

# HOSPITAL HEALTHCARE UPDATE REPORT

*Presented to the JCC-SFGH on April 22, 2014*

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### 1. SFGH Urgent Care Clinic Redesign

The SFGH Urgent Care Center underwent redesign of its systems of care. On April 15, 2014, the clinic implemented CareLinkSF, the electronic medical record (EMR) system for ambulatory clinics in the SF Health Network. As part of the preparation for this, the clinic started seeing patients by appointment on March 24, 2014. These new systems resulted in:

- Better management of the clinic's capacity and resources to match the demand for urgent, same-day care, particularly during the EMR implementation period
- A better experience for patients: shorter wait times, more streamlined visits for patients with appointments, a better system for drop-in patients to expect when they can be seen, and a better system for unlinked patients seen in the Emergency Department to access appointments for follow-up care in Urgent Care, where they can also get assistance getting linked to a primary care medical home
- A better experience for staff: More streamlined workflows, more predictable demand for services, and better integration with the rest of the SF Health Network through the new EMR system.

Although these changes are recent, we have seen a decrease in the number of patients left without being seen and a significant decrease in the total time between when the patient arrived and when the patient left the clinic.

### 2. Aiyana Johnson, Interim Associate Hospital Administrator

It is my pleasure to announce that Aiyana Johnson is now providing executive oversight to several key services and programs at SFGH, serving as interim Associate Hospital Administrator. In this role, Aiyana will serve as SFGH's Chief Patient

Experience Officer, and oversee Patient Advocate, Volunteer Services, Sojourn Chaplaincy, Department of Education & Training (DET) and Renal/Outpatient Dialysis. Aiyana will also serve as SFGH's liaison for Interpreter Services to the SF Health Network. Aiyana is currently the Manager of DET, and has done an excellent job leading and expanding our education and training opportunities on this campus, and building the Learning Center into a dynamic resource for our staff and providers.

### 3. Union Access to the Workplace

During the 2012 negotiations, the City and SEIU, Local 1021 negotiated new language in the MOU regarding union access in the workplace. In preparation for the 2014 negotiations and to ensure that everyone understands the parameters regarding union access, the Department of Human Resources recently issued a memorandum (attached) that provides guidance on the rules for union access. While the rules provide the Union with a reasonable right of access to non-work areas to verify that the terms and conditions of the MOU are being followed and for the purpose of conferring with employees, the Union may not disrupt or interfere with the Department's mission and services. Union access will not involve any political activities.

### 4. Sugar-Sweetened Beverages Presentation

Dr. Kirsten Bibbins-Domingo, Professor of Medicine and of Epidemiology and Biostatistics discussed the impact of sugar-sweetened beverages at last month's Management Forum.

Points from her presentation (attached):

- Nearly one in four youth ages 12-19 have pre-diabetes. Ten years ago, it was one in eleven.
- 50% of African American youth and 33% of Latino youth will contract Type 2 Diabetes in their lifetime
- Sugary drinks is the largest source of added sugar in the diet, approx. 40%
- Sugary drinks contribute to diabetes risk, as well as obesity.
- Price of sugar-sweeten beverages is low relative to other healthier food.
- Approaches to reducing consumption include Educational Campaigns, Restriction, and Taxation.

### 5. Status of the CMS Two-Midnight Rule

The Centers for Medicare and Medicaid Services (CMS) developed the Two Midnight Rule as a requirement for payment for inpatient admissions. The rule was issued to address CMS finding that patients who stay in hospitals less than two midnights were usually receiving services that could have been provided in an outpatient setting. Implementation of this Rule was initially planned for October 1, 2013. Its implementation was delayed until April 1, 2014 and then again until October 1, 2014. As part of the temporary Sustainable Growth Rate Legislation passed earlier this month, its implementation is now delayed until October 1, 2015.

There are two elements to the Two Midnight Rule. The first element is that the order to Admit to Inpatient is critical for hospital inpatient coverage and must be entered by an attending provider. The second element is that a certification of length of stay must be

documented to support the decision that inpatient services are reasonable and necessary. Dr. Gabe Ortiz, from the hospitalist group, Kathy Grabill from Utilization Management, Yvonne Lowe from Compliance and Terry Dentoni from Nursing will continue to take the lead in implementing a workable process for SFGH.

#### 6. Actions Taken to Facilitate Repatriations and Decrease Out of Network Cost

SFGH/DPH has been able to reduce its Out of Network cost by initiating activities listed below. The results are an increase of Out of Network admissions from 20 in January 2013 to 92 in January 2014. In February 2014, there were 27 Emergency Department (ED) to Inpatient repatriations and 87 inpatient to inpatient repatriations.

- SFGH expanded its Repatriation Coverage to 24 hours, 7 days a week. SFGH is now able to facilitate evening, night and weekend repatriations.
- Administrator On Duty (AOD) Tracking System was implemented in July 2013. The Utilization Management staff enter repatriation request into the Tracking System, which triggers automated text message to AOD. This facilitates communication, provides electronic documentation of timestamps for each step and documents barrier reasons.
- SFGH AOD may not respond with “no beds” to repatriation requests unless approved by the Director of Operations, the Chief Nursing Officer, or the Director of Utilization Management.
- The (Outside) ED to Inpatient repatriation process was implemented. This process was spearheaded by Hospitalist, Gabriel Ortiz MD. The process:
  - ✓ Outside ED’s medical records are faxed to SFGH to help decide whether the patient meets acute care criteria and is clinically stable for transfer.
  - ✓ SFGH decision must be communicated back to the outside ED and SFHP within 3 hours.
  - ✓ A Hospitalist is present with the AOD when the patient arrives at SFGH, to evaluate patient in a timely manner and to ensure appropriate level of care
- Inpatient-Inpatient repatriation process documented with expectations.
  - ✓ Timing of referrals is clarified. Physician of outside hospital must communicate with SFGH physician by 5:00 p.m.
  - ✓ Patient consent must be obtained before referral to SFGH
- Enhanced monthly reporting by SFHP. Reports include:
  - ✓ Total Out Of Network admissions
  - ✓ Number of patients referred versus not referred
  - ✓ Number of referred patients repatriated versus not repatriated by reason
  - ✓ Approved and denied days by reason
- Additional patient education provided by SFGH Utilization Management staff to repatriated patients
  - ✓ Identify reason why patient utilized an Out-of-Network facility
  - ✓ Address reasons identified by patient for Out-of-Network admission
  - ✓ Inquire about patient’s knowledge about Primary Care Providers
  - ✓ Provide letter to patient regarding use of DPH for all healthcare needs

#### 7. Patient Flow Reports for March 2014

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

8. Salary Variance to Budget by Pay Period Report

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