

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on December 13, 2016
(11/14/16 Leadership MEC and 11/17/16 Business MEC)

ADMINISTRATIVE

Electronic Health Record (EHR) Strategy Announcement

Ms. Barbara Garcia announced to members at the November 14, 2016 Leadership MEC meeting that after several months of due diligence, teamwork, and professionalism, the Health Department and UCSF teams exploring the possibility of a shared electronic record have concluded that the shared model could not be accomplished within the budget pre-approved by the Board of Supervisors. Members, while disappointed with the outcome of the UCSF APeX shared model, expressed their gratitude to the Department's leadership for their work and commitment to the adoption of an enterprise-wide EHR.

Following the announcement, Dr. Marks received 1 feedback from a number of medical staff members expressing disappointment and sadness with this decision. Dr. Marks reminded members that included in the roles of Service Chiefs is managing these responses and providing clarifications. Service Chiefs are highly encouraged to discuss this important issue at faculty meetings. Bullet points include:

- “NO Go” decision despite six month of extensive work by UCSF and DPH teams
- Greater than \$70 M gap in the final budget
- DPH is moving forward with acquisition of an enterprise EHR
- DPH will issue a Request for Proposal (RPF) for a fair and competitive method of selecting a vendor.
- Six month delay expected with the Go Live date

SERVICE REPORT:

Neurology Clinical Service– J. Claude Hemphill III, MD, Service 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, Geriatrics Neuro, and Neuroimmunology)
- Neurodiagnostic Laboratory Services – EEG, EMG,)
- Training and Teaching – UCSF Neurology Residents, Outside service interns/residents, Neurocritical Care Fellows, and Medical Students.
- Attendings and Staff
- Performance Improvement Activities – General (Neurology PI Committee, Faculty Meeting, Morning Report, and Professor Rounds), Projects (Time to next 3rd New Outpatient Appointment, Acute Stroke Activation, A3 regarding external stroke mortality benchmarks.
- NIH Funded Research Projects (PI)
- Income/Expenses by Fund Source Fiscal 2014-2016
- 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, Impact of Parnassus Funds Flow Model, Grant Funding (esp Federal) increasingly challenging.
- Goals: (1) Re-engineer outpatient neurology services (create Neurology service links to SFHN primary care providers and improve subspecialty services) (2) Capitalize on existing expertise, relationships with other Clinical Services, and new hospital to implement visionary programs that highlight ZSFG, (3) Fund service pro-actively so that improvements can be realized as opposed to continual “catch-up”, (4) Mentor and support junior faculty towards extramurally funded clinical and translational research (5) Enhance philanthropy to realize mission goals..

While the Service continues to deal with outpatient issues like lack of space, challenges faced by providers who are expected to deliver inpatient and outpatient services concurrently and high no-show rate are making it difficult for providers to have individual panel of patients, Dr. Hemphill reported that the Service has achieved major improvements in TNAA, and improved flow during clinics since the 2014 MEC report. Dr. Hemphill credited these improvements to additional personnel from the hospital and the Dean’s Office, particularly the hiring of the first Neurology Outpatient Director with dedicated leadership and time for attention to tasks. Dr. Hemphill highlighted the Service’s outstanding young faculty who are the future of ZSFG, and have made significant difference in terms of patient care and flow. Dr. Hemphill stated that H34 is the “NeuroICU of the Future”, and should serve as destination center that highlights ZSFG. H34 provides advance neuromonitoring, data integration, precision medicine approach, and is the focal point of teaching/training staff best practices.

Members thanked Dr. Hemphill for his excellent report, and commended the Neurology Clinical Service, under his leadership, for its outstanding services of residents and faculty to the hospital, and collaborative work with other Clinical Services.