ZSFG CHIEF OF STAFF REPORT Presented to the JCC-ZSFG on July 26, 2016 (07/11/16 Leadership MEC and 07/21/16 Business MEC)

AWARDS/RECOGNITIONS/APPOINTMENTS

"Values in Action" Award –

The "Values in Action" Award recognizes a Zuckerberg San Francisco General Hospital leader who demonstrates the hospital values of learn, improve, engage and care. For this month, the "Values in Action" Award was presented to Dr. Hemal Kanzaria, Emergency Department, by prior awardee, Dr. Mary Mercer. Dr. Kanzaria is being recognized for his dedication and commitment to the ED improvement work, and his steadfast coaching to maintain improvements in patient flow at ZSFG. Dr. Kanzaria, through his collaborative work with the Nursing Staff and other disciplines, was instrumental in the development and implementation of a Fast Track system in the ED for low acuity patients. Dr. Kanzaria is also working with the San Francisco Health Network, where he is the Director of a multidisciplinary team involved in work to improve whole-person care for high-utilizers of health, behavioral and social services. Dr. Kanzaria's expertise in access to care has been very valuable in improvement work to increase the delivery of high-value care across the network. Dr. Marks commended Dr. Kanzaria's critical contribution to the development of a fast track system for low acuity patients (ESI 4 and 5) in the ED. The system has reduced the wait time for ESI 4 and 5 patients by an hour from a baseline of over three hours. The LWBS (Left Without Being Seen) rate in the ED has substantially decreased from a baseline of 8.3% in FY14-15 to below the target rate of 6% for the current fiscal year and below 4% in the last three months. This highly impactful work has been sustained on a monthly basis through the critical engagement of ED staff, under the outstanding leadership of Dr. Kanzaria, Dr. Mercer and Dr. Singh. Members congratulated Dr. Kanzaria for the well-deserved commendation.

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW

Lean Management Education/A3 Review-

Dr. Albert Yu, MD, DPH, DPH Chief Health Information Officer and Lead Physician Executive in the DPH-APeX Electronic Health Record Plan, presented a tactical A3 Review, titled "Realizing Value with Right Information, Every Time, Anywhere", which focuses on the implementation of a DPH Enterprise Medical Record over the next few years. Dr. Yu presented each element of the A3, including its background (reason for choice of EPIC, key elements to successfully implement a unified EHR), current conditions, and problem statement, which is "The lack of a unified EHR that currently puts DPH and SFHN at risk because of fragmented care models, unreliable processes, challenging communication channels, scant analytics, effective data governance, disparate clinical systems, and an impending deadline to replace multiple end-oflife systems". Dr. Yu outlined the goals and targets, analysis (barriers to right information, every time, anywhere), and proposed countermeasures.

Dr. Yu informed members that currently, all efforts are concentrated on securing a contract with UCSF to install, optimize and maintain DPH-APeX that is within proposed budget and timeline by December 2016. Ongoing follow ups are biweekly A3T status update to DPH Executive Cabinet meetings and SFHN Executive Leadership meetings, and biweekly status updated from project initiation phase consultant (Gartner) to IT and Health Informatics Executive Team. Dr. Yu pointed out that if there is a No-Go recommendation for APeX adoption by October 2016, alternative strategies will be assessed.

Dr. Yu provided updates about ongoing negotiations with UCSF regarding the APeX contract, and is hoping that UCSF will be able to present its contract proposal to DPH by the end of September. Final contract approval is targeted by the end of the year, in order to meet the "Go live" deadline in late 2018. Industry and Epic standard for a typical EHR implementation cycle is 18 to 24 months, but DPH is pressured to expedite the timeline due to anticipated contract expirations of multiple applications over the next few years,

including some applications which are at risk of decommissioning by vendors all together. More updates will be provided to MEC on a monthly basis.

EHR implementation will come with extraordinary challenges, financial, operational, and technical. Members acknowledged that every single faculty or staff who works at ZSFG will need to be prepared and focused on the significant amount of work that will be needed to execute EHR over the next two or three years.

SERVICE REPORT:

<u>Pediatrics Service Report</u>– Elena Fuentes-Afflict, MD, Service Chief The presentation included the following highlights:

- Mission Statement To provide quality health care and trauma services with compassion and respect to children, adolescents, and their families, to educate students, residents, and other trainees to provide outstanding care to underserved patients, to undertake scholarly work to address the health and health care challenges of underserved children and families, and to serve as leaders and advocates for children and families, pediatricians, and trainees.
- Scope of Services Hospital-Based (Infant Care Center, Inpatient Unit) and Ambulatory-Based (Children's Health Center). Volume statistics on Deliveries by year 2005-2016, Pediatric Admissions per Year July to June by Service, and Ambulatory Care Visits (By type and Year 2014-2016) are included. Dr. Fuentes-Afflick also highlighted the Multidisciplinary Assessment Center (MDAC a special unit within the outpatient service and the only one in the city where a child with developmental concerns can undergo, in one place, comprehensive evaluations and limited treatment services by developmental pediatricians, generalist pediatricians, and occupational/speech/physical therapists), and the Nocturnist Program (Started July 1, 2016, the program provides 24/7 attending in house, with focus on the nursery for the first three months, and thereafter will expand to the entire scope of pediatric services).
- Structure of the Department, Faculty and Staff Generalists, Neonatologists, Leadership Roles, Organizational Roles, Awards and Honors, and Specialists. Dr. Fuentes-Afflick expressed pride in the diversity among faculty at ZSFG and noted that 70% of all Pediatric faculty members are female.
- Educational Program/Training Program/Teaching Conferences Consistent high ratings for the Pediatrics clerkship.
- Performance Improvement and Patient Safety Improvement work and patient safety activities have focused on the following areas: cycle time, appointment show rates, fluoride varnish for 18 months to 6 years, and documentation of newborn exam.
- Research Asthma, Developmental Pulmonary Biology, Health Disparities, Medical Education, Neonatal Resuscitation and Oral Health
- Financial Report \$6.4M Total Revenue 2015-16, 11% Collection Ratio (most of the Pediatric patients are Medi-Cal).
- Strength: Integrated, creative, high-functioning leadership team, "Deep bench" of talented faculty members and dedicated administrative staff.
- Challenges: In the clinical areas Low MediCal reimbursement, deliveries and inpatient admissions are unpredictable, high outpatient volume but not related to revenue, and limited space for outpatient activities. Other challenges are competition with the Benioff Children's Hospital, and Medical education assessments (allocated funding support to the Department's educational program).
- Goals: 2016-2017 goals including: successful implementation of the Nocturnist Program, Inpatient (increase the number of deliveries), Outpatient (implement Pediatric Behavioral Health Integration), Effectively partner with Pediatrics ED and Improved access to care and patient satisfaction), Academic goals (increase scholarly work, and identify new collaborators).

Dr. Fuentes-Afflict expressed pride in the work undertaken in the Pediatric Clinical Service, and ended the presentation with a review of the Service's mission statement, which was re-affirmed by the Pediatric faculty and staff at its faculty meeting last month.

A discussion ensued regarding concerns about the decreasing number of deliveries per year, and the projected 1064 deliveries for the current year. This decreasing trend will potentially adversely impact the Service's provision of care, clinical competency and financial status. Reasons for the decrease are unclear (no data available), but action plans are being undertaken to reach a target of 1200 deliveries in a year, a goal set by the OB-GYN Service and agreeable to the Pediatric Service.

Members thanked Dr. Fuentes-Afflick for her excellent report and outstanding leadership, particularly in the implementation of the Nocturnal Program which is a critical quality of care component in the hospital's care delivery system.