

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on August 28, 2018
08/13/18 Leadership MEC and 08/16/18 Business MEC

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

“Building our Future” Presentations – Updates on the capital programs - Ambulatory Center (Bldg. 5) and the UCSF Research and Academic Building, were presented to MEC by Mr. Tosan Boyo and Ms. Margaret Damiano.

CLINICAL SERVICE REPORT:

Neurology Service – J. Claude Hemphill, III, MD, Chief

The report included updates on the following:

- Mission and Scope of Services – Clinical Mission, Clinical Scope, Research Mission and Teaching Mission.
- Inpatient Services – General Ward Services, General Consultation Service, Neurocritical Care Service, Night Resident Rotation
- Outpatient Services – General Neurology Clinics (Venue, Sessions, Staffing for new patient, Staffing for Follow Up), Sub-Specialty Clinics (Epilepsy, Stroke Clinic, Geriatrics Neuro, and Neuroimmunology, Neuromuscular, and LP).
-Since 2016 MEC report, the Neurology Outpatient Services has consistently maintained low TNAA. -The Service also had major improvements in provider presence, integration with outpatient staff and provider morale, largely due to the leadership and commitment of the first dedicated Neurology Outpatient Director, Dr. Alexandra Brown.
- Neurodiagnostic Laboratory Services – EEG, EMG
- Training and Teaching – UCSF Neurology Residents, Outside service interns/residents, Neurocritical Care Fellows, and Medical Students.
-ZSFG Neurology Clerkship is now the best rated clerkship rotation, due to more active interaction by the Service’s Site Education Director with medical students.
- Attending and Staff
- A pilot collaboration between UCSF Memory and Aging Center and the ZSFG Geriatrics, DGIM has been emerging to work on the Geriatrics Neurology Center of Excellence at ZSFG, through a grant from Global Brain Health Institute.
- Performance Improvement Activities – General (Neurology PI Committee, Faculty Meeting, Morning Report, and Professor Rounds), Projects (Mission Stroke Protocol, Maintaining time to next 3rd New Outpatient Appointment, Faculty Development regarding Diversity and Equity).
*-Mission Stroke Protocol is intended to leverage the hospital’s long-standing stroke care excellence for improved streamlined care by collaborating across services: EM, Neurology, Radiology, Pre-hospital. Since institution of the Mission Stroke Protocol, Acute Stroke Door to Needle time for tPA has gone down to an average of 42 minutes from 69 minutes in 2017. Recognizing though that there will always be outliers, the Service continues to improve the percentage of patients treated at an earlier time, with 75% of patients treated within 45 minutes.
-The Service’s Faculty Development on Diversity, Equity and Inclusion is led by Dr. Nicole Rosendale. Dr. Rosendale has an Academy of Medical Educators Innovations Funding Programs Grant, titled “The Equity Literacy for an Inclusive Training Environment (ELITE), and is Vice-Chair of the AAN LGBTQI section.*
- NIH Funded Research Projects (PI)
- Income/Expenses by Fund Source Fiscal 2016-2018
- Assets – High quality mission-driven junior faculty who want to be at ZSFG, Strong ties with UCSF Department of Neurology, Collaboration with other Clinical Services, Grant Support, Collaboration with ZSFG, Quality of UCSF Neurology Residency and Fellowship, and International reputation for Neurocritical Care/Stroke and HIV Neurology Programs.
- Challenges – Outpatient Clinic Infrastructure, Stroke Program, Impact of Parnassus Funds Flow Model, Grant funding (especially federal) increasingly challenging
- The Stroke Program at ZSFG is a high functioning program that is certified as Primary Stroke Center (2nd lowest of 4 tiers). A3 work on how to achieve “Comprehensive Stroke Center Certification” (highest tier) needs to be undertaken in order to retain pre-hospital triage.
- Change in Resident Workforce – Neurology Department (especially ZSFG site) has consistently exceeded resident workhours and received citation/warnings, Received notice in late June that as of July 1, 2018,

Neurology residents would only be allowed to undertake 1 outpatient clinic a week (decreased from 3-4 in previous years), and Neurology residents would only be allowed to cover one inpatient serve at a time. Given one year to “fix the problem” due to planned RRC visit in fall of 2019.

- NeuroICU of the Future –
-H34 in ZSFG, Advanced neuromonitoring and data integration, Precision medicine approach, Focal point for teaching/training staff best practices, Should serve as destination center that highlights ZSFG. Dr. Hemphill acknowledged that this has not been met, but the hospital is close to achieving it.
- GOALS – Re-engineer outpatient Neurology services, Capitalize on existing expertise, relationships with other Clinical Services, and new hospital to implement visionary programs that highlight ZSFG, Fund service using model that incentivizes outstanding faculty to remain at ZSFG, Mentor and support junior faculty towards extramurally funded clinical and translational research, and Enhance philanthropy to realize mission goals.
-Making a robust outpatient program is a priority for the Service, with clinic daily by providers dedicated to outpatient care.

Dr. Hemphill ended his presentation with a slide showing alignment of all activities of the Neurology Service with the hospital’s True North goals. Members thanked Dr. Hemphill for his excellent report, and commended the Neurology Clinical Service, under his leadership, for its outstanding services of residents and faculty to the hospital, and collaborative work with other Clinical Services.