

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on June 26, 2018
06/11/18 Leadership MEC and 06/21/18 Business MEC7

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

ZSFG Operative Report - Compliance – Diane Lovko-Premeau, Director of Health Information Services
Ms. Premeau informed MEC that operative reports are required to be dictated immediately following surgery and before patient goes to Post-Anesthesia Recovery Area for continued patient care as required by CMS and TJC. Currently, operative report completion is evaluated at discharge to verify completion, with 50% of OP reports dictated on same day and an overall completion rate of 69% dictated within 24 hours. The current process does not validate compliance for TJC, CMS, or assure documentation is available for coding and revenue cycle. Dr. Marks will initiate changes in the Medical Staff R&R to read that operative reports will be considered delinquent if not dictated within 24 hours (currently state that an OP Note is delinquent five days after discharge). Additionally, record review for operative notes within 24 hours of surgery for dictation/completion will be undertaken by Health Information Management, and notification to applicable departments for completion will be escalated within 48 hours, up to and including suspension. Ms. Premeau also presented interpretive CMS and TJC interpretative guidelines. Members acknowledged the importance of timely operative note documentation in enabling improved quality of care and outcomes by the rest of the care team. Members agreed that a standard hospital wide system for immediate communication of Post Op notes to the care team is necessary.

CLINICAL SERVICE REPORT:

Otolaryngology Service Report– Marika Russell , MD, Service Chief

The report included updates on:

- Departmental Structure and Personnel - UCSF Departmental Structure (Head and Neck and Skull Base Surgery, Otology/Neurotology, Laryngology/Voice Disorders, Facial Plastic/Reconstructive Surgery, Pediatric Otolaryngology, and Rhinology/Sinus Surgery/General Otolaryngology), ZSFG Faculty and Residents, ZSFG Resident Program, ZSFG Call Schedule.
- Clinical Scope of Service – Operating Room, Inpatient Service, Ambulatory Outpatient Clinic, eConsult, Hospital Consultation, Emergency Department, Urgent Care and Laguna Honda Hospital. Volume statistics on ambulatory visits, ambulatory service (outpatient visits and audiology visits), OR procedures, OR volume (minutes, RVU's), OR Cases by Clinical Subtype, OR Cases by Status, and Inpatient Service (Discharges, Hospital Days, Average Length of Stay, Average Daily Census).
- Performance Improvement and Patient safety – Weekly Third Next Available Routine Appointment for New Patients, Operations (% No Shows, Average Cycle Time, Timely eReferral Response Rate, CPG Strategic Reserves Grant: Surgical Wait times), Clinical Outcomes (Post-tonsillectomy Hemorrhage), OPPE, and Administrative Service (faculty committee membership). Education – OHNS Residency Program, Electives in Otolaryngology, ZSFG Primary Care Lecture series, LHH Staff Education, SFGH respiratory Care services outreach, UCSF CME Courses.
- Research – Clinical and Outcomes Research, Transitional Research, Grants
- Finances – OHNS Productivity, Payer Mix FY 16-17 and 17-18, Professional Fee Collection Ratio, OHNS Payments FY 16-17.

Highlights include:

- Addition of two new faculty in the Clinical Service
- Otolaryngology is now a resident-facilitated service, with hands-on management and oversight by attendings on day to day operations and care of patients, including attending presence and supervision in the OR during procedures.
- 100% participation by UCSF OHNS faculty for Faculty Call which is provided 24/7/365.
- Volume of cases handled by the Service has been steady, but cases are now more complicated and complex requiring more OR time.
- Audiology Service at ZSFG is contracted through UCSF Medical Center, and has full clinic schedule 5 days/week.

- Collaborative work with CVP (Center for Vulnerable Population) particularly on ASCENT (Ambulatory Safety Center for Innovation). The focus of ASCENT includes post-treatment surveillance. ASCENT is looking at ways to implement technology into improvement of outpatient safety, and the care of head/neck cancer patients fall under this program.

In summary, Dr. Russell highlighted that OHNS is mission-driven, and is committed to ZSFG True North Metrics. The Service has a strong resident program with ample educational opportunities. OHNS is a stable clinical enterprise, with room for growth in research and education. Additionally, the Service has a financially lean operation and staffing model.

Members commended Dr. Russell's excellent report and outstanding leadership. Members applauded Dr. Russell's improvement work in Otolaryngology that significantly elevated the quality of services delivered to patients.