**ZSFG CHIEF OF STAFF REPORT**
**Presented to the JCC-ZSFG on April 25, 2017**
**(04/10/17 Leadership MEC and 04/20/17 Business MEC)**

## ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW:

Tactical A3: Ensuring Flow and Access

Dr. Jim Marks and Dr. Todd May presented to MEC the Tactical A3: Ensuring Flow and Access. Problem statement for the tactical A3 indicted that poor flow of patients throughout ZSFG result in long wait times and poor access to healthcare for our patients negatively impacting all True North Pillars. The tactical A3 included two additional documents, Current State and Future State, as defined by a series of mathematical equations relating capacity need to volume and LOS. An excel spreadsheet model with these parameters and how they are linked was developed. The spreadsheet illustrates the impact to the future state of changes made to any of the parameters. The spreadsheet also allows identification of pressure points that need to be moved in order to achieve patient flow. The executive summary of the tactical A3 included the following:

CURRENT State (based on data in January 2017):

- Inpatient Stays – Capacity of 164 beds, 102 beds Medium Stays in Med-Surg, 54 beds Short stays, and 39 LLOC patients. There were 33% short stay/potentially avoidable admissions on average, and a 28 bed deficit, resulting in admitted patients boarding in the ED and PACU.
- Emergency Department – Capacity of 59 beds. 24-30 beds high and moderate acuity, 10-12 beds low acuity, 19-30 beds occupied by boarding admitted patients. There were 6.6% of patients who LWBS and an overall 13 bed deficit resulting in a 67% diversion rate.
- Point of Entry – 166 Walk-ins, 48 ambulances

Countermeasures: Dr. Marks presented four countermeasures that will be deployed to reach the desired future state:

- Reduce and maintain lower level of care (LLOC) patients to < 10
- Lower short stay Hospital Admits by establishing a CDU/Observation Unit
- Divert 26 ESI 4/5 patients/day from Emergency Department to Urgent Care Center, Primary Care or Telehealth.
- Lower Emergency Department length of stay for non-fast track patients.

FUTURE State: The projected numbers resulting from these countermeasures showed the following Future state projected for January 2018:

- Inpatient Stays – Capacity of 164 beds, 136 beds for Medium Stays, 7 beds for Short Stays, and < 10 Lower Level of Care. Projected 4% Short Stay/Unnecessary Admissions and 11 Bed Excess. ED not backed up. LLOC patients placed and 8 patients in Observation Units.
- Emergency Department – Capacity of 59 beds; 25-27 High and Moderate acuity, 4-5 Low Acuity, and 7-9 Admitted Patients. Projected 3.0% LWBS and 19-23 Bed Excess. Diversion at 30%, Divert 26 ESI 4/5 patients to Urgent Care/Primary Care.
- Point of Entry – 158 Walk-ins, 57 ambulances

Dr. May discussed details of the Executive Summary diagram for the four countermeasures, including root causes, immediate short-term action plan, and targeted milestones for the following periods: 1-3 months, 3 month milestone, 3-6 months, and 6-12 months. Dr. May explained that A3 thinking reviews are being developed for each of the countermeasures. Dr. May pointed out a common theme in the diagram, which is, patients are receiving care at the wrong place resulting in back up of patient flow. Dr. May recognized that the goals are ambitious, and that a lot of work needs to be done in the hospital's internal processes. Additionally, more engagement with the network and the City leadership will be critical to address patient outflow issues. Dr. May informed MEC that the executive team undertaking that A3 reviews is focused, and meets every Monday to review progress on all four countermeasures.

EHR Plan and Clinical Leads

The Enterprise EHR is another tactical A3 of the hospital. Dr. Todd May introduced the clinical informatics leadership team, Dr. Albert Yu, SFDPH Chief Health Information Officer, Dr. Rajiv Pramanik, ACHIO for ZSFG, and Lori Wallace, Project Manager for EHR. Advance planning is being undertaken now even if actual work is expected to commence in 2018 because the academic year 17-18 falls over that time period. Service Chiefs will need to plan ahead on the budget and staffing. The brief overview included the following:

- Best Estimate Timeline- Dr. May explained that this is contingent on contracting and other factors, although work for the rest of this year is primarily on vendor selection and contracting. Once the contract is finalized, work will start January 2018 with design and build phase, followed by validation, training, and go live dates in three waves. The focus now is the first part of 2018 and physician leads for the project will need to be identified.
- Vendor – The vendor is still unknown at this point, and many details are contingent on the specific vendor. However, Dr. May emphasized that planning must start now. Clinical domains are dependent on eventual vendor and are based on assumptions that may change after August when the contracted vendor is announced. Members were reminded not to talk about the vendors, selection committee, etc.
- The Ask – For now, Service Chiefs are asked to identify Clinical Champions, back up Champions, and backfill clinicians. Multidisciplinary areas, like Surgical Specialties, must reach mutual agreement on who those representatives will be.
- Provisional FTE Support – Dr. May explained that the FTE support may seem small, but they are for compressed periods of time, not all year. Experiences at UCSF, Contra Costa and other health systems have carefully been considered. The goal is to install the reference model as best as possible to get everyone onto the system, then allocate resources to optimize. Dr. May pointed out the need to conserve resources for the optimization phase. Champions from all disciplines will work together with informatics as a team. Dr. May stated that this is the best estimate today, and adjustments will be made as needed.
- Champions – Dr. May emphasized that champions must have big picture perspective, not service specific interest. Especially for multi-specialty service lines or domains, the designated Champions must represent all Clinical Services' needs and interests.

**SERVICE REPORT:**

Dermatology Service Report– Toby Maurer, MD, Service Chief

Dr. Maurer first thanked members for their support throughout her 25 years of service as the Dermatology Service Chief. Dr. Maurer expressed gratitude and pride in the opportunity to work with MEC members and the medical staff who are continuously engaged in innovative programs and quality improvement activities. The report outlined the following:

- Volume Statistics – 9500 total live encounters per year (21,000 wRVU's), 8650 outpatients, 500 surgeries, 250 inpatient. 5200 teledermatology encounters.
- Scope of Services – Dr. Maurer presented the Service's weekly schedule to include clinical work in the following areas: General Outpatient Clinic, Continuity Clinic, HIV Clinic on Ward 86, Pediatrics Clinic on 6M, LHH, Surgery Clinic, Rheumatology/Dermatology Clinic, Hair/Nail Clinic, Ultraviolet Light Therapy, Inpatient/ER coverage, and Teledermatology. Dr. Maurer was pleased to report that Dermpath is back at ZSFG
- Faculty and Staff – – Dr. Maurer highlighted recruitment of the Service 4th faculty, Dr. Aileen Chang. Dr. Chang will lead the work in the development of Dermatology's inpatient services starting in October 2017.
- Teledermatology – All referrals are teletriage consults from CHN and ZSFG clinics. To date, all CHN clinics are on the system, except Jail, Laguna Honda Hospital and PHP. 75 % of consults have been successfully treated by primary providers with derm guidance. 255 were seen in live clinics. Wait time has been reduced to six days from 120 days. Dr. Maurer discussed plans to set up telederm with faculty at AIIMS (All India Institute of Medical Sciences) in New Delhi, and Eldoret, Kenya and their CHN through AMPATH.

- Research –Domestic and International Research programs. Dr. Maurer highlighted a CTSI grant that enabled Laguna Honda MEAs to educate a group in Eldoret Kenya about Kaposi Sarcoma and compression therapy.
- 2 UCSF/ZSFG Dermatology Residency Programs – UCSF/ZSFG Dermatology will be partnering with Markarere University in Uganda and MOI University in Kenya to develop dermatology residency/research programs, and exchange of faculty/residents and medical students. Frist class will start July 2019.
- Committee Work – Full-time faculty are involved in several committee including the American Academy of Dermatology, SFGH and UCSF.
- Faculty Awards
- PIPS- Follow ups for Melanomas, Reduced wait times through teledermatology, TB monitoring on patient on TNF blockers. Med students are also working in a collaborative QI project with Rheum and Derm-bone densities and prophylaxis, teratogenic info and vaccines in patients on immunosuppressives. Goals are to on-board all CHN to telederm, have follow-up/definitive treatment for all cancers, have primary care follow up and linkage into care for all melanoma patients, and follow up for teratogenic risk, bone density and up to date vaccines for all patients on immunosuppressives.
- OPPE
- Goals for 2017 – Recruitment of inpatient Derm hospitalist, integration of junior faculty member with international operations, consolidate faculty, bring back dermpath to ZSFG, expand telederm to international sites, cement international dermatology residency programs, continue domestic and international research.

Members applauded Dr. Maurer for her excellent report and commended the outstanding services, and interaction provided by the Dermatology Service to other Clinical Services. Members also expressed appreciation of the teledermatology services, and its positive impact to the delivery of timely and appropriate care to patients.