

SFGHMC CHIEF OF STAFF REPORT
Presented to the JCC-SFGH on January 27, 2015
(11/08, 12/08 2014 Leadership and 11/20, 12/18, 2014 Business MEC)

MEDIA/PRESS RELEASES:

New Yorker Magazine Article – The December 22, 2014 issue of The New Yorker Magazine featured an article by Jerome Groopman entitled “Can Aids be Cured? Researchers get closer to outwitting a killer”. The article mentions SFGH Ward 86, and highlights interviews with Dr. Steven Deeks and Dr. Mike McCune regarding whether a cure for AIDS is possible.

Anne Kinderman, MD – On December 17, 2014, Dr. Anne Kinderman was recognized by the American Academy of Hospice and Palliative Medicine as one of the “Inspirational Leaders Under 40”.

ADMINISTRATION/LEADERSHIP:

Flu Vaccination – MEC was informed of the low compliance rate with the vaccination/declination rate. Dr. Marks emphasized the importance of flu vaccinations and its impact on patient safety and the health of the workforce. Members’ were asked to impress on their constituencies the importance in ensuring compliance with flu vaccination requirements.

Morrisey Online Physician Application Presentation – Ms. Amy Kleist, Senior Consultant of Morrisey Associates, gave MEC an overview of the electronic credentialing system that is being implemented by the SFGH Medical Staff Office. To date, the electronic application has been set up only for new MD applicants. The electronic credentialing system will allow Service Chiefs and any other individual/groups involved in the decision-making process to review credentials packets and make their recommendations online (called ARM – Administrative Review Module). Electronic review and approval will enable faster credentialing decision-making, and clear identification of “problem” files and prompting of documentation related to specific issues in those files. The system will also provide better protection of the confidentiality of files.

CLINICAL SERVICE REPORTS:

Neurology Service – Claude Hemphill III, MD, Chief

The report included the following:

- Mission and Scope of Services – Clinical Mission, Clinical Scope, Research Mission and Teaching Mission.
- Inpatient Services – General Ward Services, General Consultation Service, Neurocritical Care Service, Night Resident Rotation
- Outpatient Services – General Neurology Clinics, Sub-Specialty Clinics (Epilepsy, Stroke Clinic, Neuro-HIV, and Neuroimmunology)
- Neurodiagnostic Laboratory Services – EEG, EMG, Transcranial Doppler Ultrasound (TCD)
- Training and Teaching – UCSF Neurology Residents, Outside service interns/residents, Neurocritical Care Fellows, Neuro-HIV Training Grant and Medical Students.
- Attending and Staff, Faculty SFGH/UCSF/National Service
- Performance Improvement Activities – General (Neurology PI Committee, Faculty Meeting, Morning Report, and Professor Rounds), Projects (Acute Stroke Activation – door to needle times, Time to next 3rd New Outpatient Appointment), and Clinical Documentation Integrity regarding expected inpatient mortality. Other PI activities include involvement in other

activities (participation as the 4B liaison in the SF Health Network, Neurology multidisciplinary rounds, and participation in Critical Event reviews), Data for reappointment, communication with faculty and staff, and updates in Rules and Regulations.

- Finances – Income/Expenses by Fund Source Fiscal 2012-2014
- NIH Funded Research Projects (PI)
- Assets – Strong ties with UCSF Dept. of Neurology, Brain and Spinal Injury Center, Grant Support, Collaboration with SFGH, Quality of UCSF Neurology Residents and Fellowships, International reputation for Neurocritical Care/Stroke & HIV Neurology Programs
- Challenges – Outpatient Clinic Infrastructure, underfunded service, change in Department of Neurology faculty salary payment structure in July 2013, erosion of volunteer effort, grant funding (esp. Federal) increasingly challenging.
- Goals: (1) Re-engineer outpatient neurology services, (2) create neurology service links to CHN primary care providers, (3) capitalize on existing expertise in neurocritical care, relationships with other clinical services, and new hospital to implement visionary program that highlights SFGH, (4) Adequately fund service so that improvements can be realized, (5) Mentor and support junior faculty towards extramurally funded clinical and translational research and (6) Enhance philanthropy to realize mission goals.

OB-GYN Service – Rebecca Jackson, MD, Chief

Dr. Jackson highlighted the Service's mission, which is to promote justice, quality and equity in women's health care. The Service seeks to eliminate the barriers to good health for women in San Francisco and around the world. This mission statement is a constant motivational force for residents, faculty and staff. The Service provides two major services, Clinical Services and Research. The report included the following highlights:

- Scope of Services – Full scope OB and GYN in 6C L&D, 5M Women's Health Center, 6G Women's Option Center, Gynecology. Dr. Jackson raised concerns about the declining number of deliveries since 2006, and stated that the goal is to have a minimum of 1200 deliveries a year. Clinic volumes have remained steady over the last few years.
- Faculty and Residents – The SFGH Ob/Gyn residency was ranked 2nd in the US by Doximity/US News and World Report in 2014. This year, the Service succeeded in its goal to recruit more URM (under-represented Minority) residents (9 of 9 interns are URM). Dr. Jackson expressed pride in the numerous awards received by the outstanding Ob/Gyn faculty at SFGH, many of which are lifetime achievement awards.
- PIPS – The SCIP (Surgical Care Improvement Project) has resulted in the significant decrease in surgical site infection after hysterectomy and Caesarean. Other PIPS activities include the Obstetrics 2014 New Core Measure Sets, 5M Operations Improvement (Improve phone answering, 5M Dashboards for residents and outpatient providers), Additional QI/QA (M&M weekly meetings, Quarterly Departmental QI meetings and monthly multidisciplinary Obstetrics simulation), and Revised OPPE metrics. Specific numbers on clinical indicators were added to improve assessments.
- Research – Research work in the Bixby Center for Global Reproductive Health include Family Planning, Reproductive Infectious Diseases, and Obstetrics. The Service for FY 2014-15 has 4 K Awards, 2 R Awards, 5 Other NIH and 18 Other faculty-initiated grants in clinical division.
- Finances – Annual Income for FY 2013-14.
- Strengths, - Faculty (staff and trainees are committed, dedicated, creative and skilled) and New Hospital (3P Process has led to increased collaboration between RN-MD, across Peds,

OB and FCM, and spurred the idea for Women-Children's Service Line that is a continuum of inpatient and outpatient care.

- Challenges - Service is faced by several challenges including the declining birth rate, which adversely affects resident education and revenue.
- Goals – The Service plans to establish pilot leadership structure: MILC – Maternal-Infant Leadership Collaborative (1. cross inpatient/outpatient and departmental boundaries, 2. shared, patient-centered goals). The Service is also targeting to improve outreach to community clinics, to media, to community and to funders, and to continue work in improving clinic operations.

Community Primary Care Service – Hali Hammer, MD, Chief

Dr. Hammer stated that her report includes clarifications on the “Primary Care division” within the San Francisco Health Network (SFHN). The report outlined the following:

- CPC Mission and Principles
- Primary Care Services – Integrated Clinical Programs consist of 15 primary care health centers, 11 community-based (formerly known as COPC, now comprise the Community Primary Care service) and 4 SFGH-based clinics (FHC, GMC, Children's' Health Center and Positive Health). One big focus in the last couple of years is Behavioral Health Integration – Primary Care Behavioral Health Teams, Behavioral Health Homes and Primary Care Psychiatry. Other services include the Medical Respite and Sobering Center, Breast and Cervical Cancer Services, Dental Services, HIV Health Services, Nutrition, Pharmacy, Podiatry, Complex Care Management, and other centralized telephone services.
- Primary Care Volume – Primary Care Patients and Encounters. Dr. Hammer noted the dip in overall productivity attributed to two large clinics (TWUH and FHC) in the early stages of eCW implementation during the first four months of the year.
- Organizational Structure/SFHN Primary Care Leadership Team – Dr. Hammer pointed out that most of the physician leaders in the Ambulatory and Primary Care areas trained at SFGH and/or completed UCSF Residency Programs.
- Teaching in Community Primary Care
- Vision for SFHN Primary Care- In center of the vision for SFHN Care which is illustrated in a pyramid is a model of “sustainable patient and family-centered care.”
- Strategic Priorities for SFHN Primary Care 2014-2015 to support its vision:
 - Access to Care
 - Improve the health of people served
 - Optimal experience for each patient and family who comes to the clinics for care
 - Operational Structure which Supports excellent patient care and a healthy environment
 - Workforce which is valued, does their best work every day, and upholds the mission in every interaction
 - Ensure sustainability through maximizing revenue, growing the patient population and reducing waste.
- Reappointment and OPPE Reports – The Service is reviewing population measures that will be used as parameters in OPPE reports for each provider.
- Representation on SFGH and SFHN committees
- Financial Report 2013-14- The Service is working on efforts to increase revenue and reduce the 67% reliance on General Funds as income source.

- Strengths- Dedicated mission-driven workforce, rebuilding provider base, leading the way with integration efforts, support across SFDPH/SFHN to build a strong primary care foundation, and high functioning and clinic-based care teams.
- Challenges- Sustainability through growth in enrolled Primary Care patient population, Human Resources, integration of Primary Care across entire SFHN, clinical information systems, physical plant and operational infrastructure, and data infrastructure.
- New Initiatives in 2015 – Centralized Call Center, introducing Lean Management Systems through Primary Care, expanded roles of RN and clinical Pharmacists, complete implementation of eClinicalWorks, Ambulatory Care Population Health Center, patient engagement, retention and satisfaction initiatives, building operational infrastructure, contracted non-specialty mental health billing, and access improvements.