

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on February 23, 2016
(02/08/16 Leadership MEC and 02/23/16 Business MEC)

AWARDS/RECOGNITIONS

- 2016 Holly Smith Awards – Recipients of the annual Holly Smith Awards for Exceptional Service to the UCSF School of Medicine include Dr. Joseph (Mike) McCune and Ms. Shary Eiser, RN, Pulmonary Nurse Coordinator at ZSFG. Dr. McCune was recognized for his pivotal work in advancing clinical and translational research at UCSF and nationally. Ms. Eiser was recognized for her tireless work for the last 30 years in providing high-quality care to patients at ZSFG.
- “Values in Action” Award – The award is given to hospital leaders who demonstrate the hospital values of learn, improve, engage and care. For this month, the “Values in Action” Award was presented to Dr. Benjamin Breyer for his outstanding leadership and commitment to improve the care delivered to patients through LEAN.

LEAN MANAGEMENT/A3 REVIEW

Update on Improving Hospital Flow:

Dr. Marks provided updates on ongoing work to improve hospital flow, which included a review of the ZSFG’s Strategic Plan and its deployment. One of the operational A3’s under this tactical A3 on optimizing the hospital’s patient flow is focused on the ED flow. Dr. Marks reviewed the ED Value Stream mapping process conducted in October 2016, and the ED Kaizen Workshop on Front End Flow. Initial ED improvement work focused on “Front end Flow, and Lower acuity patients – ESI 4 and 5, and included the development of standard work for roles/processes and the implementation of a new fast-track process. Dr. Marks shared the most recent data (01/29/16 to 02/04/16) both when fast-track is running (10Am to 10PM) and for the entire 24 hour period. In both cases, significant improvements were noted in the following measures:

- Lead Time ESI 4/5 – 33% change
- Time from Greet to Assess ESI 4/5 – 27% change
- Time from Greet to Assess for all patients – 45% change
- LWBS – 35% change
- LOS All patients -9.4% change

Dr. Marks stated that work will continue to improve current ED processes through the Plan-Do-Study-Act problem solving method, Daily Management System, and the use of the huddle board. Dr. Marks emphasized that the engagement and commitment of the ED physician and nursing leadership, who presented as great role models, is key to the success of improvement activities.

Inpatient Value Stream Mapping (Med-Surg)

The hospital has launched the “Inpatient Flow Value Stream Mapping” last January 25, 2016. Similar to the ED Value Stream Mapping process, close to 100 hours of direct observation of patients and close to 80 hours of direct staff to identify current conditions were conducted. The team thereafter discussed ways to eliminate waste, and improve processes to reach the targeted future state.

The results of the value stream mapping showed very inefficient processes all throughout the hospitalization period. Highlighted inefficiencies are in the following components of the Inpatient Value Stream mapping process:

- Value Stream map of current admission processes – Patients currently wait about 4 hours after a decision is made to admit the patient before they leave the ER. This is due to a variety of reasons, with the unavailability of hospital beds as one of the major barriers.
- Value Stream map of middle part of inpatient hospitalization (diagnostic and therapeutic) – The team identified many wastes that contribute to waiting. An example is the delay in receiving diagnostic services or procedures for patients.
- Value Stream map of discharge processes – The team identified a huge waiting time for patients awaiting discharge, primarily due to late discharge orders. Late orders delay the work of nurses and other members of the interdisciplinary team needed to get patients out of the hospital safely and expeditiously. Furthermore, very few patients are anticipated to be discharged the day before.

The team then identified elements of current processes that can be retained and enhanced in order to make the value of care delivered to patients better. These include simplifying and streamlining processes after a decision is made to admit the patient, identifying key waits during the middle part of hospitalization that add to patient length of stay, and enabling advance planning and completion of preparatory discharge work prior to discharge day, thereby trimming down the discharge processes to key elements that must be completed on the discharge day itself. Dr. May pointed out that improvement work will start with the discharge process. Members urged improvement work on parallel processes as well. Dr. Todd May acknowledged the complexity of the inpatient flow process and the longer time frame it will take to achieve the “Future State”. Dr. May reiterated that members’ support and involvement of everyone in the organization will be essential, and that it is incumbent on everyone to step up, help develop standards, and implement rapid improvement measures.

SERVICE REPORTS:

UROLOGY SERVICE REPORT- Dr. Benjamin Breyer presented the Urology Service’s biennial report to MEC. The report outlined the following:

- Mission Statement and Core Traits
- Clinical Services – Faculty, Attending on call 24/7/365, 3M Clinic, 6M Clinic, OR, volume statistics (Top Ten most Frequent Dx by Encounter, Annual Clinic Visits, Census)
- Finances – Calculated Service Deficit
- Quality- Increased Attending Oversight /involvement, monthly M&M, Cancer Review, Trauma Review, Committee Work (OR, MEC),
- Urolean (Antibiotics in cysto, Discharge Instructions, Anesthesia Common work documents, Equipment Status), Urohuddle (Daily huddle in the OR has significantly improved communication), Patient Satisfaction (Staff participation in the RCC communication workshop, and a plan to do an A3 on improving wait times in the pre-op), Prostate cancer registry
- Education – ZSFG’s Urology Residency training is very strong and the UCSF Urology Residency Training ranks 5th in the nation according to the online physician network Doximity.
- Research – Renal Trauma/Urethral Stricture, Kidney Stone Basic Science, Lower Urinary Track Epidemiology, and Health Disparities Research. UCSF Urology is #1 in NIH Funding.

The report showed significant improvements in Next 3rd Available New Patient Appointment, and the rate of Patients (%) Discharged Before Noon. Dr. Breyer highlighted the Urology Service’s strength in its people, their cohesive/responsive/commitment to ZSFG mission, and the educational

and research milieu. Future Plans include: Improve quality of care (decrease wait time, improve satisfaction, expand specialty care to include Transgender Care and Oncology, continue increased faculty involvement, hold faculty accountable), Equipment upgrade (Urodynamic machine), and Recruit faculty. Members thanked Dr. Breyer for his excellent report. Dr. Marks commended and celebrated Dr. Breyer's outstanding leadership of the Urology Clinical Service that exemplifies a scholarly and academic department which is committed to achieving the organization's five True North metrics.