

HOSPITAL HEALTHCARE UPDATE REPORT
Presented to the JCC-ZSFG on July 26, 2016
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1 LEAN TRAIN THE TRAINER

ZSFG’s third cohort of lean certification training began in June, and will parallel the education track for our current certified leaders called “Train the Trainer”. This certification program is designed to train and coach existing lean certified leaders to become master trainers in the lean curriculum.

Throughout this year, our certified leaders will review and observe teachings of the different curriculum modules. This group will then teach the next lean certification cohort with coaching support and guidance. Finally, this group will become fully certified as master trainers, allowing us to teach this material and certify future lean leaders internally for the first time ever. Eventually, our goal is for all of our leaders to become certified in performance improvement work. Train the trainer is an important step towards achieving that goal.

2 EMERGENCY DEPARTMENT IMPROVEMENT (KAIZEN) WORKSHOP IN BUILDING 25

During the week of June 27th, the Emergency Department (ED) team held their first Improvement (kaizen) workshop since moving into Building 25. The team focused their improvement efforts around acuity-based flow, team-based care, and how to best optimize their new space to provide compassionate care for our patients.

The Emergency Department aimed to decrease excessive lengths of stay for moderately ill walk-in patients, which averaged 353 minutes during observation periods, to 210 minutes. Moving forward, ED developed additional standard work and will adopt a team-based care approach to serving patients, with nurses designated to specific patients and localized to organized zones, as well as the use of a flow nurse, in order to promote efficiency, safety and patient visibility.

Congratulations to the team on a successful week-long improvement event!

3 ICARE WORKSHOP COMMENCED AT ZSFG

The ICARE workshop curriculum and workshops commenced in April 2016 with the Executive Team as the first cohort. The purpose of ICARE is to introduce ICARE (Introduce-Connect-Ask-Respond-Exit), a service framework based on our values that guides our interactions with patients, their families, and colleagues.

This work aligns with our Care Experience True North strategic goals as we aim to nurture the spirit that inspires people to do this work and contributes to patients' health and well-being across the continuum of care.

The objective of the workshop is for staff to understand the shared responsibility of improving patient and staff experience, learn how to align behaviors with ZSFG's service expectations through ICARE framework, be able to identify how ICARE relates to individual unit/department(s) and understand how to implement this service framework to help achieve an optimal patient and staff experience, and incorporate ICARE into Leader Standard Work

Many thanks to Aiyana Johnson, Jeff Critchfield, and Brandi Frazier for developing the curriculum and leading these workshops.

4 RISK MANAGEMENT WEEK CELEBRATED JUNE 20-24

ZSFG celebrated Healthcare Risk Management Week during June 20-24, 2016. This annual campaign from the American Society for Healthcare Risk Management raises awareness about the critical role healthcare risk managers and safety professionals play in patient safety,

patient care practices, quality assurance, safe work environments, and liability. It also promotes solutions to help prevent some of the most common patient safety events. This year's theme, "Making a World of Difference," also recognizes the impact that health care risk managers have on health care. Together healthcare risk managers are Making a World of Difference in health care, advancing patient safety, reducing uncertainty and maximizing value.

We are extremely proud of how our entire staff works every day, along with our Risk Management professionals, to ensure our number one priority of patient safety. We recognize the important role each employee plays in promoting safe and trusted healthcare. As we celebrate this special week, we applaud everyone's safety efforts.

5 THE NATIONAL DAY OF ACTION: FAMILY SIT-IN TO DISARM HATE WITH CONGRESSWOMAN NANCY PELOSI, CONGRESSMAN MIKE THOMPSON, AND BAY AREA MEMBERS OF CONGRESS

To highlight the National Day of Action on Gun Violence Prevention, Bay Area Members of Congress, Nancy Pelosi, Eric Swalwell, Mike Thompson, Mike Honda, Barbara Lee, Jerry McNerney, and Brad Sherman, and survivors of gun violence held a press event on Wednesday, June 29 at 1:00 p.m. PT at the Zuckerberg San Francisco General Hospital and Trauma Center.

The National Day of Action: Family Sit-In to Disarm Hate comes after House Democrats held a historic "No Bill, No Break" sit-in on the House Floor to demand action from Speaker Ryan and House Republicans. During this powerful event that included over 300 individuals and families, many of whom had been personally impacted by gun violence. The attendees encouraged Congress to confront gun violence by allowing a vote on "No Fly, No Buy" and legislation to strengthen background checks.

6 OFFICE BASED OPIATE TREATMENT PROGRAM SURVEY

On June 21 and 22, 2016, one surveyor from The Department of Health Care Services (DHCS) conducted our annual Office Based Opiate Treatment Program (OBOT) survey, and concluded without any findings. He continued to conduct site visits at the CBHS Pharmacy, Tom Waddell Health Clinic, and Potrero Hill Health Center.

Congratulations to the OBOT Program Team for another successful survey!

7 PATIENT FLOW REPORT FOR JUNE 2016

Attached please find a series of charts depicting changes in the average daily census.

Medical/Surgical

Average Daily Census, including Well Babies, was 206.61 which is 106% of budgeted staffed beds level and 82% of physical capacity of the hospital. 9.20 % of the Medical/Surgical days were lower level of care days: 0.95% administrative and 8.24% decertified/non-reimbursed days.

Acute Psychiatry

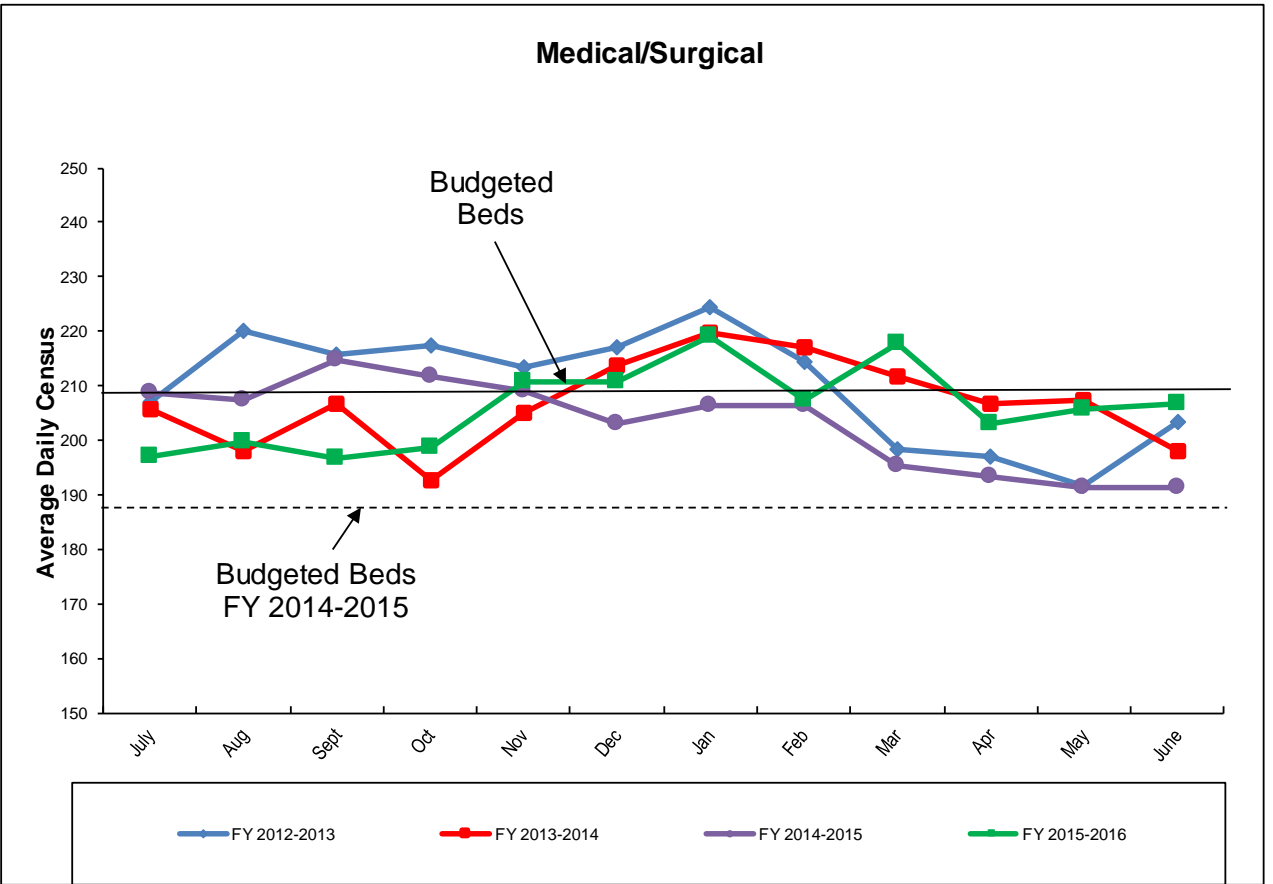
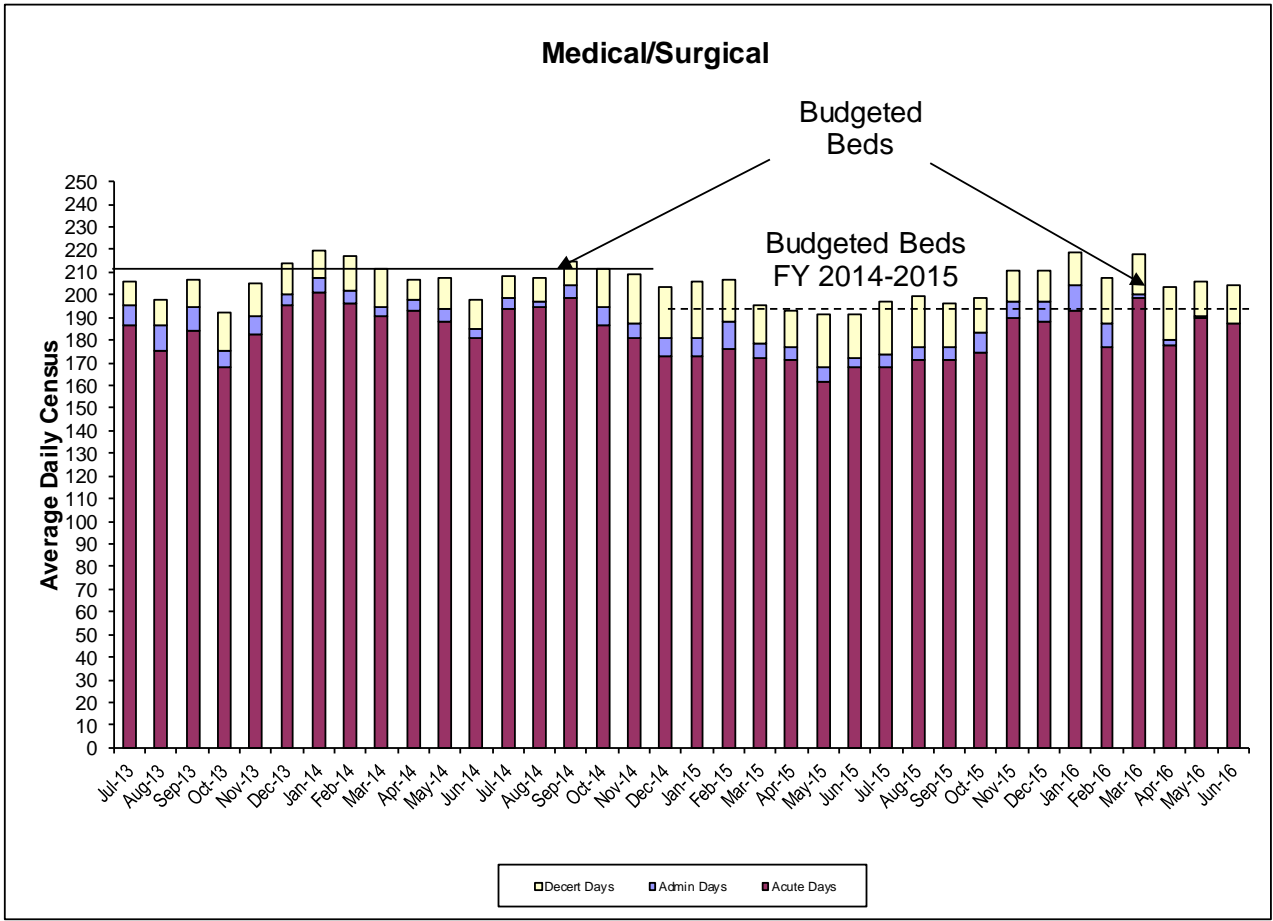
Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.50, which is 98.9% of budgeted staffed beds and 64.9% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.6, which is 80% of budgeted staffed beds (n=7) and 46% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 85.21% non-acute days (84.29% lower level of care and 0.92% non-reimbursed).

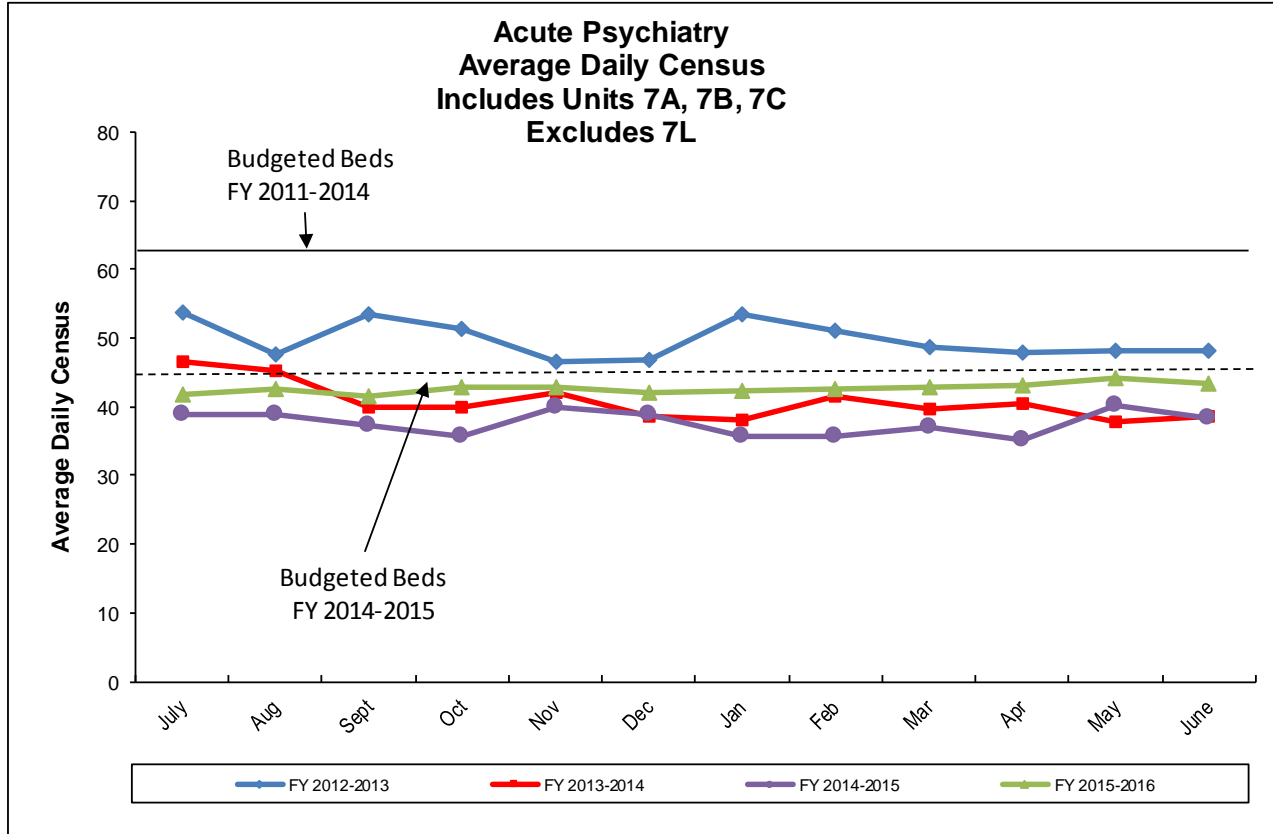
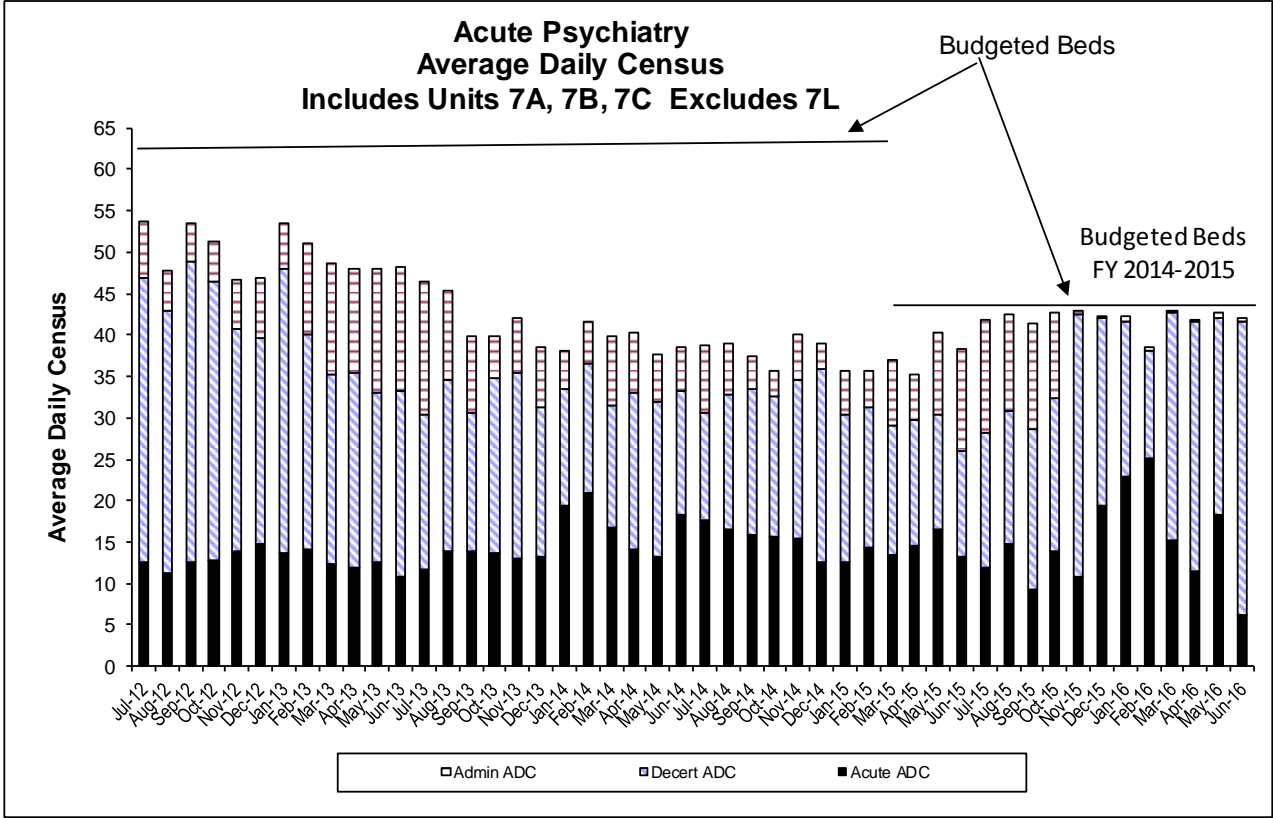
4A Skilled Nursing Unit

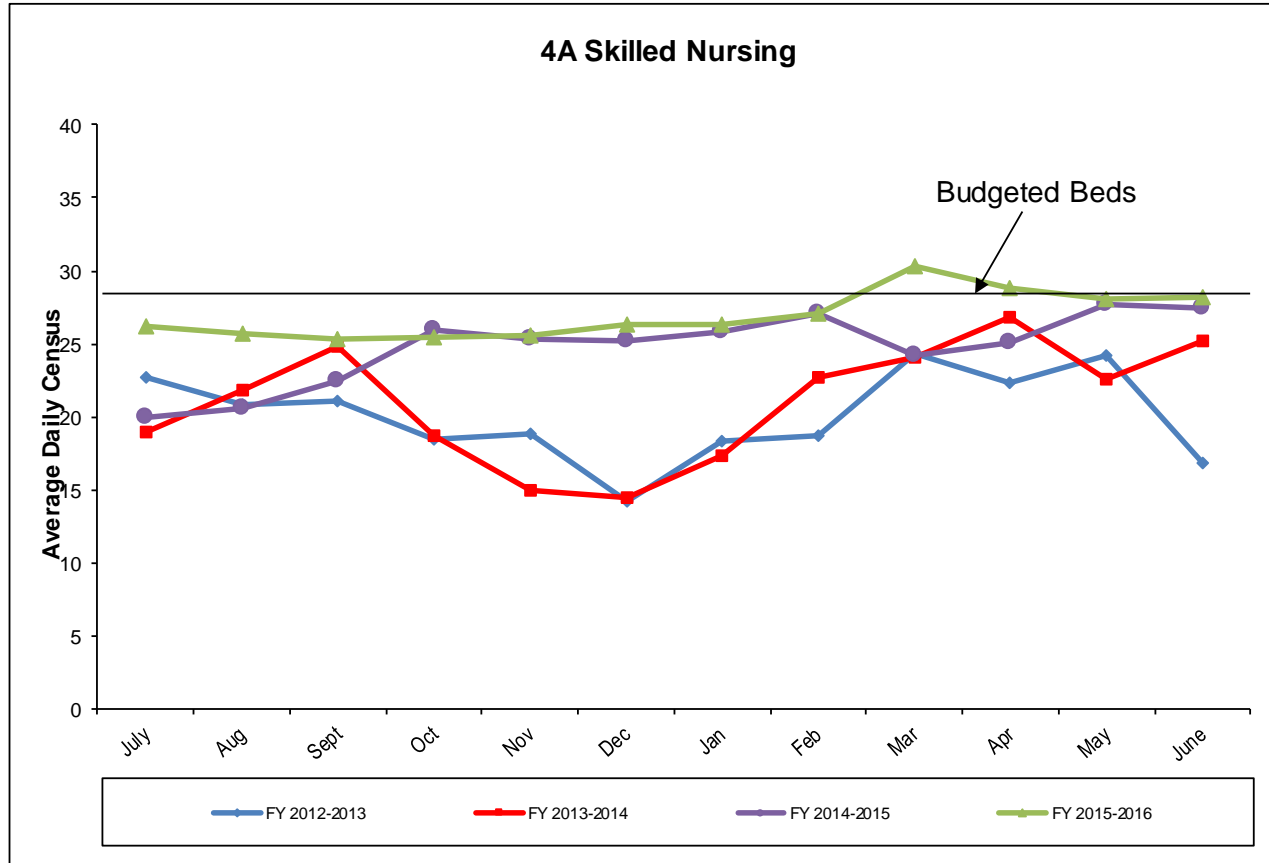
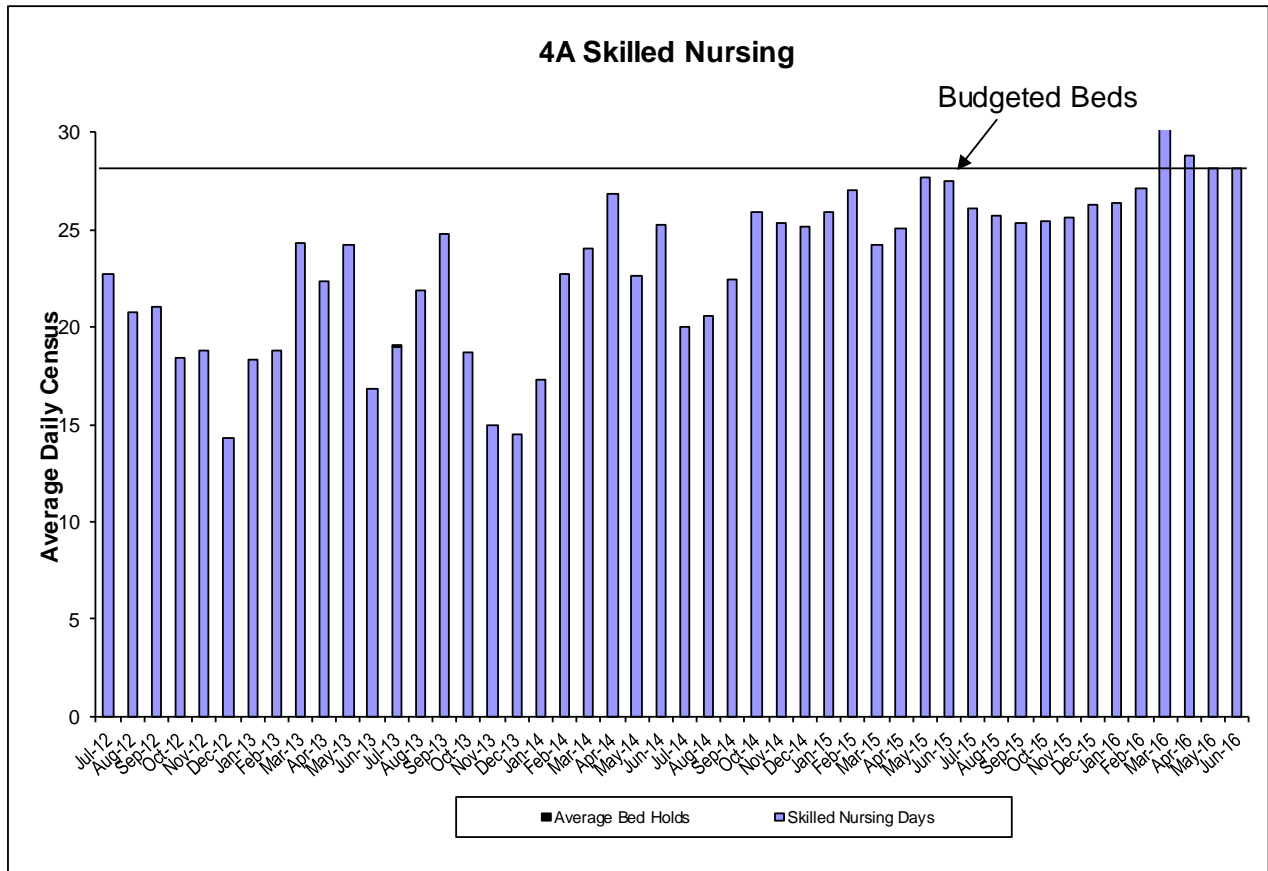
ADC for our skilled nursing unit was 28.17, which is 100.6% of our budgeted staffed beds and 93.9% of physical capacity.

8 SALARY VARIANCE TO BUDGET BY PAY PERIOD REPORT FOR FISCAL YEAR 2015-2016

For Pay Period ending June 17, 2016, Zuckerberg San Francisco General recorded a 1.91 % variance between Actual and Budgeted salary cost – actuals were \$253,519 over budget. For variance to budget year-to-date, San Francisco General Hospital has a positive variance of \$3,597,815 /1.1%.







Variance Between Salary Expenditure and Budget by Pay Period (PP) and Year To Date (YTD)

