ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW:

Hospital Flow
Dr. Marks provided members with a mathematical analysis of the current conditions of the hospital flow, in terms of the capacity in any part of the hospital as a function of the rate at which patients arrive and how long they stay. Since January, the hospital has experienced stress in capacity due to patient surge. January 2017 Data showed the following:

- Dr. Marks highlighted key manifestations of poor patient flow – overcrowding in the ED, ICU, and other hospital units, and increase rate of ED diversions. Factors that adversely impact patient flow include the significant number of lower level of care patients in the hospital, and inefficient discharge processes. Dr. Todd May, CMO, and Ms. Terry Dentoni outlined flow countermeasures in the following areas:
  - Med-Surg Outflow
    - 4A SNF quick turnarounds
    - LHH expediting admissions
    - SFHN Transition Team (Placement) working on finding more beds for difficult disposition
    - Improved weekend/holiday staffing for Utilization Management (UM)/Social Work Services
    - AOD coordinating discharge on weekends
  - Med-Surg Demand
    - Intensive UM review of patients boarding in the ED
    - Preferentially hold anticipated short stays in ED
    - Holding clinic admissions in clinic or 4C when possible until bed available
    - Holding short stay Come & Stay surgical patients in PACU
    - Deferring some Come & Stay cases until census comes down
  - ED Flow
    - Expedited admissions – patient pulled from ED to Med-Surg as soon as bed vacated, boarding outside room until room cleaned
    - EVS focused on bed turnovers
    - Med-Surg RN’s working with patients boarding in ED
    - ED staff working creatively with remaining beds and keeping their flow going for ED patients

Members are encouraged to participate in the daily 9:40AM meetings led by Dr. Todd May and Ms. Dentoni, where the daily patient census status and anticipated flow issues are discussed.

X Matrix
Dr. Susan Ehrlich presented the ZSFG’s X Matrix (presented to the January 2017 JCC) to MEC members.

A3 Review - Halogen
The A3, owned by Roger Mohammed and Kala Garner, is about the multi-year plan to improve Halogen. Halogen completion by all ZSFG and UCSF@ZSFG staff is a Joint Commission requirement. Highlights of the presentation include:

- Problem Statement – In the absence of clean employee data and modules with value added content, the Halogen completion rate for all staff (ZSFG and UCSF) is not 100%.
- Proposed Countermeasures – (1) Developing accountability measures to support completion rates, (2) streamline data inputs, (3) module alignment with regulatory requirements, learning pedagogy and other assignments, e.g. UCSF, DPH, (4) strengthen communication around module assignments. This A3 is expected to improve the performance and experience of members of the medical staff.

SERVICE REPORT:
Anatomic Pathology Service Report – Stephen Nishimura, MD, Interim Service Chief
The report outlined the following:

- **Vision** – Anatomic Pathology Service’s Vision aligns with ZSFG’s True North, with the goal of providing state-of-art diagnostic pathology services delivered in a dependable, efficient, collegial way.

- **SFGH Pathology Scope of Clinical Services** – Surgical Pathology, Cytology, and Autopsy. Pathology Organization – Faculty and Staff

- **SFGH Pathology Residency Program** – UCSF Pathology residency ranked #4 by Residency Navigator (2016-17)

- **PIPS** – Projects in three areas: Consensus Conference for Diagnostic Accuracy/Peer Review, Dedicated FNA clinic space, and Efficiency: Turn-around-times (time from accession to final diagnosis)

- **Research** – Clinical/Translational Research, Basic/Translational Research and SFGH Research Effort.

- **Financial Report**

- **Strengths and Weaknesses** – Strengths include: Mixture of experienced senior and junior faculty and staff, Histology, immunopathology and cytology laboratories on-site, formal and informal partnerships with UCSF to provide expertise in all pathology subspecialties, and exceptional supervisors.

In summary, Dr. Nishimura outlined the challenges, present and future:

- Increasing complexity of data elements in specimen reporting

- Increasing complexity of analysis (molecular, IHC)

- Increasing workload per FTE

- Recruitment/development/retention of academic faculty. Large disparities in academic vs. private practice salaries

- Communication of results to the appropriate provider

- Transfer of electronic pathology reports in the LCR

- Pathology Department not within hospital; distant from OR

Goals for 2016-17 include FNA clinic-Improved patient flow and care experience, hire new faculty members clinician/researcher, and improve quality/safety through consensus conference. Longer term goal is to modernize histology and immunohistochemistry laboratories.

**SPINAL CORD INJURY MULTIDISCIPLINARY GUIDELINES:**
Development for Joint Commission approval for specialty in spinal cord injury acute care