

1. Clinical Documentation Integrity Team

- **Heather Harris, MD**
- **Shannon Huth, RN**
- **Carol Murray, RN**
- **Eric Schaffer, RN**

Nominated by Philip Katzenberger, Director of Health Information System and Valerie Inouye, Chief Financial Officer

Presidential is a level of achievement that comes to mind when thinking of Eric Schaffer, Shannon Huth, and Dr. Heather Harris. Collaboratively with Chiefs of Services, they have developed, implemented and sustained a SFGH Clinical Documentation Integrity program that bridges the gap between provider documentation and coding.

In 2012, Eric, Shannon and Heather became a team that developed a SFGH CDI program to ensure publically reported data for the hospital and providers would be accurate, with reflection of care provided and a means to justify the medical care our clinicians and institution provides.

Since implementation in 2012, the CDI team has engaged 763 providers encompassing 19 inpatient services. Education was provided to faculty as well as trainees (medical students, residents, and fellows) for these services.

Since the CDI program inception in 2012, CMI (Case Mix Index) is currently at an institutional all-time high. The average CMI growth rate before CDI implementation was 0.66% per quarter and 1.03% after initiation of CDI educational efforts.

Our mortality index is currently at an all-time low. The mortality index ranged from 1.13-1.42 quarterly (Goal is: <1.0). Our mortality index for all services has been below 1.0 for 3 out of 6 quarters.

The financial impact of our documentation improvement, according to Ms Inouye, has been approximately \$3.6 million. In addition, the CDI program is key to a successful ICD-10 strategy. Without their involvement, our cases will be severely under-coded

According to Dr. Critchfield, Medical Director of Risk Management, “The CDI training program allowed providers to realize that our documentation practices provide data for ongoing quality improvement initiatives and the core elements of health services research that supports a multitude of academic research projects. Through this training, it is clear how more precise documentation supports the many missions of SFGH.

2. Margaret Knudson, MD

Nominated by Sue Currin, SFGH CEO

Margaret Knudson first came to San Francisco General Hospital in 1989. During her time here, she was an attending physician in our ICU; currently, an attending trauma surgeon, our Chief of Pediatric Trauma, and Co-Director of our Breast Clinic. You may also know her for the outstanding trauma care and leadership skills she demonstrated during the Asiana incident.

Today, we are honoring Dr. Knudson for her work as the Principal Investigator of the San Francisco Injury Center. Based at SFGH, the San Francisco Injury Center has been working on injury control and has focused on a wide spectrum of trauma prevention efforts including violent injuries and pediatric pedestrian crashes. Toward this end, Dr. Margaret Knudson has led the development of a video interactive game called "Ace's Adventure". Ace's Adventure is designed to teach young children about pedestrian safety.

Pedestrian injury is one of the leading causes of pediatric deaths and injuries in the United States. Ace's Adventure, coupled with a life size replica of the game, provides an engaging and more effective method of educating school children about pedestrian safety. Children are learning through a series of scenarios about crossing intersections at stoplights, not to run after balls that have rolled into the streets, signaling drivers who are backing up, and walking safely around motor vehicles.

The game and its simulated street setup have been demonstrated at two different elementary schools in San Francisco. The games were well received by the students and one of the demonstration events was attended and endorsed by the San Francisco mayor's office, members of the Board of Supervisors, both the police and fire departments, as well as the supervisor of schools.

We would like to thank Dr. Knudson for all her professional accomplishments, her leadership and most of all, for caring for our most vulnerable population...our children.

3. **Eberhard Fiebig, MD**

Nominated by

Dr. Eberhard Fiebig, the Medical Director of the Clinical Laboratory and the Vice Chair of Laboratory Medicine, first came to San Francisco General Hospital as a physician and an instructor at UCSF in 1996. He was appointed to his current position in 2005 and immediately prepared for his first Joint Commission Survey of the Lab. That Survey and every two years since then have had very successful outcomes due in large part to his leadership.

Ebi maintains a professional demeanor and is respected and admired by the Lab group of 160; including Clinical Lab Scientists; Laboratory Technicians; and IT, Administrative and Support staff. He has developed excellent working relationships with his UCSF colleagues and with the Nurses, Clinicians and Administrators at SFGH. His expertise in Transfusion Medicine and his leadership in all areas of the Laboratory contribute to the success of the Trauma Program and the quality of patient care here at SFGH.

His infectious smile and kind spirit are visible every day in the Lab. If he's not in committee meetings, or teaching residents or answering UO's, he is getting excited about staff appreciation or the next staff party where he can dance. Ebi LOVES to dance. But first and foremost you should know that Dr. Eberhard Fiebig is a greatly admired leader, a team player and a man who genuinely cares about the greater good and has never put his own self-interests before those of our patients.

Rich Kallet, RRT

Nominated by the Critical Care Nursing Leadership

The Respiratory Care Services department provides integral clinical and training support for all areas of the hospital. In addition to primary orientation duties within Respiratory Care Services, Rich Kallet provides education and orientation to resident physicians and nurses on an on-going basis. Elements of the training provided include managing the adult patient requiring mechanical ventilation, recognition and management of respiratory emergencies in the non-ICU setting, assessment, treatment and management of the neonatal ICU patient requiring respiratory support, and many others.

Rich Kallet is also the Clinical Lead for the SFGH eHEN Ventilator-Acquired Pneumonia (VAP) taskforce. Over the past year, Rich and his team have reviewed the complex clinical and documentation elements within VAP patient care. They have also identified key risk factors specific to the patient population at SFGH. The VAP group has been able to create standard work for pre-transport of mechanically ventilated patients, from head of bed elevation on transport to oral care/suctioning required prior to and throughout the transport. These steps alone provide proactive management in prevention of complications from critical illness.

Respiratory Care Quality projects impact many clinical areas. Rich routinely shares data and care experiences with other disciplines and areas in a way that informs and supports clinical quality in those areas (Quality management, Infection Control, Multiple physician services).

Rich is consulted for managing complex patients, and often comes in to SFGH nights and weekends to provide expert clinical assessment and support in real-time. This dedication to our patients and staff is significant support for our sickest patients.

Rich, thank you for all that you do at SFGH for our patients, staff and providers!

4. Linda Koop, RN

Nominated by Genevieve Farr, Nursing Director, Critical Care Nursing Services, SFGH.

NARRATIVE

Linda Kopp is the Clinical Coordinator for the Medical Emergency Response Team (MERT) at San Francisco General Hospital. Linda was one of the original members of the MERT, which began in 2006, and was chosen for her outstanding clinical skills in critical care and her leadership role as Charge Nurse in the 5E/5R intensive care units.

The MERT responds to changes in a patient's clinical condition, often emergently, but also when the patient's clinical trajectory is not progressing in the expected direction. In addition to rapid clinical assessment and management, the MERT RN is also a provider of real-time support and education for nursing staff. MERT nurses round every shift on patients determined to be at risk for possible decompensation due to clinical status, recent transfer from ICU or other concerns as determined by the patient's primary RN. MERT is also an integral part of the Stroke Code response team, and review of care and management of patients with sepsis, complex alcohol withdrawal and other plans of care.

As the role of the MERT team in patient care grew, Linda was asked to take on the additional role of maintaining both the clinical excellence of MERT team member training and the complex database the MERT keeps for quality improvement and identification of types of patients who may require higher clinical surveillance during the course of their hospitalization. Linda embraced this challenge and has taken the team to a new level.

Linda has established strong relationships with clinical leaders across all areas of the hospital. She works with Nurse Managers in all areas to provide timely clinical follow-up on patient care, staff education and process information. As the MERT coordinator, she collaborates with clinical educators to provide unit in-services, mock code-blue training and other teaching/training scenarios for nursing staff. She participates in orientation and training for Resident Physicians, and is sought out by clinical leaders in all areas for her knowledge of clinical systems and her innovative approach to staff development and training. Most recently, she completed a simulated learning training course with members of Critical Care Leadership to broaden the teaching and training capabilities at SFGH. Linda maintains the complex database of MERT encounters. This data comes from the MERT RN documentation noted above. Analysis of this database has provided multiple clinical insights into the provision of patient care at SFGH. Recently, Linda co-presented research findings based on analysis of this data with Monica McLemore at the most recent Critical Care Medicine conference.

Linda's greatest passion is for the clinical arena; it is all about patient care. She works both day and night shifts as a clinical MERT RN, and collaborates with critical care nurse managers to select and train new members of the MERT team. As the MERT Clinical Coordinator she also mentors MERT RN's with a passion for teaching and clinical excellence. If you call a MERT at SFGH, you will see Linda in one way or another. Whether as the first responder, or the guiding force behind the nursing staff of the MERT, Linda is always there.

5. Lean Pharmacy Team

- **Ana Zepeda, Pharmacy Clerk**
- **Elizabeth Bermudez, Pharmacy Clerk**
- **Danielle Schott, Pharmacist**
- **Rosemary Redmond, Pharmacist**
- **Kam Yan, Pharmacist**
- **Robert Thomas, Pharmacist**
- **Ivory Trinh, Pharmacist**
- **Marlaney Palma, Pharmacy Clerk**
- **Vivian Chan, Pharmacist**
- **Venus Castillo, Pharmacy Technician**
- **Eugenia Tom, Pharmacy Technician**
- **Romeo Viray, Pharmacy Technician**
- **Surai Vang, Pharmacy Technician**
- **Chinaka Onyejekwe,**
- **Kelli Tran, Pharmacy Technician**
- **Lila Seto, Pharmacy Technician**
- **Christine Liu, Pharmacy Technician**
- **Vanita Partish, Pharmacy Technician**
- **Paul Knaus, Pharmacist**
- **Angela Tsai, Pharmacist**
- **Brandi Frazier, Kaizen Promotion Office Specialist**
- **Andy Chau, Kaizen Promotion Office Specialist**
- **Elena Tinloy Director of Pharmacy**

Nominated by David Woods, Chief Pharmacy Officer and Iman Nazeeri-Simmons, Chief Operating Officer.

Imagine that you're a patient coming to SFGH for pharmacy services. On arrival to the outpatient lobby, you find that it's easy to navigate the lobby- you know exactly where to go. When you arrive at the pharmacy intake window, you are greeted by helpful, service-oriented staff. You are able to efficiently drop-off your prescription and if there are problems, they are identified quickly. You then find that your prescriptions are filled accurately within 30 min. At the pick-up window, you're able to pay for your prescription and are educated about medication side effects from a service-oriented pharmacist.

This vision is becoming a reality at the SFGH Outpatient Pharmacy.

The Outpatient Pharmacy started its "Lean Journey" in April 2014 and has been on a road to improvement ever since. The major targets for this journey are improved customer and staff satisfaction. The pharmacy staff embraced improvements by reorganizing their workspace, changing workflow, learning the value of standard work, improving communication through the use of huddles, and foremost by allowing outsiders with fresh eyes to enter their work area and offer ideas for improvement. Staff from the Kaizen Promotion Office spent countless hours providing guidance, coaching, mentoring and support.

At the start of this journey, patient wait times were consistently more than 2 hours. Now, more than 60% of prescriptions are consistently ready within 30 minutes. They plan to do even better. The team continues to offer suggestions that will improve workflow and a new customer service initiative is planned in the coming months. We applaud the energy, engagement and openness that this team has displayed.