

HOSPITAL HEALTHCARE UPDATE REPORT

Presented to the JCC-SFGH on June 28, 2016

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I. Triennial End Stage Renal Disease (ESRD) Ward 17 Survey Successfully Completed

Two CDPH surveyors spent five days, between June 6th and 10th, at our Ward 17 Dialysis Program in order to conduct our triennial ESRD survey. The surveyors were very impressed with the staff's knowledge and expertise, as well as their interviews with our patients: our patients unanimously expressed satisfaction with the care they receive on Ward 17. There were three minor findings that we will address with staff education and training. ZSFG leadership extends much appreciation and congratulations to the managers and staff of Ward 17 and all others who worked diligently to ensure a successful survey outcome, especially Dr. David Pearce, Dr. Sam James, Rosaly Ferrer, and Jep Poon.

II. CMS Quality Star Rating

In July 2016, CMS will announce its new Quality Star Ratings for hospitals in the US. ZSFG has earned a 1 star (out of 5 possible) rating. This puts ZSFG in the bottom 3.69% of American hospitals for quality. CMS developed the hospital quality star rating system in order to provide consumers with information about multiple dimensions of quality in a single score.

The star rating is calculated using 64 measures from current Inpatient Quality Reporting and Outpatient Quality Reporting programs. Seven groups of measures are considered in the areas of patient experience, readmissions, safety, mortality, imaging efficiency, timeliness of care, and effectiveness of care, with each weighted differently.

ZSFG leadership strongly believes this rating does not reflect where we want to be on these measures and views it as an opportunity to drive improvement. We are aware of certain caveats related to the data: (1) low socio-economic status (SES) is not considered as a risk adjustment factor; (2) CMS methodology gives key clinical measures less relevance in the overall Quality Star Rating; (3) data used to assess performance is at least 2 years lagging, limiting true performance improvement opportunity assessment; and (4) with the support of America's Essential Hospitals (AEH), 60 senators have made the request to delay the public release of star ratings.

The following are three key examples of changes that are helping us drive improvement:

1. Our state-of-the-art new hospital, centered on improved patient experience;
2. Reorganization of the ZSFG leadership team, with a focus on achieving our True North goals; and
3. Continuing to deploy Lean tools in order to promote improvement, especially in areas of quality and safety, patient experience and flow highlighted by the CMS study. Two recent examples of success from that approach:
 - America's Essential Hospitals (AEH) awarded ZSFG a national quality award for reducing avoidable hospital readmissions by encouraging patient follow-up visits and improving post-discharge communication among providers (see next item, below).
 - Over the past year, the Emergency Department's focus on flow in the ED has improved considerably length of stay for discharged patients and its rate of patients leaving without being seen.

III. America's Essential Hospitals Honorable Mention Winner: The Gage Awards

America's Essential Hospitals, a national group representing hospitals committed to high-quality care for all people, awarded ZSFG a 2016 Gage Award honorable mention for quality June 16, at its annual conference in Boston.

ZSFG's award was for its program to reduce avoidable hospital readmissions by encouraging patient follow-up visits and improving post-discharge communication among providers.

To address the problem of high readmission rates, in 2012 ZSFG created a Care Transitions Taskforce. The taskforce developed a care model to help ensure timely and high-quality post-acute care for all patients discharged from the hospital by:

- Scheduling follow-up clinic visits within seven days of discharge;
- Scripting email guidance from inpatient providers to outpatient providers and staff; and
- Creating electronic medical record discharge database to help primary care clinics track discharges.

In one year, our 30-day readmission rate fell from 13.1 to 10.3 percent. The proportion of patients attending follow-up visits within seven days increased from 38 to 51 percent. Just 6 percent of patients who went for a follow-up were readmitted.

Thanks and congratulations to our physician leads, Michelle Schneidermann and Larissa Thomas, Dr. Elizabeth Davis and Dr. Jack Chase, as well as their all-star analyst, Karishma Oza. In addition, the Director of Primary Care, Dr. Hali Hammer and her team worked incredibly hard to support the work of this team to expand access so that patients can be seen within 7 days of discharge and to provide clinic-based post-discharge phone calls.

IV. June 8, 2016: Annual Medical Staff Meeting and Dinner

On June 8th, UCSF held the Annual Medical Staff Meeting and Dinner. The dinner celebrated and selected Officers of the Medical Staff, as well as members of the Medical Executive Committee. The evening also included reports from the President of the Health Commission, DPH report from the Director of Public Health, Chief of Staff, UCSF Dean, and ZSFG CEO.

To celebrate the evening, UCSF announced award winners for the 2016 Julius R. Krevans Awards, Faculty Awards, and the Rapaport Award.

The Krevans Award recognizes "excellence in patient care, as exemplified by clinical competence, professional conduct, concern for patients and interaction with all level of staff, including peers." Recipients are selected by the chiefs of the various departments at ZSFG.

Congratulations to the 2016 Krevans Awardees:

Arash Eslami, MD	Chukwuka A. Didigu, MD, PhD	Corina Iacopetti, MD, MA
Daniel Austin, MD		Brooke Rosen, MD
Tiffany Cobb, MD	Kunal Prakash Raygor, MD	Kirema I. Garcia-Reyes, MD
Nicholas Kenji Taylor, MD, MSc	Zoë Julian, MD, MPH	
	Justin Krogue, MD	Caitlin Collins, MD
Nicole Therrien, MD	Annick Aubin-Pouliot, MD	Claire M. De La Calle, MD

Ben Lui, the Medical Director at Chinatown Public Health Center, was recognized with an award for his contributions to the patients and staff at CPHC, his commitment to the Chinese immigrant community and for his steady leadership in DPH.

The Elliot Rapaport Award is given annually at the Medical Staff Dinner to a physician who demonstrates a significant commitment to ZSFG in one or more of the following areas: leadership, patient care, teaching, and research. The 2016 Rapaport Awardee was James D. Marks, MD, PhD. Congratulations to Dr. Marks!

Lastly, special thanks to ZSFG Medical Staff, Office of the Vice Dean, UCSF School of Medicine, ZSFG Food and Nutrition Services, San Francisco General Hospital Foundation, and ZSFG Medical Staff Service Department for each of their contributions to this special event.

V. June 10, 2016: Wellness Center Summerfest

On Friday, June 10th, the Wellness Center celebrated 5 years of Community Wellness at ZSFG at their annual seasonal festival.

Summer Fest focused on healthy eating and benefits of exercise and enjoying San Francisco's great outdoors. They hosted booths that offer fun, interactive wellness activities and health-related 'giveaways'. Main attractions of the festival were a healthy cooking demo with Chef Jay-Ar, meet and greet with Lou Seal, and a free farmer's market. The Summer Fest was extremely well attended and a lot of fun.

Thank you to the Wellness Team for promoting and inspiring wellness in others!

VI. Patient Flow Reports for May 2016

A series of charts depicting changes in the average daily census is attached.

VII. Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached.

PATIENT FLOW REPORT FOR MAY 2016

Attached please find a series of charts depicting changes in the average daily census.

Medical/Surgical

Average Daily Census, including Well Babies, was 205.65 which is 105% of budgeted staffed beds level and 82% of physical capacity of the hospital. 7.73 % of the Medical/Surgical days were lower level of care days: 0.73% administrative and 7% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 44.13, which is 100.3 of budgeted staffed beds and 65.9% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 6.0, which is 85.7% of budgeted staffed beds (n=7) and 50% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 56.95% non-acute days (55.51% lower level of care and 1.44% non-reimbursed).

4A Skilled Nursing Unit

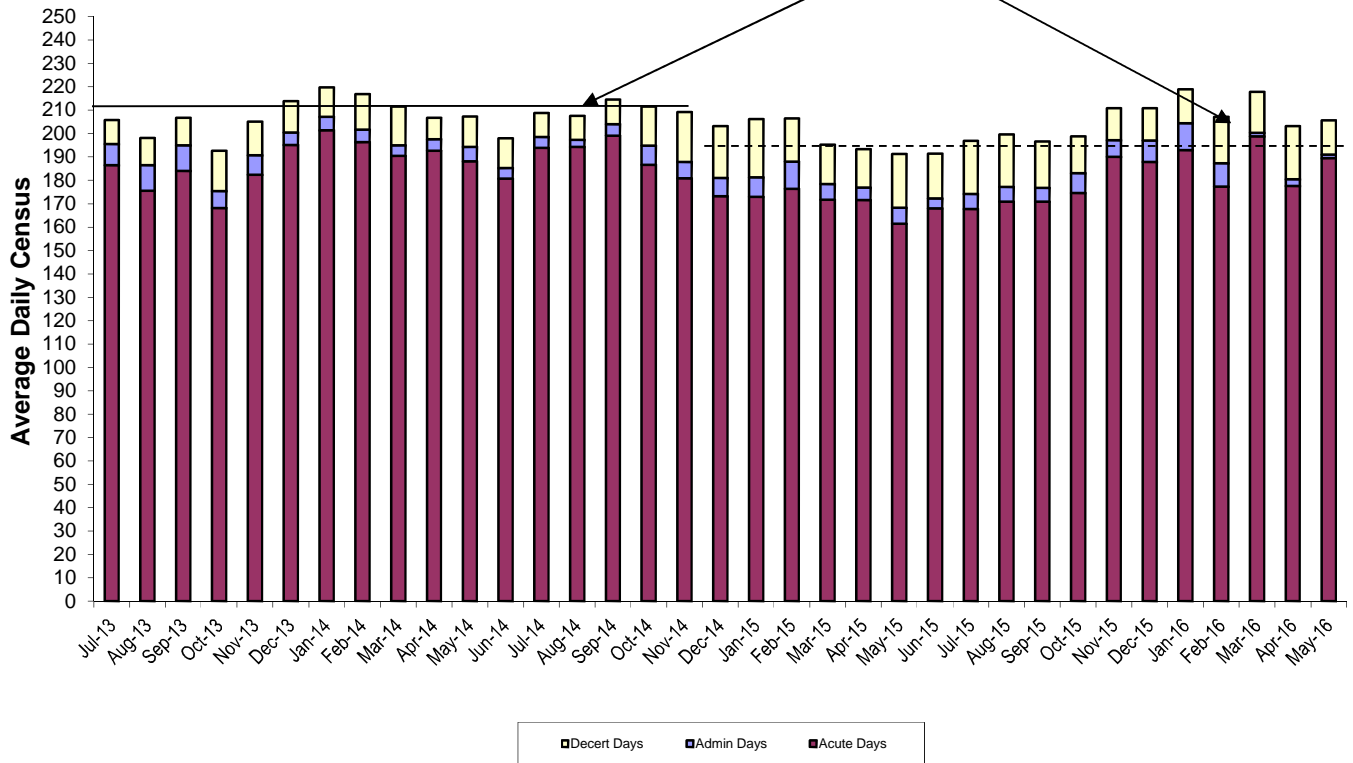
ADC for our skilled nursing unit was 28.07, which is 101% of our budgeted staffed beds and 93.5% of physical capacity.

SALARY VARIANCE TO BUDGET BY PAY PERIOD REPORT FOR FISCAL YEAR 2015-2016

For Pay Period ending May 20, 2016, Zuckerberg San Francisco General recorded a 1.57 % variance between Actual and Budgeted salary cost – actuals were \$209,221 over budget. For variance to budget year-to-date, San Francisco General Hospital has a positive variance of \$4,116,595 /1.4%.

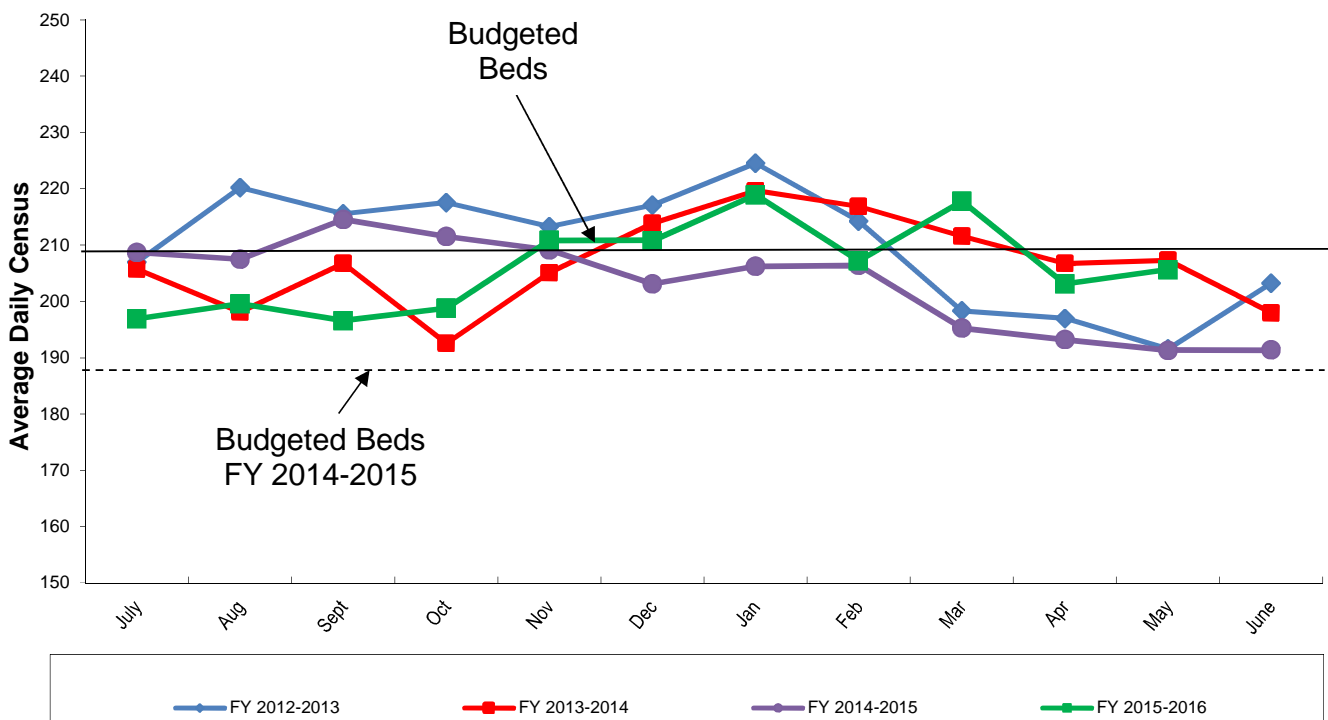
Medical/Surgical

Budgeted
Beds

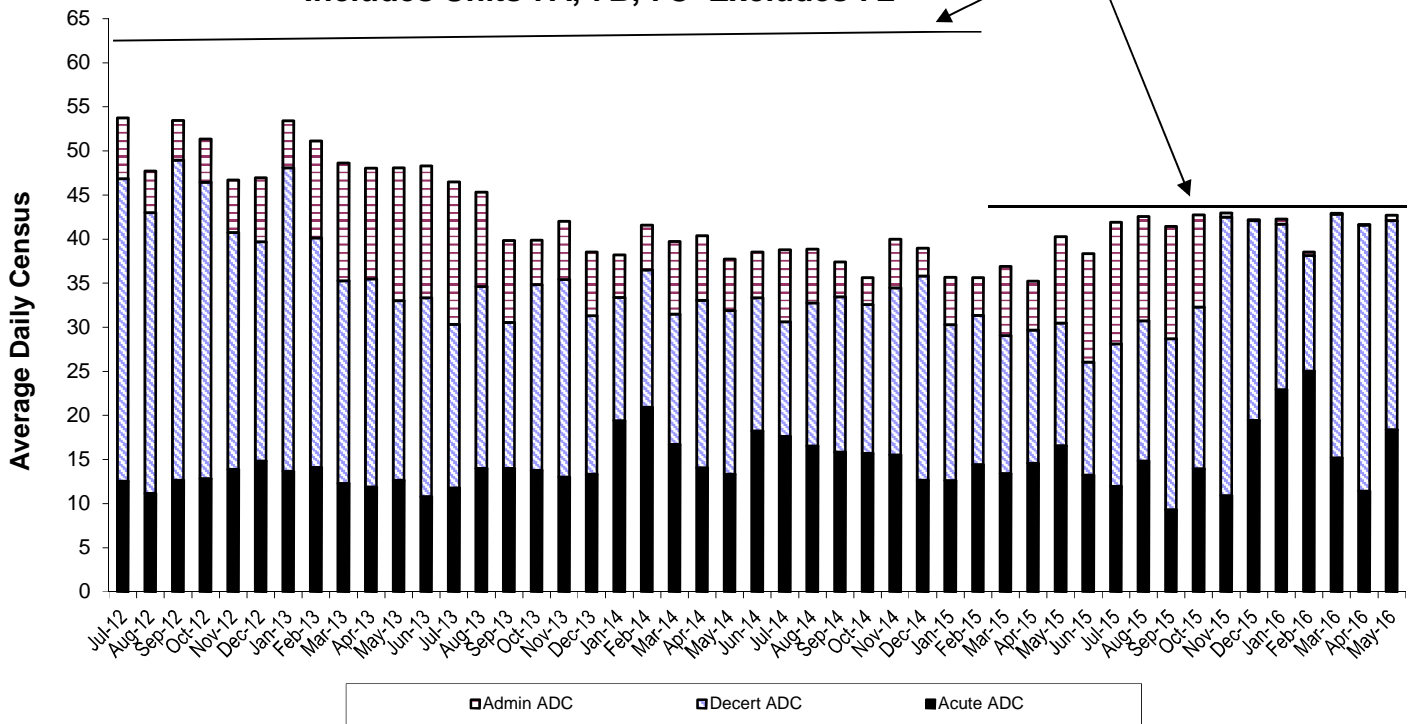


Medical/Surgical

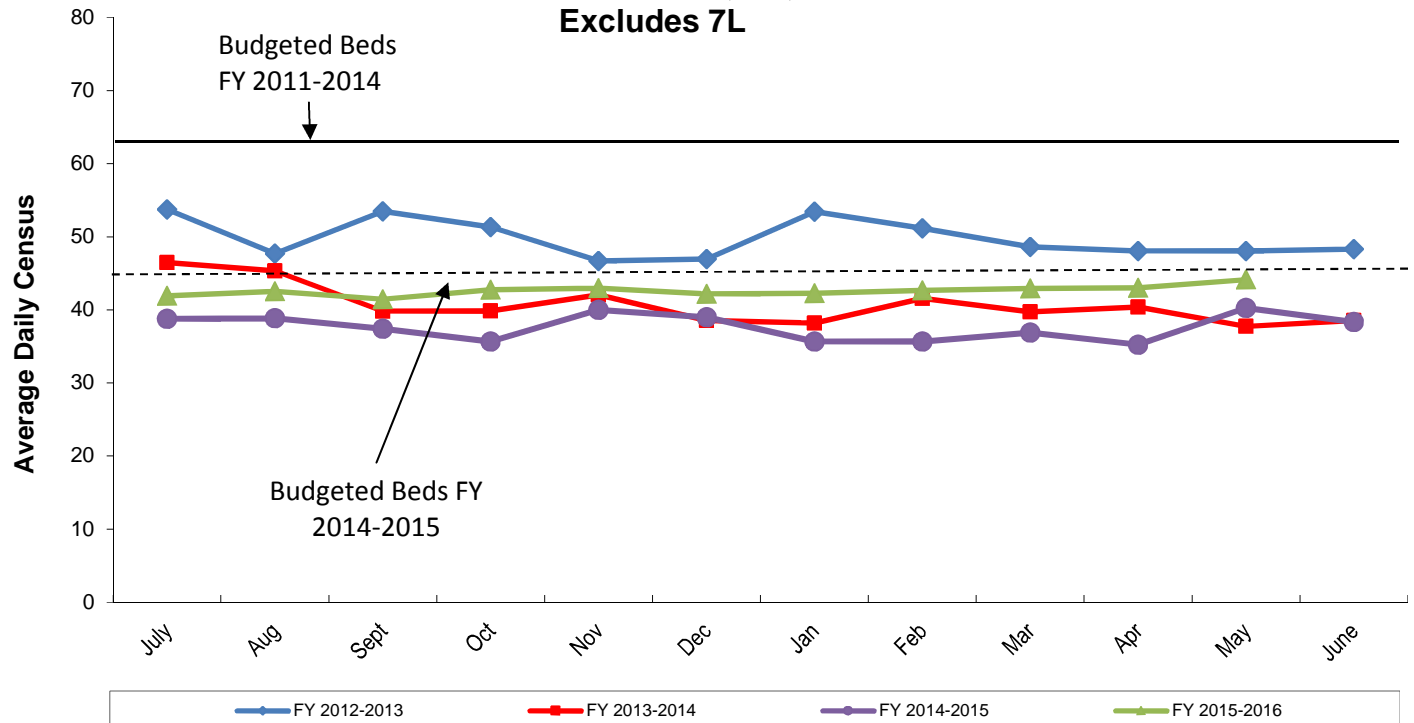
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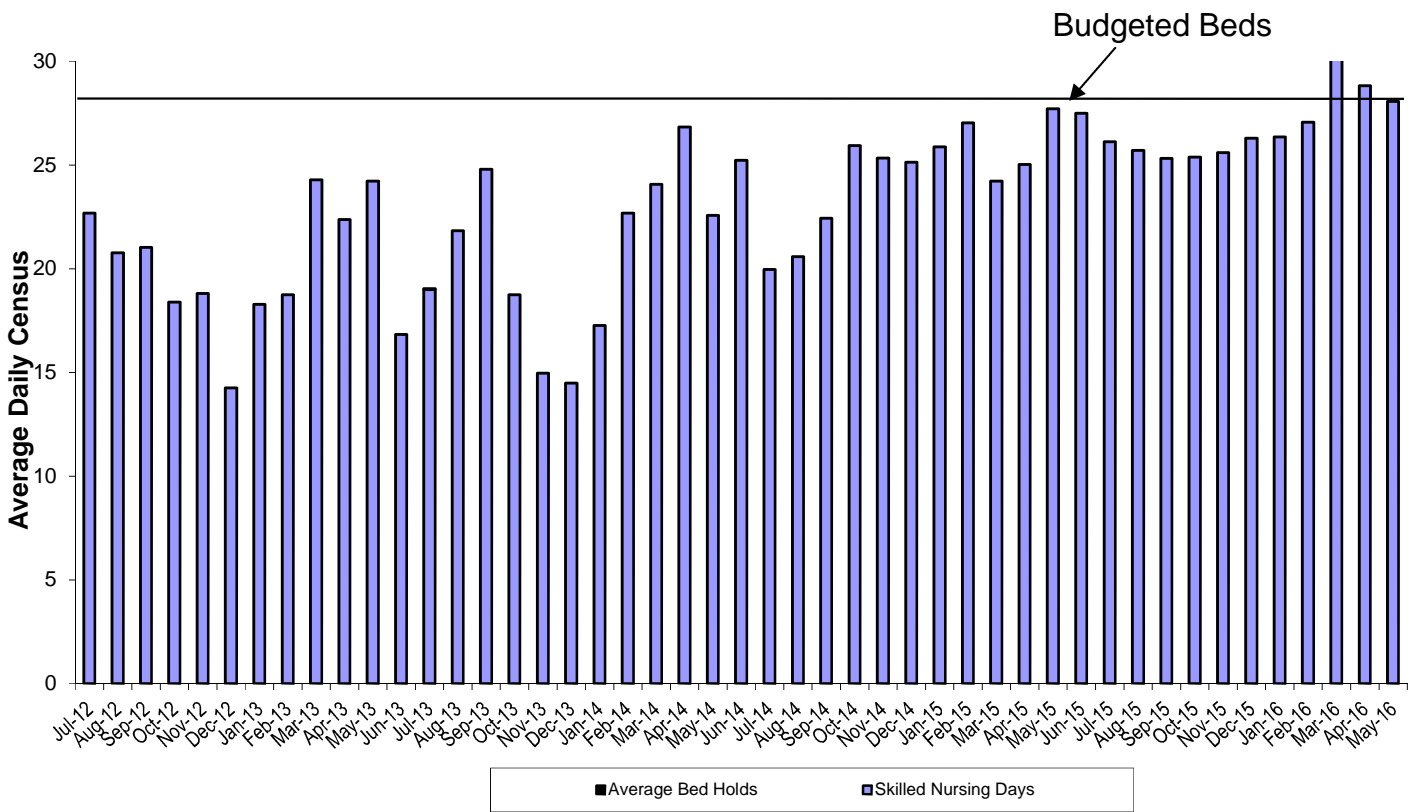
Acute Psychiatry Average Daily Census Includes Units 7A, 7B, 7C Excludes 7L



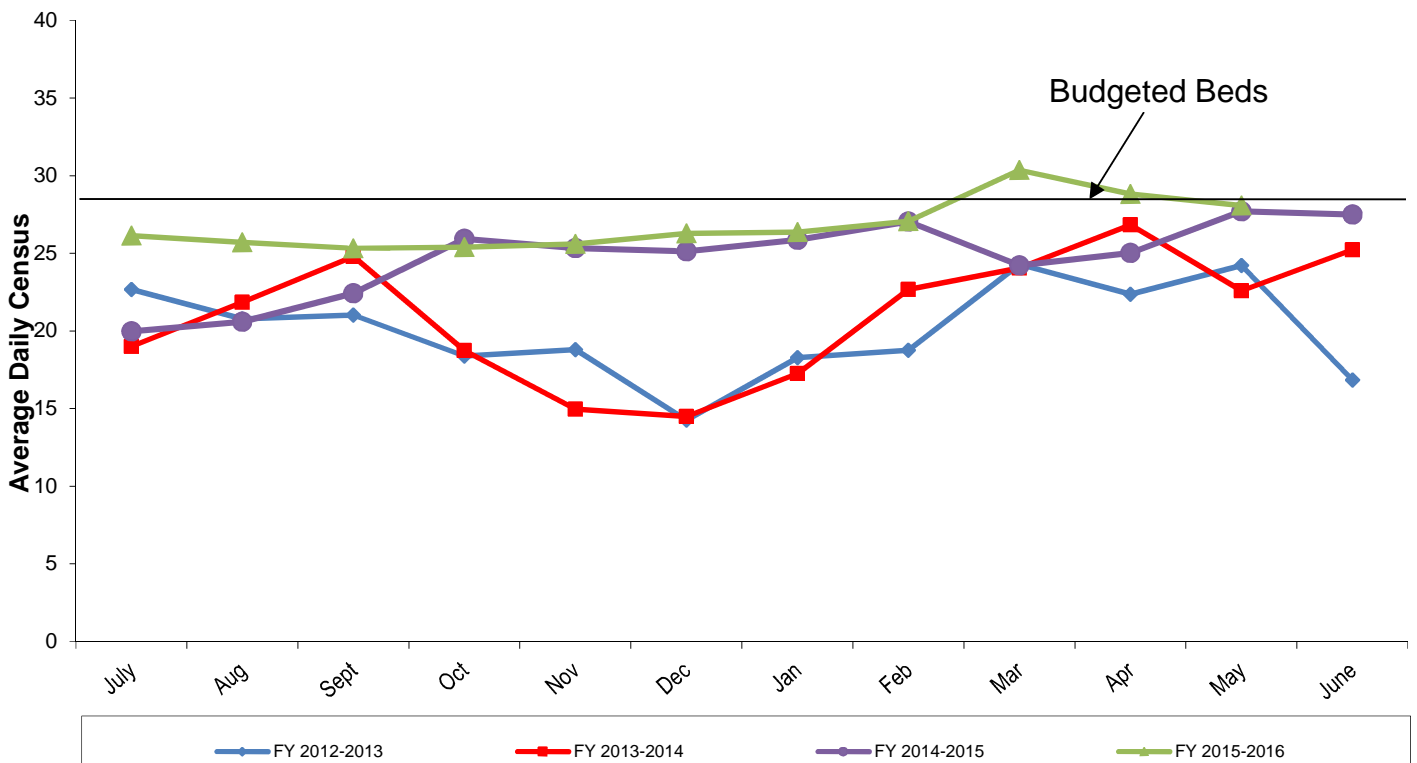
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4A Skilled Nursing



4A Skilled Nursing



**Variance Between Salary Expenditure and Budget by
Pay Period (PP) and Year To Date (YTD)**

