

**ZSFG CHIEF OF STAFF REPORT**  
**Presented to the JCC-ZSFG on July 24, 2018**  
**07/09/18 Leadership MEC and 07/19/18 Business MEC**

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

Department of Care Coordination (DoCC):

Dr. Jack Chase, newly appointed Medical Director of Care Coordination and Ms. Natasha Hamilton, Director of Care Coordination were introduced to MEC. Dr. Chase presented his vision to bring ZSFG into a new era of success, delivering transformative care, safe, patient-centered healthcare of the highest quality, meeting the hospital's population health goals, securing financial stability, improving equity across the system, and developing healthcare providers and staff. Dr. Chase stated that this vision can be achieved by implementing prospective, proactive, client-centered case management system that will come to the clinical teams and provide them guidance and content expertise on where their socially and medically complex patients can get appropriate care when ready to leave ZSFG. Currently, DoCC has two PDSA:

- Daily discharge conversation clinical team dyad (**In Planning**) – Care Coordination RN and Social Worker dyad will conduct daily discharge planning conversations with each clinical team in the morning.
- LLOC daily Management by DoCC triad (**Active and Happening Daily**) – The list of LLOC is reviewed daily by a DoCC triad. The triad will be reaching out directly to attending physicians regarding the care plans for these extremely complex patients.

Positive results have been noted to date, with the hospital's LLOC rate down to 11% from 18%. Both Dr. Chase and Ms. Hamilton solicited members' feedback and/or recommendations, and expressed eagerness to provide clinical teams at ZSFG with better services and improved assistance with patient discharge planning from the Department of Care Coordination. Members expressed their full support to the vision and work of Dr. Chase and Ms. Hamilton.

**CLINICAL SERVICE REPORT:**

Radiology Service Report

Dr. Mark Wilson, Radiology Service Chief, provided updates on the following:

- Scope of Service – Comprehensive provision of diagnostic imaging and interventional radiology services; 24/7 coverage for emergent exams and procedures; Hospital based department; Inpatient IR admitting service; Outpatient IR and spine procedure clinics; Support of vital hospital' services including Stroke, Trauma, Oncology, Women's Health, OR, Inpatient, and Outpatient services.
- Services Provided – Abdominal Imaging, Thoracic Imaging, Neuroimaging, General/OB Ultrasound, Pediatric Radiology, Breast Imaging/Homosynthesis, Musculoskeletal Emergency Imaging, Interventional Radiology, and Neurointerventional Radiology/Stroke Treatment. Each of the services are supported by fellowship-trained specialists.
- Imaging Modalities – Imaging modalities are located in three areas in the campus: Building 5, Avon Center, and Building 25. Most activities are centered in Building 25.
- Leadership Structure, Faculty, Affiliated Staff, 2017-18 Faculty Awards. Full time faculty has increased to 21 since 2006.
- Training Programs – Resident Training, Resident Education Activities and Resources, Fellowship Training (Abdominal Imaging, Women's Imaging, Neuroradiology), Clinical and Teaching Conferences. ZSFG is a vital educational hub for the UCSF Residency Program, which is ranked as the top Diagnostic Residency Program for the last four consecutive years by Doximity and US News and World Report.
- PIPS and Patient Satisfaction- Physician Driven Initiatives and Operational Initiatives to include Physician QA activities, Technologist QA Feedback, Peer Learning, Contrast Extravasation, Critical Results Turn-Around Time, Other Cross-Department Projects, Outpatient Ultrasound TNAA, Current Radiology Outpatient TNAA
- Patient Satisfaction – All modalities have greater than 90% rate of excellence and good.
- Faculty Committee Participation
- EPIC Preparations- Imaging-related Direction Setting Sessions were all attended.
- Communications to Faculty and Staff – Daily Management System in place.
- Research – Major faculty research directions, Funding Sources
- Finances – Funding Sources, FY2017-18 Revenues and Expenses, Investment of surplus funds.

Highlights include:

- Imaging services are in different locations in Bldg.25, in line with the intent to bring services to the patients as

much as possible, as decided during the planning stages for Building 25 eight years ago. Furthermore, the location of an IR suite in the OR has proven to be extremely beneficial, especially with the increasing complexity and volume of interventional procedures performed at ZSFG,

- Volume increases in major modalities were noted since the move to Building 25: 21% in CT, 7.1% in US, 13% in MRI, 5.7% in Plain Film X-ray, 13% in IR, with an overall increase of 7.3% in all modalities.
- In January 2018, UCSF welcomed Dr. Christopher Hess as the new Chairman of the UCSF Radiology Department, to replace Dr. Ron Arenson who had been the Chairman for the last 26 years. Dr. Hess was a resident and fellow at ZSFG.
- Critical Results Turn-Around Time is a resident QA project to increase the % of critical results in ED and inpatients communicated to the patient care team within 60 minutes of exam completion. The Service met its goal of 75% and is currently at 80%.
- TNAA for Outpatient US, CT, MRI are currently on target, < 21 days.

In summary, Dr. Wilson stated the Radiology Service's strengths are the skilled faculty in all areas of radiology, exceptional equipment and program opportunities with Bldg. 25, and strong collaboration between UCSF and DPH. Challenges include maintaining teaching and research priorities with increasing clinical demands. Goals for next academic year include successful EPIC implementation and improved patient satisfaction scores.

Members thanked Dr. Wilson for his excellent report, and his outstanding leadership