

**ZSFG CHIEF OF STAFF REPORT**  
**Presented to the JCC-ZSFG on April 26, 2016**  
**(04/11/16 Leadership MEC and 04/21/16 Business MEC)**

**AWARDS/RECOGNITIONS/APPOINTMENTS**

New Division Chief of Division of Hospital Medicine, Medicine Service – Dr. Neil Powe announced the appointment of the new Division Chief of Hospital Medicine, Dr. Summant Ranji. Dr. Ranji comes from UCSF, and will start part-time in May and full-time in July 2016 at ZSFG.(CV sent to Commissioners)

**SFGH FOUNDATION INTERNAL FUND RAISING ON EPIC**

MEC first took the opportunity to reflect and express gratitude to Ms. Amanda Heier, CEO and Sara Haynes, VP, Development the SFGH Foundation and the entire SFGH Foundation staff for their outstanding work and support to the hospital and the medical staff over the last couple of years. The SFGH Foundation was asked to raise \$65M (by far the largest fundraising effort in the Foundation's history) for the FF&E (Furniture, Fixture and Equipment) campaign, but ended up raising more than \$140M that was used to purchase critical medical equipment and furnishings, with extra funding for future use.

An integral part of the Bldg. 25 FF&E campaign included the successful campus wide fundraising effort. This internal campus giving sparked additional philanthropy, and sent a strong message to the community and outside donors about the support of every hospital staff to the campaign. Ms. Heier and Ms. Haynes briefed members about the logistics around provider and staff fundraising around EPIC, an Enterprise-wide Electronic Health Record for the DPH and ZSFG. The Foundation is in the beginning phases of the campaign planning, and is exploring the use of the same Bldg. 25 FFE campus wide fundraising strategy for EPIC. Ms. Heier emphasized that the Foundation is relying on MEC's expertise and support in formulating the structure of the physician giving part. Plans include the CPG's funding commitment to support the Foundations EPIC fund raising, which will be a great incentive for campus wide giving. Also planned for the next few months is to identify leaders to spearhead the project. Ms. Haynes emphasized that MEC's support and interaction will be crucial. Targeted campaign roll out date will be in August 2016.

**ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW**

Inpatient Flow's 1<sup>st</sup> Kaizen and Proposed Countermeasures/PDSA on Hospital Discharge

During the last week of March 2016, the Inpatient Value Stream Team led by Dr. Todd May, held their first Kaizen workshop around discharge planning. This activity was the first improvement workshop on the MedSurg end of the tactical A3 on Improving Patient Flow. Planning for Discharges (DC) was identified at the Inpatient Value Stream conducted in January 2016 as a key factor driving flow. MEC reviewed the A3 titled "Anticipate- Communicate-Complete", one of the outputs resulting from the 1<sup>st</sup> Kaizen. This A3 Review aims to address the need for earlier and better discharge planning. The A3 review included the following:

- Background –SFGH has wrestled with broken patient flow for years, which negatively influences patient and overall institution across all dimensions of True North, specifically on Patient Care Experience with patients experiencing long delays entering and exiting
- Current Conditions – Improvements are needed on anticipating DC, and the communication around this anticipation. Consistent communication gaps exist because there are no standard work in place around communication between providers and other IDT members.
- Problem Statement – Patients' expected discharge date is not consistently known or communicated, leading to surprise (>50% unanticipated by nursing) and delayed (16% by noon) discharges.
- Targets and Goals – Improve Baseline % of the Unanticipated DC Rate (5D- 54%, MS – 45% baselines) to 25%; Increase DC Order by 10 AM from 16% to 25% and DC by noon from 13.4% to 25% within one year.
- Analysis – Factors leading to difficulties with DC were discussed, with Structure and Communication Processes identified as major barriers to DC by noon.

- Proposed Countermeasures – Anticipated DC Date Order in CPOE, UM and Social Workers in PagerBox, Role Clarification for UM, Include a DC date on eKardex. These countermeasures were categorized into three teams: (1) An Anticipation Team that will focus on creating electronic DC order that states that the patient will be DC in 24 hours, and getting UM and SW in PagerBox (2) Afternoon Process with Medicine Teams. This process will include a discussion of anticipated DC for the following day (3) MDR FCM ROUNDS - These FCM quick rounds are focused on the facilitation of plans for DC and include a quick review of UM SW and rehab needs to prepare patients for discharge. These FCM Round are a model that other teams could emulate.
- Plan – Rollout/Validate Standard Work, Continue to look at PM Huddle PDSA between residents (Medicine Service), DC Checklist PDSA (5D) and Investigate spread of the MDR Model to Medicine and Cardiology.
- Follow Up – Weekly follow-up on Plan/KAB items at Inpatient Flow Steering Committee, and Q3 week report of status to Executive staff.

Members acknowledged the significant amount of work that needs to be done, but agreed that the targets and goals can be achieved with the support and engagement of all providers. Ms. Terry Dentoni clarified that the issue of LLOC patients is not included in this Kaizen; however, ongoing improvement work on LLOC is currently being aggressively addressed at the ZFSG on the network level.

#### ED Improvement Update (ED FT Run Chart Attached)

Dr. Malini Singh, Emergency Medicine Service Chief, provided MEC an update regarding ED Improvement Work, specifically on the impact of the Fast Track (FT) process in the ED for Lower Acuity Patients, ESI 4 and 5 to date. Dr. Singh reminded members that FT was initiated in December 2015, starting with 8 hours per day, and later expanding to 12 hours/day. The goal is to reduce Fast Track median length of stay (LOS) from a FY14-15 baseline of 187 minutes to 135 minutes or less (this goal was based on the future state map) by June 30, 2016. Since implementation, data shows that ED has been meeting or exceeding the goal of 135 minutes every month since December during the time that FT was running (10A-10P) and that last month exceeded the 135 minute target for the entire 24 hour period.

Dr. Singh informed members that the last ED Kaizen 3 workshop on Front End Care included work on how to move the fast track in the new hospital. Dr. Singh recognized some outliers where LOS (Length of Stay) go beyond the 135 minutes mark. The next ED workshop scheduled in June 2016 will focus on one of the variables that impacts LOS, consultative services in the ED.

#### **SERVICE REPORT:**

##### Radiology Service Report

The report provided the following highlights:

- Scope of Service –New programs to be established in Bldg. 25 include PET/CT and Emergency Radiology. Dr. Wilson stated that PET/CT is the standard of diagnostic care in oncology, and for years, patients have been sent to UCSF and China Basin for this service. Emergency Radiology will also be an important program, with the provision of in-house attending coverage afterhours and weekends. Dr. Wilson discussed all imaging modalities in Building 5, Building 25 and the Avon Center. The new equipment in Bldg. 25 will offer many new opportunities to treat our patients. Imaging services were integrated into the hospital design with the intent of bringing the imaging to the patients. Dr. Wilson also noted that some of the equipment pieces are among the first of their kind to be installed in the U.S.
- Leadership Structure, Faculty, Recruitment, Resignations. Dr. Wilson was proud to report that the majority of the new faculty in the department were hired into research career tracks. The Radiology Service continues to be a strong clinical and teaching department, and the new faculty hires over the last ten years have enhanced the service's research portfolio.
- Training Programs – Resident Education Activities and Resources, Fellowship Training (Abdominal Imaging, Women's Imaging, Neuroradiology, Thoracic Imaging) – highly integrated with ML and VAH, Clinical Teaching Conferences.

- PIPS and Patient Satisfaction- Reducing Repeat rates, Reducing wait times, Patient Satisfaction and other PIPS activities, Physician QA activities, Data used in Reappointment Process, Radiology OPPE. Dr. Wilson informed members that the opening of Bldg. 25 is expected to increase capacity and will is expected to improve patient wait time for procedures.
- Communication to Faculty and Staff – Monthly meetings with faculty, residents/fellow, administrative staff, RT staff, IR Staff.
- Research – Major faculty research directions, Radiology Peer-Reviewed Publications,
- Finances – FY 14-15 report; Investments of surplus funds

In summary, Dr. Wilson stated the Radiology Service's strengths are the skilled faculty in all areas of radiology, exceptional equipment and program opportunities with Bldg. 25, and improving performance in all True North metrics. Challenges include maintaining teaching and research priorities with increasing clinical demands. Goals for next academic year include the establishment of an Emergency Radiology Program and continued improvement in all True North Metrics. Dr. Wilson added that the prospect of reestablishing general Nuclear Medicine in Bldg. 25 has been discussed, and could be supported with the current Bldg. 25 infrastructure. However, if this new program is approved by DPH leadership, it will likely be deferred into the future given the current priorities at ZSFG. Members thanked Dr. Wilson for his excellent report, and his outstanding leadership.