SFGHMC CHIEF OF STAFF REPORT
Presented to the JCC-SFGH on January 26, 2016
(11/09/15, 12/14/15, 01/11/16 Leadership MEC and 11/19/15, 12/17/15, 01/21/16 Business MEC)

INTRODUCTIONS:

The following were introduced to MEC members:

- Dennis McIntyre MD – New Director of Accountable Care for the San Francisco Health Network. Dr. McIntyre will also be spending half of his time at SFGH as Director of UM Medical Director
- Susan Brajkovic, RN, BA, MJ – New Director of Risk Management at SFGH

BUILDING 25 REQUIREMENTS/PROCESSES

Members were reminded of requirements and processes for training physicians for the move into Bldg 25. A two-hour provider specific (tailored to physicians) super user training has been developed and will need to be completed by the Departments' identified DTEC's (Development Training and Education Coordinator) or Superusers.

INCOMPLETE MEDICAL RECORDS

Dr. Marks alerted members about the significant increase in delinquent electronic medical records since the successful close out of 17,000 open medical records during the transition from ICD9 to ICD10 last month. As a corrective action plan, Dr. Marks announced that effective January 2016, the list of physician names with delinquent medical records (meaning unlocked or delinquent electronic or paper records for more than two weeks) will be sent to the Medical Staff Office. The Medical Staff Office will then send the list to Service Chiefs, with a three day deadline for resolution. It will be the Chief's responsibility to notify the Medical Staff Office once the records are completed. The Medical Staff Office will send notices of administrative suspension of privileges for providers whose records remain unresolved after the three day period.

GPP/PRIME

Ms. Valerie Inouye and Mr. Patrick Oh provided members with an overview of the five year Section 1115 extension waiver for California, recently approved by CMS. The waiver program went to effect January 1, 2016. Ms. Inouye and Mr. Patrick Oh presented two components of the waiver, the GPP (Global Payment Program) and PRIME (Public Hospital Redesign and Incentives in Medi-Cal). Members understood that the waiver brings new accountability for Medi-Cal on the question of access to care, and of paying for value rather than volume, and recognize the need to further drive changes and implement new approaches to improve health care services in order to avail of funding from these GPP and PRIME.

MATERNAL AND CHILD HEALTH STATEWIDE METRICS

The metrics have been published and will become public on Cal Hospital Compare. SFGH ranked first in VBAC rates and sixth for episiotomy rates and 14th for C-section rates. Members congratulated Dr. Rebecca Jackson for her outstanding leadership of the SFGH OB-GYN Service.

UCSF@SFGH STRATEGIC PLANNING

On Thursday, Jan 17, the initial UCSF@SFGH strategic planning workshop will be held.

LEAN MANAGEMENT AND A3 REVIEW

- DAILY MANAGEMENT SYSTEM TOOLS (Nov Leadership) - **T**he Daily Management System (DMS) tools used by the Nursing Staff on model cell units (5D, OR and PACU) was presented to members. DMS empowers staff as problem solvers, connect daily work and are drivers to achievement of meaningful organizational goals. DMS tools to include the (1) Status Sheet, (2) Daily Huddle and Visual Management and (3) Unit Leadership Team. Ms. Iman Nazeeri-Simmons stated that through continuous improvement efforts, SFGH has developed, and is in the process of implementing a leadership system to ensure alignment of the organization's vision and strategy by: (1) creating a True North and a strategic plan, (2) developing a Daily Management System and (3) promoting problem solving. Ms. Nazeeri-Simmons presented an A3 review (v. 11.0) on "Developing a Daily Management System".
- WORKSHOPS AND A3 THINKING (Dec Leadership) - The Lean Training session focused on how the various improvement workshops and A3 Thinking activities tie to the larger picture of where SFGH is heading. The five key steps that SFGH, as an organization, must accomplish in its ongoing Lean Journey include: (1) Defining where we are going which is our True North (2) How do we get there which is through the strategic deployment and implementation of A3 thinking (3) How do we sustain the gains which is through the Daily Management System (4) Ownership by C-suite (Lean Leaders) whereby all leaders on a daily basis continue to learn, improve, care and engage, with behaviors that exhibit the values of SFGH. (5) Aligning and engaging the physicians. Members were reminded that the whole concept of Lean Management will only work if all physicians are all going in the same direction and doing the same thing. Presented to members was the strategic deployment, which illustrated how the ten Tactical A3's (organization wide plan), unit level A3 (front line problem solving) and multiple (4-8) Unit driver metrics all align vertically to the SFGH's True North, and improve horizontally at the unit level. Members then engaged in "Catchball", which is a bi-directional process of sharing problem solving and inviting questions, feedback, or shared ownership from others.
- ED IMPROVEMENT WORK STATUS (Dec Business MEC): Members were provided updates about the Emergency Medicine Value Stream Map that was presented to members at the October 15, 2015 Combined Leadership and Business MEC meeting. As a continuation of the October Emergency Department's Value Stream Map workshop, back to back workshops were conducted to attack the first part of the future state value stream for ED. These include work on improving:
  -Time from when patients arrive to when they see a provider,
  -Establishing a Fast Track process for the lower acuity (Emergency Severity Index score of 4 and 5 patients, with 1 as the most severe and 5 as the least severe).

  A highly functional team wrote an A3 on improving the ED flow. Over these two workshop weeks, the team developed a Fast Track process, and wrote 25 standard work processes for physicians, MEAs, and RNs. Throughout the workshop, the standard work and processes were piloted and refined in the ED. This involved changing triage process, and establishing a Fast Track process in the current ED location during the hours that the pilot is live. Results by the end of the pilot week indicated that for lower acuity patients, the time from patient arrival to discharge from ED went from 4.5 hours to 60 minutes. During the time the pilot was in place in the ED, the rate of patients who left without being seen (LWBS) went from 8% to 0%. The pilot process requires putting resources in the ED, including

physician coaches and coaches for nurses and MEAs during the rollout process. For the first two weeks, the pilot is live from 9:00 AM to 3:00 PM, and after the holidays, will increase serially to 9:00 AM to 5:00 PM. Once stable, the pilot will then move to nights. This will be the first of several upcoming workshops to address areas for improvement in the current space, before moving to Building 25. Dr. Marks pointed out that this transformational change occurred because of the implementation of standard work, processes and accountability, which were not in place before in the ED. The next step listed in the hospital's tactical A3 is a countermeasure aimed to improve patient flow on the hospital inpatient services. Members are called upon to support and engage in the forthcoming Inpatient Flow Value Stream which will be launched the week of January 25, 2016. Value Stream Mapping work will be sponsored by Dr. Todd May and Ms. Terry Dentoni. Parallel improvement work in the inpatient flow will be critical, as ED continues to improve and facilitate a faster rate of patients ready for admissions.

- HOW WE ARE USING LEAN TO IMPROVE HOSPITAL FLOW (Jan 2016 Leadership MEC) - Dr. Marks gave a presentation on how the hospital is using Lean to improve hospital flow to date. Included are the following:
  -Review of how Lean tools have been used to drive hospital flow improvement -
  -Story about an Admitted patient's experience in the ED while waiting for a hospital bed, as told by Dr. Jeff Critchfield
  -Upcoming work to improve hospital flow (Launching of Inpatient Flow Value Stream)
  -Reflection on the importance of this work and members' roles
  Dr. Marks reviewed the following tactical and operational A3's with members:
  -Optimizing Patient Flow throughout SFGH
  -Roadmap to a Safer, more compassionate and more efficient ED
  -ED Flow
  -ED Kaizen Workshop 1 "Front End Flow" -Focus on "Front end Flow and Lower Acuity Patients (ESI 4 and 5)
  Changes in the ED that were designed and piloted through a series of Plan, Do, Study Act Problem Solving has resulted in significant and transformational improvements in several measures: Lead Time for ESI 4/5 patients, Time from Greet to Access, and LWBS. ED will continue with the Fast Track process for ESI 4/5 patients, increasing hours to 7PM and then 10PM. Next improvement workshop for ESI 3 patients (which accounts for 50% of patients) is planned for Feb 8-12, 2016.

SERVICE REPORTS:

- ANESTHESIA CLINICAL SERVICE REPORT- Dr. Jim Marks presented the Anesthesia' biennial report to MEC. The report focused on how the Anesthesia Service is using Lean Management and the Daily Management System (DMS) to transform the Service and the care provided to SFGH patients. The report included details on how the DMS tools (Performance Huddle, Leadership Team, Status Sheet) are utilized in the Anesthesia Service, and the positive results achieved to date. Members agreed that Lean Management System is transformational and provocative, and joined Dr. Marks in acknowledging and thanking Ms. Iman Nazeeri-Simmons for bringing Lean Management to SFGH.
- MEDICINE CLINICAL SERVICE REPORT - The Medicine Service report highlighted the following: (1) Mission, Vision and Values (2) Organization and People (3) Budget (4) Clinical Services and Performance (5) Educational Activities (6) Research Activities. Goals include: Innovate and improve quality, safety and efficiency of patient care; Improve communication and collaboration; Ensure economic stability programs; create the best

training programs and internists; Recruit/retain best and brightest of faculty trainees and staff; Strengthen research infrastructure and physician scientist, advance philanthropy. Challenges include: Healthcare uncertainties, achieving high performance, integration and efficiency in both outpatient and inpatient services, generating clinical and operational data in a timely fashion for feedback on performance, lack of enterprise EHR, managing fluctuation, Medicine and ICU Services, maintaining balance of resident service vs education, space and infrastructure, and physician burnout. Future Action Plan include: continue to align goals with SFHN, and parent DOM and UCSF, work collaboratively and foster partnerships with other Services, create a department of 500 problem solvers, moving beyond physician engagement to demonstrable results, improve performance in ambulatory care, work with hospital to improve EHR, data systems and ensure access to available data in specialty and primary care, recruitment (Chief, Division of Hospital Medicine and Hematology Oncology Division), generate funding for physician scientists, clinical and academic space for recruitment and retention of outstanding faculty and staff.