ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

Presentations – Members were given updates on the following:
- Capital Programs Overview – “Building our Future” – presented by Mr. Tosan Boyo, COO
- DPH FY 2017-2019 Budget Update – presented by Ms. Barbara Garcia and Mr. Greg Wagner

ED Workshop Results – Members were briefed about the recent weeklong (May 22-26, 2017) Kaizen Improvement Event focused on Emergency Medicine Consultative Services. Dr. Marks stated that the purpose of this workshop aligns with the hospital’s quality True North Pillar on improving access and flow throughout the organization, specifically around reducing the mean ED length of stay to reduce diversion and the LWBS (Left Without Being Seen) rate.

Dr. Mary Mercer (ED), along with Dr. John Betjemann (Neurology) and Dr. Meir Marmor (Orthopaedic Surgery), presented the results of the workshop. The work of the week started out with observing the consultation process and reviewing existing data. Orthopaedic and Neurology are two of the Clinical Services with the highest number of consultation services in ED. Orthopaedic Neurology, and Emergency Medicine worked together to map the process and identify defects and wastes. The goal is to expedite the ED consultations process by reducing the time a patient waits for a consultation. Improvement ideas include:
- Standard process for paging and communicating a consult (including time-based component for procedures to move forward)
- Improving outpatient scheduling process for follow up appointments for patients with phone numbers (Ortho to start)
- Standardized “external set-up” for ED procedures including ortho carts
- Implement “Mission Stroke Protocol”: external set-up for Stroke activation and CT prep (direct to CT scan from ambulance for stroke)

The next steps will include work to develop and coach standard processes with ED staff and consultation services, test and adjust the new processes, improve data collection on consultation processes, systems factors (diagnostics) and Length of Stay, and Spread (Work to extend the Orthopaedic and Neurology improvement model cells to other Clinical Services will follow).

SERVICE REPORT:

Emergency Medicine Service Report
Dr. Chris Colwell has been the ZSFG ED Service Chief for a year now, and presented the Emergency Medicine’s biennial report. The report outlined the following:
- Mission Statement – To provide quality healthcare and trauma services with compassion and respect 24/7 in the only Level 1 Trauma Center in all of San Francisco and surrounding counties for anyone who comes in through its doors. In 2016, ZSFG ED had a patient volume of is 72,241 and had the highest ambulance volume in the city.
- Faculty – 46 Total Faculty with 29 FTE and 17 half time/per diem faculty. Of the new hires that will be starting mostly in July 2017, half are minority, and 60% are women.
- Residency, Fellowships, Medical Students 60– The ED residency four year program at ZSFG started in 2008. The program now has 14 residents in a year. 71 graduates to date, with 30 % involved in academics.
- Hospital Committees Participation to Medical Staff and Hospital Leadership
- Staff Communication – Monthly faculty meetings, weekly ED Executive meetings with physician and nursing leadership, biannual departmental faculty retreats, annual performance evaluations, biennial OPPE evaluations, email.
Ambulance Volume, Care for Trauma Patients (Activations, Types of Admissions from ED, Top Ten Mechanism of Injury)

- Improvement Efforts, True North Alignment – ED Lean work (Fast Track LOS, LWBT Rate Reduction, ED Diversion, ED Information Exchange EDIE), Airway Management, Pediatric Emergency Medicine, Sepsis, Stroke Care (Implementation of Mission Protocol which is a pre-hospital to CT pathway for stroke patients), Current Projects Initiated in June (PDSA ED to Urgent Care), PDSA ED to PES, Mission Protocol, and CDU Planning), Flow Initiatives

- Patient Satisfaction Data – NRC Picker Survey to discharged patients from the ED has been in place since 07/2014. Return rate is very low. Best scores are in emotional support, patient safety, access to care and information/education. Lowest scores in involvement of family/friends, physical comfort, continuity/transition, and discharge instructions.

- UCSF-ZSFG EMS/Disaster Medicine – ED faculty are heavily involved in the San Francisco EMS leadership.

- Finance - Revenue, Expenses, Pro-Fee Collections

- Faculty Evaluations – In addition to OPPE, ED providers have annual evaluations which include the following parameters: Patients seen per hour and RVUs per hour.

- Research – 21 faculty with 30 separate awards/collaborations from 23 different funding sources; 91% increase in funded faculty from 2008; collaborations in research with over 12 UCSF departments and specialties and entities outside US and CA; WHO Collaborative Center.

- Faculty Awards – Awards at different levels, ZSFG, UCSF, regional, and national.

- Strengths – Faculty and staff who are mission driven and devoted to patients; new facility; the community served (diverse patient population).

- Challenges – Boarding; Divert; Undifferentiated patient population; 24/7 services; Dependency on different staffing resources; ED flow is hospital and campus dependent; Lack of an enterprise EMR; Limited follow up for patients; Adapting to the new space and technology.

- Goals for 2017-18 - Help streamline work flow algorithms for processes that can be controlled (Provider in triage, Provider to patient times, work-up and evaluations, Dispositions); Improve ED flow; Increase patient satisfaction (Patient centered care – LEAN, communication); Increase patient safety (Continue work in other PI projects, Improve communication among care team, Improve multi-disciplinary education); Change culture.

Members thanked Dr. Colwell for his excellent report.