

# San Francisco General Hospital



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Annual Update  
Policies and Procedures  
December 13, 2005



# Hospital Plan for Provision of Care

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Purpose:

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

Goal:

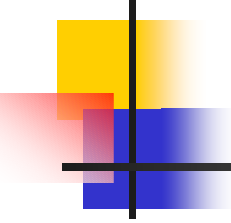
- Coordinate patient care in a manner that is seamless from the patient's perspective
- Patients with the same health problems and needs receive the same standard of care throughout the organization



# Hospital Plan for Provision of Care (contd.)

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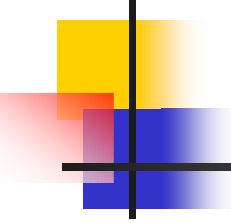
- Defines the community served
- Defines the scope of service, departments/services providing patient care and ancillary services
- Describes patient care before admission, during admission, in the hospital, before discharge, and after discharge
- Establishes accountability for programs in medication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



# Hospital Plan for Provision of Care (contd.)

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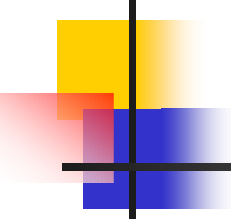
- Establishes shared accountability for improving organizational performance and patient safety between PIPS, Hospital Executive Committee, MEC, NEC, department managers, and hospital staff
- Holds Human Resources and MEC accountable for reporting staff competency to the governing body
- Holds Executive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



# Hospital Plan for Provision of Care (contd.)

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- 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.)

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## 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

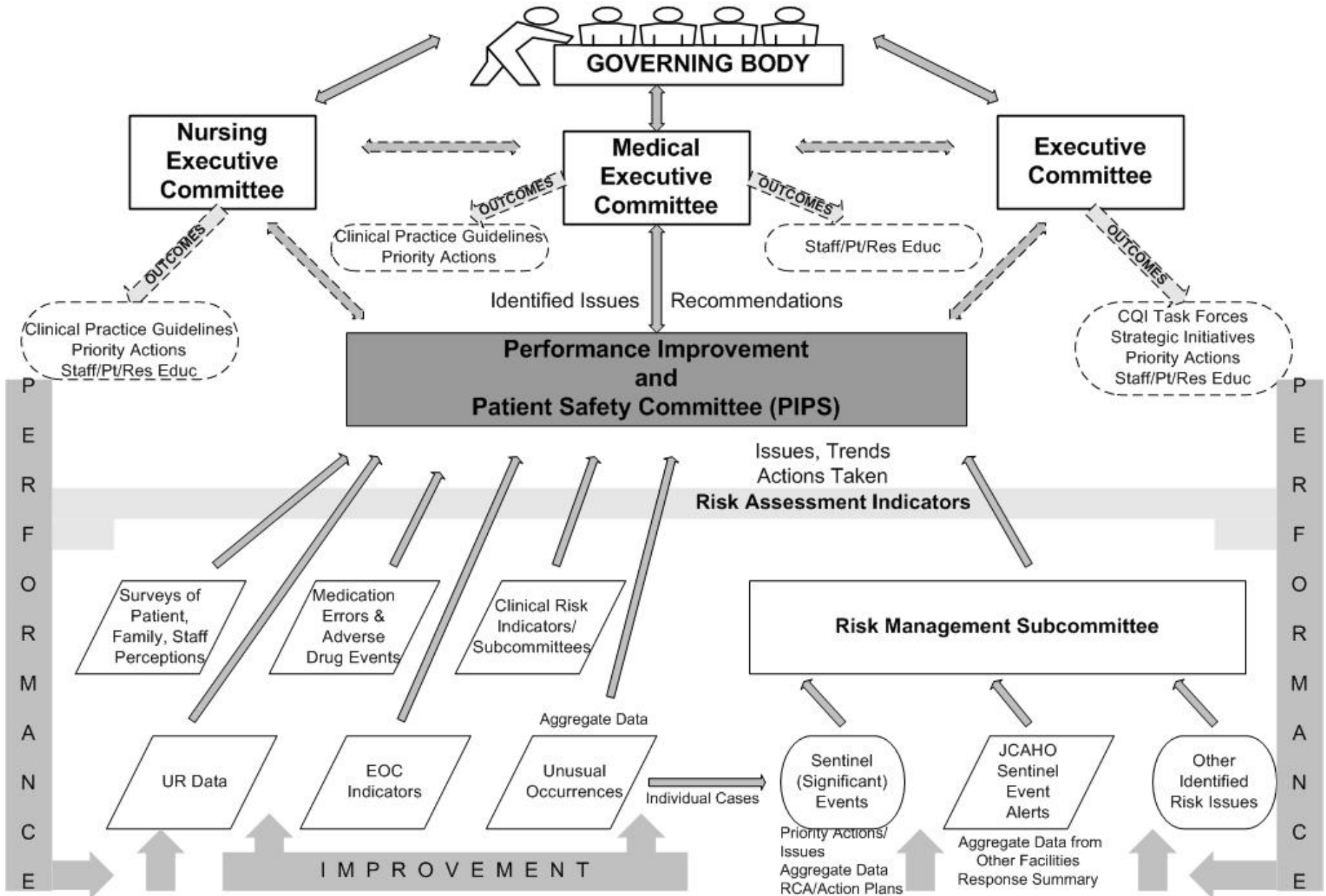


# Performance Improvement and Patient Safety Program (PIPS)

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

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

# SFGH QUALITY REPORTING

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

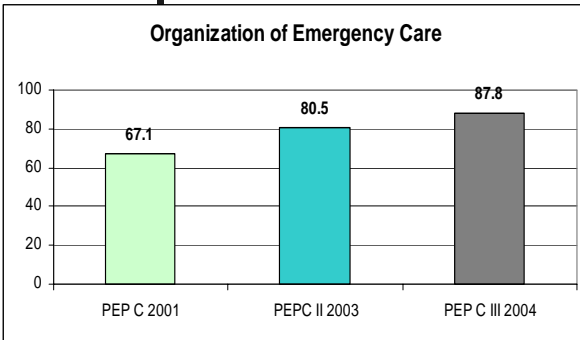
# CORE MEASURES

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.

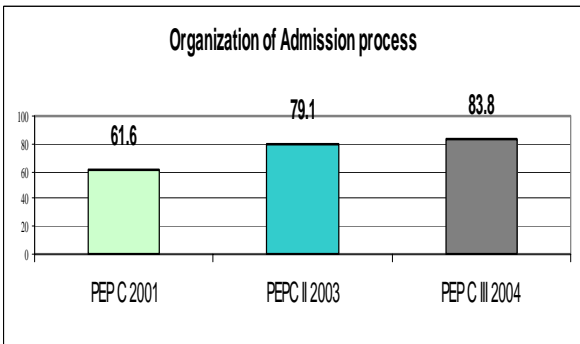
<b>Q2 2005 RESULTS</b>			
<b>Measure</b>	<b>SFGH</b>	<b>UHC Hospitals</b>	<b>National</b>
<b>Heart Failure (HF)</b>			
LVF assessment	100%	96%	82%
ACEI for LVSD	96%	86%	77%
Adult smoking cessation advice/counseling	59%	75%	79%
Complete discharge instructions	42%	58%	55%
<b>Pneumonia (PN)</b>			
Oxygenation 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%
<b>Acute Myocardial Infarction (AMI)</b>			
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



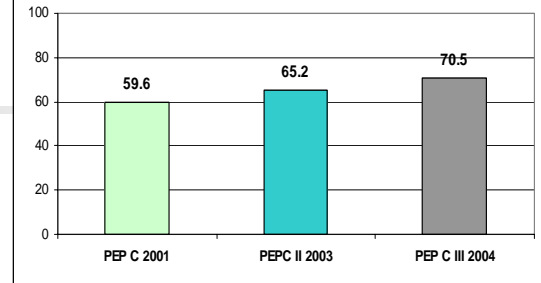
Organization of Admission process



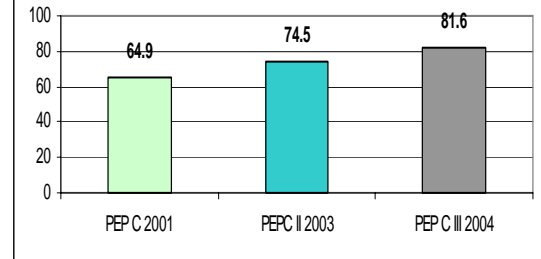
## RESULTS COMPARED WITH OTHER CALIFORNIA HOSPITALS

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.

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## Changes to the Policy:

- Creation of Patient Safety Officer position



# Inpatient Utilization Review Program

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- 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.

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- No Changes to Policy



# Employee Performance and Competency

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- 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

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## 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

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- 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

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- 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