

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on May 23, 2017
(05/08/17 Leadership MEC and 05/18/17 Business MEC)

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

LLOC, CAPACITY AND ACCESS FLOW –

Dr. Todd May gave a presentation about one of the four countermeasures that will be deployed to ensure efficient patient flow and access in the hospital (as discussed at the April Leadership MEC meeting), which is to reduce and maintain lower level of LLOC (Lower Level of Care) patients to less than 10. Dr. May and Ms. Terry Dentoni are the executive sponsors of the A3 on LLOC.

Background:

The rising number of LLOC bed-days continues to adversely impact the hospital's flow and capacity, and contributes to a crisis situation. Dr. May acknowledged that several of the issues are out of the hospital's control, but pointed out the need for the Medical Staff and the hospital's multi-disciplinary teams to improve systems for addressing barriers that are controllable. Currently, there are more than 40 LLOC patients, 2/3 of them are deemed to "lack capacity". When "lacks capacity" triggers conservatorship, the disposition options are limited and patients frequently occupy beds for several months waiting to secure conservatorship followed by long waits for scarce beds. This contributes substantially to the hospital's LLOC bed days and impaired flow problems.

Presentation outline:

Observations:

- All-time high and increasing number of patients labeled as "lacks capacity"
- The term "lack capacity" has become a trigger word from all disciplines without common understanding of the definition or significance.
- Patients labeled as "lacks capacity" are presumed to not be able to return to the community without a legal medical decision-maker prior to disposition. Dr. May explained that this presumption has proven to be false in many cases.
- Patients are handed from team-to-team, typically without reassessment of capacity over weeks to months.

Issues:

- There is tremendous variability in how we make the determination of capacity
- There is not a common understanding of the definition, significance or consequence of this label
- It is a huge deal to determine that a person "lacks capacity" – civil rights are taken away
- There must be a very high threshold for making this determination
- There is a spectrum of cognitive impairment that does not necessarily mean they cannot live in the community (and lack capacity to decide for every aspect of their lives)
- Clinicians who are not well versed on medical decision-making capacity determination over-rely on neuropsychiatric testing (and testing rates have increased substantially over time).
- There are thousands of SF residents who have substantial cognitive impairment and live in the community. Conservatorship should not be imposed on these people when they are admitted in ZSFG.

Way Forward:

- Providers must be more judicious and specific in the use of the term "lacks capacity"
- A rigorous criteria with a high threshold for making capacity determination must be established
- Algorithms and local expertise in the field of capacity determination are available
- A more formalized documentation method around capacity determination is envisioned
- Training tools, and expert consultation to support clinicians will be deployed through development of an A3.

Members had a robust discussion about challenges in the assessment and determination of decision-making capacity. Dr. May stated that leadership from the SFHN, ZSFG, LHH and Placement teams have started meeting every Wednesday to go through each LLOC patient, problem solve and determine dispositions. Members' engagement in the A3 on LLOC will be led by Dr. Jack Chase (Family Medicine) and Ms. Susan Brajkovic (RM) will be crucial in the identification and implementation of quality improvement interventions. Members requested completion of A3 review before the new interns come in June. Dr. Marks stated that the volume of LLOC patients needs to be reduced immediately, and in the meantime, ad hoc conversations with attendings on teams regarding placements that may not be optimal but are sufficient, will continue.

SERVICE REPORT: None