

City and County of San Francisco

Department of Public Health



Daniel Lurie
Mayor

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

Mary Mercer, MD
Chief of Staff

Medical Executive Committee (MEC)
Summary of Changes

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

**PSYCHIATRY CLINICAL SERVICE
RULES AND REGULATIONS**
20242026

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

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

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I. PSYCHIATRY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

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

B. MEMBERSHIP REQUIREMENTS

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

CPR Certification is required for Affiliated Professionals.

C. ORGANIZATION OF PSYCHIATRY CLINICAL SERVICE

1. The Officers of the Psychiatry Clinical Service are:

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

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

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

3. Deputy Chief:

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

4. Director of Administration:

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

5. Attending Responsibilities (Psychiatrists, Psychologists):

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

II. CREDENTIALING

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

B. NEW APPOINTMENTS

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

C. REAPPOINTMENTS

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

D. PRACTITIONER PERFORMANCE PROFILES

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

E. MODIFICATION OF CLINICAL SERVICE PRIVILEGES

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

F. STAFF STATUS CHANGE

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

G. AFFILIATED PROFESSIONALS

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

H. STAFF CATEGORIES

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

III. DELINEATION OF PRIVILEGES (refer to APPENDIX A)

A. DEVELOPMENT OF PRIVILEGE CRITERIA

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

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

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

C. CLINICAL PRIVILEGES

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

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

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

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

B. ADDITIONAL PRIVILEGES

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

C. REMOVAL OF PRIVILEGES

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

V. EDUCATION

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

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

VI. PSYCHIATRY CLINICAL SERVICE CONSULTATION CRITERIA

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

VII. EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)

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

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

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

VIII. DISCIPLINARY ACTION

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

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

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

A. GOALS and OBJECTIVES

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

B. RESPONSIBILITY

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

C. REPORTING

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

D. CLINICAL INDICATORS

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

E. CLINICAL SERVICE PRACTITIONER PERFORMANCE PROFILES (OPPE)

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

F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

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

G. DISCHARGE PLAN ~~AND EXIT RECORD~~

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

H. INFORMED CONSENT

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

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

I. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

1) Physicians

All requirements and details are delineated in APPENDIX F.

2) Housestaff

Details are outlined in the APPENDIX B

3) Affiliated Professionals

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

4) ZSFG Employees other than Affiliated Professionals

Annual UCSF or CCSF Performance Evaluation.

J. COMMITTEE STRUCTURE

The Psychiatry Clinical Service will maintain the following committees:

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

X. MEDICAL RECORDS

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

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

XI. PROTECTION OF PATIENT PRIVACY

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

XII. PSYCHIATRY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM

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

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

XIII. MEETING REQUIREMENTS

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

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

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

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XIV. ADOPTION AND ADMENDMENT

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

APPENDIX A – PSYCHIATRY PRIVILEGE REQUEST FORM

Zuckerberg San Francisco General Hospital

Delineation of Privileges

Psychiatry 2020

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

FOR ALL PRIVILEGES

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

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

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

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

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

Medical Director, Behavioral Health Center _____ Date _____

34.30 SUBSPECIALTY PRIVILEGES (MD/DO)

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

34.31 CHILD PSYCHIATRY

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

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

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

PROCTORING: 5 proctored adolescent cases within the first year.

REAPPOINTMENT: 4 cases in each 2 year period

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

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

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

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

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

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.50 SPECIALIZED PRIVILEGES (PhD/PsyD/EdD)

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

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

34.51 PSYCHOMETRIC EVALUATION

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

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

PROCTORING: 5 proctored cases within the first year

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

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

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

34.52 NEUROPSYCHOLOGICAL EVALUATION

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

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

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

34.53 CHILD AND ADOLESCENT PSYCHOLOGY

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

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

PROCTORING: 5 cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.54 ADDICTION MEDICINE

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

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

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

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

Addiction Medicine Director/Designee _____

Date _____

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

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

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

PROCTORING: All OPPE metrics acceptable

REAPPOINTMENT: All OPPE metrics acceptable

CTSI Medical Director

Date _____

I hereby request clinical privileges as indicated above.

Applicant

Date _____

APPROVED BY

Division Chief

Date _____

Service Chief

Date _____

APPENDIX B – CREDENTIALING OF MEDICAL AND AFFILIATED STAFF

POLICY:

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

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

PURPOSE:

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

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

BASIC QUALIFICATIONS FOR CONSIDERATION OF APPOINTMENT TO THE MEDICAL STAFF:

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

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qualifications and experience.

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

Nurse Practitioners:

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

Physician Assistants:

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

PROCESS:

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

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

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

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

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

II. Continuous Monitoring of Clinical Practice

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

III. Credentialing

A. Licensure/Certification:

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

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

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

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

B. Medical and Affiliated Staff Appointment/Reappointment Paperwork:

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

C. Medical Staff Members Assigned as Proctors:

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

D. Failure to Meet Documentation/Paperwork Compliance Deadlines:

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

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

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

- b. Appointment/Reappointment Paperwork

2. Proctors are responsible for providing the following documentation:

- a. Proctoring documentation

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

- a. Peer review findings
- b. Recommendation requests

APPENDIX C – HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

A. EDUCATION OBJECTIVES

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

B. SUPERVISION AND EVALUATION

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

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

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

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

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APPENDIX D – PSYCHIATRY HOUSESTAFF COMPETENCIES

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

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

APPENDIX E – PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PLAN

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

Purpose

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

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

Goals

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

Objectives

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

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

Authority and Accountability

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

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

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

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

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

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D. Departmental/Program Monitoring and Activities

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

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

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

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

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

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

Reporting of PIPS Activities

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

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

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

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

Approved By:

Chief, Department of Psychiatry

Date

Director of Administration, Psychiatry

Date

Director, Psychiatric Nursing Division

Date

APPENDIX F – MEDICAL RECORDS DOCUMENTATION



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

DEPARTMENT OF PSYCHIATRY

5.3A

TITLE: Medical Record Documentation Policy - Medical Staff

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

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

PROCEDURE:

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

PES is responsible for initiating the following:

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

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

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

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

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

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

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

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

~~JPS evaluation form~~

~~5150~~

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

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

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

C) Medical Staff Inpatient Unit:

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

B. Admission Note:

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

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

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

D. Interdisciplinary Plan of Care:

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

E. Progress Notes:

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

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

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

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

Discharge Plan:

1. Identifying information:

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

2. Treatment Information:

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

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

4. Attending physician's signature.

H. Monitoring:

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

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

Approved: October 2020



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

Mark Leary, MD
Deputy Chief, Department of Psychiatry

Approved: September 2026

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

APPENDIX G – CHIEF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

CHIEF OF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

Position Summary:

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

Reporting Relationships:

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

Position Qualifications:

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

Major Responsibilities:

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

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

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

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

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

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

APPENDIX H -

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

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

1. *Referral Criterion*

- Medically admitted adults at ZSFG

2. *Service Priorities*

High

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

Routine

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

3. *To Refer*

Place consult request order in Epic EHR

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

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

4. *Please provide the following information:*

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

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

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

**PSYCHIATRY CLINICAL SERVICE
RULES AND REGULATIONS
2026**

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

A. SCOPE OF SERVICE

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

B. MEMBERSHIP REQUIREMENTS

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

CPR Certification is required for Affiliated Professionals.

C. ORGANIZATION OF PSYCHIATRY CLINICAL SERVICE

1. The Officers of the Psychiatry Clinical Service are:

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

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

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

3. Deputy Chief:

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

4. Director of Administration:

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

5. Attending Responsibilities (Psychiatrists, Psychologists):

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

II. CREDENTIALING

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

B. NEW APPOINTMENTS

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

C. REAPPOINTMENTS

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

D. PRACTITIONER PERFORMANCE PROFILES

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

E. MODIFICATION OF CLINICAL SERVICE PRIVILEGES

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

F. STAFF STATUS CHANGE

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

G. AFFILIATED PROFESSIONALS

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

H. STAFF CATEGORIES

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

III. DELINEATION OF PRIVILEGES (refer to APPENDIX A)

A. DEVELOPMENT OF PRIVILEGE CRITERIA

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

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

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

C. CLINICAL PRIVILEGES

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

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

D. TEMPORARY PRIVILEGES

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

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

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

B. ADDITIONAL PRIVILEGES

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

C. REMOVAL OF PRIVILEGES

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

V. EDUCATION

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

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

VI. PSYCHIATRY CLINICAL SERVICE CONSULTATION CRITERIA

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

VII. EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)

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

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

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

VIII. DISCIPLINARY ACTION

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

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

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

A. GOALS and OBJECTIVES

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

B. RESPONSIBILITY

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

C. REPORTING

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

D. CLINICAL INDICATORS

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

E. CLINICAL SERVICE PRACTITIONER PERFORMANCE PROFILES (OPPE)

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

F. MONITORING AND EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

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

G. DISCHARGE PLAN

The requirements for discharge plan are detailed in APPENDIX F

H. INFORMED CONSENT

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

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

I. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

1) Physicians

All requirements and details are delineated in APPENDIX F.

2) Housestaff

Details are outlined in the APPENDIX B

3) Affiliated Professionals

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

4) ZSFG Employees other than Affiliated Professionals

Annual UCSF or CCSF Performance Evaluation.

J. COMMITTEE STRUCTURE

The Psychiatry Clinical Service will maintain the following committees:

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

X. MEDICAL RECORDS

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

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

XI. PROTECTION OF PATIENT PRIVACY

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

XII. PSYCHIATRY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM

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

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

XIII. MEETING REQUIREMENTS

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

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

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

XIV. ADOPTION AND ADMENDMENT

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

APPENDIX A – PSYCHIATRY PRIVILEGE REQUEST FORM

Zuckerberg San Francisco General Hospital

Delineation of Privileges

Psychiatry 2020

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

FOR ALL PRIVILEGES

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

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

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

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

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

Medical Director, Behavioral Health Center

Date

34.30 SUBSPECIALTY PRIVILEGES (MD/DO)

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

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

34.31 CHILD PSYCHIATRY

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.32 ADOLESCENT PSYCHIATRY (MD/DO)

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

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

PROCTORING: 5 proctored adolescent cases within the first year.

REAPPOINTMENT: 4 cases in each 2 year period

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

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

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

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

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

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

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.50 SPECIALIZED PRIVILEGES (PhD/PsyD/EdD)

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

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

34.51 PSYCHOMETRIC EVALUATION

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

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

PROCTORING: 5 proctored cases within the first year

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

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

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

34.52 NEUROPSYCHOLOGICAL EVALUATION

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

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

PROCTORING: 5 proctored cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

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

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

34.53 CHILD AND ADOLESCENT PSYCHOLOGY

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

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

PROCTORING: 5 cases within the first year

REAPPOINTMENT: 4 cases in each 2 year period

34.54 ADDICTION MEDICINE

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

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

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

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

Addiction Medicine Director/Designee

Date

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

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

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

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

PROCTORING: All OPPE metrics acceptable

REAPPOINTMENT: All OPPE metrics acceptable

CTSI Medical Director

Date

I hereby request clinical privileges as indicated above.

Applicant

Date

APPROVED BY

Division Chief

Date

Service Chief

Date

APPENDIX B – CREDENTIALING OF MEDICAL AND AFFILIATED STAFF

POLICY:

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

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

PURPOSE:

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

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

BASIC QUALIFICATIONS FOR CONSIDERATION OF APPOINTMENT TO THE MEDICAL STAFF:

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

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

Nurse Practitioners:

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

Physician Assistants:

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

PROCESS:

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

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

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

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

II. Continuous Monitoring of Clinical Practice

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

III. Credentialing

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

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

APPENDIX C – HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

A. EDUCATION OBJECTIVES

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

B. SUPERVISION AND EVALUATION

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

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

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

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

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

APPENDIX D – PSYCHIATRY HOUSESTAFF COMPETENCIES

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

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

APPENDIX E – PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PLAN

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

Purpose

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

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

Goals

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

Objectives

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

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

Authority and Accountability

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

B. Inpatient and PES PIPS Activities

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

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

C. Department of Psychiatry Executive Committee

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

1. Objectives

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

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

D. Departmental/Program Monitoring and Activities

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

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

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

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

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

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

Reporting of PIPS Activities

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

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

EFFECTIVE DATE: MARCH 2002

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

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

Approved By:

Chief, Department of Psychiatry

Date

Director of Administration, Psychiatry

Date

Director, Psychiatric Nursing Division

Date

APPENDIX F – MEDICAL RECORDS DOCUMENTATION



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

DEPARTMENT OF PSYCHIATRY

5.3A

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

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

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

PROCEDURE:

A) Medical Staff – Inpatient and Psychiatry Emergency Service:

PES is responsible for initiating the following:

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

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

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

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

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

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

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

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

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

C) Medical Staff Inpatient Unit:

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

B. Admission Note:

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

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

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

D. Interdisciplinary Plan of Care:

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

E. Progress Notes:

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

F. Discharge Plan :

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

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

Discharge Plan:

1. Identifying information:

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

2. Treatment Information:

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

H. Monitoring:

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

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

Approved:
October 2020



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

Mark Leary, MD
Deputy Chief, Department of Psychiatry

Approved: September 2026

APPENDIX G – CHIEF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

CHIEF OF PSYCHIATRY CLINICAL SERVICE JOB DESCRIPTION

Position Summary:

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

Reporting Relationships:

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

Position Qualifications:

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

Major Responsibilities:

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

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

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

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

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

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

APPENDIX H -

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

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

1. *Referral Criterion*

- Medically admitted adults at ZSFG

2. *Service Priorities*

High

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

Routine

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

3. *To Refer*

Place consult request order in Epic EHR

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

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

4. *Please provide the following information:*

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

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

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

Delineation Of Privileges

Surgery

Provider Name:

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

38.60 Opportunistic Bilateral Salpingectomy for Ovarian Cancer Risk Reduction

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

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

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

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

City and County of San Francisco

Department of Public Health



Daniel Lurie
Mayor

Zuckerberg San Francisco General Hospital and
Trauma Center

Mary Mercer, MD
Chief of Staff

Medical Executive Committee (MEC) Summary of Changes

Document Name: Surgery/Vascular Surgery Privilege List

Clinical Service: Vascular Surgery

Date of last approval:

Summary of Updates: Add fluoroscopy certification requirements for vascular procedures

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

Update 2:

Update 3:

Update 4:

Update 5:

Update 6:

Update 7:

Update 8:

Delineation Of Privileges
Surgery

Provider Name:

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

38.45 Vascular Surgery - Core

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

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

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

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

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Delineation Of Privileges

Surgery

Provider Name:

Privilege	Status	Approved
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38.45 Vascular Surgery - Core

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

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

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

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

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

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

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

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

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

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

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

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

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

[PROCEDURE FOR SFHN PERINATAL CARE:](#)

STATEMENT OF POLICY:

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

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

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

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

PROCEDURE FOR SFHN ADULT PRIMARY CARE:

ABDOMINAL AORTIC ANEURYSM SCREENING	For men aged 65-75, who have ever smoked, order a "Vascular ultrasound abdominal aorta limited" with reason for exam as "Aortic aneurysm (AAA) screening, smoking history (Age >= 50yo)" if no abdominal imaging done (ultrasound; CT with or without contrast; or MRI with or without contrast) between ages 65-74.
BREAST CANCER SCREENING	For a woman aged 40-74, authorized staff members with appropriate training will do the following: <ol style="list-style-type: none"> 1. If available, review previous mammogram recommendation and submit according to the recommendation 2. If last mammogram > 18 months or if patient has not had any previous mammograms, order mammogram 3. Patients with new symptoms should be reviewed with provider
CERVICAL CANCER SCREENING	For a patients with a cervix > 21yo, authorized staff members with appropriate training will do the following: <ol style="list-style-type: none"> 1. For patients aged 21-29, if last cytology test (PAP) > 33 months, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam." If PAP will be done at a future visit, schedule patient for PAP as appropriate. 2. For patients > age 30, if last PAP > 57 months with HPV co-test or >33 months without HPV co-test, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam" and " Human Papillomavirus (HPV), High Risk Genotype by PCR." If PAP will be done at a future visit, schedule patient for PAP as appropriate.
CHOLESTEROL SCREENING	Authorized staff members with appropriate training will do the following: Order lipid panel ¹ <ol style="list-style-type: none"> 1. Age 19 or older if no lipid panel in the past 5 years
CHRONIC CONTROLLED MEDICATION USE	If a patient presents requesting refills of controlled medications, Authorized staff members with appropriate training will do the following: <ol style="list-style-type: none"> 1. If no Utox in last 10 months, order Utox
CHRONIC KIDNEY DISEASE SCREENING	Authorized staff members with appropriate training will order the following for patients aged 18 and older: <ol style="list-style-type: none"> 1. With a diagnosis of diabetes: a basic metabolic panel and a urine

	<p>microalbuminuria if not completed within the prior 10 months</p> <ol style="list-style-type: none"> 2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months 3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
COLORECTAL CANCER SCREENING	<p>For a patient aged 45-75, authorized staff members with appropriate training will review the care gap for guidance and do the following:</p> <ol style="list-style-type: none"> 1. If colonoscopy within 10 yrs → Review last colonoscopy for recommendations on interval screening to confirm screening is up to date. If there is no recommendation about when to complete the next colonoscopy, refer to provider. 2. If colonoscopy > 10 yrs OR if FOBT/FIT >10 months OR if No FOBT/FIT → Order and offer FIT 3. If No colonoscopy AND if (FOBT/FIT >10 months or No FOBT/FIT) → Order and offer FIT
CONGESTIVE HEART FAILURE CARE	Authorized staff members with appropriate training will obtain an O2Sat
COPD/ASTHMA CARE	Authorized staff members with appropriate training will obtain an O2Sat
DEPRESSION SCREENING	Authorized staff members with appropriate training will do the following: If last PHQ2 is >10 months old, complete PHQ-2 screening questions and enter results into EHR
DIABETES SCREENING	<p>Authorized staff members with appropriate training will order an A1c for the following patients</p> <ol style="list-style-type: none"> 1. For patients who have a history of prediabetes, order A1c if no A1c has been done in the past 10 months 2. For patients who do not have a history of prediabetes <ol style="list-style-type: none"> a. Age ≥ 35, order A1C if not done in the past 36 months b. Age 18-34, order A1C once and if patient has a BMI of ≥ 25 3. For patients who have a history of gestational diabetes, order A1C if not done in past 36
DIABETES MANAGEMENT	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. If last A1c > 10 months (or at an interval per local clinic program protocol), order A1c 2. If last metabolic panel > 10 months, order serum metabolic panel 3. If last urine microalb/Cr (UACR) > 10 months, order urine microalb/Cr (UACR) 4. <u>Review CareGap active for Teleretinal Screening</u> 5. <u>If clinic has a TRS camera, and no future appointment already scheduled with 4M, place order and complete teleretinal imaging.</u> 6. <u>If clinic does not have a TRS camera, refer to 4M for teleretinal screening.</u> 7. If last foot exam > 10 months: <ol style="list-style-type: none"> a. Perform Monofilament Test. b. Record MFT test results in EHR. c. If result is abnormal, refer to Podiatry

DYSURIA	If patient presents with complaint of dysuria, order a point of care urinalysis
HIV+ CARE	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. If newly diagnosed HIV+, order the following labs if never documented: <ol style="list-style-type: none"> a. Blood tests: hepatitis A antibody, hepatitis B core IgG, surface antibody and antigen, hepatitis C antibody HLA-B*5071, Syphilis test, HIV Genotype WITH Integrase resistance, HIV Viral Load, Toxo IgG, G6PD, CD4 b. For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT c. For heterosexual men: Urine GC/CT d. For MSM: Urine, pharyngeal and rectal GC/CT 2. Order CBC w/ Platelets (if ≥ 3 mos after last), CD4 T Cells (if ≥ 3 mos after last), HIV Viral Load (if ≥ 3 mos after last), fasting Lipid Panel (if ≥ 10 mos after last), Syphilis test (if ≥ 3 mos after last), HIV-1 Genotype (if ≥ 10 mos after last), Quantiferon (if ≥ 10 mos after last), CMP (if ≥ 3 mos after last), GC/CT (if ≥ 6 mos after last), Hgb A1c (if ≥ 10 mos after last), Urinalysis (if ≥ 10 mos after last), Urine Microalbumin (if ≥ 10 mos after last) 3. If patient was never given MCV (Meningococcal Vaccine/Menactra), give 2 doses of MCV 8-12 weeks apart (previously vaccinated persons who received only one dose should receive a 2nd dose at the earliest opportunity, even if longer than 12 weeks). A booster dose should be given every 5 years. 4. Page the PHAST team to discuss immediate initiation of ART: 415-443-3892 5. Contact the SFDPH LINC team to refer patient for partner services: 415-487-5506
HIV SCREENING	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY" 2. If patient is at increased risk for HIV², order "HIV 1/2 ANTIBODY" if last done > 10 mo ago
HEPATITIS B SCREENING	<p>Authorized staff members with appropriate training will do the following: If a patient is age > 18 years old order PANEL "Hepatitis B HBV Surface Antigen" AND "Hepatitis B HBV Surface Antibody" AND "Hepatitis B Total HBV Core Antibody" if all components not previously done.</p>
HEPATITIS C SCREENING	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. If a patient is age ≥ 18 years old AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," order "HEPATITIS C HCV ANTIBODY." 2. If a patient is pregnant AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," during current pregnancy, order

	"HEPATITIS C HCV ANTIBODY."
IMMUNIZATIONS	<p>The RN/LVN or delegated MEA/HW under the supervision of a provider administers immunization per CDPH's Immunization Recommendations. All nursing staff are expected to know the contraindications of all immunizations offered at Zuckerberg San Francisco General and the Community Primary Care Clinics. The RN/LVN or delegated MEA/HW will complete the following steps before administering immunizations:</p> <ol style="list-style-type: none"> Reviews vaccination due in the Electronic Health Record (EHR) at time of visit. Verifies vaccinations to be administered. Gives patient Vaccination Information Sheet (VIS). Checks chart, immunization card, EHR to verify the patient's immunization history. Completes the Screening Questionnaire for Adults Reviews the completed Screening Questionnaire for contraindications before administering immunizations. Obtains patient's oral agreement prior to administering immunizations after VIS given. If any questions or concerns about administering immunizations, contacts Charge Nurse or provider. Delegated MEA/HW has licensed clinician verify immunizations prior to administering, per clinic workflows.
MEDICAL DETOXIFICATION	<p>If a patient presents for medical detoxification initial assessment, authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> Order CBC w/ plt and diff, CMP, PT/INR If no PPD or QFT w/i last 12 mos, order QFT or place PPD If previous PPD+ or QFT+, AND no CXR w/in last 12 mos, order CXR PA+LAT If female aged 18-50, order UPreg
PHARMACY PANEL MANAGEMENT	<p>The clinical pharmacist can initiate or adjust medications for this patient according to the San Francisco Health Network Standardized Procedure for Ambulatory Care Clinical Pharmacist.</p>
PrEP (Pre-Exposure Prophylaxis) LABS	<p>Authorized staff members with appropriate training will do the following:</p> <p>Order PrEP Initial Labs during patient intake appointment: HIV Ab/Ag, HIV viral load, HBsAg, HBsAb, HBcAb, Hepatitis C ab, Hepatitis A total ab, CMP, Syphilis test, UPreg,</p> <ol style="list-style-type: none"> For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT For heterosexual men: Urine GC/CT For MSM: Urine, pharyngeal and rectal GC/CT

	<p>Order PrEP Follow-Up Labs while on PrEP (≥ 3 months after last): HIV Ab/Ag, BMP, UPreg, Syphilis test,</p> <ol style="list-style-type: none"> For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT For heterosexual men: Urine GC/CT For MSM: Urine, pharyngeal and rectal GC/CT; HCV ab (if >10 mo since last)
PREGNANCY INTENTION SCREENING	<p>For a woman aged 12-50 (or post menarche and pre menopause) authorized staff members with appropriate training will <u>confidentially</u> ask:</p> <ol style="list-style-type: none"> <u>Last menstrual period</u> <u>Would you like to be tested for pregnancy today?</u> If yes, perform a urine pregnancy test if patient agrees or requests; report result to the provider.
STI SCREENING	<p>Authorized staff members with appropriate training will do the following:</p> <p>Obtain and document a confidential phone number for any patient undergoing STI screening</p> <p><i>All sexually active people ≥ 12 - ≤ 50 years of age who could become pregnant:</i></p> <ul style="list-style-type: none"> Syphilis if no record of prior test (if at increased risk*, test if last done >10 mo) <p><i>Sexually active women < 25 years of age:</i></p> <ul style="list-style-type: none"> Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done >10 mo HIV if no record of prior test (if at increased risk*, test if last done >10 mo) <p><i>Sexually active women ≥ 25 years of age and at increased risk for STIs*</i></p> <ul style="list-style-type: none"> Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done >10 mo HIV if last done >10 mo Syphilis if last done >10 mo <p><i>Sexually active men who have sex with women < 25 years of age and at increased for STIs*</i></p> <ul style="list-style-type: none"> Urine gonorrhea (GC) and chlamydia (CT) if last done >10 mo HIV if last done > 10 mo Syphilis if last done >10 mo <p><i>Sexually active men who have sex with women ≥ 25 years of age and at increased for STIs*</i></p> <ul style="list-style-type: none"> HIV if last done > 10 mo

- Syphilis if last done >10 mo

Sexually active men who have sex with men

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

Sexually active transgender people

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

Sexually active people living with HIV

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

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

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

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

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

	<i>prescribed opiate use, unstable housing or homelessness, sex work, intimate partner violence, or incarceration.</i>
TB SCREENING	<p>If a patient meets one of the following criteria³:</p> <ol style="list-style-type: none"> Requirement by program/school/employment Has one or more risk factors for TB based on the CDPH California TB Risk Assessment: <ol style="list-style-type: none"> Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*. Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons Homelessness or incarceration, current or past. Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime Immunosuppression, current or planned, HIV infection, organ transplant recipient, treated with biologic agents including TNFalpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/kg/day for ≥ 1 month) or other immunosuppressive medication Close contact to someone with infectious TB disease during lifetime <p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> Perform a TB symptom screen. All abnormal TB symptoms should be reported to the medical provider for required follow-up as TB skin/blood testing cannot be used to rule out active TB disease in the presence of symptoms. A TB symptom screen consists of: <ol style="list-style-type: none"> Cough lasting more than 2-3 weeks Cough with hemoptysis (blood in sputum) Fevers or night sweats Unintentional weight loss If TB symptoms are present, notify the medical provider for additional assessment and follow-up Ask the patient if they have ever had a reaction to a TB skin test. If YES: only an IGRA blood test (called "Quantiferon TB Gold In-tube" or QFT) should be used in order to avoid skin necrosis at the test site. If no previous +PPD or +QFT, and no QFT or PPD done within the last 12 months, draw QFT or place PPD If previous PPD+ or QFT+ documented in EHR: <ol style="list-style-type: none"> If no CXR documented after PPD+ or QFT+ order 2-view CXR PA+LAT

	<ul style="list-style-type: none"> b. If there is prior documentation of a normal CXR after the previously documented PPD+ or QFT+ order repeat CXR PA+LAT if any of the following is true: <ul style="list-style-type: none"> i. TB symptoms are present (also notify provider) ii. Patient needs initial clearance for work/school and most recent prior normal CXR is from over a year ago iii. Patient needs initial OR annual clearance for housing/shelter or behavioral health/drug treatment programs c. Ask about TB/LTBI treatment history and refer patient to provider for preventive treatment if they have never been treated for LTBI <p>*Countries with elevated TB Risk: This includes many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, and South America. "Elevated TB rate" is defined as greater than or equal to 10 TB cases per 100,000 persons by National TB Controllers Association (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its Global Tuberculosis Report (bit.ly/who-global-tb-data), as well as a searchable TB country profile based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the United States, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates.</p>
THYROID DISEASE CARE	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. If new patient at initial encounter with known thyroid disease, order TSH with reflex to FT4
TRANSGENDER/MSM CARE	<p>For transgender patients interested in hormonal reassignment of gender, authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. Order baseline labs⁴: CBC with differential, CMP, glucose, hepatitis A antibody, hepatitis B surface antibody and antigen, hepatitis C antibody, Syphilis test, lipid profile, prolactin level (for MTF), HIV antibody, Quantiferon (TB blood test), urine GC/CT 2. MSM and Transgender persons who have sex with men: If patient was never given MCV (Meningococcal Vaccine/Menactra), give 2 doses of MCV 8-12 weeks apart (previously vaccinated persons who received only one dose should receive a 2nd dose at the earliest opportunity, even if longer than 12 weeks). A booster dose should be given every 5 years. 3. MSM and Transgender persons who have sex with men: If patient was never given MPOX vaccine, give 2 doses of MPOX 4 weeks apart.

APPENDIX:

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

PROCEDURE FOR SFHN AMBULATORY SPECIALTY CARE:

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

CARDIOLOGY MANAGEMENT	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none">1. Obtain O2 Sat on all patients each provider visit2. Perform ECG on the following patients:<ol style="list-style-type: none">a. New Cardiology Clinic patients at initial visitb. All visits in Electrophysiology Clinicc. Patients with new complaint of acute chest pain3. Annually for all patients with heart failure to screen for left bundle branch blockOrder Chest x-ray (PA and lateral) for new pacemaker patients, one-week post implant.4. Metabolic panel, CBCs, PT/INR on all patients prior to the following procedures:<ol style="list-style-type: none">a. Cardiac catheterizationb. Transesophageal echocardiogramc. Cardioversiond. Pacemaker implants
CHRONIC KIDNEY DISEASE SCREENING	<p>Authorized staff members with appropriate training will order the following:</p> <ol style="list-style-type: none">1. With a diagnosis of diabetes: a basic metabolic panel and a urine microalbuminuria if not completed within the prior 10 months2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
CONTRACEPTION COUNSELING	<p>For a woman aged 12-50 (<u>or post menarche and pre menopause</u>), authorized staff members with appropriate training will confidentially ask: "Would you like to become pregnant in the next year?"</p> <ol style="list-style-type: none">1. If no, refer patient to a trained staff member to discuss options for pregnancy prevention2. If yes, refer patient to a trained staff member to provide preconception counseling
DERMATOLOGY MANAGEMENT	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none">1. Psoriasis Biologic Therapy (Applies only to: Etanercept, Adalimumab, Infliximab, Ustekinumab, Risankizumab, Guselkumab, Secukinumab, Ixekizumab, Bimekizumab)<ol style="list-style-type: none">a. If no baseline labs are documented within past year, order: Quantiferon-TB Gold (QFNG-TB) HIV Hepatitis B core antibody Hepatitis B surface antibody

	<p>Hepatitis B surface antigen</p> <p>b. If Hepatitis B core antibody is positive and no HBV viral load completed in the past 3 months, order: HBV viral load</p> <p>2. Methotrexate</p> <p>a. If patient has an active Methotrexate prescription and no labs completed in the past 4 months, order: CBC with differential Comprehensive Metabolic Panel</p> <p>3. Isotretinoin (Accutane)</p> <p>a. If initiating therapy and no baseline labs are documented, order: Comprehensive Metabolic Panel Lipid panel</p> <p>b. If no follow-up labs documented after goal dose is reached, order (one time): Comprehensive Metabolic Panel Lipid panel</p> <p>c. For patients requiring pregnancy monitoring (a woman aged 12-50 (or post menarche and pre menopause): Obtain urine pregnancy test monthly</p> <p>4. Acitretin</p> <p>a. If patient has an active Acitretin prescription and no labs completed in the past 4 months, order: Lipid panel CBC with differential Comprehensive Metabolic Panel</p> <p>5. JAK Inhibitors</p> <p>a. If no baseline labs are documented, order: Quantiferon-TB Gold (QFNG-TB) HIV Hepatitis B core antibody Hepatitis B surface antibody Hepatitis B surface antigen</p>
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	<ul style="list-style-type: none"> b. If no TB screening completed in the past 12 months, order: Quantiferon-TB Gold (QFNG-TB) c. If patient has an active JAK inhibitor prescription and no labs completed in the past 4 months, order: CBC with differential Comprehensive Metabolic Panel Lipid panel d. For patients requiring pregnancy monitoring (a woman aged 12-50 (or post menarche and pre menopause): Obtain urine pregnancy test per protocol
DIABETES SCREENING	<p>Authorized staff members with appropriate training will order an A1C for the following patients:</p> <ul style="list-style-type: none"> 1. For patients who have a history of prediabetes, order A1c if no A1c has been done in the past 10 months 2. For patients who do not have a history of prediabetes <ul style="list-style-type: none"> a. Age ≥ 45, order A1C if not done in the past 30 months b. Age 18-44, order A1C if not done in the past 30 months and if patient has a BMI of ≥ 23
ENDOCRINOLOGY - DIABETES CLINIC	<p>Authorized staff members with appropriate training will do the following:</p> <ul style="list-style-type: none"> 1. If last A1c > 3 months, order A1c 2. Obtain POCT blood glucose test for <u>all diabetes visits unless patient has their own glucose meter or CGM with today's glucose value</u> 3. If last urine microalbumin/Cr > 10 months, order urine microalbumin/Cr 4. If last serum metabolic panel > 10 months, order serum metabolic panel 5. If last lipid panel > 10 months, order lipid panel 6. If last foot exam > 10 months perform Monofilament Test. 7. If last diabetes retinal eye exam > 10 months, place order for referral for diabetic retinal screen or perform with in clinic retinal camera
ENDOCRINOLOGY-LIPID CLINIC	<p>Authorized staff members with appropriate training will do the following:</p> <ul style="list-style-type: none"> 1. If no new result since last lipid clinic visit, order lipid panel 2. If patient is followed for a thyroid related condition and > 4 weeks since last thyroid labs, check TSH and FT4 3. If patient is followed for a calcium/parathyroid related condition and no renal/PTH since last appt, check renal panel and PTH <p>Nuclear Medicine – Hyperthyroidism Scans</p> <ul style="list-style-type: none"> 1. If patient scheduled for nuclear medicine thyroid scan and labs not completed within 2 days of the anticipated appointment, order: <ul style="list-style-type: none"> o TSH o Free T4 o HCG serum if female

	<p>Nuclear Medicine – Thyroid Cancer Scans/Treatment</p> <ol style="list-style-type: none"> 1. If patient scheduled for nuclear medicine thyroid cancer scan/treatment and labs not ordered, order on day 1 of nuclear medicine appointment (I-123 administration day): <ul style="list-style-type: none"> o TSH o Free T4 o Thyroglobulin panel o HCG serum if female o Random urine creatinine (spot) o Random urine iodine (spot, send-out)
NEPHROLOGY MANAGEMENT	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. For any patient scheduled with a Nephrology clinician: order the following diagnostic tests if they have not been completed in the 3 months prior to their encounter: <ul style="list-style-type: none"> a. Renal Function Panel b. Microalbumin/Creatinine Ratio, Urine c. Protein to creatinine ratio, urine d. CBC without differential e. PTH, Intact f. 25-OH Vitamin D 2. For any patient scheduled with a Nephrology clinician: order the following diagnostic tests if they have not been completed in the 12 months prior to their encounter: <ul style="list-style-type: none"> a. Fasting lipid panel b. Serum uric acid 3. For patients seen in the Nephrology clinic for anemia management and they have been on an erythropoietin-stimulating agent (i.e., Darbepoetin, Epogen) in the past 12 months: please order the following labs if they have not been completed in the prior 1 month: <ul style="list-style-type: none"> a. CBC without differential b. Ferritin c. Transferrin with iron saturation <p>For patients who are kidney transplant recipients on tacrolimus who don't have a Tacrolimus level ordered, please order a tacrolimus level to be completed within 2 weeks of the patient's encounter with a Nephrology clinician.</p>
OPHTHALMOLOGY/OPTOMETRY MANAGEMENT	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. Review patient's Electronic Health Record prior to clinic. 2. Verify ophthalmic diagnostic orders (appendix A and appendix B) that need to be performed for the visit according to standard work.

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

	<ul style="list-style-type: none"> iv. CMP
	<ul style="list-style-type: none"> 2. If a diagnosis of Systemic lupus erythematosus(Lupus) and no labs in past 6 months, order: <ul style="list-style-type: none"> a. Lupus Panel: <ul style="list-style-type: none"> i. RA Panel ii. Anti-dsDNA antibody iii. C3 complement iv. C4 complement v. Urine protein, creatinine 3. If gout diagnosis and no uric acid in past 6 months, order: <ul style="list-style-type: none"> a. Uric acid b. CBC c. CMP 4. If a patient is taking Methotrexate, Leflunomide, Mycophenolate, Azathioprine, Cyclophosphamide, Tofacitinib, Baricitinib, or Upadacitinib and there is no lab result within the last 3 months, order: <ul style="list-style-type: none"> a. CBC b. CMP c. ESR 5. CRP

REFERENCES

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

Appendix A Ophthalmic Diagnostic Orders

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

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

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

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

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

PROCEDURE FOR SFHN PEDIATRIC PRIMARY CARE:

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

PROCEDURE:

ANEMIA SCREENING	The authorized staff with the appropriate training will screen for anemia once between ages 9-18 mo and once between ages 2yo-3 yo, with a hemoglobin (hemocue) can be performed annually for participants of the WIC program (ie 3-5yo).
CHOLESTEROL SCREENING	Authorized staff members with appropriate training will do the following: Order a lipid panel: 1. Once between ages of 9-11 years
FLUORIDE VARNISH	The authorized staff with appropriate training will apply up to 0.1 ml fluoride varnish to any child with erupted teeth at every visit, up to four times a year, through the 6 th birthday after obtaining verbal consent from the guardian.
IMMUNIZATION	The authorized staff with the appropriate training under the supervision of a provider administers immunization per Zuckerberg San Francisco General recommendations (see attached; based on annual CDPH Immunization Recommendations). All nursing staff are expected to know the contraindications of all immunizations offered at Zuckerberg San Francisco General and the Community Primary Care Clinics
LEAD	Screen for lead once after the first birthday (typically at 12mo WCC visit) and once again between the 2 nd and 5 th birthdays.
TB SCREENING	<p>If a patient meets one of the following criteria²:</p> <ul style="list-style-type: none">a. Requirement by program/school/employmentb. Has one or more risk factors for TB based on the CDPH California TB Risk Assessment:<ul style="list-style-type: none">a. Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*. Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born personsb. Homelessness or incarceration, current or past. Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetimec. Immunosuppression, current or planned, HIV infection, organ transplant recipient, treated with biologic agents including TNFalpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/kg/day for ≥1 month) or other immunosuppressive medicationd. Close contact to someone with infectious TB disease during lifetime

Authorized staff members with appropriate training will do the following:

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

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

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

	PPD (there are no true contraindications of placing a PPD, but it should not be done in someone with a prior positive PPD, history of tuberculosis, active rash on arms, born outside of the United States, or receipt of MMR vaccine <4 weeks before).
TEEN SCREENING/STI SCREENING	<p>Teen Screening (ages 12-17): The following SOPs are protected to the teen patient and should not be performed in front of a guardian/caregiver.</p> <ul style="list-style-type: none"> • Obtain and document a confidential phone number for any patient undergoing screening • The authorized staff with the appropriate training shall collect Urine dip (clean catch) for females > 12 years old with symptoms of dysuria, urgency or frequency, • The authorized staff with the appropriate training shall perform a urine pregnancy test at patient request or if >age 12 and responds yes to the question, "Could you be pregnant today?" and will report any positive result to the provider. • STI SCREENING: • If patient aged >= 15yo regardless of sexual activity <ul style="list-style-type: none"> ○ Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send ○ If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. • If aged >12 and sexually active: <ul style="list-style-type: none"> ○ Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send ○ If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. • Additional STI screening per provider discretion
Transcutaneous bilirubin	Obtain a Transcutaneous Bilirubin (TcB) using a Transcutaneous Bilimeter at Newborn visits for neonates through the first 14 days of life for all visits and up to 28 days of life when requested.

PROCEDURE FOR SFHN PERINATAL CARE:

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

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

Gestational age	Name of test or Vaccination	Testing Frequency/Situation	Referrals/Education
At any gestational age at OB intake visit or earliest possible prenatal visit	Initial Labs: <ul style="list-style-type: none"> ○ ABO/Rh Blood Type and Screen ○ CBC ○ Ferritin ○ Syphilis test ○ Rubella antibody IgG ○ Varicella antibody IgG ○ <u>Hepatitis B surface antigen</u> ○ <u>Hepatitis B surface antibody and Hepatitis B core antibody if not previously documented.</u> ○ Hepatitis C Antibody ○ HIV ½ Antibody and Antigen ○ Hemoglobin A1c ○ Urine Culture ○ Chem 7 urine dip ○ Quantiferon if positive TB risk assessment by CDPH Risk Assessment Tool (link) Gonorrhea (GC) and Chlamydia (CT)	Once Perform only if not already documented in chart	<ul style="list-style-type: none"> ○ Refer to Genetic Counseling for 1+ “YES” answer from genetic questionnaire on California Prenatal Screening Program (CPSP care plan) ○ Complete CPSP Orientation within 30 days of prenatal care initiation. ○ Complete initial CPSP Assessments for Nutritionist (30 Min), Psychosocial (30 min), Health Education (30 min), minimum required time per California Perinatal Services Program (CPSP) ○ Refer to US – dating, NT (11-14 2/7 weeks), Fetal survey (18-20 weeks.) ○ WIC Referral ○ Dental Referral ○ Assess dependent care needs and appointment navigation. ○ PHN/BIH/SisterWeb Doula Referral ○ Refer to RD if initial A1c 5.7-6.4
	Early GLT	Within one week of results if initial hemoglobin A1c 5.7-6.4. If entering care >35 weeks consult provider to individualize care.	
	NIPT (cell free fetal DNA genetic screening), carrier screening if not previously documented	Once at >10 weeks gestational age.	
	Prenatal Vitamins	Dispense as needed throughout the pregnancy. 1 tablet daily throughout pregnancy and post-partum	

	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once between 27-36 weeks of gestation if not previously given	
	RSV	Once at 32-36 weeks gestation from September to January	
15 – 21 WEEKS	msAFP (second trimester genetic screening)	Once at specific to gestational age (15-21 weeks)	<ul style="list-style-type: none"> ○ Refer to Genetic Counseling , if Abnormal Expanded Screen results ○ Complete 2nd trimester CPSP Assessments (Psychosocial/ Nutrition/Health Education ○ ○ Refer to US - Fetal survey (18-22 wks.) ○
	Urine dip Chem-2 (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI	
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	
	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	at high risk for Hepatitis A or severe infe
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	

24 – 28 WEEKS	<u>3rd Trimester Labs:</u> GLT, 1 hour Syphilis antibody/RPR serology CBC Ferritin HIV ½ antibodies and antigen GTT as needed	GTT (3 hour fasting) once as needed based on GLT result	<ul style="list-style-type: none"> Complete 3rd Trimester CPSP Assessments (Nutrition/Psychosocial/Health Education)
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	
	Rhogam	ABO/Rh and antibody screen prior to administration of Rhogam Give Rhogam at 28 weeks if Rh negative	
	Urine dip Chem 7	UTI symptoms	
	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	at high risk for Hepatitis A or severe infe
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once between 27-36 weeks of gestation with each pregnancy	
28 – 36 WEEKS	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	<ul style="list-style-type: none"> Refer to Post-Partum Tubal Ligation Class (if applicable) Breast feeding education material Birth preferences and assess childcare resources as needed for planned admission Order breast pump PPTL consent papers to be signed by 35 6/7 weeks
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI	

	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	at high risk for Hepatitis A or severe infe
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once between 27-36 weeks of gestation with each pregnancy. Recommend Tdap to newborn close contacts (partner, caregivers)	
	RSV	Once at 32-36 weeks gestation from September to January (or into the spring if CDPH advises that the RSV se	se
36 – 41 WEEKS	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	<ul style="list-style-type: none"> ○ Breastfeeding education
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI	
	Repeat GC and CT screening	At 36 weeks if <25 years old or high risk	
	Vaccinations:		
	COVID-19	At any gestational age if not up to date with current year's vaccine	
	Hepatitis A series	At any gestational age if Hep A non-immune	
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	Prenatal specific vaccine, during flu season yearly	
	Tdap	Once if not previously given	
	RSV	Once at 32-36 weeks gestation from September to January (or into unusually long)	

	US position check Group B Strep	Once at 36 weeks Once at 36 weeks	With point of care ultrasound obstetric provider if available. At antenatal testing if not. Clinic collect/self-collect
POST PARTUM	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	<ul style="list-style-type: none"> ○ Complete Postpartum CPSP Assessments (Nutrition/Psychosocial/Health Education) ○ Screen for Depression (PHQ-2 or Edinburgh)
	GLT, 2 hour	At 6 weeks post-partum only if patient is diagnosed with GDM during pregnancy	
	Vaccinations:		
	COVID-19	If not up to date with current year's	
	Hepatitis A series	At any gestational age if Hep A non-immune	
	Hepatitis B series	At any gestational age if Hep B non-immune	
	Influenza	During flu season yearly if not Up to date	
	Tdap	If not up to date	
	MMR	Postpartum if not up to date	
	Varicella	Postpartum if not up to date	
	HPV	Postpartum if not up to date	
	Urine dip (chem 7)	UTI symptoms, diabetes, or h/o recurrent UTI	

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

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

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

APPROVAL

Ambulatory Care Committee	August 2026
Medical Executive Committee	

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

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

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

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

[PROCEDURE FOR SFHN PERINATAL CARE:](#)

STATEMENT OF POLICY:

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

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

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

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

PROCEDURE FOR SFHN ADULT PRIMARY CARE:

ABDOMINAL AORTIC ANEURYSM SCREENING	For men aged 65-75, who have ever smoked, <u>order a "Vascular ultrasound abdominal aorta limited" with reason for exam as "Aortic aneurysm (AAA) screening, smoking history (Age >= 50yo)"</u> order a "vascular ultrasound abdominal aortic aneurysm screening evaluation" if no abdominal imaging done (ultrasound; CT with or without contrast; or MRI with or without contrast) between ages 65-74.
BREAST CANCER SCREENING	For a woman aged 40-74, authorized staff members with appropriate training will do the following: <ol style="list-style-type: none"> <u>1. If available, review previous mammogram recommendation and submit according to the recommendation</u> <u>2. If last mammogram > 18 months or if patient has not had any previous mammograms, order mammogram</u> <u>3. Patients with new symptoms should be reviewed with provider</u>
CERVICAL CANCER SCREENING	For a patients with a cervix > 21yo, authorized staff members with appropriate training will do the following: <ol style="list-style-type: none"> For patients aged 21-29, if last cytology test (PAP) > 33 months, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam." If PAP will be done at a future visit, schedule patient for PAP as appropriate. For patients > age 30, if last PAP > 57 months with HPV co-test or >33 months without HPV co-test, verify with provider whether a PAP is indicated and if indicated, determine whether PAP will be done at the same visit or at a future visit. If PAP will be done at same visit, set up PAP tray and order "PAP cytology exam" and "Human Papillomavirus (HPV), High Risk Genotype by PCR." If PAP will be done at a future visit, schedule patient for PAP as appropriate.
CHOLESTEROL SCREENING	Authorized staff members with appropriate training will do the following: Order lipid panel ¹⁶ <u>Order a lipid panel:</u> <ol style="list-style-type: none"> <u>Age 19 or older if no lipid panel in the past 5 years</u> <u>Children age 9-11 once</u>

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	<p><u>Order a Lp(a)</u> <u>Age 19 or older if never obtained (once?)</u> <u>2026 AHA guideline is below:</u> <u>(https://doi.org/10.1161/CIR.0000000000001423 if you want reference to change the reference they have</u> 1. <u>If male and aged 35 and older OR women aged 45 and older</u> 2. <u>If male aged 20-35 or female 20-45, AND with one of the following cardiovascular risk factors:</u> a. <u>Diabetes.</u> b. <u>Previous personal history of CHD or non-coronary atherosclerosis (e.g., abdominal aortic aneurysm, peripheral artery disease, carotid artery stenosis).</u> c. <u>A family history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives.</u> d. <u>Tobacco use.</u> e. <u>Hypertension.</u> f. <u>Obesity (BMI ≥30)</u></p>
	<p>If a patient presents requesting refills of controlled medications, Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. If no Utox in last 10 months, order Utox
	<p>Authorized staff members with appropriate training will order the following for patients aged 18 and older:</p> <ol style="list-style-type: none"> 1. With a diagnosis of diabetes: a basic metabolic panel and a urine microalbuminuria if not completed within the prior 10 months 2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months 3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
COLORECTAL	<p>For a patient aged 45-75, authorized staff members with appropriate training will review the care gap for guidance and do the following:</p> <ol style="list-style-type: none"> 1. If colonoscopy within 10 yrs → Review last colonoscopy for recommendations on interval screening to confirm screening is up to date. If there is no recommendation about when to complete the next colonoscopy, refer to provider. 2. If colonoscopy > 10 yrs OR if FOBT/FIT >10 months OR if No FOBT/FIT → Order and offer FIT 3. If No colonoscopy AND if (FOBT/FIT >10 months or No FOBT/FIT) → Order and offer FIT

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

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	<ol style="list-style-type: none"> Blood tests: hepatitis A antibody, hepatitis B core IgG, surface antibody and antigen, hepatitis C antibody HLA-B*5071, Syphilis test, HIV Genotype WITH Integrase resistance, HIV Viral Load, Toxo IgG, G6PD, CD4 For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT For heterosexual men: Urine GC/CT For MSM: Urine, pharyngeal and rectal GC/CT <ol style="list-style-type: none"> Order CBC w/ Platelets (if ≥ 3 mos after last), CD4 T Cells (if ≥ 3 mos after last), HIV Viral Load (if ≥ 3 mos after last), fasting Lipid Panel (if ≥ 10 mos after last), Syphilis test (if ≥ 3 mos after last), HIV-1 Genotype (if ≥ 10 mos after last), Quantiferon (if ≥ 10 mos after last), CMP (if ≥ 3 mos after last), GC/CT (if ≥ 6 mos after last), Hgb A1c (if ≥ 10 mos after last), Urinalysis (if ≥ 10 mos after last), Urine Microalbumin (if ≥ 10 mos after last) If patient was never given MCV (Meningococcal Vaccine/Menactra), give 2 doses of MCV 8-12 weeks apart (previously vaccinated persons who received only one dose should receive a 2nd dose at the earliest opportunity, even if longer than 12 weeks). A booster dose should be given every 5 years. Page the PHAST team to discuss immediate initiation of ART: 415-443-3892 Contact the SFDPH LINCIS team to refer patient for partner services: 415-487-5506
HIV SCREENING	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY" If patient is at increased risk for HIV²⁴, order "HIV 1/2 ANTIBODY" if last done > 10 mo ago
HEPATITIS B SCREENING	<p>Authorized staff members with appropriate training will do the following: If a patient is age > 18 years old order PANEL "Hepatitis B HBV Surface Antigen" AND "Hepatitis B HBV Surface Antibody" AND "Hepatitis B Total HBV Core Antibody" if all components not previously done.</p>
HEPATITIS C SCREENING	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> If a patient is age ≥18 years old AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," order "HEPATITIS C

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	<p>HCV ANTIBODY."</p> <p>2. If a patient is pregnant AND EHR does not contain any prior result of "HEPATITIS C HCV ANTIBODY," during current pregnancy, order "HEPATITIS C HCV ANTIBODY."</p>
IMMUNIZATIONS	<p>The RN/LVN or delegated MEA/HW under the supervision of a provider administers immunization per CDPH's Immunization Recommendations. All nursing staff are expected to know the contraindications of all immunizations offered at Zuckerberg San Francisco General and the Community Primary Care Clinics. The RN/LVN or delegated MEA/HW will complete the following steps before administering immunizations:</p> <ol style="list-style-type: none"> Reviews vaccination due in the Electronic Health Record (EHR) at time of visit. Verifies vaccinations to be administered. Gives patient Vaccination Information Sheet (VIS). Checks chart, immunization card, EHR to verify the patient's immunization history. Completes the Screening Questionnaire for Adults Reviews the completed Screening Questionnaire for contraindications before administering immunizations. Obtains patient's oral agreement prior to administering immunizations after VIS given. If any questions or concerns about administering immunizations, contacts Charge Nurse or provider. Delegated MEA/HW has licensed clinician verify immunizations prior to administering, per clinic workflows.
MEDICAL DETOXIFICATION	<p>If a patient presents for medical detoxification initial assessment, authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> Order CBC w/ plt and diff, CMP, PT/INR If no PPD or QFT w/i last 12 mos, order QFT or place PPD If previous PPD+ or QFT+, AND no CXR w/i last 12 mos, order CXR PA+LAT If female aged 18-50, order UPreg
PHARMACY PANEL MANAGEMENT	<p>The clinical pharmacist can initiate or adjust medications for this patient according to the San Francisco Health Network Standardized Procedure for Ambulatory Care Clinical Pharmacist.</p>
PrEP (Pre-Exposure Prophylaxis) LABS	<p>Authorized staff members with appropriate training will do the following:</p>

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	<p>Order PrEP Initial Labs during patient intake appointment: HIV Ab/Ag, HIV viral load, HBsAg, HBsAb, HBcAb, Hepatitis C ab, Hepatitis A total ab, CMP, Syphilis test, UPreg,</p> <ol style="list-style-type: none"> For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT For heterosexual men: Urine GC/CT For MSM: Urine, pharyngeal and rectal GC/CT <p>Order PrEP Follow-Up Labs while on PrEP (≥ 3 months after last): HIV Ab/Ag, BMP, UPreg, Syphilis test,</p> <ol style="list-style-type: none"> For women: Vaginal (clinician or self-collected) swab for GC/CT and trichomoniasis NAAT For heterosexual men: Urine GC/CT For MSM: Urine, pharyngeal and rectal GC/CT; HCV ab (if >10 mo since last)
PREGNANCY INTENTION SCREENING	<p>For a woman aged 12-50 (or post menarche and pre menopause) authorized staff members with appropriate training will <u>confidentially</u> ask:</p> <ol style="list-style-type: none"> 1. <u>Last menstrual period.</u> 2. <u>Would you like to be tested for pregnancy today?</u> 3. If yes, perform a urine pregnancy test if patient agrees or requests; report result to the provider.
STI SCREENING	<p>Authorized staff members with appropriate training will do the following:</p> <p>Obtain and document a confidential phone number for any patient <u>undergoing STI screening age <25</u></p> <p><i>All sexually active people $\geq 12 - \leq 50$ years of age who could become pregnant:</i></p> <ul style="list-style-type: none"> • Syphilis if no record of prior test (if at increased risk*, test if last done >10 mo) <p><i>Sexually active women < 25 years of age:</i></p> <ul style="list-style-type: none"> • Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done >10 mo • HIV if no record of prior test (if at increased risk*, test if last done >10 mo) <p><i>Sexually active women ≥ 25 years of age and at increased risk for STIs*</i></p> <ul style="list-style-type: none"> • Urine or vaginal gonorrhea (GC) and chlamydia (CT) if last done

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

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

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

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

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

Sexually active men who have sex with men

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

Sexually active transgender people

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

Sexually active people living with HIV

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

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	<p>oral sex in the last 12 months</p> <ul style="list-style-type: none"> o Pharyngeal swab if performed oral sex on a penis in the last 12 months o Rectal swab if receptive anal sex in the last 12 months o Vaginal swab or urine if has a cervix and had receptive vaginal (front hole) sex in last 12 months <p>Note: Vaginal, rectal, and throat swabs can be self-collected by the patient. If patient chooses to do self-collection, provide them with the appropriate multi-site swab and instructions on self-collection. (Throat swab – Engl, Span or Rectal swab – Engl, Span)</p> <p>https://www.sfdcdp.org/wp-content/uploads/2018/01/Chlamydia-Gonorrhea-TMA-SFDPH-FINAL-01.19.2021.pdf</p> <p>Swab instruction (English and Spanishvisuals):</p> <ul style="list-style-type: none"> • https://www.sf.gov/cityclinic-testing • http://www.sfcityclinic.org/providers/VaginalSwab_ENG.pdf • http://www.sfcityclinic.org/providers/PharyngealSwab_ENG.pdf • http://www.sfcityclinic.org/providers/RectalSwab_ENG.pdf <p>Patient instructions in Spanish are available on the SFCC website: http://www.sfcityclinic.org/providers/#SelfCollection</p> <p><i>*Sex with a man who has sex with men, history of STI in the past year, contact with sex partner with HIV/STI, methamphetamine use, non-prescribed opiate use, unstable housing or homelessness, sex work, intimate partner violence, or incarceration.</i></p>
TB SCREENING	<p>If a patient meets one of the following criteria²³:</p> <ul style="list-style-type: none"> a. Requirement by program/school/employment b. Has one or more risk factors for TB based on the CDPH California TB Risk Assessment: <ul style="list-style-type: none"> a. Foreign born (except Canada and Australia) Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate*. Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons b. Marginally housed or homeless Homelessness or incarceration, current or past. Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional

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

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

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APPENDIX:

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

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

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

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

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PROCEDURE FOR SFHN AMBULATORY SPECIALTY CARE:

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

CARDIOLOGY MANAGMENT	Authorized staff members with appropriate training will do the following: <ol style="list-style-type: none">1. Obtain O2 Sat on all patients each provider visit2. Perform ECG on the following patients:<ol style="list-style-type: none">a. New Cardiology Clinic patients at initial visitb. All visits in Electrophysiology Clinicc. Patients with new complaint of acute chest pain3. Annually for all patients with heart failure to screen for left bundle branch blockOrder Chest x-ray (PA and lateral) for new pacemaker patients, one-week post implant.4. Metabolic panel, CBCs, PT/INR on all patients prior to the following procedures:<ol style="list-style-type: none">a. Cardiac catheterizationb. Transesophageal echocardiogramc. Cardioversiond. Pacemaker implants
CHRONIC KIDNEY DISEASE SCREENING	Authorized staff members with appropriate training will order the following: <ol style="list-style-type: none">1. With a diagnosis of diabetes: a basic metabolic panel and a urine microalbuminuria if not completed within the prior 10 months2. With a diagnosis of hypertension: a basic metabolic panel and urine microalbuminuria if not completed within the prior 10 months3. With an estimated glomerular filtration rate (eGFR) < 60: a urine microalbuminuria if not completed within the prior 10 months
CONTRACEPTION COUNSELING	For a woman aged 12-50 (<u>or post menarche and pre menopause</u>), authorized staff members with appropriate training will confidentially ask: "Would you like to become pregnant in the next year?" <ol style="list-style-type: none">1. If no, refer patient to a trained staff member to discuss options for pregnancy prevention2. If yes, refer patient to a trained staff member to provide preconception counseling
DERMATOLOGY MANAGEMENT	<u>Authorized staff members with appropriate training will do the following:</u> <u>1. Psoriasis Biologic Therapy (Applies only to: Etanercept, Adalimumab, Infliximab, Ustekinumab, Risankizumab, Guselkumab, Secukinumab, Ixekizumab, Bimekizumab)</u>

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	<p><u>Quantiferon-TB Gold (QFNG-TB)</u></p> <p><u>HIV</u></p> <p><u>Hepatitis B core antibody</u></p> <p><u>Hepatitis B surface antibody</u></p> <p><u>Hepatitis B surface antigen</u></p> <p>b. <u>If no TB screening completed in the past 12 months, order:</u></p> <p><u>Quantiferon-TB Gold (QFNG-TB)</u></p> <p>c. <u>If patient has an active JAK inhibitor prescription and no labs completed in the past 4 months, order:</u></p> <p><u>CBC with differential</u></p> <p><u>Comprehensive Metabolic Panel</u></p> <p><u>Lipid panel</u></p> <p>d. <u>For patients requiring pregnancy monitoring (a woman aged 12-50 (or post menarche and pre menopause):</u></p> <p><u>Obtain urine pregnancy test per protocol</u></p>
DIABETES SCREENING	<p>Authorized staff members with appropriate training will order an A1C for the following patients:</p> <ol style="list-style-type: none"> For patients who have a history of prediabetes, order A1c if no A1c has been done in the past 10 months For patients who do not have a history of prediabetes <ol style="list-style-type: none"> Age ≥ 45, order A1C if not done in the past 30 months Age 18-44, order A1C if not done in the past 30 months and if patient has a BMI of ≥ 23
ENDOCRINOLOGY - DIABETES MANAGEMENT CLINIC	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> If last A1c > 3-4 months, order A1c Obtain POCT blood glucose test for <u>new and established patients at every diabetes clinic visit; all diabetes visits unless patient has their own glucose meter or CGM with today's glucose value</u> If last urine microalbumin/Cr > 10 months, order urine microalbumin/Cr If last serum metabolic panel > 10 months, order serum metabolic panel If last lipid panel > 10 months, order lipid panel If last foot exam > 10 months <u>perform Monofilament Test.</u> If last diabetes retinal eye exam > 10 months, place order for referral for diabetic retinal screen <u>or perform with in clinic retinal camera</u>
ENDOCRINOLOGY - MANAGEMENT (includes Diabetes, Lipid Including LIPID CLINIC, Weight	<p><u>Authorized staff members with appropriate training will do the following:</u></p> <p><u>If last A1c > 3 months, order A1c</u></p> <p><u>Obtain POCT blood glucose for all diabetes visits unless patient has their own glucose meter or CGM with today's glucose</u></p>

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	<p>c. <u>Protein to creatinine ratio, urine</u></p> <p>d. <u>CBC without differential</u></p> <p>e. <u>PTH, Intact</u></p> <p>f. <u>25-OH Vitamin D</u></p> <p>2. <u>For any patient scheduled with a Nephrology clinician: order the following diagnostic tests if they have not been completed in the 12 months prior to their encounter:</u></p> <p>a. <u>Fasting lipid panel</u></p> <p>b. <u>Serum uric acid</u></p> <p>3. <u>For patients seen in the Nephrology clinic for anemia management and they have been on an erythropoetin-stimulating agent (i.e., Darbepoetin, Epogen) in the past 12 months: please order the following labs if they have not been completed in the prior 1 month:</u></p> <p>a. <u>CBC without differential</u></p> <p>b. <u>Ferritin</u></p> <p>c. <u>Transferrin with iron saturation</u></p> <p>a- <u>For patients who are kidney transplant recipients on tacrolimus who don't have a Tacrolimus level ordered, please order a tacrolimus level to be completed within 2 weeks of the patient's encounter with a Nephrology clinician.</u></p>
OPHTHALMOLOGY/ OPTOMETRY MANAGEMENT	<p>Authorized staff members with appropriate training will do the following:</p> <ol style="list-style-type: none"> 1. Review patient's Electronic Health Record prior to clinic. 2. Verify ophthalmic diagnostic orders (appendix A and appendix B) that need to be performed for the visit according to standard work. 3. Place ophthalmic diagnostic order on behalf of the appropriate clinician. Note that ALL ophthalmic diagnostic orders that are ordered by AOP require documented verification by a licensed clinician (MD/OD/DO). 4. Complete diagnostic tests accordingly. 5. Document finding(s) in the electronic health record.
PREGNANCY TESTING	<p>Authorized staff members with appropriate training will order a urine pregnancy test for patients under the following circumstances:</p> <ol style="list-style-type: none"> 1. Requested by the patient (women of all ages). 2. If the patient is missing monthly menses. 3. If the patient is scheduled for dental surgery with anesthesia 4. If the patient is starting or continuing a teratogenic drug. 5. If the patient is having a uterine or cervical procedure 6. before initiating contraception, unless healthcare provider reasonably certain patient is not pregnant. 7. If the patient is being seen in Reproductive Endocrinology and Infertility (REI) Clinic.
PULMONOLOGY	Authorized staff members with appropriate training will do the

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

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

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

REFERENCES

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

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Appendix A Ophthalmic Diagnostic Orders

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

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

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

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

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

PROCEDURE FOR SFHN PEDIATRIC PRIMARY CARE:

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

PROCEDURE:

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

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

Authorized staff members with appropriate training will do the following:

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

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	<p>have never been treated for LTBI</p> <p>*Countries with elevated TB Risk: This includes many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, and South America. "Elevated TB rate" is defined as greater than or equal to 10 TB cases per 100,000 persons by National TB Controllers Association (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its Global Tuberculosis Report (bit.ly/who-global-tb-data), as well as a searchable TB country profile based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the United States, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates.</p> <ul style="list-style-type: none"> ● TB SCREENING is considered positive if a patient meets one of the following criteria: <ul style="list-style-type: none"> ○ Birth, travel or residence in a TB-endemic area (outside of US, Canada, Australia, New Zealand, Western or Northern Europe) for >1 month since last screening ○ Has had a household member with confirmed active TB since the last screening ○ Confirmed HIV positive ○ Starting or currently on immunosuppression therapy ● If the TB SCREENING is positive, authorized staff will: <ul style="list-style-type: none"> ○ If EHR does not contain any prior result of "Quantiferon TB" OR "PPD", order "Quantiferon TB Gold In Tube" for patients born outside of the United States or place PPD for patients born in the United States. ○ If there is documentation of previous PPD+ or QFT+, AND no CXR within the last 12 months, order CXR PA+LAT ● If authorized staff with appropriate training suspects the patient is at risk but is unsure about risk level or which test to order/perform, they should check with provider for that visit. ● All nursing staff are expected to know the contraindication of placing a PPD (there are no true contraindications of placing a PPD, but it should not be done in someone with a prior positive PPD, history of tuberculosis, active rash on arms, born outside of the United States, or receipt of MMR vaccine <4 weeks before).
TEEN SCREENING/STI SCREENING	<p>Teen Screening (ages 12-17): The following SOPs are protected to the teen patient and should not be performed in front of a guardian/caregiver.</p> <ul style="list-style-type: none"> ● <u>Obtain and document a confidential phone number for any patient undergoing screening</u> ● The authorized staff with the appropriate training shall collect Urine dip (clean catch) for females > 12 years old with symptoms of dysuria,

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	<p>urgency or frequency,</p> <ul style="list-style-type: none"> The authorized staff with the appropriate training shall perform a urine pregnancy test at patient request or if >age 12 and responds yes to the question, "Could you be pregnant today?" and will report any positive result to the provider. STI SCREENING: <ul style="list-style-type: none"> Obtain and document a confidential phone number. If patient aged >= 15yo regardless of sexual activity <ul style="list-style-type: none"> Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. If aged >12 and sexually active: <ul style="list-style-type: none"> Order urine or vaginal* GC/CT if last done >10 mo, obtain sample, and send If EHR does not contain any prior HIV test result, order "HIV 1/2 ANTIBODY/ANTIGEN", obtain sample, and send. Additional STI screening per provider discretion
Transcutaneous bilirubin	Obtain a Transcutaneous Bilirubin (TcB) using a Transcutaneous Bilimeter at Newborn visits for neonates through the first 14 days of life for all visits and up to 28 days of life when requested.

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PROCEDURE FOR SFHN PERINATAL CARE:

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

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

Gestational age	Name of test or Vaccination	Testing Frequency/Situation	Referrals/Education	Formatted: Font: (Default) +Body (Calibri)
At any gestational age at OB intake visit or earliest possible prenatal visit	Initial Labs:	Once	<ul style="list-style-type: none"> Refer to Genetic Counselor for Advanced Maternal Age (AMA) 	Formatted: Font: (Default) +Body (Calibri)
	<ul style="list-style-type: none"> ABO/Rh Blood Type and Screen CBC Ferritin Syphilis test Rubella antibody IgG Varicella antibody IgG Hepatitis B surface antigen Hepatitis B surface antibody, Hepatitis B surface antigen, and Hepatitis B core antibody if not previously documented. Hepatitis C Antibody HIV 1/2 Antibody and Antigen Hemoglobin A1c Urine Culture Chem 7 urine dip Quantiferon if positive TB risk assessment by CDPH Risk Assessment Tool (link) 	Perform only if not already documented in chart	<ul style="list-style-type: none"> Refer to Genetic Counseling for 1+ "YES" answer from genetic questionnaire on California Prenatal Screening Program (CPSP care plan) Complete CPSP Orientation within 30 days of prenatal care initiation. Complete initial CPSP Assessments for Nutrition (30 Min), Psychosocial (30 min), Health Education (30 min), minimum required time per California Perinatal Services Program (CPSP) 	Formatted: Font: (Default) +Body (Calibri), 11 pt
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			<ul style="list-style-type: none"> Refer to US – dating, NT (11-14 2/7 weeks), Fetal survey (18-20 weeks.) WIC Referral Dental Referral Assess dependent care needs and appointment navigation. 	Formatted: Font: (Default) +Body (Calibri)
			<ul style="list-style-type: none"> PHN/BIH/SisterWeb Doula Referral 	Formatted: Font: (Default) +Body (Calibri)
			<ul style="list-style-type: none"> Refer to RD if initial A1c 5.7-6.4 	
	Gonorrhea (GC) and Chlamydia (CT)			
	Early GLT	Within one week of results if initial hemoglobin A1c 5.7-6.4. If entering care >35 weeks consult provider to individualize care.		
	NIPT (cell free fetal DNA genetic screening), carrier screening if <u>not previously documented</u> indicated	Once at >10 weeks gestational age.		
	Prenatal Vitamins	Dispense as needed throughout the pregnancy. 1 tablet daily		

		throughout pregnancy and post-partum		
	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
	Tdap	Once between 27-36 weeks of gestation if not previously given		Formatted: Font: (Default) +Body (Calibri)
	RSV	Once at 32-36 weeks gestation from September to January		Formatted: Font: (Default) +Body (Calibri)
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15 – 21 WEEKS	msAFP (second trimester genetic screening)	Once at specific to gestational age (15-21 weeks)	<ul style="list-style-type: none"> Refer to Genetic Counselor, if Abnormal Expanded Screen results 	Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem-2 (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia	<ul style="list-style-type: none"> Complete 2nd trimester C Assessments (Psychosocial/ Nutrition/Health Education) 	Formatted: Font: (Default) +Body (Calibri), 11 pt
			<ul style="list-style-type: none"> Refer to US - Fetal survey (18-22 wks.) 	Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI		
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum		
	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and	at high risk for Hepatitis A or severe infection	Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
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24 – 28 WEEKS	3 rd Trimester Labs:	GTT (3 hour fasting) once as needed based on GLT result	<ul style="list-style-type: none"> Complete 3rd Trimester C Assessments (Nutrition/Psychosocial/Health Education) 	Formatted: Font: (Default) +Body (Calibri)
	GLT, 1 hour Syphilis antibody/RPR serology CBC Ferritin HIV ½ antibodies and antigen GTT as needed			Commented [TK4]: As per Martin Escandon, clarification to use 3 hour 75g glucose load test instead of 2 hour 50g glucose test (previous practice prior to 2022).
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum		Formatted: Font: (Default) +Body (Calibri), 11 pt
	Rhogam	ABO/Rh and antibody screen prior to administration of Rhogam Give Rhogam at 28 weeks if Rh negative		Formatted: Font: (Default) +Body (Calibri), 11 pt
	Urine dip Chem 7	UTI symptoms		Formatted: Font: (Default) +Body (Calibri)
	Vaccinations:			
	COVID-19	At any gestational age if not up to date with current year's vaccine		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and at high risk for Hepatitis A or severe infection		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
28 – 36 WEEKS	Tdap	Once between 27-36 weeks of gestation with each pregnancy if not previously given		Formatted: Font: (Default) +Body (Calibri)
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	<ul style="list-style-type: none"> Refer to Post-Partum Triage Ligation Class (if applicable) Breast feeding education material Birth preferences and assess childcare resources as needed for planned admission Order breast pump Offer L&D tour PPTL consent papers to be signed by 35 6/7 weeks 	Formatted: Font: (Default) +Body (Calibri)
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia		Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI		

36 – 41 WEEKS	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	Complete series if Hep A non-immune and not up to date and at high risk for Hepatitis A or severe infection		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
	Tdap	Once between 27-36 weeks of gestation <u>if not previously given with each pregnancy.</u> Recommend Tdap to newborn close contacts (partner, caregivers)		Formatted: Font: (Default) +Body (Calibri)
	RSV	Once at 32-36 weeks gestation from September to January <u>(or into the spring if CDPH advises that the RSV season is unusually long)</u>		Formatted: Font: (Default) +Body (Calibri)
	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	o Breast-feeding education	Formatted: Font: (Default) +Body (Calibri)
	Urine dip (glucose and protein only)	Every High Risk OB visit (HROB clinic) or in routine prenatal care if the patient has hypertensive disease, h/o pre-eclampsia or HELLP in prior pregnancy, kidney disease, autoimmune disorder (lupus, APLS), thyroid disease, sickle cell anemia		Formatted: Font: (Default) +Body (Calibri)
	Urine dip Chem 7	UTI symptoms, diabetes, or h/o recurrent UTI		
	Repeat GC and CT <u>and Trichomonas</u> screening	At 36 weeks if <25 years old or high risk		Commented [EM5]: Change language - "Repeat GC and CT screening". Routine Trichomonas screening in asymptomatic pregnant patients is no longer our standard practice.
	Vaccinations:			
	COVID-19	At any gestational age if not up to date <u>with current year's vaccine</u>		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	At any gestational age if Hep A non-immune		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	Prenatal specific vaccine, during flu season yearly		Formatted: Font: (Default) +Body (Calibri)
	Tdap	Once if not previously given		Formatted: Font: (Default) +Body (Calibri)
	RSV	Once at 32-36 weeks gestation from September to January <u>(or into the spring if CDPH advises that the RSV season is unusually long)</u>		Formatted: Font: (Default) +Body (Calibri)
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	US position check Group B Strep	Once at 36 weeks Once at 36 weeks	Antenatal testing With point of care ultrasound obstetric provider if available. At antenatal testing if not. Clinic collect/self-collect	Commented [EM6]: Change - "With point of care ultrasound obstetric provider if available. At antenatal testing if not."
POST PARTUM	Prenatal Vitamins	Dispense if not taking already: 1 tablet daily throughout pregnancy and post-partum	<ul style="list-style-type: none"> Complete Postpartum CP Assessments (Nutrition/Psychosocial/Health Education) Screen for Depression (PHQ-2 or Edinburgh) 	Formatted: Font: (Default) +Body (Calibri)
	GLT, 2 hour	At 6 weeks post-partum only if patient is diagnosed with GDM during pregnancy		
Vaccinations:	COVID-19	If not up to date with current year's		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis A series	At any gestational age if Hep A non-immune		Formatted: Font: (Default) +Body (Calibri)
	Hepatitis B series	At any gestational age if Hep B non-immune		Formatted: Font: (Default) +Body (Calibri)
	Influenza	During flu season yearly if not Up to date		Formatted: Font: (Default) +Body (Calibri)
	Tdap	If not up to date		Formatted: Font: (Default) +Body (Calibri)
	MMR	Postpartum if not up to date		Formatted: Font: (Default) +Body (Calibri)
	Varicella	Postpartum if not up to date		Formatted: Font: (Default) +Body (Calibri), 11 pt
	HPV	Postpartum if not up to date		Formatted: Font: (Default) +Body (Calibri)
	Urine dip (chem 7)	UTI symptoms, diabetes, or h/o recurrent UTI		Formatted: Font: (Default) +Body (Calibri), 11 pt

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

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

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

APPROVAL

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

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