

**ZSFG CHIEF OF STAFF REPORT**  
**Presented to the JCC-ZSFG on June 28, 2016**  
**(06/13/16 Leadership MEC and 06/16/16 Business MEC)**

**AWARDS/RECOGNITIONS/APPOINTMENTS**

Medical Staff Dinner, June 8, 2016

Awards and appointments at the dinner include:

-2016 Krevans Awards – The list of 2016 awardees was circulated at the meeting. Dr. Julius R. Krevans was a former dean of the UCSF School of Medicine, a former chancellor, and a former chief of internal medicine at ZSFG. The Krevans award goes to an intern from each department who is not only an outstanding clinician and physician, but also really upholds the values and mission of this hospital.

-COPC Annual Award – Ms. Barbara Garcia presented the annual COPC Physician Award, in recognition of outstanding contributions as a community-based primary care clinician, to Dr. Yee-Bun (Ben) Lui, MD, Medical Director of the Chinatown Health Center. Dr. Lui was recognized for his exemplary leadership, inspiring dedication, and energy. Dr. Lui uses data to inspire his staff to improve both patient care and patient experience, and mentors other Medical Directors to use data to improve patient care as well as timely access to care for patients in the network.

- Elliott Rappaport Award for Commitment to San Francisco General Hospital – The award was created to honor Dr. Rappaport as he stepped down as the Associate Dean of SFGH, a position he had held for twelve (12) years, and is given to a medical staff member who demonstrates a similar commitment to ZSFG in one or more of the following areas: Leadership, Patient Care, Research and/or Teaching. The 2016 Elliot Rappaport Award recipient is Dr. Jim Marks.

-Members at Large – The Medical Staff approved the endorsement of the nominees for At-Large members of the MEC. Member at Large serve for a one year term not to exceed more than 3 consecutive years. Continuing Members at Large include:

- a. Mary Gray, MD, Cardiology
- b. Claire Horton, MD, Medicine
- c. Mary Mercer, MD, ED
- d. Eric Meinberg, MD

-Chief of Staff - The Medical Staff approved endorsement of Dr. Jim Marks as Chief of Staff for another year. Dr. Marks will start his 4<sup>th</sup> year as Chief of Staff in July 2017. Members commended Dr. Jim Marks' outstanding leadership, and his commitment to the implementation of EHR at ZSFG.

Kirsten Bibbins-Domingo MD

Dr. Bibbins-Domingo, Lee Goldman, MD Endowed Chair in Medicine, Professor of Medicine and Epidemiology and Biostatistics at UCSF, has been appointed to chair and organize a Precision Public Health Summit at UCSF with colleagues in precision medicine, pediatrics, population sciences and public health. The White House Office of Science and Technology Policy and the Bill and Melinda Gates Foundation are convening this summit to explore how precision approaches can be successfully applied to improve population health and address health disparities. Dr. Bibbins-

Domingo is also the Chair of the U.S. Preventive Services Task Force, an independent panel of national experts in prevention and evidence-based medicine.

### **ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW**

#### Summary Action for Medical Staff Privileges at ZSFG

Members were informed of the notice of summary action to remove a provider's medical staff membership and privileges at ZSFG. The provider is currently under investigation by the California Medical Board for over-prescribing pharmaceuticals to someone he has a relationship with and who died as a result of an overdose. The case occurred in another facility. The provider is primarily based at the SF VA and UCSF Parnassus. He was in the ZSFG's call schedule as a Courtesy Staff member. The notice was sent to the provider on June 3, 2016 and the suspension was effective immediately. At this point, the notice is for information of MEC members only, and will not require any MEC action.

#### Duplicate Medical Records

Mr. Philip Katzenberger (HIS) and Dr. Heather Harris gave a presentation to MEC about duplicate medical records, with focus on controlled duplicate medical records.

A review of current workflows, work environment, and data from last year's transactions revealed that 80% of duplicate medical record numbers are created in the Emergency and Psychiatry Emergency areas. These two services also produce 65% of admissions. Therefore, educating these two services with preventative steps in creating duplicate medical records should reduce the number of duplicate records.

The Division of Hospital Medicine led by Dr. Heather Harris has undertaken a pilot program to address this issue. The Division has leveraged a discharge planner who proactively screen patients, identify patients with duplicate medical record numbers, and create a list to send to Medical Records Department. For the first two weeks, the discharge planner identified 31 patients out of 140 patients with duplicate medical records. Several of these patients had 4 separate medical records.

Members raised serious concerns about the potential adverse impact of duplicate medical records to the patient's healthcare, from diagnostic testing results to linkages with primary physicians and other patient safety issues.

Action Plans include immediate steps such as establishing a direct phone line to the Medical Records Department to report duplicate records. Intermediate root cause counter measures include work by multiple groups led by IT, with support from HIS, Eligibility, Admitting, Finance, Accounting and other providers, on the following: -Hire 2 as-needed FTE's, Create Daily Report, Using daily report, train, and educate staff, Create a New Pathway to Communicate Duplicate Medical Records, Plan for EMPI software (long term process).

#### Lean Management Education/A3 Review

Ms. Brandi Frazier presented to MEC an A3 Review titled: The Compassion, Clarify, and Confidence to ICARE (Introduce,-Connect-Ask-Respond-Exit) Consistently. ICARE is a caring framework based on the hospital's values that guides interactions with patients, their families and colleagues. It is a framework that has been successfully used at UCLA and Stanford for structuring best practice communications and developing relationship based care approaches with patients.

Proposed countermeasures include:

- Build an identifiable and accessible brand around the service model with complimentary messaging so that ZSFG's intentions are clear to and expectations resonate with staff and providers.
- Develop and spread a caring framework, applicable to everyone, with engagement of front line staff and built in accountability measures.
- Cultivate leaders as visible coaches (get out of office, -see more, listen more)

- Hire talent that models and is committed to ZSFG's service expectations, Retain, recruit

Current ICARE model cells include FNS, PHP and Pharmacy. Members are encouraged to contact the Care Experience Team for assistance in developing ICARE service standards in their own units. More to follow.

## **SERVICE REPORT:**

Neurosurgery Service Report– Geoff Manley, MD, Service Chief

The Brain and Spinal Injury Center (BASIC) was created in 2002 at ZSFG with participants from diverse multidisciplinary groups, including Neurosurgery, Neurology, Radiology, Orthopedic Surgery, and Anesthesia. BASIC is focused on creating a synergy that will facilitate translation of fundamental understandings into clinical practice. The Neurosurgery Report highlighted the following:

- **Mission and Goals** – The mission is to promote collaborative translational research and clinical investigation of injuries to the brain and spinal cord. The goals are to understand brain and spinal cord injury, translate basic neuroscience into clinical practice, train the next generation of neurotrauma clinicians and scientists, and transform care worldwide.
- **Scope of Clinical Services- Inpatient Services** (Trauma and other neurosurgical emergencies, Neurocritical Care, Elective/Consult), 24/7/365 (Attending rounds every day and sees all patients, attending reviews all studies, comprehensive consultation documentation).
- **Clinical Services** – Trauma, Non-Trauma, Ambulatory, Volume Statistics. Dr. Manley stated that the hospital's Traumatic Brain Injury Program was first in the nation to receive Joint Commission Certification in 2011, recertified in 2013 and recently in 2016. The hospital's TBI program has become a model for other TBI programs across the country
- **Faculty and Residents** – Estimated "Right Size" FTE is 4.5 but current attending staff is only at 2.63 FTE due to competitive salary challenges in recruiting neurosurgeons. The support by the nurse practitioners has been critical.
- **Finances** - the Service's informatics tool, Neurotracker has help improve billing and collections. All reserves generated resulting from savings in operating expenses are driven back to the program.
- **Quality, Performance Improvement, Outcomes** – ICP Monitoring Compliance (100%), Seizure Prophylaxis Compliance (100%), VTE Pharmacological Prophylaxis Compliance Rate (Need to define time criteria more precisely -72 hours vs. 3 days - to improve accuracy of reporting). Dr. Manley briefed members about the Service's "Benchmarking Care" activities with the use of Automated Prediction Model to integrate process improvement with outcome.
- **Research** – NIH Funding FY 2015 is \$6.3M. The ZSFG Neurosurgery Service would rank second in the country as a department. Total funding (NIH, DoD, Public/Private) is \$47.7M. Dr. Manley highlighted Track-TBI, one of the ongoing studies participated in by the Service along with other study sites across the country. This has grown to a rapidly evolving international effort. An international TBI Research Initiative is now in place, in partnership with sites in Canada, Europe, and Australia. Two more studies are now starting in India and China. Dr. Manley highlighted the Service's global impact on trauma quality. Based on the clinical work at ZSFG and the Service's NIH-funded research, the Trauma Quality Improvement Program (TQIP) Best Practices in the management of Traumatic Brain Injury was developed and is now being implemented at all TQIP Level I and II across the country.
- **Education** – The 14<sup>th</sup> Annual Neurotrauma Symposium was held in December 2015 at the UCSF Mission Bay Campus. Dr. Manley also highlighted the contribution of Ms. Twyila Lay, NP, President of the American Association of Neuroscience Nursing. Ms. Lay leads the charge for mid-level practitioner education for the AANS and CNS.

Challenges include the following: Clinical Responsibilities/staffing ratio (2.63 FTE), Faculty retention and recruitment, Administrative responsibilities/staffing ratio, Support for the TBI Program, New Funding model for clinical services at ZSFG, IT Infrastructure and Data Access

Members commended Dr. Manley's excellent report, outstanding leadership and the impressive and inspiring work done at the Neurosurgery Service.