Ensuring Flow and Access

Todd May & Jim Marks
Ensuring Flow and Access

Flow Tactical A3: We get patients home

Owners/Date: May, Marks, Dentoni, Williams

IV. Analysis

<table>
<thead>
<tr>
<th>Hospital capacity (HC)</th>
<th>ED capacity (EC)</th>
<th>Care in wrong place/time (WPT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not all beds utilized</td>
<td>Not all beds utilized</td>
<td>ED seeing patients who could be seen in urgent care/primary care</td>
</tr>
<tr>
<td>30% - patients with avg. stay of 1.4</td>
<td>Long admission at LOS</td>
<td>UCC seeing primary care patients</td>
</tr>
<tr>
<td>25% - 60% patients 2 days</td>
<td>Long discharge at LOS</td>
<td>No ED/ICU units results in admitted short stay patients</td>
</tr>
<tr>
<td>20% - 90% patients 3 days</td>
<td>Long time for consultations</td>
<td>Large number of boarded patients</td>
</tr>
<tr>
<td>Patients discharged late in day</td>
<td>Limited care coordination and ancillary services after hours</td>
<td>Patients discharged late in day, LLOC patients taking acute care beds</td>
</tr>
<tr>
<td>ED capacity is 58% of the time resulting in ZSF in patients receiving care at other hospitals</td>
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</table>

V. Proposed Countermeasures

<table>
<thead>
<tr>
<th>Cause</th>
<th>Countermeasure</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC, WPT</td>
<td>1. Develop and implement A3 for reducing the number of unnecessary and short stay admission</td>
<td>V. High</td>
<td>High</td>
</tr>
<tr>
<td>HS, WPT</td>
<td>2. Develop and implement care coordination A3 to include reducing the number of LLOC days</td>
<td>High</td>
<td>Mod</td>
</tr>
<tr>
<td>WPT</td>
<td>3. Develop and implement A3 for reducing the number of lower acuity patients seen in the ED</td>
<td>Med</td>
<td>High</td>
</tr>
<tr>
<td>HC, EC</td>
<td>4. Develop and implement A3 for reducing mean ED LOS</td>
<td>Med</td>
<td>High</td>
</tr>
<tr>
<td>L A</td>
<td>5. Define/hire leadership to oversee and coordinate all flow improvement work</td>
<td>High</td>
<td>Med</td>
</tr>
<tr>
<td>IC</td>
<td>6. Define process for acquiring, communicating and using data to drive improvement</td>
<td>High</td>
<td>Mod</td>
</tr>
<tr>
<td>EC</td>
<td>7. Develop and implement A3 for reducing the ambulance diversion rate</td>
<td>High</td>
<td>Mod</td>
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<tr>
<td>HC, EC</td>
<td>8. Develop and implement A3 for identifying and managing acute flow issues (condition yellow)</td>
<td>Med</td>
<td>High</td>
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<tr>
<td>WPT</td>
<td>9. Develop and implement A3 for reducing readmissions</td>
<td>Med</td>
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VI. Plan

<table>
<thead>
<tr>
<th>Countermeasure</th>
<th>Deliverable</th>
<th>Priority</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>A3 for reducing number of short stay admission</td>
<td>A3 with associated plan &amp; resources needed</td>
<td>1</td>
<td>SR &amp; CC</td>
<td>4/01/17</td>
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<tr>
<td>A3 for care coordination/LLOC days</td>
<td>A3 with associated plan &amp; resources needed</td>
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<td>A3 for reducing ED LOS</td>
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<td>TM &amp; JM</td>
<td>5/01/17</td>
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<tr>
<td>A3 for reducing readmissions</td>
<td>A3 with associated plan &amp; resources needed</td>
<td>3</td>
<td>TM &amp; JM</td>
<td>5/01/17</td>
</tr>
<tr>
<td>A3 for managing acute flow issues</td>
<td>A3 with associated plan &amp; resources needed</td>
<td>3</td>
<td>LT &amp; HH</td>
<td>5/01/17</td>
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<tr>
<td>A3 for reducing readmissions</td>
<td>A3 with associated plan &amp; resources needed</td>
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<td>TM &amp; JM</td>
<td>5/01/17</td>
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VII. Follow-Up

1. Quarterly Tactical A3-SR at Exec Cmtee and at JCC
2. Weekly Countermeasure Summary Review at Exec on mean ED LOS metric
3. Define additional follow-up processes as part of 1. Defining leadership and 2. Defining DMS structure
BACKGROUND & PROBLEM STATEMENT

- ZSFG has wrestled with broken flow for many years
- In FY15-15 improving flow part of strategic plan
- Work focused in ED, inpatient units, UCC
- Reduce ED LOS, LWBS, inpt., LOS. D/C by noon, 3 of LLOC patients
- Only goal to hit target was LWBS from 8.3% to 5.9%
- Need to focus on alignment and prioritization

Poor flow of patients throughout ZSFG results in long wait times and poor access to healthcare for our patients, impacting all True North pillars
Current state/Future state
Defined by a series of mathematical equations relating capacity need to volume and LOS

HOSPITAL FLOW: CURRENT STATE JAN 17

Total ED arrival volume = 214 patients/day
Takt time = 1 patient every 5.67 min
Peak 12 hr takt time = 5.8 min

1. Daily ED volume varies by ESI and time of day
   
   - ESI 1/2 = 30%
   - ESI 3 = 38%
   - ESI 4/5 = 32%
   - Walk in = 78%

   Low acuity patients
   ESI 4/5 patients; 71/day

   Arrive by ambulance = 48/day = 22%

   67% Ambulance Diversion

2. Mean ED LOS varies by day with a SD of 40 min

3. Number of boarded patients in the ED varies significantly during the day

Emergency Dept. (Jan 2017 data)
Total ED arrival volume = 214 patients/day
Takt time = 1 patient every 6.7 min; Avg LOS = 353 min
Beds required = 52.7
Peak 12 hr takt time = 1 patient every 5.8 min
Beds required = 61 beds; beds available = 59 = 2 bed deficit

Arrived patients: 34.1/day
Takt time = 42.2 min
LOS = 9.4 hours; beds = 13.4

To be admitted: 34.1/day
Takt time = 42.2 min
LOS = 4 hours; beds = 5.7

Discharged ESII/2/3; 103.3 pts.
Takt time = 13.9 min
LOS = 310 min; beds = 22.3 beds

Discharged ESI/4/5 patients: 64/day
Takt time = 22.5 min
LOS = 180 min; beds = 8.0 beds

Waiting room
14.1 patients LWBS

Discharged = 83%

Inpatient units: Jan 2017 data
Daily admits = 34.1 ED + 2.8 C&S Surg. = 36.9
Takt time = 1 patient every 39 min
LOS = 6.08 days; made up of:
- Med-Surg LOS = 4.81 days
- ICU LOS = 0.69 days
- LLOC LOS = 0.78 days

Unnecessary admissions
33.3% of patients with avg. LOS = 1.4 days

Beds needed = 164 + 28 = 192
Beds actual = 164
Bed deficit = 28!!

LLOC
645 + LGG days/month
= 48 LLOC potential/day

Require placement = 24%

4. LOS varies by discharge destination

Community resources
LHH
4A SNF
Root Cause

Providing care in the wrong place
# Four key countermeasures

<table>
<thead>
<tr>
<th>No.</th>
<th>Root Cause</th>
<th>Countermeasures</th>
<th>Just Do It</th>
<th>1-3 Months</th>
<th>3 Month Milestone</th>
<th>3-6 Months</th>
<th>6-12 Months</th>
</tr>
</thead>
</table>
| 1.  | Non-acute patients occupying acute care beds (preventable hospital bed-days) | Decrease and Maintain lower level of care (LLOC) patients to <10                | • L Holpit devoting substantial time to Care Coordination leadership       | • Develop Operational A3  
  • May/Denton Exec Sponsors  
  • McIntyre/Holpit  
  • Daily accurate data  
  • No. of patients  
  • Discharge destination  
  • Barriers  
  • Next steps  
  • Weekend staffing PDSA | • LLOC A3  
  • Achieve maximum 10 LLOC patients at ZSFG  
  • Analysis of PDSA | • LLOC A3-SR                                                                  | • Maintain maximum 10 LLOC patients at ZSFG (TN goal)                        |
| 2.  | Short stay and non-acute patients admitted to acute care hospital (preventable admissions) | Lower Hospital Admits by Establishing CDU/Observation Unit | • Pilot Flow Director / Coordinator position Jeff S/Terry D | • Develop Operational A3  
  • Dentoni/Marks Exec Sponsors  
  • Malini/Ranji  
  • Visit UCSF CDU--done  
  • PDSA Virtual CDU in ED | • CDU A3  
  • Analysis of PDSA Virtual CDU | • Establish CDU at 6 months                                                                 | • Decrease short-stay admits by > 5/day  
  • CDU utilizes 80% of designed capacity |
| 3.  | Lower acuity patients who could be seen elsewhere are seen in the ED (preventable ED visits) | Divert 26 ESI 4/5 patients /day from Emergency Department to Urgent Care Center or Primary Care | • Meet with Urgent Care and Call Center to discuss capacity and standard work to refer patients from ED (ensure compliance with EMTALA ) | • Develop Operational A3  
  • Boyo/Williams Exec Sponsors  
  • Labuguen/Singh/Ferrer/Day  
  • PDSA Referrals to UCC | • Lower Acuity patient A3  
  • Divert 5 patients/ day to Urgent Care Center or Primary Care  
  • Prepare for UCC move | • Lower Acuity patient A3-SR                                              | • Divert 26 patients/ day to Urgent Care Center or Primary Care |
| 4.  | Admitted patients are boarded in the ED due to lack of hospital beds | Decrease Emergency Department length of stay for non-fast track patients | • Develop Operational A3  
  • Marks/Williams Exec Sponsors  
  • Ortiz/Mercer/Staconis/Holpit  
  • PDSA Hallway Admits: Terry/Todd | • ED LOS Reduction A3  
  • Analysis of PDSA Hallway Admits | • ED LOS reduction A3-SR | • Achieve TN goal for average ED length of stay (275 min) |

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6/20/2018

Zuckerberg San Francisco General Hospital and Trauma Center
TARGET AND GOALS

Mean ED LOS

2018 Scorecard: Hospital Wide Focus
True North: QUALITY Minutes
Measure Of: Baseline
Owner: May, Marks, Dentoni, Williams
Goal Statement: Reduce ED mean length of stay to 275 minutes by December 31, 2018

Target: 275 min

Ambulance Diversion Rate

2018 Scorecard: Hospital Wide Focus
True North: QUALITY Percentage of Time
Measure Of: Baseline
Owner: May, Marks, Dentoni, Williams
Goal Statement: Reduce ED Ambulance Diversion rate to 40% by December 31, 2018

Target: 40%

Number of LLOC patients

2018 Scorecard: Hospital Wide Focus
True North: QUALITY # LLOC Days/month
Measure Of: Baseline
Owner: May, Marks, Dentoni, Williams
Goal Statement: Reduce number of LLOC days/month to 300 by December 31, 2018

Target < 300 days

PRIME Readmission Rate

2018 Scorecard: Hospital Wide Focus
True North: QUALITY Percentage of Readmissions
Measure Of: Baseline
Owner: May, Marks, Dentoni, Williams
Goal Statement: Reduce hospital readmissions rate to 15.04% by June 30, 2018

Target: 15.04%
Averted Admissions & Readmissions

- From Jan-May 2018 ZSFG’s Social Determinants of Health Work has:
  - Averted 115 inpatient “social admissions”
  - Prevented 22 readmissions

Reduced ED Utilization and Inpatient LOS

- Avg ED visits 60 days prior to intervention: 2.40
- Avg. ED visits 60 days post intervention: 2.17
- Avg. IP LOS prior to intervention: 6.2
- Avg. IP LOS post intervention: 5.3
2017 LESSONS LEARNED: Seasonal surging of hospital capacity reduces ED LOS and ambulance diversion

Ambulance Diversion

- **ZSFG**
  - Care Experience
  - Access and Flow (%)

<table>
<thead>
<tr>
<th>FY 15-16 Scorecard:</th>
<th>ZSFG</th>
<th>FY 15-16 Target</th>
<th>Ed Boarding correlates with diversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>True North:</td>
<td>Care Experience</td>
<td>35%</td>
<td>R² = 0.6965</td>
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<tr>
<td>Measure Of:</td>
<td>Access and Flow (%)</td>
<td>18.2%</td>
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<tr>
<td>Owner:</td>
<td>TD&amp;LM</td>
<td>FY 14-15 Baseline:</td>
<td>43%</td>
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<tr>
<td>Goal Statement:</td>
<td>Decrease ED Diversion Rate from 42% to 35% by June 30, 2016</td>
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</table>

- **Bldg 25 move**

Winter 15-16

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<thead>
<tr>
<th>FY 15-16 Scorecard:</th>
<th>ZSFG</th>
<th>FY 15-16 Target</th>
<th>Ed Boarding correlates with diversion</th>
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</thead>
<tbody>
<tr>
<td>True North:</td>
<td>Care Experience</td>
<td>100</td>
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<tr>
<td>Measure Of:</td>
<td>Access and Flow (%)</td>
<td>23.5%</td>
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<tr>
<td>Owner:</td>
<td>TD&amp;LM</td>
<td>FY 14-15 Baseline:</td>
<td>235</td>
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<tr>
<td>Goal Statement:</td>
<td>Reduce Admit Decision Time to ED Departure Time for Admitted Patients from 235 minutes to 180 minutes by June 30, 2016</td>
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</table>

Admitted patient LOS: decision to admit to leave ED

- **ED Boarding of admitted patients**

FY17/18 Scorecard

<table>
<thead>
<tr>
<th>FY17/18 Scorecard:</th>
<th>Hospital Wide Focus</th>
<th>FY 17/18 Target</th>
<th>Ed Boarding correlates with diversion</th>
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</thead>
<tbody>
<tr>
<td>True North:</td>
<td>QUALITY</td>
<td>3</td>
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<tr>
<td>Measure Of:</td>
<td>Number of admitted patients boarding in the ED</td>
<td>73.0%</td>
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<tr>
<td>Owner:</td>
<td>May, Marks, Dentoni, Williams</td>
<td>FY16/17 Baseline:</td>
<td>11</td>
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<tr>
<td>Goal Statement:</td>
<td>Reduce number of boarded patients from 18 to 3 by June 30, 2017</td>
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<th>FY17/18 Scorecard:</th>
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<th>FY 17/18 Target</th>
<th>Ed Boarding correlates with diversion</th>
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<td>True North:</td>
<td>QUALITY</td>
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<tr>
<td>Measure Of:</td>
<td>Number of admitted patients boarding in the ED</td>
<td>73.0%</td>
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<td>Owner:</td>
<td>May, Marks, Dentoni, Williams</td>
<td>FY16/17 Baseline:</td>
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<tr>
<td>Goal Statement:</td>
<td>Reduce number of boarded patients from 18 to 3 by June 30, 2017</td>
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</table>
2017 LESSONS LEARNED: ED volume is exceeding ED capacity at current LOS

ED patients registered and seen: FY14/15 - FY17-18

ED beds needed 7A-7P by month FY14/15-FY17-18

LOS of patients discharged from the ED

FY 15-16 Scorecard:
True North:
Measure Of:
Owner:
Goal Statement:

ZSFG
Care Experience
Access and Flow (Means Minutes)
TD & JM
Reduce ED Arrival to Departure Time for Discharged Patients from 244 minutes to 210 minutes by June 30, 2016

FY 15-16 Target: 250
FY 14-15 Baseline: 278
YTD % Improvement: 9.4%

Zuckerberg San Francisco Hospital and Trauma Center

6/20/2018
2017 LESSONS LEARNED: Our flow model predicts next winter volume and current LOS will create an ED capacity criticality.

Model of next years ED beds needs*

* Volume increases 8%/yr; use prior years mean LOS
2018 STRATEGIES

8

Advancing Equity

Improving Value and Patient Outcomes

Ensuring Flow and Access

Optimizing Care Experience

Optimizing Workforce Care & Development

The ZSFG Way

Building for the Future

Implementing an enterprise-wide Electronic Health Record

The ZSFG Way

Advancing Equity

Improving Value and Patient Outcomes

Ensuring Flow and Access

Optimizing Care Experience

Financial Stewardship

Building for the Future

Implementing an enterprise-wide Electronic Health Record
Moving the Flow Strategy to the Operational Level

True North Metric(s)  
(Organization wide goals)

True North Metric  
• Access and Flow

Tactical A3’s  
(Organization wide plan)

Optimize Patient Flow A3

4 Target metrics: e.g.  
Reduce ED LOS

Operational A3’s  
(Front line problem solving)  
Multiple (4) driver metrics

Reduce ED LOS  
Reduce LLOC  
Low Acuity Pts to UCC  
Develop CDU

Unit/workshop A3’s  
ED Fastrack  
Triage

Align Vertically

Improve horizontally at the unit level
## Monitoring Progress/Driving Improvement

- **Weekly Exec Flow Mtg with Operational A3 owners**

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<tbody>
<tr>
<td>Reduce the number of LLC patients to &lt;10</td>
<td>Todd Mccoy, Terry Bento</td>
<td>Leslie Hooper</td>
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<tr>
<td>Reduce number of low acuity ES 4/5 patients seen in the ED by 25/day</td>
<td>Troy Williams, Tosan Boyo</td>
<td>Malli Singh, Ron</td>
<td>12-12:30</td>
<td>Final A3</td>
<td>CM</td>
<td>CM</td>
<td>SR</td>
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<tr>
<td>Reduce the number of short stay admissions via a CCU/Int unit</td>
<td>Jim Marks, Terry Bento</td>
<td>Sumana Rand</td>
<td>Catchball</td>
<td>Final A3</td>
<td>CM</td>
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<td>Reduce median ED LOS to 275 min</td>
<td>Jim Marks, Troy Williams</td>
<td>Mary Mercer</td>
<td>Catchball</td>
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<td>CM</td>
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<td>Reduce the number of avoidable admissions</td>
<td>Jim Marks, Terry Bento</td>
<td>Hernal Kanteria</td>
<td>Catchball</td>
<td>Holiday</td>
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## Countermeasures and Next Steps

<table>
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<tr>
<th>Root Cause</th>
<th>Countermeasure</th>
<th>Owner</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased ED volume</td>
<td>1. Complete analysis of sources of ED volume increase</td>
<td>1. Marks/To</td>
<td>May 2018 - ongoing</td>
</tr>
<tr>
<td></td>
<td>2. Engage relevant stakeholders for focused CMs (PC, ED to UCC)</td>
<td>2. Marks/May/SFHN</td>
<td></td>
</tr>
<tr>
<td>Increased LLOC days</td>
<td>1. LLOC placement team work</td>
<td>1. May/Dentoni/Hirose/Hiramoto</td>
<td>March 2017-present</td>
</tr>
<tr>
<td></td>
<td>2. Roll out DMS in CC</td>
<td>2. KPO</td>
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<tr>
<td>Increased discharge ED LOS</td>
<td>1. Continue Care-Start PDSA</td>
<td>1. Navarro/Singh</td>
<td>April 2018-ongoing</td>
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<tr>
<td></td>
<td>2. Review and prioritize RN and Provider staffing to cover CS and FT</td>
<td>2. Navarro/Colwell/Williams/ Marks</td>
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