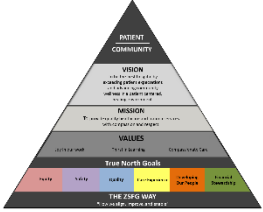


# ***Hospital Operations & Patient Care Report***

Presented to the Health Commission – ZSFG on May 19, 2020

ZSFG Executive Team Report

## **Report Updates**



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# SAFETY

## 1. COVID Preparedness/Response

### ***CoVid Preparedness***

For the past three months, ZSFG has been fully engaged with the SFDPH and the city to plan to manage the CoVid-19 pandemic, including planning for a potential surge in patients, as well as a demobilization. In doing so, we have been working closely with all other hospitals in the city to plan for as much capacity as possible, as well as using state and federal regulatory flexibility to use all spaces as efficiently as possible. ZSFG is part of the city's incident command team that identifies and operationalizes spaces that can be used as field clinics, field hospitals and medical shelters. The entire city structure is poised with us to meet the pandemic head on.

### ***Hospital Incident Command System (HICS)***

In order to ensure we continue to align with the city and support our staff, our Hospital Incident Command System (HICS) has been in place so that we are able to closely monitor hospital operations 24/7. This has enabled the leadership team to respond to front-line needs in real time. We have been meeting at least once daily with all hospital operations leads since early March.

### ***Surge and De-surge Planning – Meeting Demands***

Through the leadership of our CMO, CNO and Incident Commander, and with the expert guidance of our Infectious Disease and Control team, ZSFG developed and operationalized our plan to care for persons under investigation (PUI) and COVID-19 positive patients. Main principles include:

- Cohorting admitted persons under investigation (PUI) /COVID-19+ patients in centralized areas
- Creating COVID-19 care teams (provider, nurse, respiratory therapist) to care for patients on the floor and ICU
- Adhering to ZSFG treatment protocols for admitted PUI/COVID-19+ patients
- Ensuring additional capacity to care for non-PUI/COVID-19- patients

We are using these same principles to plan for de-surfing: accommodating anticipated expansion of non-emergent surgeries, procedures and ambulatory visits. This will allow us to serve more of our patients' needs and at the same time minimize spread of CoVid-19.

### ***Infection Control Rounds:***

Our infection control/infectious Disease team have been conducting rounds throughout the hospital providing guidance and advice. Each day at 10 AM during HICS rounds, we identify areas in need of education and/or guidance.

### ***Coordinated Triage of patients:***

Our Emergency Department, Psych Emergency Services (PES), Urgent Care Clinic and Richard Fine People's Clinic have developed a model that best triages and treats patients coming to the campus with respiratory and non-respiratory symptoms. For example, the team has created workflows to ensure all PES-bound patients are tested rapidly by directly going to the Emergency Department. In order to ensure that the ED is available only for the sickest patients, those presenting with low acuity respiratory symptoms are referred quickly to the Urgent Care Clinic, and those presenting with urgent non-respiratory symptoms are referred to the Richard Fine People's clinic. Patients requiring CoVid testing may be tested in the tents located in the B/C parking lot. Our teams in these areas have worked hard and have iterated several different workflows to ensure that the highest acuity patients are in the appropriate settings and to keep our patients and staff safe.

### ***Staff Screening***

In conjunction with our Health Officer orders, our team has taken special precautions to keep staff, patients and visitors safe, using a phased approach. The Screening Work Group (SWG) includes stakeholders from operations, the Sheriff's Department, Security, Care Experience, Education & Training, and Facilities. Starting then and every day since then, the team met daily in order to understand current conditions and improve.

The SWG has developed a screening process for staff and winnowed down a total of 13 known staff entrances to only two: one in Building 5 and one for Buildings 80/90. They have iterated multiple changes to the process, starting with a paper form and evolving to an online staff screening form, in alignment with UCSF.

To date, there have been sixty-six staff who have supported the staff screening program. They have come from all areas of the city: disaster service worker activations from throughout City departments and staff deployed from several areas within ZSFG. It's a wonderful example of how diverse interdisciplinary teams come together to conquer challenging tasks.

### **Visitor Restrictions**

With respect to the visitor policy, there are few exceptions: one parent with their child; one visitor for patients who are critically ill, who are facing imminent death, or who need a companion because of their medical condition. This includes birthing and outpatient appointments and procedures. There are further restrictions for visitors to patients who are CoVid positive. The team understands that central to recovery and well-being of our patients is having a strong social support network. The Care Experience team has looked at measures to support social connections, including providing iPads for patients and their families to facilitate better communication and connections. ZSFG is piloting a student and resident-led program to keep hospitalized patients connected with their loved ones through video calls. This service will be available for the next few weeks while a more permanent unit-based tablet program is being developed by the Care Experience team. In the last seven days, 40 calls between patients and families have been completed. Thanks to the donation of Google tablets, Care Experience will be launching a permanent tablet program (projected date May 4th) to support COVID-19+ and PUI patients connect to their loved ones through video calls.

### **Daily Communication**

The Communication, Care Experience, and Operations team issue daily information for all our staff to ensure our staff have the most up to date information. The COVID-19 situation is quickly evolving, and consistent communication means staff can escalate questions to ensure their patients and colleagues stay safe and healthy. One example is that our staff may utilize a QR code, at any time, to submit questions via mobile phone or the computer. The team responds to those submissions and develops a frequently asked question every week.

### **Philanthropy**

The San Francisco General Hospital Foundation, in partnership with many generous foundations, funds and individuals has supported ZSFG and our team in a major way throughout this pandemic. Overall, the SFGHF has raised a total of \$4.5 million to support testing; PPE; supplies and equipment; meals for staff; and communication among our team. We so appreciate the strong and generous support of the Foundation especially in this extraordinary time.

***Many thanks to our staff and their dedication to one another. Our staff is our greatest asset and we would not be the remarkable institution we are today without the amazing work they do each day.***

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## **QUALITY**

### **2. EPIC Update**

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The August 2019 Epic implementation provided a crucial foundation for responding to the COVID-19 pandemic in San Francisco. Some highlights from the Epic-related IT work in support of the Departmental Operations Center (DOC) priorities include:

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***Optimize surge:***

- We adapted Epic to allow for additional Intensive Care Unit (ICU) and inpatient service teams and increased bed capacity, including additional ZSFG ICU overflow beds in Post Anesthesia Care Unit, ZSFG psychiatry inpatient beds in Building 5, and additional LHH Acute Medical Care beds.
- We implemented a pop-up field care clinic at Southeast Health Center, to help offload surge impact at ZSFG and make urgent care more accessible to the community.
- We are adapting the Epic field hospital build in preparation for the DOC-designated Alternative Care Site.
- We created Epic dashboards to have real-time metrics to support operational decisions.
- The DOC Data Analytics and Visualization Unit is using Epic data for epidemiologic modeling to monitor and predict surge risk for DOC decision-making.

***Protect healthcare workers from infection, prioritizing those who are at highest risk for treating the most infectious cases:***

- To mitigate the social isolation of inpatients due to visitor restrictions, we partnered with the ZSFG Care Experience team to support the distribution and WiFi connectivity of donated devices to allow patients to communicate with their loved ones in the hospital.

***Expand COVID-19 testing:***

- We implemented COVID screening tools and clinical decision support across all care settings.
- We implemented multiple Alternate Testing Sites for high volume testing, including the ZSFG Screening Tent, Castro Mission Health Center, Southeast Health Center, and a Mobile Testing Team for testing at congregate living settings.
- We developed Epic tools to improve access to Public Health Lab results from testing conducted by non-Wave 1 sites.

***Implement strategies to prevent infection in those who have the worst outcomes of the disease: Individuals age 55 and over; individuals with chronic disease:***

- We implemented telehealth across primary care, specialty care, rehabilitation services, and other ambulatory services to allow ongoing care for the SFHN population during shelter-in-place. This included an emergency contract for a HIPAA-compliant video platform for televideo visits to include access to interpreter services.
- Epic population risk models were used by primary care to conduct telehealth outreach to those at highest risk for COVID and at highest risk for non-COVID morbidity.

***Enact community mitigation efforts that will slow transmission:***

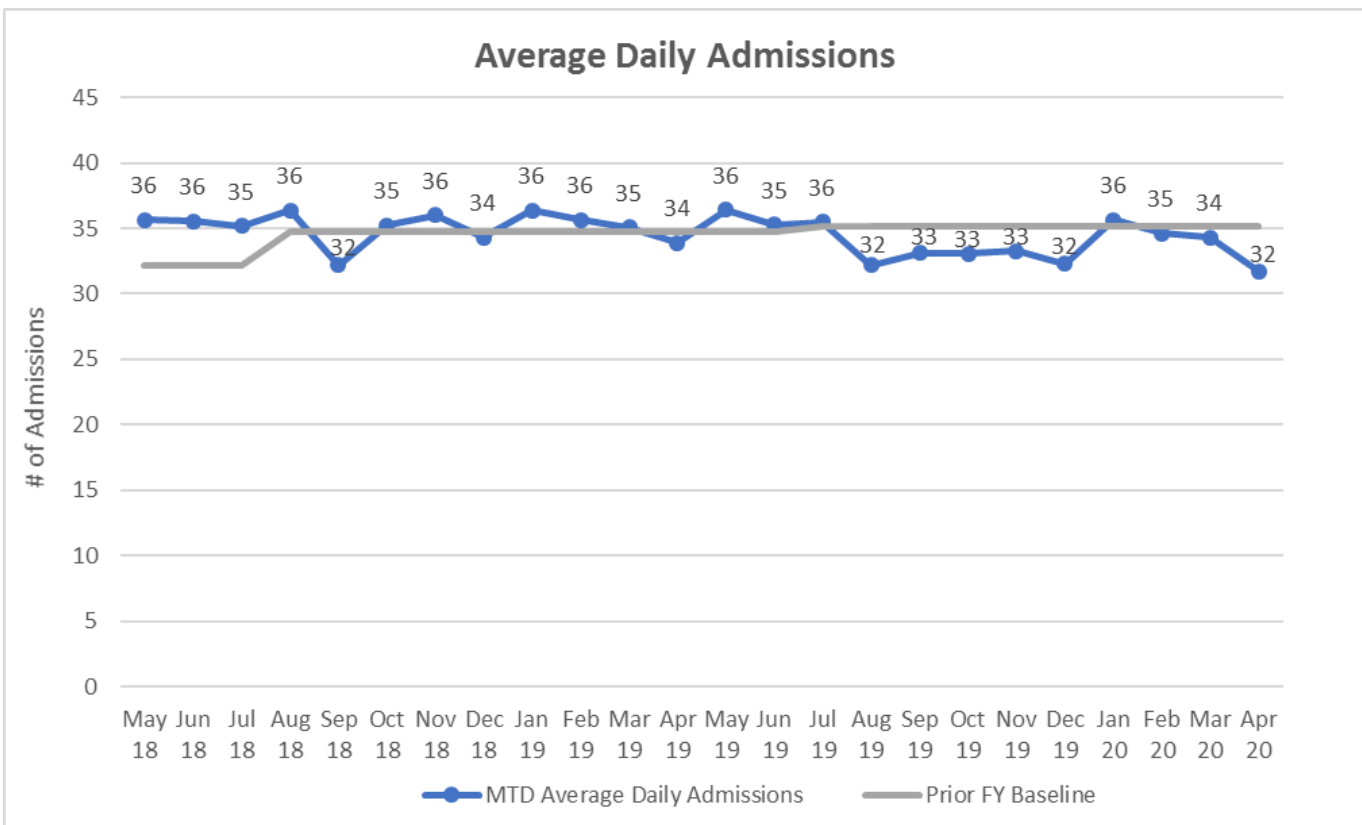
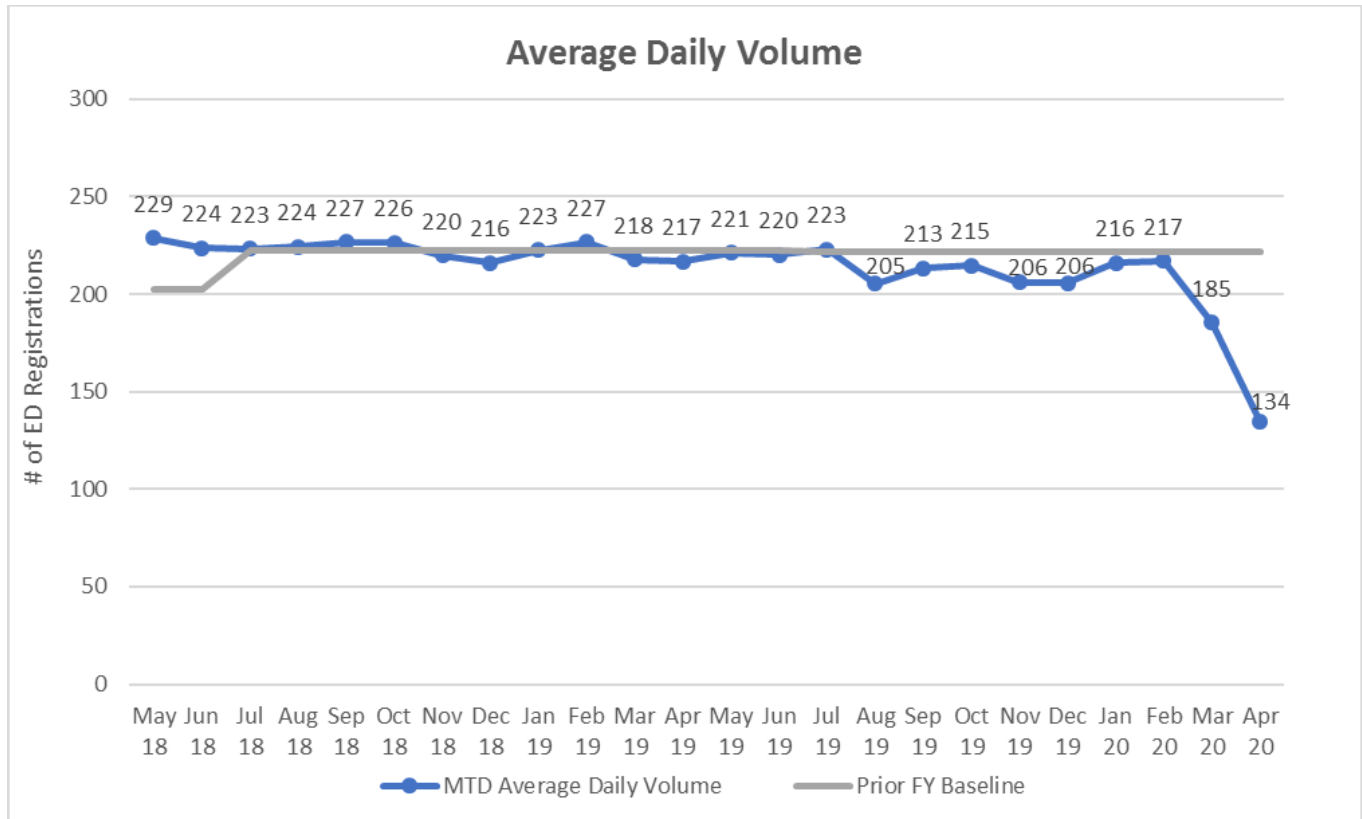
- We implemented Epic documentation to be used by health care staff at containment sites to ensure care across transitions.
- We partnered with the Unidos En Salud study researchers and SFHN leadership to facilitate care for COVID+ participants.

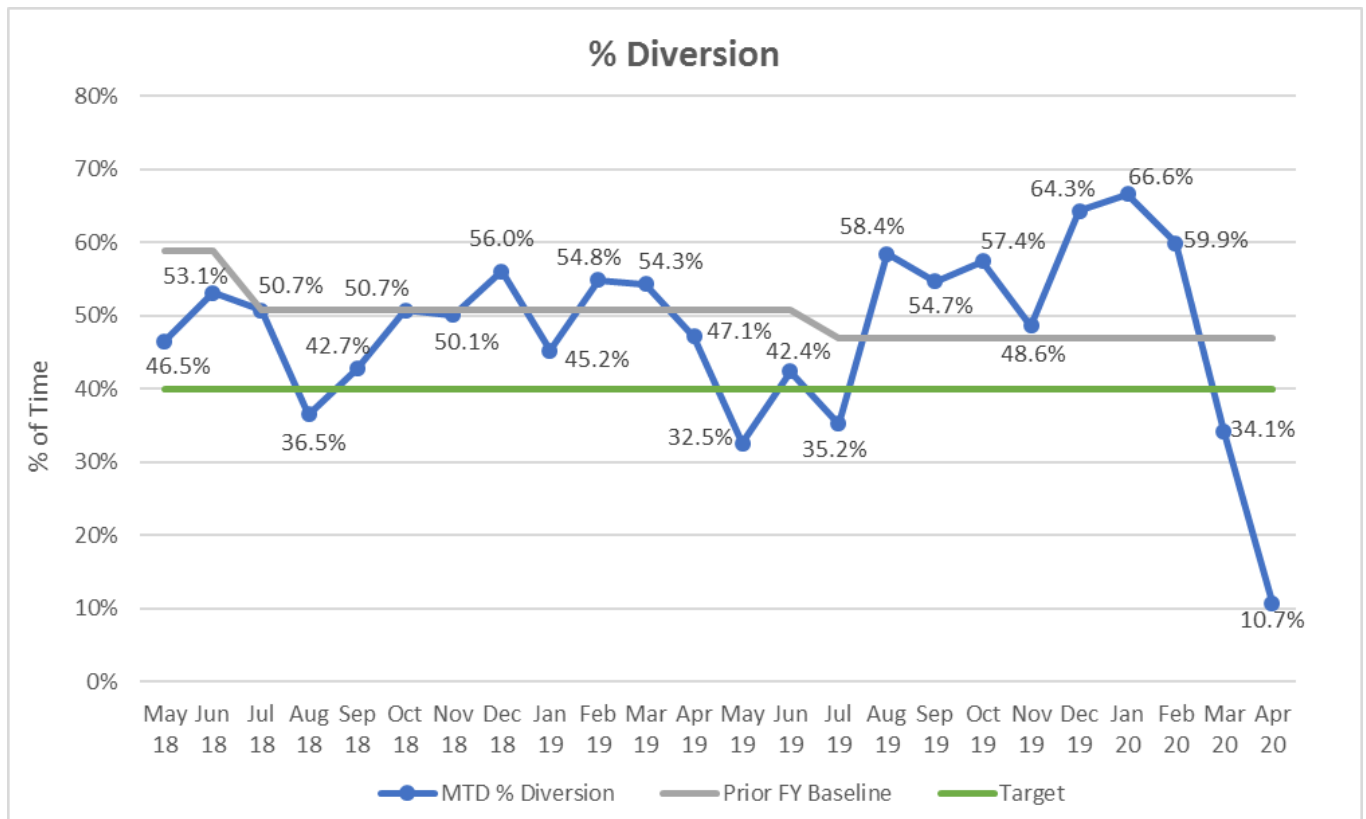
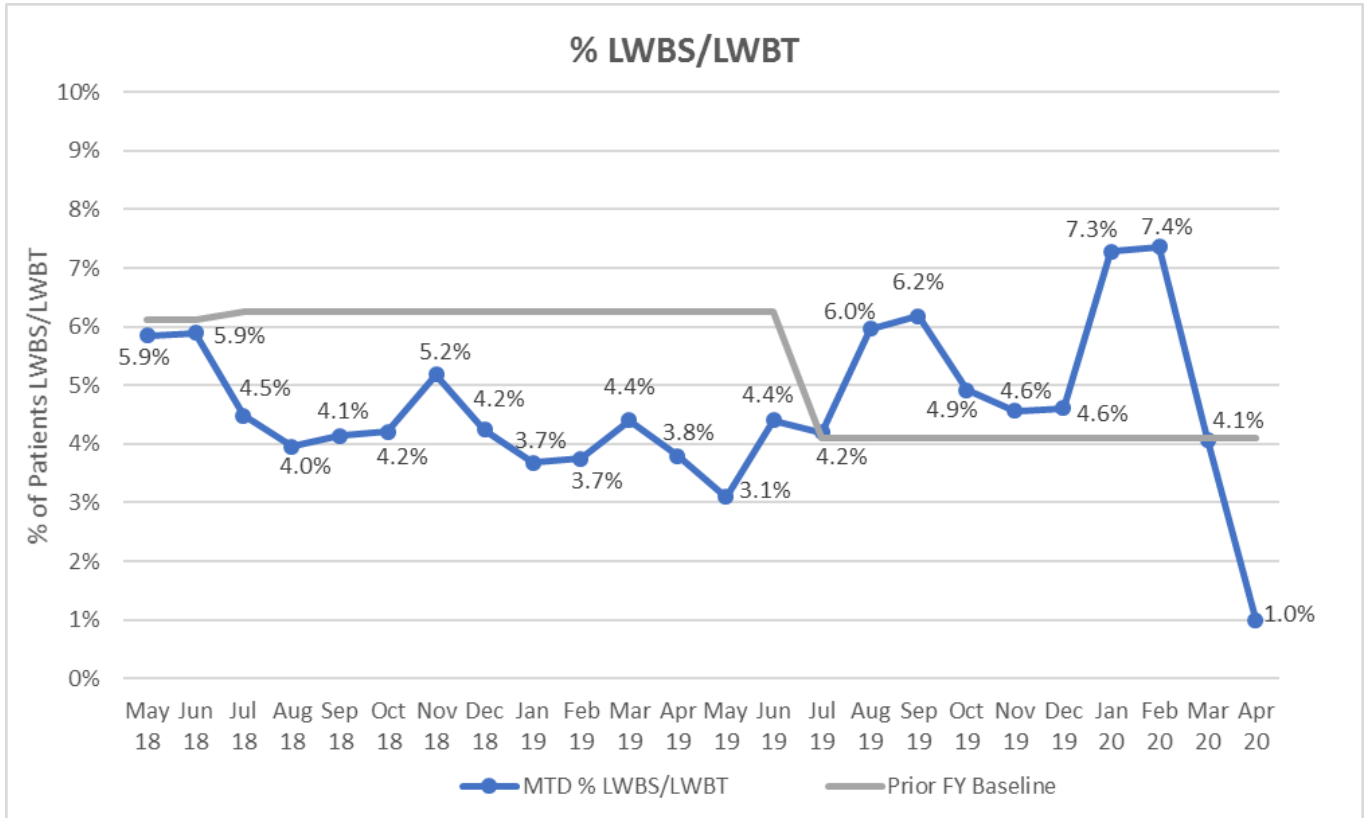
Finally, the Epic research module is enabling UCSF researchers at ZSFG to conduct clinical trial investigation of COVID therapies.

We want to express our profound appreciation for the SFDPH IT Department for these accomplishments at ZSFG and SFHN, as well as other city-wide efforts to support DOC and EOC in response to COVID.

# QUALITY

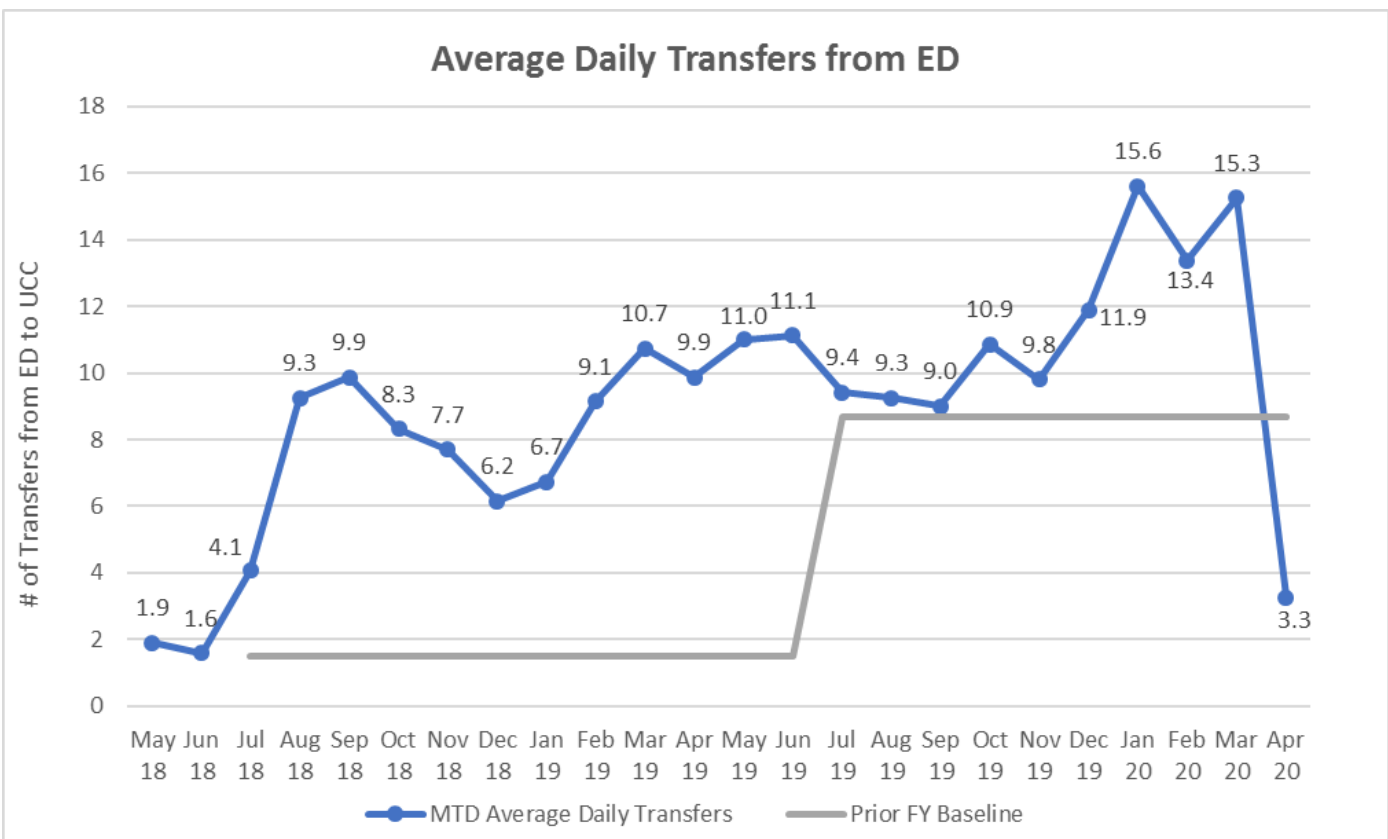
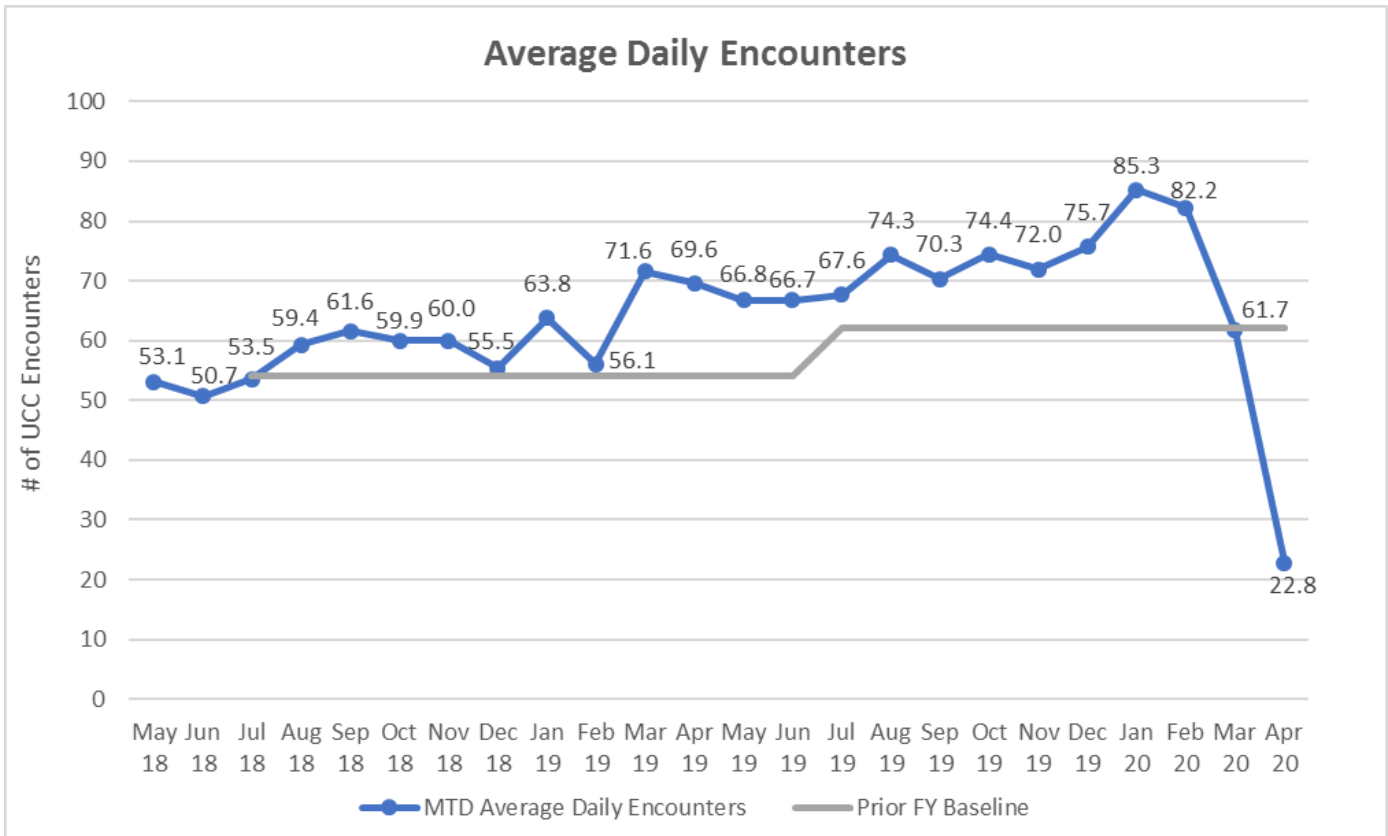
## Emergency Department Activities



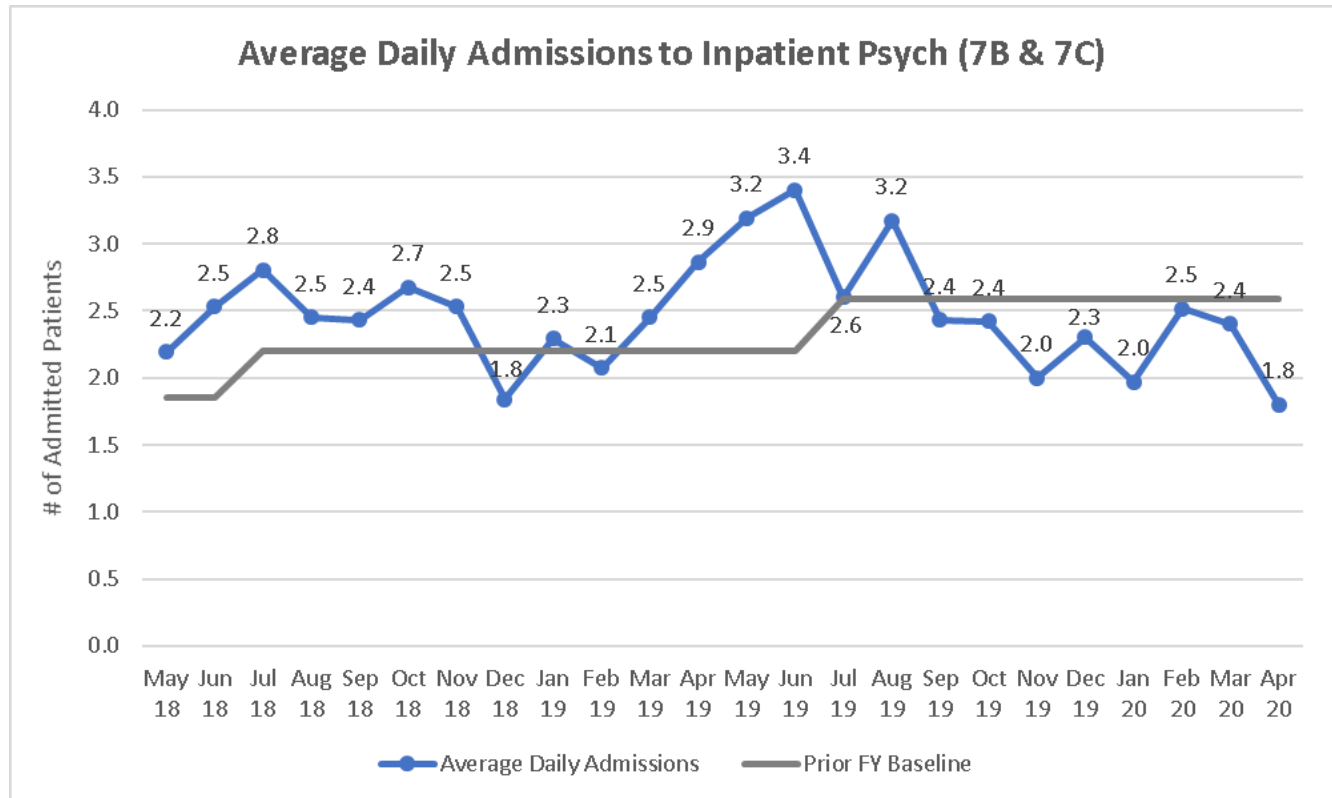
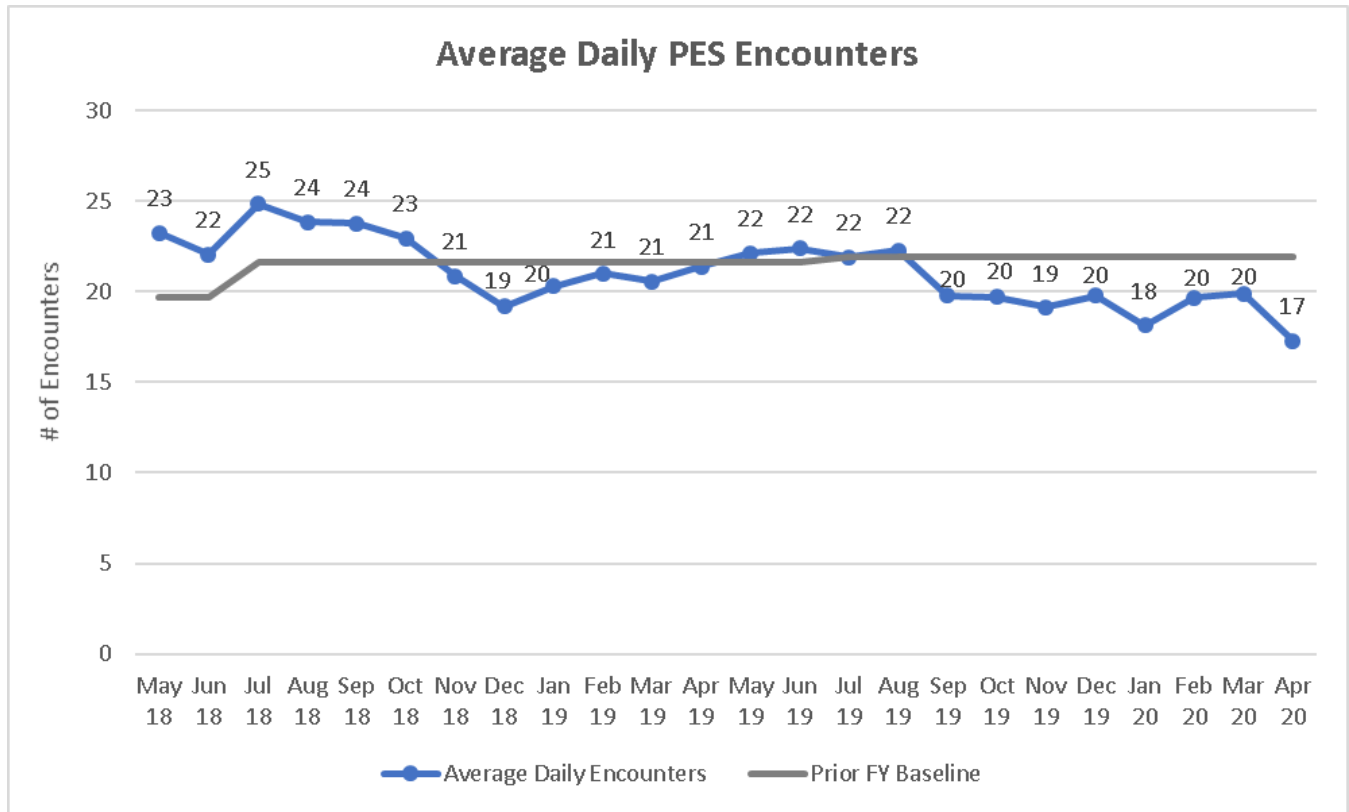


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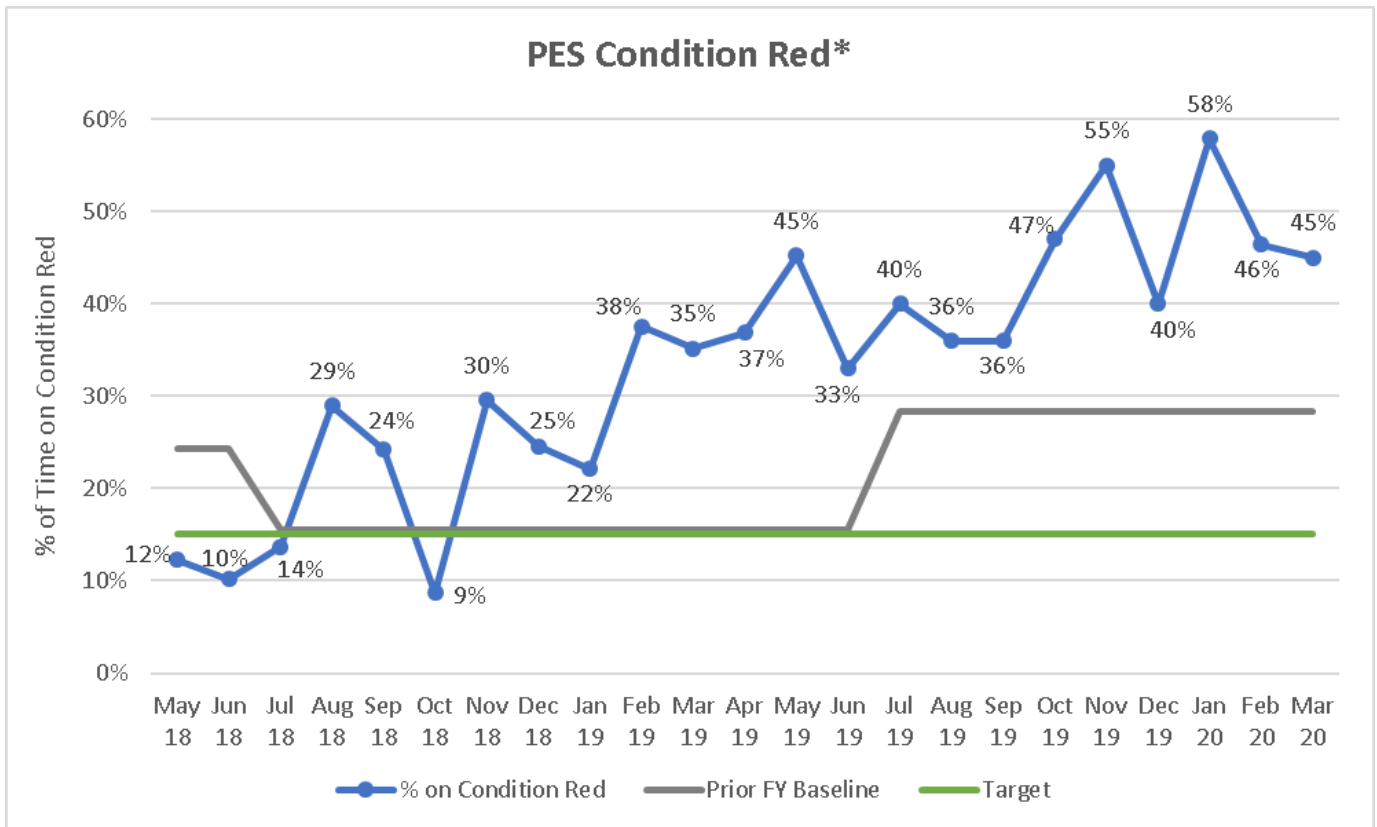
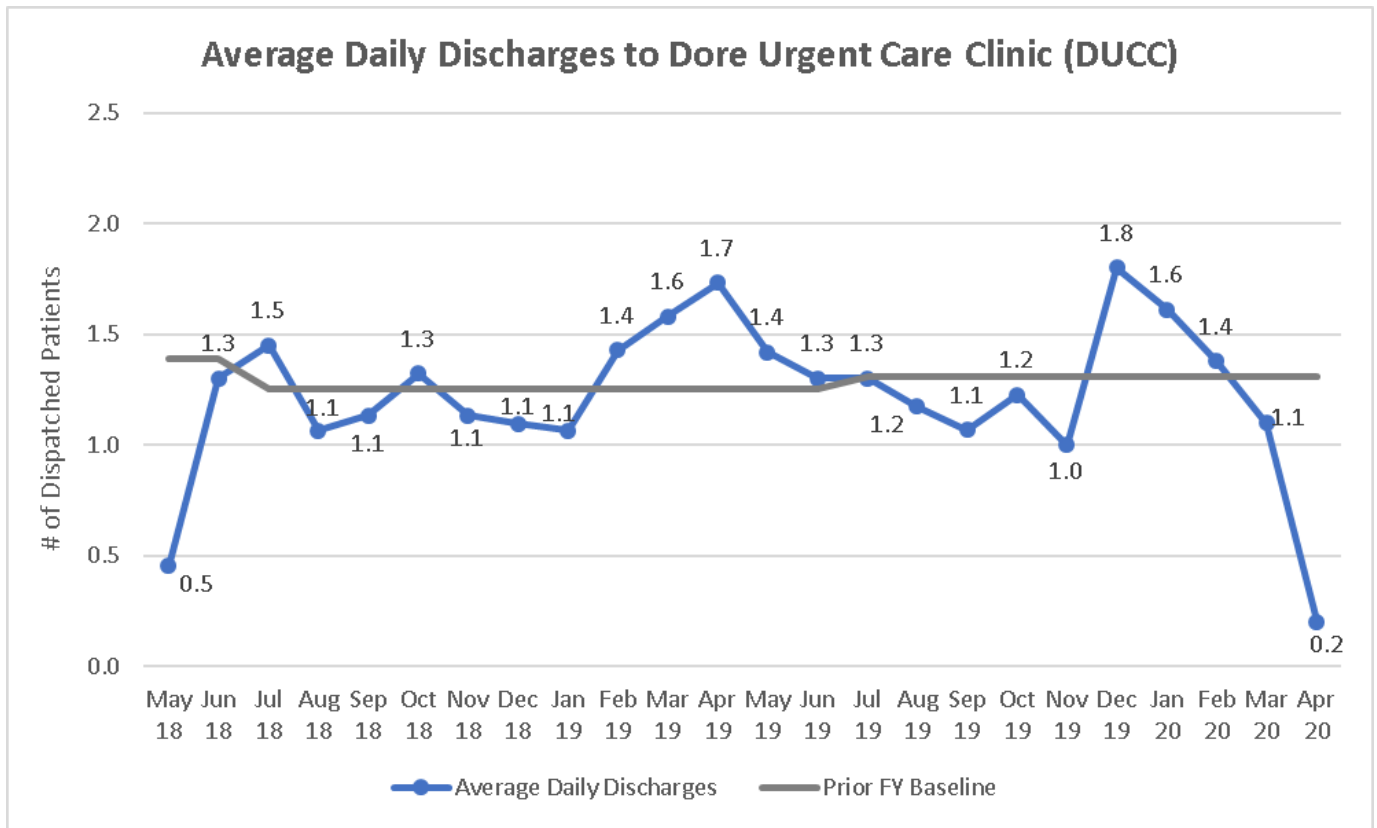
## Urgent Care Clinic Activities



# QUALITY      Psychiatric Emergency Services Activities







\*PES Condition Red data is unavailable for April 2020 due to a reporting issue.

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# QUALITY

## Average Daily Census

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### **MEDICAL/SURGICAL**

Average Daily Census of Medical/Surgical was 150.73 which is 96.62% of budgeted staffed beds and 84.21% of physical capacity. 19.73% of the Medical/Surgical days were lower level of care days: 9.49% administrative and 10.24% decertified/non-reimbursed days.

### **INTENSIVE CARE UNIT (ICU)**

Average Daily Census of ICU was 34.57 which is 123.45% of budgeted staffed beds and 59.60% of physical capacity of the hospital.

### **MATERNAL CHILD HEALTH (MCH)**

Average Daily Census of MCH was 23.33 which is 77.78% of budgeted staffed beds and 55.56% of physical capacity of the hospital.

### **ACUTE PSYCHIATRY**

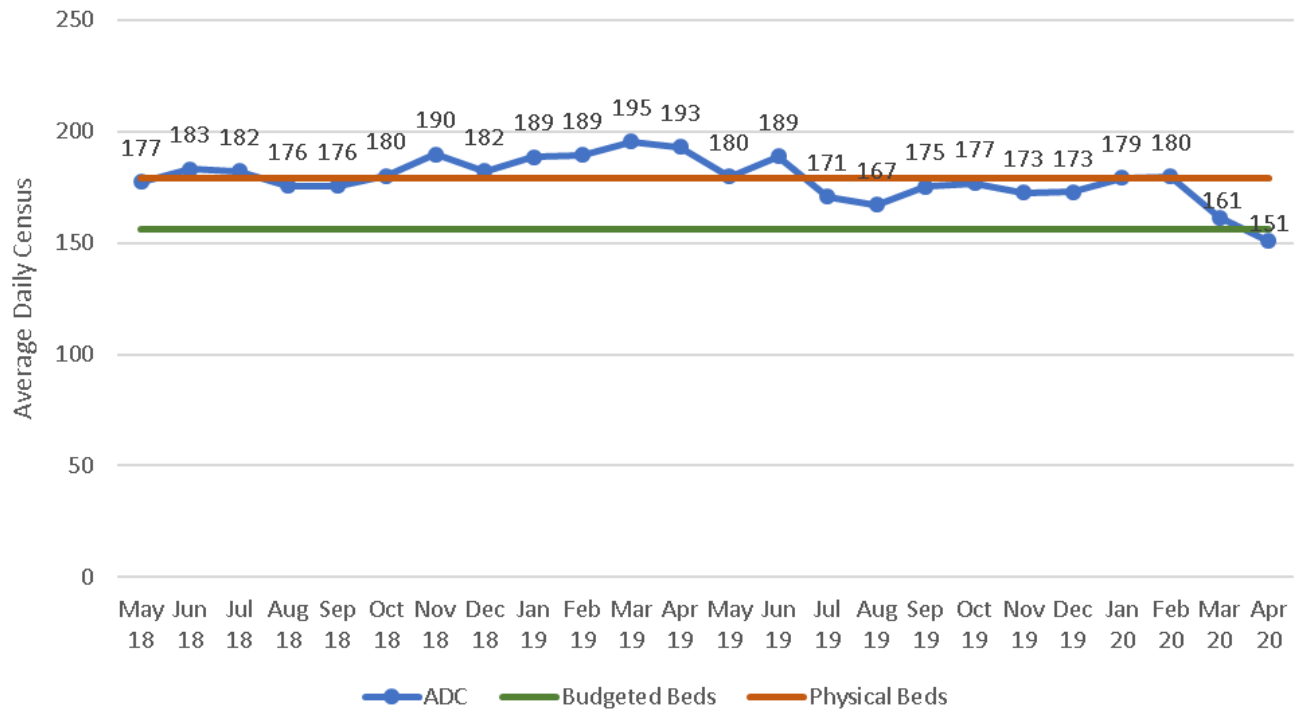
Average Daily Census for Psychiatry beds, excluding 7L, was 39.40, which is 89.55% of budgeted staffed beds and 58.81% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.47, which is 78.10% of budgeted staffed beds (n=7) and 45.56% of physical capacity (n=12). Utilization Review data shows 76.23% non-acute days (34.94% administrative and 41.29% non-reimbursed).

### **4A SKILLED NURSING UNIT**

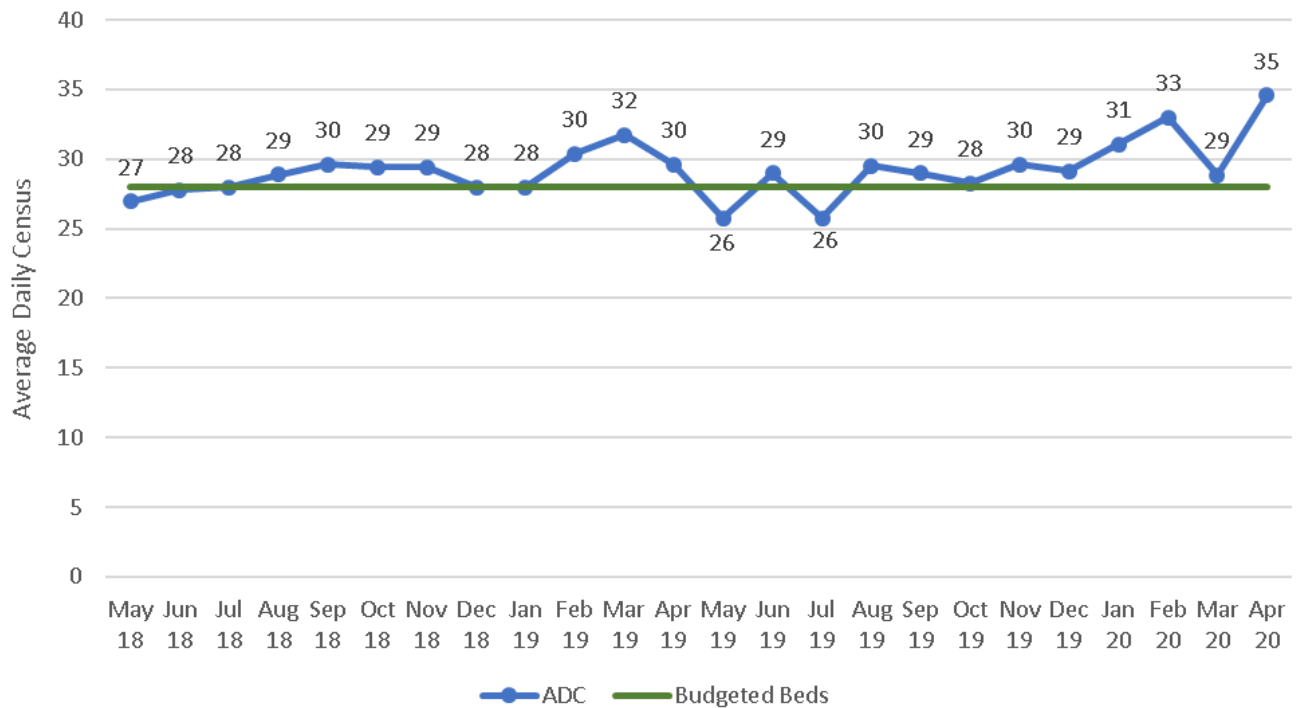
Average Daily Census for our skilled nursing unit was 28.83, which is 102.98% of our budgeted staffed beds and 96.11% of physical capacity.

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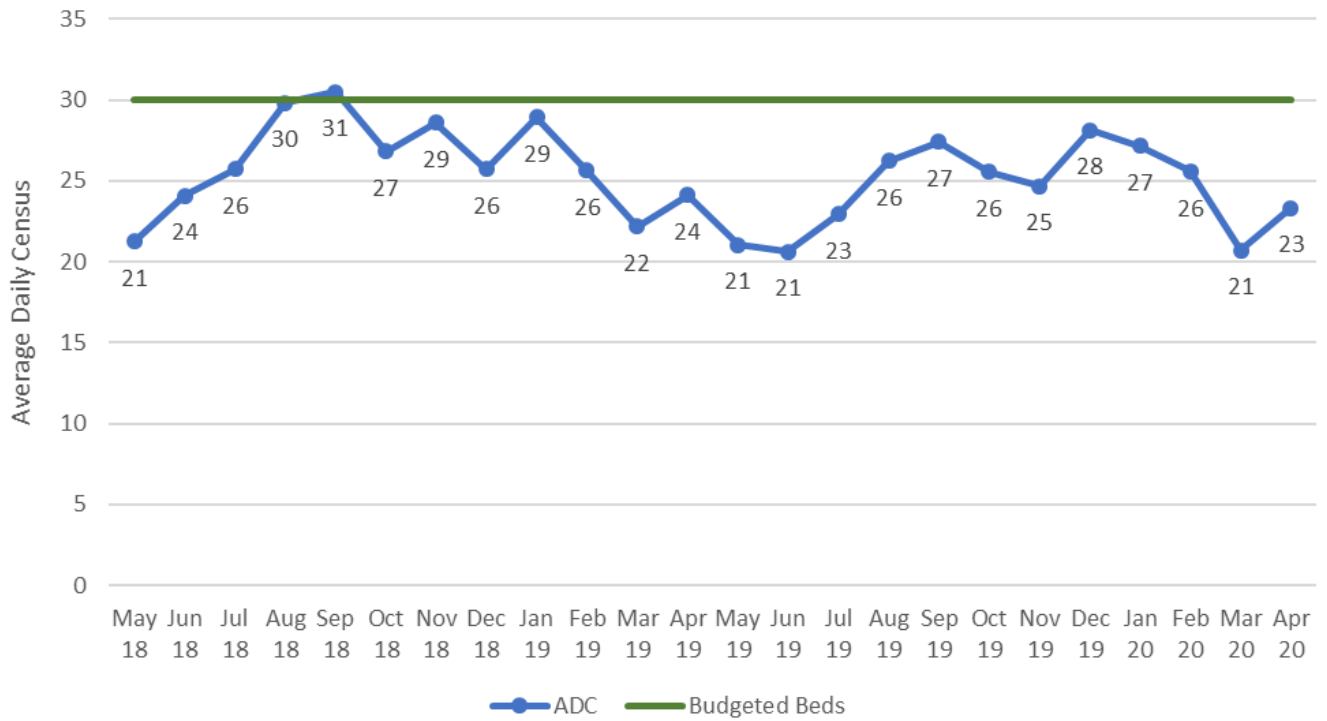
### Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census



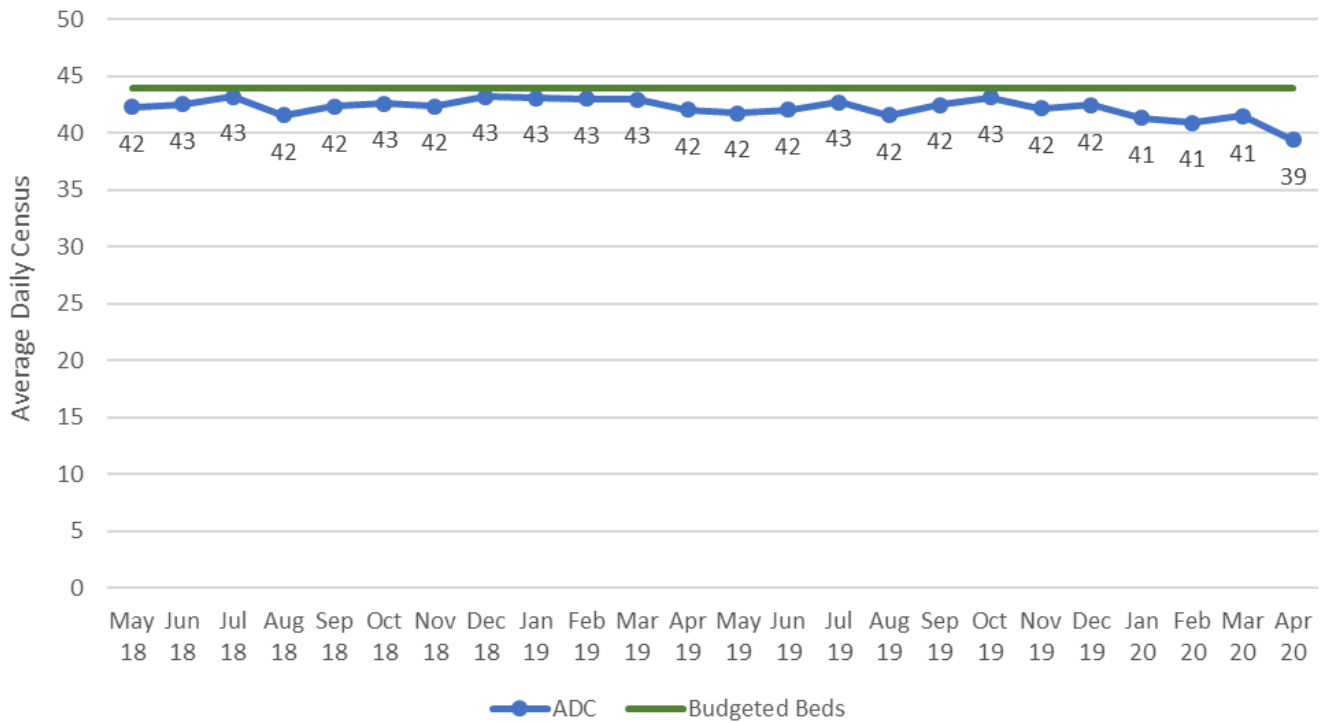
### Intensive Care Unit Average Daily Census



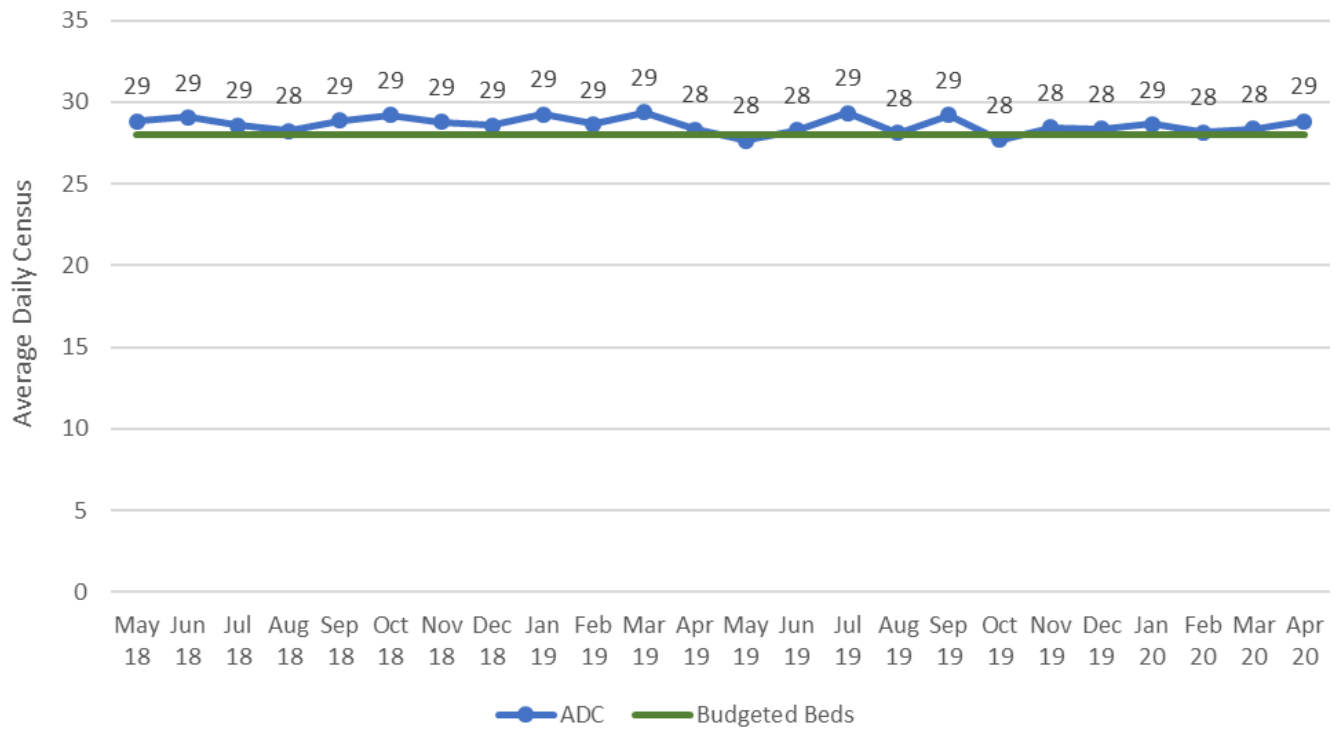
### Maternal Child Health Average Daily Census



### Acute Psychiatry (7B & 7C) Average Daily Census



### 4A Skilled Nursing Facility Average Daily Census



# QUALITY      Lower Level of Care Average Daily Census

