.

MALE GENITAL SYSTEM

PENIS

Circumcision
Destruction of lesions-electrodesiccation, cryosurgery, laser and surgical
Penile amputation-partial, complete, radical with lymphadenectomy
Penile repair- chordee, hypospadias, urethroplasty with graft or flap
Plastic surgery to correct angulation with or without skin grafting
Plastic operation for epispadias distal to external sphincter
Insertion, removal and replacement of penile prosthesis
Corpora cavernosa vein shunt - unilateral or bilateral
Penile operation for injury.

TESTIS

Orchiectomy- simple, partial or radical. Inguinal, abdominal or laparoscopic
Exploration for undescended testis-inguinal or scrotal
Exploration for undescended testis with abdominal exploration
Orchiopexy for spermatic cord torsion with fixation of contralateral testis
Orchiopexy-inguinal with or without hernia repair
Orchiopexy-abdominal or laparoscopic
Transplantation of testis to thigh
Repair of testicular injury

EPIDIDYMIS

Incision and drainage of epididymis, testis or scrotal space
Excision of spermatocele, lesion of epididymis
Epididymectomy-unilateral or bilateral
Exploration of epididymis
Epididymoasostomy, anastomosis of epididymis to vas deferens

TUNICA VAGINALIS

Aspiration of hydrocele, tunica vaginalis
Excision of hydrocele-unilateral or bilateral with or without hernia repair
Repair of tunica vaginalis hydrocele-unilateral or bilateral

SCROTUM

Drainage of scrotal abscess
Scrotal exploration and removal of foreign body
Resection of scrotum
Scrotoplasty-simple or complicated, with or without skin grafting

VAS DEFERENS

Vasotomy with or without incision of vas deferens, unilateral or bilateral
Vasectomy- unilateral or bilateral

_____	_____	Repair of vas deferens -vasovasostomy, vasovarrhaphy
_____	_____	Ligation (percutaneous) of vas deferens-unilateral or bilateral

Requested	Approved	
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_____	_____	SPERMATIC CORD
_____	_____	Excision of hydrocele of spermatic cord
_____	_____	Excision of lesion of spermatic cord
_____	_____	Excision of varicocele or ligation of spermatic veins, abdominal or laparoscopic
_____	_____	Excision of varicocele with hernia repair

_____	_____	SEMINAL VESICLES
_____	_____	Vesiculotomy-simple or complicated
_____	_____	Vesiculectomy
_____	_____	Excision of Mullerian duct cyst

_____	_____	PROSTATE
_____	_____	Biopsy needle, punch or any other approach
_____	_____	Prostatectomy-perineal subtotal or radical w/ bilateral pelvic lymphadenectomy
_____	_____	Prostatectomy-retropubic subtotal or radical w/ bil pelvic lymphadenectomy
_____	_____	Laparoscopic prostatectomy retropubic radical, including "nerve sparing"
_____	_____	Exposure of prostate, any approach

_____	_____	FEMALE GENITAL SYSTEM
_____	_____	Incision and drainage of gland cyst
_____	_____	Marsupialization of gland cyst
_____	_____	Suture of vagina and or perineum
_____	_____	Colporrhaphy-anterior or posterior
_____	_____	Paravaginal defect repair abdominal/vaginal approach
_____	_____	Sling operation, fascia or synthetic
_____	_____	Removal or revision of sling

PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000.
 PROCTORING: Five (5) observed operative procedures or 15 retro-operative review of operative procedures.
 REAPPOINTMENT: Fifty (50) operative procedures the past two years at UCSF Hospitals or ZSFG.

_____	_____	40.20 RADICAL PROCEDURES AND URINARY DIVERSION
_____	_____	Preoperative, operative and post-operative care of patients with major urological and genital diseases. This includes radical cystectomy, radical prostatectomy, radical nephrectomy, urinary diversions including use of large and small bowel segments, retroperitoneal lymphadenectomy, radical penectomy, radical groin dissection and pelvic exenterations.
_____	_____	PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000.
_____	_____	PROCTORING: Five (5) observed operative procedures.

Zuckerberg San Francisco General Hospital and Trauma Center
1001 Potrero Ave
San Francisco, CA 94110

REAPPOINTMENT: Three (3) cases in the past two years at UCSF Hospitals and ZSFG.

_____ 40.30 LASER SURGERY

_____ Laser procedures including CO2, Holmium, KTP and Argon
PREREQUISITES: Appropriate training, viewing of the laser safety video prepared by the ZSFG Laser Safety Committee, and baseline eye examination
PROCTORING: 2 observed procedures
REAPPOINTMENT: 2 cases in the previous two years; and viewing of the laser safety video prepared by the ZSFG Laser Safety Committee and documentation of eye exam within the previous 6 months

_____ 41.00 SPECIAL PRIVILEGES

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested	Approved	
_____	_____	41.10 LAPAROSCOPIC UROLOGICAL PROCEDURES PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology. Demonstrates competence in laparoscopic urological surgery and completion of urological residency/fellowship that incorporates structured experience in laparoscopic surgery. For those without formal training during residency or fellowship in laparoscopic procedures, the minimum of successful completion of twenty five (25) cases. PROCTORING: Two (2) observed operative procedures. REAPPOINTMENT: Five (5) operative procedures in the past two years at UCSF
_____	_____	41.20 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000 and current x-ray/fluoroscopy certificate. PROCTORING: One (1) observed procedure. REAPPOINTMENT: Two (2) procedures in the previous two years and possession of an x-ray/fluoroscopy certificate.

I hereby request clinical privileges as indicated above.

_____ Applicant

_____ date

FOR DEPARTMENTAL USE:

- _____ Proctors have been assigned for the newly granted privileges.
- _____ Proctoring requirements have been satisfied.
- _____ Medications requiring DEA certification may be prescribed by this provider.
- _____ Medications requiring DEA certification will not be prescribed by this provider.

*Zuckerberg San Francisco General Hospital and Trauma Center
1001 Potrero Ave
San Francisco, CA 94110*

APPROVED BY:

Division Chief

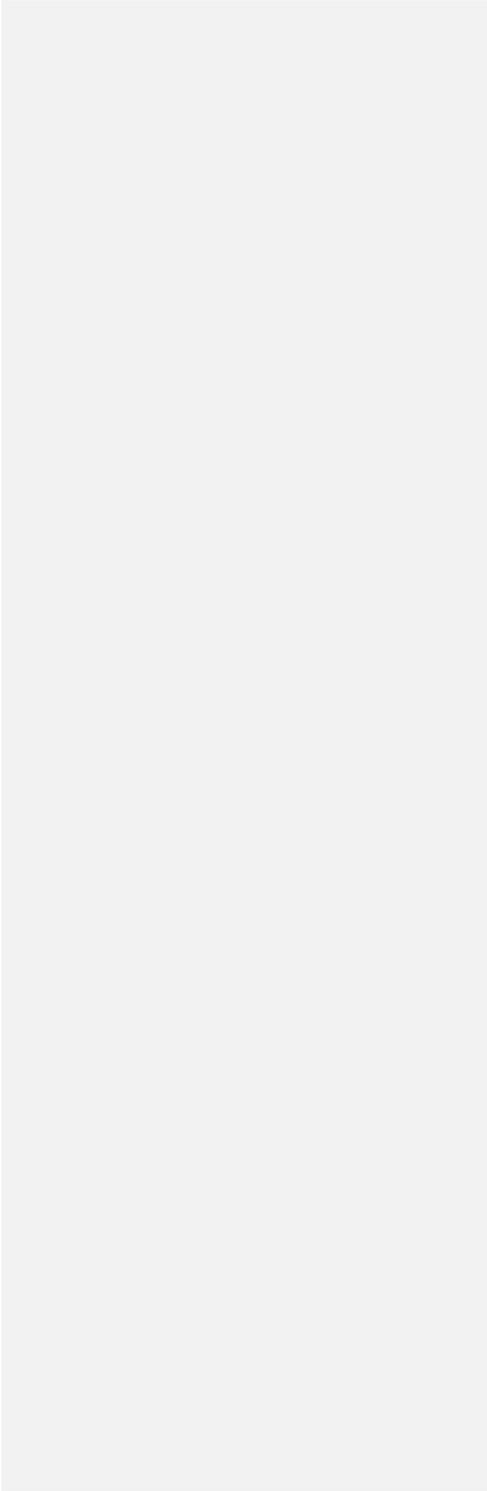
Date

Service Chief

Date

Printed 6/26/02

Page 2



ATTACHMENT B – PROCTORING PLAN – UROLOGY CLINICAL SERVICE

New applicants to the Urology Clinical Service of Zuckerberg San Francisco General Hospital requesting hospital privileges in urological surgery shall:

1. Obtain a copy of the Medical Staff Bylaws of Zuckerberg San Francisco General Hospital and the Urology Clinical Service Rules and Regulations.
2. Have completed a residency training program in Urology except for Class 1A Privileges.
3. Receive a definition of privileges from the Chief of Urology.
4. Work within the frame of the Urology Residency Training Program of the University of California, San Francisco.
5. Be recommended by the Chief of Urology Service for Active or Courtesy Staff

Any applicant who has successfully completed residency training at UCSF within 3 years and has been evaluated by the Urology Faculty at ZSFG during that training shall be exempt from the proctoring process. All other requirements in the process shall be completed. Residency training evaluations will satisfy the major portion of proctoring requirements.

Appointment and Responsibilities of Proctors:

1. Proctor Qualifications:
 - a. Member of the Active Staff or member of UC Faculty with Courtesy staff appointment.
2. Proctor(s) will be appointed by the Chief of the Urology Service.
3. Prior to scheduling a case for surgery, the applicant must have contacted and arrange for one of the appointed proctor(s) to be present during surgery.
4. After one year, the proctor's reports and recommendations from the Chief of Urology Service shall be sent to the appropriate committee for staff membership action.
5. Anyone performing urological surgery can be placed under observation at any time when it is deemed indicated by the Chief of Urology Service, or
 - a. Credentials Committee
 - b. Medical Executive Committee
 - c. Operating Room Committee

The duration of the observation shall be at the discretion of the Chief of Urology, and a report shall be made to the requesting committee.

REPORT FORM FOR PROCTORS – UROLOGY CLINICAL SERVICE

Applicant's Name

Date
Patient's Name: _____
Date of Birth: _____
ZSFG B # _____

Pre-Operative Work-up and Care:

Satisfactory _____
Unsatisfactory _____

Pre-Operative Diagnosis Appropriate:

Satisfactory _____
Unsatisfactory _____

Indications for Surgery Appropriate:

No _____
Yes _____

OPERATION: _____

Post-Operative Care

Satisfactory _____
Unsatisfactory _____

COMMENTS:

RECOMMENDATION

Satisfactory _____
Unsatisfactory _____

Signature of Proctor Date

ATTACHMENT C – PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) PLAN UROLOGY CLINICAL SERVICE

The purpose of this Performance Improvement and Patient Safety Plan is to monitor the activities of the Urology Clinical Service in order that the highest quality of medical care be provided for the patients on the Service. The Chief of Urology is responsible for carrying out this program.

The thrust of this program will focus on known or suspected patient care problems.

1. A monthly review of all complications and deaths is carried out with the entire faculty present. Each case is presented in detail, including x-rays, pathology and surgical procedures in each to explore all issues. Presentations are designed to facilitate discussions regarding problem areas in each case.
2. Tissue reports from pathological specimens of all surgical cases is reviewed by the Chief of Urology Service. Also reviewed are all cases of surgical procedures where pathologic specimens are not submitted for tissue evaluation.
- 3.4. The Chief of Urology Service reviews all operative reports done within the service.
- 4.5. Following discharge of the patient, each chart is carefully reviewed by the Chief of Urology Service in regard to appropriate diagnosis and treatment of the patient's specific disease process.
- 5.6. Clinical surveys are done at the discretion of the Chief of the Urology Service when patterns and trends suggest more clinical data is necessary to assess problems.
- 6.7. The Chief of Urology or faculty member at ZSFG makes daily rounds on all patients and inserts appropriate progress notes regarding the care of such patients.
- 7.8. Weekly rounds are made with all residents, and all patients on the service are presented and discussed.
- 8.9. The fourth Wednesday of every month, an hour and a half clinical conference presentation on difficult cases and interesting cases are made before the clinical attending faculty. Complete case discussions are done at this conference which includes appropriateness of care.

If problem patterns and trends are identified, the remedial action plan includes:

- a. Education and training programs
- b. Newly revised policies and procedures
- c. Staffing changes
- d. Equipment changes within the facility
- e. Counseling and proctoring

Once the remedial action plan has been initiated, follow-up and monitoring are done to insure the desired results have been achieved and sustained.

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Problem trends and occurrences as well as remedial action and follow-up are reported to the PIPS Committee on an as needed basis. Records of these reports are maintained. The Executive Committee is presented an annual report at the discretion of the PIPS Committee.

Inter-departmental quality and utilization management issues and problems are managed by direct consultation with the Chief of the other department to resolve the problem. Should this be unsuccessful, a direct report to the PIPS Committee is made and an attempt to solve the problems through the PIPS Committee is made.

REPORTING

Evidence of all departmental quality and utilization management activity will be maintained in the department. A portion or all of this material may be reported during the monthly departmental staff meeting. These meetings are in conjunction with the University of California, Department of Urology. Minutes of the meeting will be kept on file in the Department of Urology office.

PEER REVIEW

House staff in the Urology Service at ZSFG are full-time residents in the University of California, San Francisco, Department of Urology training program. These residents spend four months per rotation on the Urology Service at this institution. All patient care is under the direct supervision of an attending physician. After completion of each resident's rotation, a full evaluation form is completed by the Chief of Service and forwarded to the Chair of the Department of Urology, UCSF. In addition, at termination of each rotation, each resident is individually counseled by the Chief of Urology Service at ZSFG regarding his performance and at that time, suggestions for improvements or changes are made. Provisions exist within the department to place residents on probation and/or suspension if indicated and necessary.

All medical staff members of the Urology Service at ZSFG hold faculty appointments at UCSF. Each faculty member is evaluated by the Chair of the Department of Urology at the time of initial appointment and periodically in connection with merit and promotional reviews in accordance with the standard of the University of California. Each staff member of the Urology Service submits an annual request for renewal of his appointment with appropriate documentation of required information. In addition, the Chief of Urology Service reviews each application and also reviews in detail the clinical performance of the individual staff member.

Clinical care is evaluated by:

- | | |
|---|---------------------|
| (1) Preoperative care | (7) Tissue review |
| (2) Appropriate indications for surgery | (8) Number of Cases |
| (3) The operative complications | (9) Blood Usage |
| (4) Operative results | (10) Length of Stay |
| (5) Post-operative complications | (11) Record Keeping |
| (6) Post-operative care | |

All patients cared for by an individual staff member are reviewed by the Chief of the Urology Service at ZSFG. Recommendations regarding reappointment are based on the staff member's clinical judgement and the professional performance.

The Urology Service Departmental Performance Improvement and Patient Safety Plan is evaluated and updated annually in order to meet the needs of the service.

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ATTACHMENT D – CLINICAL SERVICE CHIEF JOB DESCRIPTION

Chief of Urology Clinical Service

Position Summary:

The Chief of Urology Clinical Service directs and coordinates the Service's clinical, educational, and research functions in keeping with the values, mission, and strategic plan of Zuckerberg San Francisco General (ZSFG) and the Department of Public Health (DPH). The Chief also insures 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 Urology Clinical Service reports directly to the Vice Dean and the University of California, San Francisco (UCSF) Department Chair. The Chief is reviewed not less than every four years by a committee appointed by the Chief of Staff. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Vice 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 Urology 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 Urology 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.

**UROLOGY CLINICAL SERVICE
RULES AND REGULATIONS
2026**

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

A. PREAMBLE

1. The Rules and Regulations of the Urology Clinical Service define certain standards of practice and other rules for the organization of the department and the duties of its members.
2. Standards of clinical practice will be consistent with those standards established by the American College of Surgeons as set forth in the document "Hospital and Pre-hospital Resources for Optimal Care". If an apparent conflict exists, the standards defined in this document will prevail.
3. The Urology Clinical Service Rules and Regulations will supplement those set forth in the Bylaws and Rules and Regulations of the Medical Staff of Zuckerberg San Francisco General.
4. Should a conflict exist between these Rules and Regulations and those of the medical staff, the medical staff standards will prevail except in circumstances where the department adopts a more stringent standard.

B. SCOPE OF SERVICE

The Urology Clinical Service is staffed to provide complete care for all urological problems. The services include adult and pediatric care in both outpatient and inpatient environments. All necessary surgical procedures for appropriate care in urological and genital surgery is provided.

C. MEMBERSHIP REQUIREMENTS

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

D. ORGANIZATION AND STAFFING OF THE UROLOGY CLINICAL SERVICE

The Urology Clinical Service consist of the following officers:

- Chief of Service
- Director of Performance Improvement & Patient Safety
- Attending Physician

1. Chief of Service

a. Appoint and review

Appointment and review of the Chief of Service will occur by the process specified in the ZSFG Medical Staff Bylaws.

Responsibilities

- 1) Overall direction of the clinical, teaching and research activities for the Urology Clinical Service.
- 2) Review and recommendation on all new appointments, requests for privileges and reappointments of the Urology Clinical Service.

- 3) Appointment of the remaining officers of the Urology Clinical Service and of the Urology Clinical Service committee members.
 - 4) Financial affairs of the Urology Clinical Services.
 - 5) Disciplinary actions as necessary, as set forth in the Urology Clinical Service Rules and Regulations and in the Bylaws and Rules and Regulations of the Medical Staff.
 - 6) Chief, Urology Clinical Service job description – see ATTACHMENT D
2. Director of Performance Improvement and Patient Safety
 - a. Responsibilities
 - 1) Assists in the reappointment process of the Urology Clinical Service members.
 - 2) Provide overall direction to the Performance Improvement and Patient Safety of the Urology Clinical Service.
 3. Attending Physician
 - a. Responsibilities
 1. Overall direction of clinical care is the responsibility of the attending staff of the Urology Clinical Service. In order to discharge that responsibility, close supervision and active participation in decision-making is required in all surgical cases.
 2. Death and Complications shall be presented monthly to the entire Attending staff for discussion and recommendation.

II. CREDENTIALING

A. NEW APPOINTMENTS

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

B. REAPPOINTMENTS

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

1. Modification of Clinical Service
The process for Modification of Urological Clinical Service is requested through the appropriate review process.
2. Staff Status Change
The process for Staff Status Change for members of the Urology Services is in accordance with ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.
3. Modification/Changes to Privileges

The process for Modification/Change to Privileges for members of the Urology Services is in accordance with ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

C. PRACTITIONER PERFORMANCE PROFILES

Refer to IX D, Clinical Service Practitioner Performance Profiles

D. AFFILIATED PROFESSIONALS

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

E. STAFF CATEGORIES

Members of the Urology Service fall into the same staff categories which are described in Article III – *Categories of the Medical Staff* of the ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

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

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

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

C. CLINICAL PRIVILEGES AND MODIFICATION/CHANGE TO PRIVILEGES

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

1. Privileges to practice in the Urology Clinical Service will be commensurate with clinical training and documentation of an acceptable standard of clinical practice. The specifics of the process and the privileges, which will be assigned, are described in detail in the *Delineation of Privileges, Urology Service - Attachment A*.
2. Privileges are delineated by consensus of the active members of the Urology Clinical Service, and are approved by the Chief of Urology, subject to the approval of the Credentials Committee of the medical staff.
3. Individual privileges are subject to review and revision at the time of initial appointment, throughout the period of proctoring, and at the time of reappointment. In addition, the Chief of Service, with consensus of the Urology

attendings, at any time judged necessary may also review and revise individual privileges.

4. The process for modification/change to the privileges for members of the Urology Service is in accordance with the ZSFG Medical Staff Bylaws and Rules and Regulations.

D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Article V: *Clinical Privileges*, Rules and Regulations.

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

Proctoring and monitoring requirements for the Urology Clinical Service shall be the responsibility of the Chief of the Service. All requirements and details of proctoring are delineated in the document *Proctoring Procedure Urology Service - Attachment B*.

1. All new privileges whether at the time of initial appointment or later will be proctored for a period one (1) year or until an adequate number of operative cases have been proctored.
2. If failure to achieve proctoring due to lack of opportunity to proctor (i.e., too few cases to evaluate performance) during the first year of appointment, an extension of six months may be granted by the Chief of Urology.

Any applicant who has successfully completed residency training at UCSF and has been evaluated by the Urology Faculty here at ZSFG during that training shall be exempt from the proctoring process. All other requirements in the process shall be completed. Residency training evaluations will satisfy the major portion of proctoring requirements. All requirements and details of proctoring are delineated in the document *Proctoring Procedure Urology Service - Attachment B*.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for the Urology Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations.

C. REMOVAL OF PRIVILEGES

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

V. EDUCATION OF MEDICAL STAFF

All members of the Urological Clinical Service are afforded the opportunity to attend UCSF departmental courses for CME credits.

VI. CLINICAL SERVICE HOUSE STAFF TRAINING PROGRAM AND SUPERVISION

(Refer to CHN Website for Housestaff Competencies link.)

- A. The Chief of Urology is responsible for training and teaching activities of the Urology Clinical Service. Training of House Staff is done in conjunction with the Chair of Urology at UCSF and the UCSF training program.
- B. Attending faculty shall supervise house staff in such a way that house staff assume progressively increasing responsibility for patient care according to their level of training ability and experience. For House Staff competencies, contact the patient's Attending Physician.
- C. All surgical cases and invasive procedures done by the Urology Clinical Service House Staff shall have an attending responsible faculty member present during the procedure.
- D. Each resident is evaluated by all members of the attending staff during their rotation. Each of the staff completes an evaluation and the summary of this information is presented to the house staff by the Chief of Service.
 - 1. Wednesday conferences are directed to in-service training and lectures by residents. These meetings are to discuss cases, evaluate management, and provide a means to improve care.
 - 2. M/M Conference includes evaluation and discussion of all department wide deaths and appropriate cases with an emphasis on specific problems and/or possible changes in practice and improvement of care.
 - 3. Ability to write patient care orders: House staff members may independently write patient care orders with the following exceptions: DNR, emergent medical necessity.

VII. CLINICAL SERVICE CONSULTATION CRITERIA

Urological consultation may be requested by contacting the on-call Urologist. All consults will be seen promptly 24 hours per day.

VIII. DISCIPLINARY ACTION

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

IX. PERFORMANCE IMPROVEMENT, PATIENT SAFETY (PIPS), AND UTILIZATION MANAGEMENT

The Urology Clinical Service is committed to the maintenance of the highest standard possible of practice. The Urology Clinical Service Performance Improvement and Patient Safety Program is detailed in the document *Performance Improvement and Patient Safety Plan, Urology Clinical Service, Zuckerberg San Francisco General - Attachment C*.

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

Patient care is provided chiefly in 3M Clinic, the operating room and Cysto suite, but also includes other areas such as Emergency Room; intensive care units, Radiology, etc. Efficiency in

delivery of service is a prime objective: to minimize morbidity and mortality as well as to avoid unnecessary days of inpatient care.

A. REPORTING / MEDICAL RECORDS

The members of the Urology Clinical Service are committed to the maintenance of completed, accurate and timely medical records. The requirement as set forth in the ZSFG Bylaws, and Rules and Regulations as well as these Clinical Service Rules and Regulations.

B. RESPONSIBILITY / INFORMED CONSENT

All decisions for treatment should involve the active participation of the patient, and should be made after appropriate discussions or risks, benefits and alternatives as set forth in the ZSFG Bylaws and Rules and Regulations.

C. CLINICAL INDICATORS

Urological Clinical Indicators are outlined in the *Performance Improvement and Patient Safety Plan - Urology Clinical Service – Attachment C*. In addition, clinical care is monitored and evaluated by:

1. Preoperative Care
2. Appropriate Indicators for Surgery
3. Operative Complications
4. Operative Results
5. Post-operative Complications
6. Post –operative Care
7. Tissue Review

Clinical Indicators which are reviewed for reappointment in addition to the above include:

1. Operative Complications
2. Blood Usage
3. Returns to the Operating Room
4. Record Monitoring

D. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

Urological Clinical Indicators are outlined in the *Performance Improvement and Patient Safety Plan - Urology Clinical Service -Attachment C*.

E. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Monitoring and evaluation of appropriate patient care services of physicians and housestaff are done monthly by a morbidity and mortality conference with complete discussion of case histories and outcomes. *Refer to Performance Improvement and Patient Safety Plan - Urology Clinical Service – Attachment C*.

F. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Monitoring and evaluation of professional performance and housestaff are done monthly by a morbidity and mortality conference with complete discussion of case histories and outcomes. Refer to *Performance Improvement and Patient Safety Plan – Urology Clinical Service -Attachment C*.

X. 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 Urology 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.

XI. ADDITIONAL CLINICAL SERVICE INFORMATION

The Chief of Urology is responsible for training and teaching activities of the Urology Clinical Service.

The Urology Clinical Service Performance Improvement and Patient Safety Program is detailed in the document *Performance Improvement and Patient Safety Plan, Urology Clinical Service, Zuckerberg San Francisco General - Attachment C*.

All decisions for treatment should involve the active participation of the patient, and should be made after appropriate discussions or risks, benefits and alternatives as set forth in the ZSFG Bylaws and Rules and Regulations.

XII. ADOPTION AND AMENDMENT

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

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested Approved

Applicant: Please initial the privileges you are requesting in the Requested column.

Service Chief: Please initial the privileges you are approving in the Approved column.

UROLOGY 2010

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

40.00 URINARY SYSTEM:

40.10 GENERAL PROCEDURES

Preoperative, operative and post-operative care of all patient with urological and genital diseases and conditions. This includes cystoscopy, transurethral resection of prostate and bladder, transurethral laser enucleation of the prostate, ureteroscopy, nephroscopy, scrotal surgery including orchiectomies, nephrectomies, open prostatectomies, transrectal ultrasound and prostate biopsy, penile and urethral surgery, urological and genital trauma, percutaneous renal surgery.

Requested Approved

KIDNEY

Renal exploration
 Drainage of perirenal or renal abscess
 Nephrotomy, Nephrolithotomy, PNL
 Pyelotomy with exploration or drainage, pyelolithotomy
 Nephrectomy-simple, partial radical, laparoscopic
 Repair of renal injury
 Pyeloplasty-open or laparoscopic
 Renal endoscopy
 Lithotripsy

URETER

Utererotomy with exploration or drainage
 Ureterolithotomy, open or laparoscopic
 Ureterectomy with bladder cuff
 Ureterectomy-total, ectopic, abdominal, vaginal or perineal approach
 Repair of ureter-open and laparoscopic
 Ureteral endoscopy

BLADDER

Cystostomy-with fulguration, cryosurgical destruction, drainage, basket extraction of calculus
 Cystolithotomy
 Transvesical ureterolithotomy
 Cystectomy-partial or complete
 Pelvic exenteration
 Repair of bladder-open and laparoscopic
 Urodynamics
 Endoscopy-cystoscopy, urethroscopy, cystourethroscopy
 Transurethral surgeries of bladder and urethra, ureter and pelvis, vesical neck and prostate.

URETHRA

Urethrotomy, meatotomy
 Drainage of periurethral, perineal and Skene's gland abscess
 Urethrectomy, biopsy of urethra

Excision of diverticulum, Cowper's and Skene's glands, caruncle, urethral prolapse
Urethral repair- urethroplasty, urethrolisis, urethromeatoplasty, sling and sphincter
Repair of urethral injury
Closure of urethrostomy or urethrocutaneous fistula.

MALE GENITAL SYSTEM

PENIS

Circumcision
Destruction of lesions-electrodesiccation, cryosurgery, laser and surgical
Penile amputation-partial, complete, radical with lymphadenectomy
Penile repair- chordee, hypospadias, urethroplasty with graft or flap
Plastic surgery to correct angulation with or without skin grafting
Plastic operation for epispadias distal to external sphincter
Insertion, removal and replacement of penile prosthesis
Corpora cavernosa vein shunt - unilateral or bilateral
Penile operation for injury.

TESTIS

Orchiectomy- simple, partial or radical. Inguinal, abdominal or laparoscopic
Exploration for undescended testis-inguinal or scrotal
Exploration for undescended testis with abdominal exploration
Orchiopexy for spermatic cord torsion with fixation of contralateral testis
Orchiopexy-inguinal with or without hernia repair
Orchiopexy-abdominal or laparoscopic
Transplantation of testis to thigh
Repair of testicular injury

EPIDIDYMIS

Incision and drainage of epididymis, testis or scrotal space
Excision of spermatocele, lesion of epididymis
Epididymectomy-unilateral or bilateral
Exploration of epididymis
Epididymoasostomy, anastomosis of epididymis to vas deferens

TUNICA VAGINALIS

Aspiration of hydrocele, tunica vaginalis
Excision of hydrocele-unilateral or bilateral with or without hernia repair
Repair of tunica vaginalis hydrocele-unilateral or bilateral

SCROTUM

Drainage of scrotal abscess
Scrotal exploration and removal of foreign body
Resection of scrotum
Scrotoplasty-simple or complicated, with or without skin grafting

VAS DEFERENS

Vasotomy with or without incision of vas deferens, unilateral or bilateral
Vasectomy- unilateral or bilateral

		Repair of vas deferens -vasovasostomy, vasovarrhaphy
		Ligation (percutaneous) of vas deferens-unilateral or bilateral
Requested	Approved	
		SPERMATIC CORD
		Excision of hydrocele of spermatic cord
		Excision of lesion of spermatic cord
		Excision of varicocele or ligation of spermatic veins, abdominal or laparoscopic
		Excision of varicocele with hernia repair
		SEMINAL VESICLES
		Vesiculotomy-simple or complicated
		Vesiculectomy
		Excision of Mullerian duct cyst
		PROSTATE
		Biopsy needle, punch or any other approach
		Prostatectomy-perineal subtotal or radical w/ bilateral pelvic lymphadenectomy
		Prostatectomy-retropubic subtotal or radical w/ bil pelvic lymphadenectomy
		Laparoscopic prostatectomy retropubic radical, including "nerve sparing"
		Exposure of prostate, any approach
		FEMALE GENITAL SYSTEM
		Incision and drainage of gland cyst
		Marsupialization of gland cyst
		Suture of vagina and or perineum
		Colporrhaphy-anterior or posterior
		Paravaginal defect repair abdominal/vaginal approach
		Sling operation, fascia or synthetic
		Removal or revision of sling
		PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000.
		PROCTORING: Five (5) observed operative procedures or 15 retro-operative review of operative procedures.
		REAPPOINTMENT: Fifty (50) operative procedures the past two years at UCSF Hospitals or ZSFG.
		40.20 RADICAL PROCEDURES AND URINARY DIVERSION
		Preoperative, operative and post-operative care of patients with major urological and genital diseases. This includes radical cystectomy, radical prostatectomy, radical nephrectomy, urinary diversions including use of large and small bowel segments, retroperitoneal lymphadenectomy, radical penectomy, radical groin dissection and pelvic exenterations.
		PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000.
		PROCTORING: Five (5) observed operative procedures.

REAPPOINTMENT: Three (3) cases in the past two years at UCSF Hospitals and ZSFG.

_____ 40.30 LASER SURGERY

Laser procedures including CO2, Holmium, KTP and Argon

PREREQUISITES: Appropriate training, viewing of the laser safety video prepared by the ZSFG Laser Safety Committee, and baseline eye examination

PROCTORING: 2 observed procedures

REAPPOINTMENT: 2 cases in the previous two years; and viewing of the laser safety video prepared by the ZSFG Laser Safety Committee and documentation of eye exam within the previous 6 months

_____ 41.00 SPECIAL PRIVILEGES

Privileges for Zuckerberg San Francisco General Hospital and Trauma Center

Requested

Approved

_____ 41.10 LAPAROSCOPIC UROLOGICAL PROCEDURES

PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology. Demonstrates competence in laparoscopic urological surgery and completion of urological residency/fellowship that incorporates structured experience in laparoscopic surgery. For those without formal training during residency or fellowship in laparoscopic procedures, the minimum of successful completion of twenty five (25) cases.

PROCTORING: Two (2) observed operative procedures.

REAPPOINTMENT: Five (5) operative procedures in the past two years at UCSF

_____ 41.20 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY

PREREQUISITES: Currently Board Qualified, Board Certified or Recertified by the American Board of Urology or a member of the Clinical Service prior to July 1, 2000 and current x-ray/fluoroscopy certificate.

PROCTORING: One (1) observed procedure.

REAPPOINTMENT: Two (2) procedures in the previous two years and possession of an x-ray/fluoroscopy certificate.

I hereby request clinical privileges as indicated above.

Applicant

date

FOR DEPARTMENTAL USE:

_____ Proctors have been assigned for the newly granted privileges.

_____ Proctoring requirements have been satisfied.

_____ Medications requiring DEA certification may be prescribed by this provider.

_____ Medications requiring DEA certification will not be prescribed by this provider.

APPROVED BY:

Division Chief

Date

Service Chief

Date

ATTACHMENT B – PROCTORING PLAN – UROLOGY CLINICAL SERVICE

New applicants to the Urology Clinical Service of Zuckerberg San Francisco General Hospital requesting hospital privileges in urological surgery shall:

1. Obtain a copy of the Medical Staff Bylaws of Zuckerberg San Francisco General Hospital and the Urology Clinical Service Rules and Regulations.
2. Have completed a residency training program in Urology except for Class 1A Privileges.
3. Receive a definition of privileges from the Chief of Urology.
4. Work within the frame of the Urology Residency Training Program of the University of California, San Francisco.
5. Be recommended by the Chief of Urology Service for Active or Courtesy Staff

Any applicant who has successfully completed residency training at UCSF within 3 years and has been evaluated by the Urology Faculty at ZSFG during that training shall be exempt from the proctoring process. All other requirements in the process shall be completed. Residency training evaluations will satisfy the major portion of proctoring requirements.

Appointment and Responsibilities of Proctors:

1. Proctor Qualifications:
 - a. Member of the Active Staff or member of UC Faculty with Courtesy staff appointment.
2. Proctor(s) will be appointed by the Chief of the Urology Service.
3. Prior to scheduling a case for surgery, the applicant must have contacted and arrange for one of the appointed proctor(s) to be present during surgery.
4. After one year, the proctor's reports and recommendations from the Chief of Urology Service shall be sent to the appropriate committee for staff membership action.
5. Anyone performing urological surgery can be placed under observation at any time when it is deemed indicated by the Chief of Urology Service, or
 - a. Credentials Committee
 - b. Medical Executive Committee
 - c. Operating Room Committee

The duration of the observation shall be at the discretion of the Chief of Urology, and a report shall be made to the requesting committee.

REPORT FORM FOR PROCTORS – UROLOGY CLINICAL SERVICE

Applicant's Name

Date

Patient's Name: _____

Date of Birth: _____

ZSFG B # _____

Pre-Operative Work-up and Care:

Satisfactory _____
Unsatisfactory _____

Pre-Operative Diagnosis Appropriate:

Satisfactory _____
Unsatisfactory _____

Indications for Surgery Appropriate:

No _____
Yes _____

OPERATION: _____

Post-Operative Care

Satisfactory _____
Unsatisfactory _____

COMMENTS:

RECOMMENDATION

Satisfactory _____
Unsatisfactory _____

Signature of Proctor Date

ATTACHMENT C – PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) PLAN UROLOGY CLINICAL SERVICE

The purpose of this Performance Improvement and Patient Safety Plan is to monitor the activities of the Urology Clinical Service in order that the highest quality of medical care be provided for the patients on the Service. The Chief of Urology is responsible for carrying out this program.

The thrust of this program will focus on known or suspected patient care problems.

1. A monthly review of all complications and deaths is carried out with the entire faculty present. Each case is presented in detail, including x-rays, pathology and surgical procedures in each to explore all issues. Presentations are designed to facilitate discussions regarding problem areas in each case.
2. Tissue reports from pathological specimens of all surgical cases is reviewed by the Chief of Urology Service. Also reviewed are all cases of surgical procedures where pathologic specimens are not submitted for tissue evaluation.
- ~~3.4.~~ The Chief of Urology Service reviews all operative reports done within the service.
- ~~4.5.~~ Following discharge of the patient, each chart is carefully reviewed by the Chief of Urology Service in regard to appropriate diagnosis and treatment of the patient's specific disease process.
- ~~5.6.~~ Clinical surveys are done at the discretion of the Chief of the Urology Service when patterns and trends suggest more clinical data is necessary to assess problems.
- ~~6.7.~~ The Chief of Urology or faculty member at ZSFG makes daily rounds on all patients and inserts appropriate progress notes regarding the care of such patients.
- ~~7.8.~~ Weekly rounds are made with all residents, and all patients on the service are presented and discussed.
- ~~8.9.~~ The fourth Wednesday of every month, an hour and a half clinical conference presentation on difficult cases and interesting cases are made before the clinical attending faculty. Complete case discussions are done at this conference which includes appropriateness of care.

If problem patterns and trends are identified, the remedial action plan includes:

- a. Education and training programs
- b. Newly revised policies and procedures
- c. Staffing changes
- d. Equipment changes within the facility
- e. Counseling and proctoring

Once the remedial action plan has been initiated, follow-up and monitoring are done to insure the desired results have been achieved and sustained.

Problem trends and occurrences as well as remedial action and follow-up are reported to the PIPS Committee on an as needed basis. Records of these reports are maintained. The Executive Committee is presented an annual report at the discretion of the PIPS Committee.

Inter-departmental quality and utilization management issues and problems are managed by direct consultation with the Chief of the other department to resolve the problem. Should this be unsuccessful, a direct report to the PIPS Committee is made and an attempt to solve the problems through the PIPS Committee is made.

REPORTING

Evidence of all departmental quality and utilization management activity will be maintained in the department. A portion or all of this material may be reported during the monthly departmental staff meeting. These meetings are in conjunction with the University of California, Department of Urology. Minutes of the meeting will be kept on file in the Department of Urology office.

PEER REVIEW

House staff in the Urology Service at ZSFG are full-time residents in the University of California, San Francisco, Department of Urology training program. These residents spend four months per rotation on the Urology Service at this institution. All patient care is under the direct supervision of an attending physician. After completion of each resident's rotation, a full evaluation form is completed by the Chief of Service and forwarded to the Chair of the Department of Urology, UCSF. In addition, at termination of each rotation, each resident is individually counseled by the Chief of Urology Service at ZSFG regarding his performance and at that time, suggestions for improvements or changes are made. Provisions exist within the department to place residents on probation and/or suspension if indicated and necessary.

All medical staff members of the Urology Service at ZSFG hold faculty appointments at UCSF. Each faculty member is evaluated by the Chair of the Department of Urology at the time of initial appointment and periodically in connection with merit and promotional reviews in accordance with the standard of the University of California. Each staff member of the Urology Service submits an annual request for renewal of his appointment with appropriate documentation of required information. In addition, the Chief of Urology Service reviews each application and also reviews in detail the clinical performance of the individual staff member.

Clinical care is evaluated by:

- | | |
|---|---------------------|
| (1) Preoperative care | (7) Tissue review |
| (2) Appropriate indications for surgery | (8) Number of Cases |
| (3) The operative complications | (9) Blood Usage |
| (4) Operative results | (10) Length of Stay |
| (5) Post-operative complications | (11) Record Keeping |
| (6) Post-operative care | |

All patients cared for by an individual staff member are reviewed by the Chief of the Urology Service at ZSFG. Recommendations regarding reappointment are based on the staff member's clinical judgement and the professional performance.

The Urology Service Departmental Performance Improvement and Patient Safety Plan is evaluated and updated annually in order to meet the needs of the service.

ATTACHMENT D – CLINICAL SERVICE CHIEF JOB DESCRIPTION

Chief of Urology Clinical Service

Position Summary:

The Chief of Urology 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 (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 Urology Clinical Service reports directly to the Vice Dean and the University of California, San Francisco (UCSF) Department Chair. The Chief is reviewed not less than every four years by a committee appointed by the Chief of Staff. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Vice 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 Urology 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 Urology 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.