

**ZSFG CHIEF OF STAFF REPORT**  
**Presented to the JCC-ZSFG on October 24, 2017**  
**(10/02/17 Leadership MEC and 10/19/17 Business MEC)**

**ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:**

Improvement Work Update:

Observation Medicine (Clinical Decision Unit - CDU)

Presented by: Brenda Oiyemhonlan, MD, Emergency Medicine

Members were reminded that the creation of the CDU is in line with the hospital's Tactical Flow A3 and one of its countermeasures, which is to reduce the number of short stay hospital admissions. The target is to go live in March 2018.

Dr. Brenda Oiyemhonlan joined the ZSFG Medical Staff in July 2017, and will be the Medical Director of the upcoming CDU unit in the Emergency Department of ZSFG. Having completed a fellowship in Administration at Emory University under the direction of Dr. Michael Ross, who is the Chief of Service for Observation Medicine and Professor of Emergency Medicine at Emory, and who is considered one of the prominent thought leaders in Observation Medicine, Dr. Oiyemhonlan expressed eagerness to use her skills and interest in Observation Medicine science to further the ZSFG vision to develop a CDU. Dr. Oiyemhonlan's presentation outlined the following:

- Current Flow Status – 33 % of hospital admissions have an average LOS of 1.4 days representing potentially avoidable admissions which can be addressed by Observation Medicine.
- Reasons for the proposed Observation Medicine – Improve hospital flow by reducing the number of admissions and increased regulatory scrutiny of <24 hours hospital admits which defines a subset of 6-24 hour LOS patients for the CDU.
- Potential Solutions - Most viable option to address patient flow is to manage short stay patients in dedicated observation units with defined treatment protocols.
- Definition of what Observation Services Are, and Are not
- ZSFG CDU Protocols – Conservative list of treatment protocols that will be rolled out at initial opening of CDU
- Observation Unit Leadership Structure – Leadership components, ZSFG CDU Team
- Metrics – Average daily volume, Average LOS, Occupancy Rate, Admission rate/discharge to home rate, ED boarding time, D2D (Discharge to Departure) time, Ancillary Testing, Return Visits, Sentinel events/adverse outcomes
- CDU Areas of Opportunity – Staffing (24/7 Operations) and Specialty Service Buy-in (Timely Diagnostic Reads, Expedited Follow-up, Care Coordination, and clear protocol on Admissions to the Inpatient Unit should patient not meet discharge criteria).

The ZSFG CDU unit in the ED will have eight beds, and will be supported by Nursing and Advance Practice Practitioners, with ED physician coverage 24/7. The CDU's success will depend upon providers' understanding of the appropriate usage of the CDU, and their ability to stay focused on the specific CDU treatment protocols to determine if patient will require further treatment as an inpatient or can be safely discharged from the hospital setting.

## CLINICAL SERVICE REPORT:

Orthopaedic Surgery Service Report– Theodore Miclau, MD Service Chief

Dr. Miclau highlighted the Service’s Mission (to mend the injured, inspire innovators, and empower leaders to restore lives) and Vision (to provide an interdisciplinary team of physicians, nurses and other health care professionals that deliver the highest level of care for its patients, to improve the outcomes and quality of life for patients in San Francisco and beyond, and to support education, research, and training efforts that improve the care of orthopaedic conditions, and to be a nationally recognized center of excellence for orthopaedic trauma care). Highlights include:

- Service has the highest rate of eReferrals compared to other Clinical Services at ZSFG.
- OI provides additional surgical volume that provides financial support from other hospitals in the Bay Area including St. Luke’s Hospital, UCSF Orthopaedic Institute/UCSF Parnassus Campus, San Jose Medical Center, and LHH.
- SFGH Implant Savings Program which started in 2008 continues to generate savings of approximately \$2M per year to the hospital.
- Usage of the OTI Surgical Training Center for academic courses offered by several UCSF/ZSFG Departments and as an outreach for the community like the OTI Jr. Academy. The Center offers a new program, the UCSF Orthopaedic Residency Core Surgical Curriculum. The program, which is first in the country, involves selection of the 20 most important cases in Orthopaedic Surgery, which residents can practice on cadavers in a two year cycle basis.
- IGOT (Institute for Global Orthopaedics and Traumatology) is OTI’s main international outreach program, and the goal is to teach people how to do research and education in long standing partnerships. The report outlined IGOT’s activities, accomplishments, SMART Courses, Global Partnerships, UCSF/IGOT Resident Electives, and Research Projects.

Goals for 2017-18 include: Develop and promote “UCSF/SFGH Orthopaedic Trauma Institute”, including programs for referrals, outreach, and fundraising, Improve efficiencies across all service lines, particularly the clinic and OR and additional Faculty Recruitments (Trauma + Arthroplasty, Spine, Sports, Hand).

Dr. Miclau identified two major challenges facing the Service:

- Finance - if the Service can continually meet its responsibilities to hired faculty and commitments
- Finding continuous funding for its mission driven activities, including research, in a very difficult philanthropic environment.

Members commended Dr. Miclau for his outstanding presentation, leadership, and entrepreneurial spirit. Dr. Marks also thanked Dr. Miclau for his leadership in the CPG.