

San Francisco General Hospital



Annual Update
Policies and Procedures
December 13, 2005



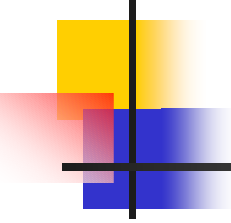
Hospital Plan for Provision of Care

Purpose:

- Defines organization-wide processes and activities that maximize coordination and provision of care

Goal:

- Coordinate patient care in a manner that is seamless from the patient's perspective
- Patients with the same health problems and needs receive the same standard of care throughout the organization



Hospital Plan for Provision of Care (contd.)

- Defines the community served
- Defines the scope of service, departments/services providing patient care and ancillary services
- Describes patient care before admission, during admission, in the hospital, before discharge, and after discharge
- Establishes accountability for programs in medication management, health information, infection control, environment of care, and human resources



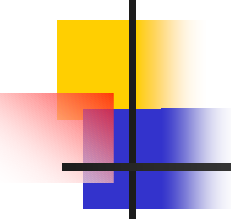
Hospital Plan for Provision of Care (contd.)

- Establishes shared accountability for improving organizational performance and patient safety between PIPS, Hospital Executive Committee, MEC, NEC, department managers, and hospital staff
- Holds Human Resources and MEC accountable for reporting staff competency to the governing body
- Holds Executive Committee, MEC, and NEC accountable for leadership



Hospital Plan for Provision of Care (contd.)

- Describes the budget review process; and how it is reviewed by MEC, NEC, and the Executive Committee
- Describes Nursing care and holds the CNO and NEC accountable for the service
- Defines oversight responsibilities of the MEC and PIPS and holds Service Chiefs and MEC accountable for medical staff



Hospital Plan for Provision of Care (contd.)

Revisions to Policy:

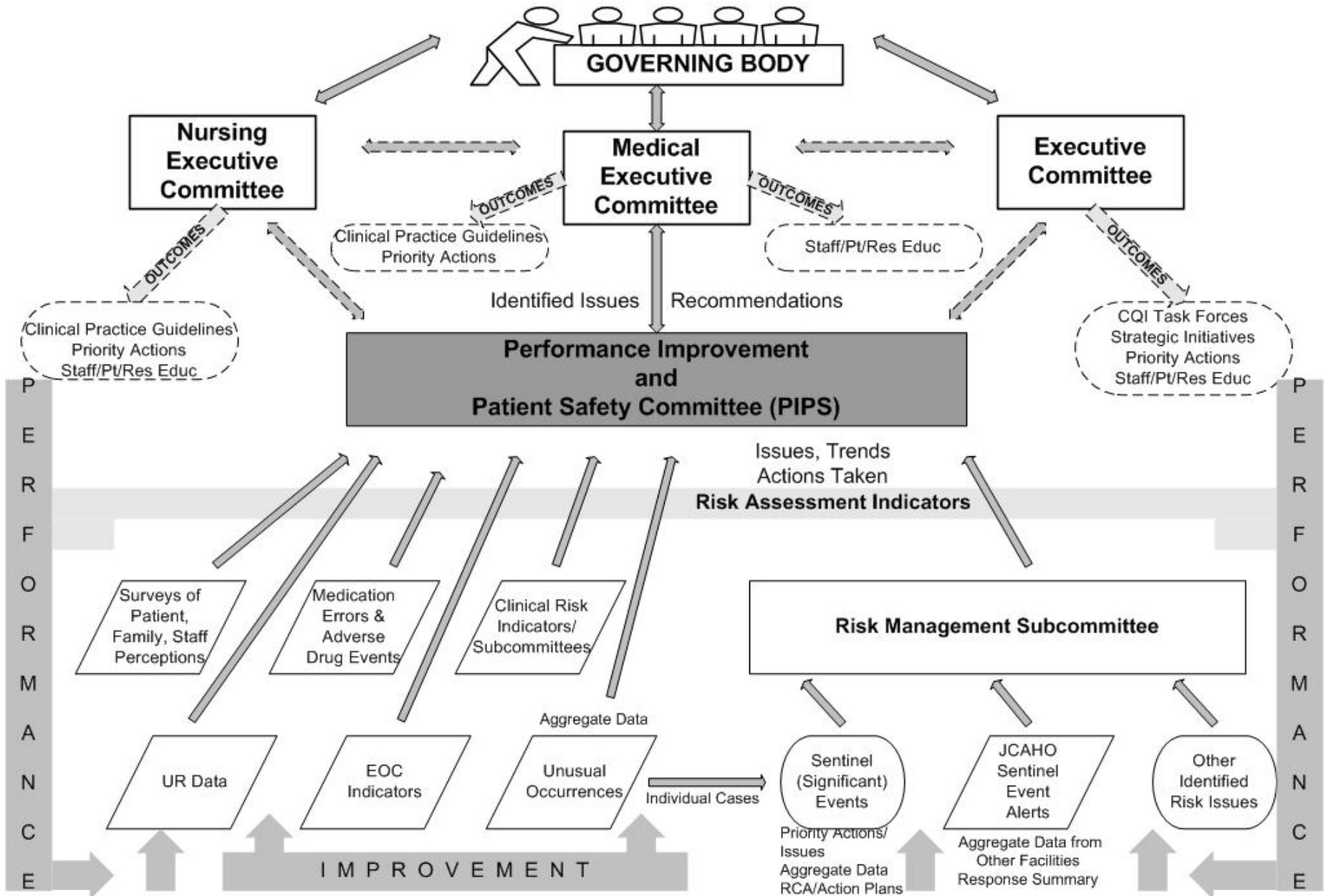
- Updated demographics of community served
- Updated financial mix of outpatient & emergency visits, inpatient discharges
- Revised Scope of Service statement with updated stats on beds, census, visits, discharge days, active and courtesy members of the medical staff
- Updated organizational chart and provided 04-05 SFGH goals



Performance Improvement and Patient Safety Program (PIPS)

- Purpose: To promote and define an organization-wide process for performance improvement in patient care, decreasing medical errors, and enhancing patient safety
- States commitment to improvement of patient safety through analysis, evaluation, and improvement of systems/processes to correct causes of medical errors
- MEC responsible for establishment, maintenance, and support of program; PIPS Committee accountable for implementation

PERFORMANCE IMPROVEMENT & PATIENT SAFETY PROGRAM



SFGH QUALITY REPORTING

Initiative	Reporting Interval	Indicators
Hospital Quality Alliance (HQA); National Voluntary Hospital Reporting Initiative (NVHRI)	Quarterly	AMI - 5 indicators CHF- 2 indicators PN - 3 indicators
Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)	Quarterly	AMI - 5 indicators CHF- 2 indicators PN - 3 indicators
JCAHO CORE MEASURES	Quarterly	AMI - 9 indicators CHF- 4 indicators PN - 9 indicators
California Hospital Assessment and Reporting Task Force (CHART)	Quarterly	Core Measures, Mortality, HCAHPS Survey Leapfrog's 4 "leaps", ICU Measures, Nosocomial Infections
California Nursing Outcomes Coalition (Cal-NOC)	Quarterly Biannual	Falls Pressure Ulcer/Restraint

** Acute Myocardial Infarction (AMI); Congestive Heart Failure (CHF); Pneumonia (PN)

SFGH QUALITY REPORTING

Initiative	Reporting Interval	Indicators
ACoS - Cancer Accreditation Program	Tri-Annual	Site Specific Cancer Outcomes
GWU Commonwealth Fund Study	Semi-Annual	Core Measures by Race
Institute for Healthcare Improvement (IHI) Patient Safety Initiative	Quarterly	Mortality Patient Safety Initiatives
JCAHO Stroke Center Certification	Quarterly	10 Stroke indicators

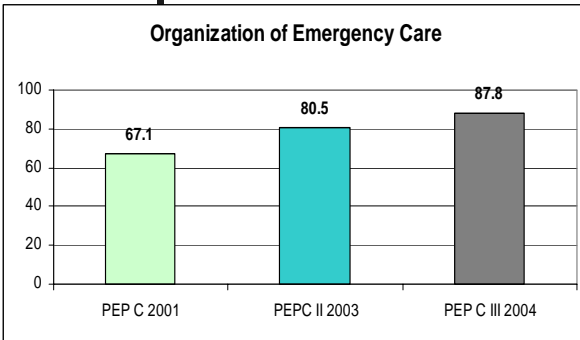
CORE MEASURES

SFGH is required by JCAHO to submit data on 3 core measure sets – Heart Failure (HF), Pneumonia (PN), and Acute Myocardial Infarction (AMI) – through University HealthSystem Consortium (UHC)
Results on the majority of measures are equal to or above averages for UHC and JCAHO national results.

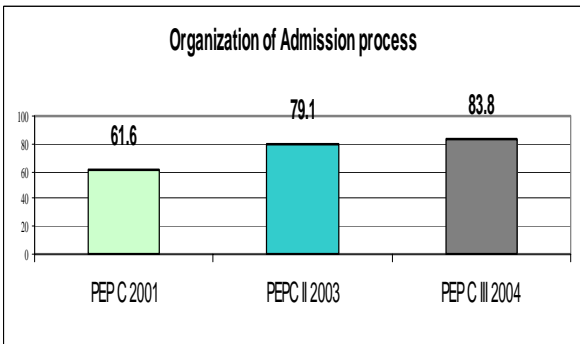
Q2 2005 RESULTS			
Measure	SFGH	UHC Hospitals	National
Heart Failure (HF)			
LVF assessment	100%	96%	82%
ACEI for LVSD	96%	86%	77%
Adult smoking cessation advice/counseling	59%	75%	79%
Complete discharge instructions	42%	58%	55%
Pneumonia (PN)			
Oxygenation assessment	100%	99%	99%
Antibiotic timing: Within 4 hours	52%	67%	72%
Antibiotic timing: Within 8 hours	88%	89%	93%
Smoking cessation advice/counseling	77%	66%	76%
Blood cultures before antibiotics	73%	80%	82%
Pneumococcal screening and/or vaccination (> age 65)	75%	48%	59%
Acute Myocardial Infarction (AMI)			
Aspirin at arrival	100%	97%	94%
Aspirin at discharge	100%	98%	95%
ACEI for LVSD	100%	85%	82%
Adult smoking cessation advice/counseling	71%	89%	89%
Beta Blocker at arrival	100%	95%	91%
Beta Blocker at discharge	100%	97%	94%
Inpatient Mortality	0%	6%	10%

PEP-C PATIENT SATISFACTION SURVEY

Organization of Emergency Care



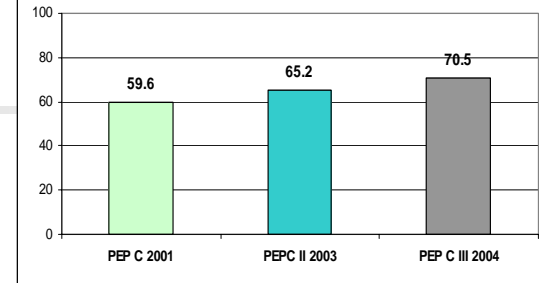
Organization of Admission process



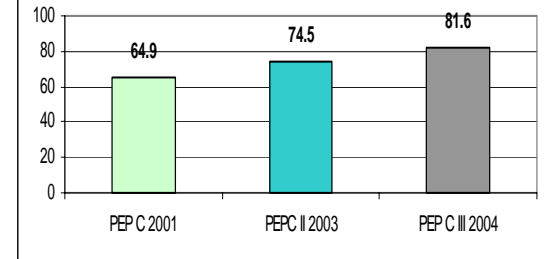
RESULTS COMPARED WITH OTHER CALIFORNIA HOSPITALS

DIMENSION OF CARE	2001	2003	2004
All Dimensions Combined	★	★★★	★★★★
Would Recommend Hospital	na	★★★	★★★★
Overall Rating of Care	na	★★★	★★★★
Respect for Patient Preferences	★	★	★
Coordination of Care	★	★	★★★★
Information and Education	★	★★★	★★★★
Physical Comfort	★★	★★★	★★★★
Emotional Support	★★	★★★	★★★★
Transition to Home	★★	★★★	★★★★

Told when you could resume normal activities



Discussion on what danger signals to watch for



Improvement Effort: **ADMISSIONS**

- Formalized training program for new employees in Patient Financial Services Department
- Ongoing training for employees re: understanding eligibility and registration processes
- Ongoing review of registration and admission procedures to identify opportunities for system improvements and streamlining of workflow.

Improvement Effort: **DISCHARGE**

- Development of "When You Go Home" Discharge Instruction sheets, which clearly address resuming normal activities and danger signals to watch for.

Improvement Effort: **EMERGENCY**

- Focus on recruitment, training and retention of nurses in the Emergency Dept, resulting in full RN staffing which improved staff morale and organization of care provided to patients.
- "One Stop Shopping" program implemented which consolidates needed equipment in one location. This program standardized supply carts, improved efficiency and productivity, and decreased staff frustration with retrieving supplies from multiple locations.



Performance Improvement and Patient Safety Program (PIPS) contd.

Changes to the Policy:

- Creation of Patient Safety Officer position



Inpatient Utilization Review Program

- Designed to promote and support quality patient care and increase effective and efficient utilization of available facilities and services
- Area specific utilization review plans for acute medical-surgical, acute psychiatry, skilled nursing facility, and the SF Behavioral Health Center
- Applies to all inpatients and admissions, extended stays and professional services rendered



Inpatient Utilization Review Program contd.

- No Changes to Policy



Employee Performance and Competency

- Purpose (in accordance with Title XXII and JCAHO):
 - Provide assessment of staff competency
 - Identify training needs
 - Describe educational programs
 - Describe levels of competence, patterns, trends, competency maintenance activities
 - Report staff competency to the Governing Body and SFGH leadership



Employee Performance and Competency

Performance Evaluations Meeting or Exceeding Standards

- Patient Care 99.0%
- Clinical Support 99.0%
- Environmental Support 98.5%
- Administrative Support 98.5%
- UCSF 98.4%



Employee Performance and Competency

- Staff rated “Unmet Standards”
 - Primary reasons – time management, communication, quality of work
- Development Plans
 - Monitoring
 - Special assistance
 - Training or re-orientation
 - Restructuring of work
 - Reassignment



Employee Performance and Competency

- Staff who do not meet standards
 - Not permitted to provide patient care duties unless closely monitored or show improvement to the point where patient care is not compromised