

HOSPITAL HEALTHCARE UPDATE REPORT

Presented to the JCC-ZSFG on September 25, 2018

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1 STAFF EQUITY SURVEY

Historically, ZSFG’s current data systems did not have the infrastructure to collect REAL or SOGI data. Since April, almost 2000 staff members have been trained on SOGI.

In 2017, hospital administration made a commitment to address equity in a systematic way, first establishing baseline of our culture. The ZSFG staff has participated in a 13-question survey developed, evaluated and tested by the Equity Council, and reviewed by DPH Human Resources, Labor Relations and on-campus focus groups. The survey has just closed (August 31), and results will be available soon and shared with the staff, as well as the Commission.

Curricula for staff and leaders have been developed along with other resources.

2 SCOOTER ACCIDENT DATA PROJECT

Responding to an unexpected surge in the number of trauma cases related to electric scooter accidents, two ZSFG doctors, in association with the efforts of the city’s Vision Zero team, have begun to systematically compile statistics about the growing use of shared electric scooters. It is hoped a comprehensive data base will help guide the development of sustainable and appropriate policies in the future.

This piece aired on NBC network news:

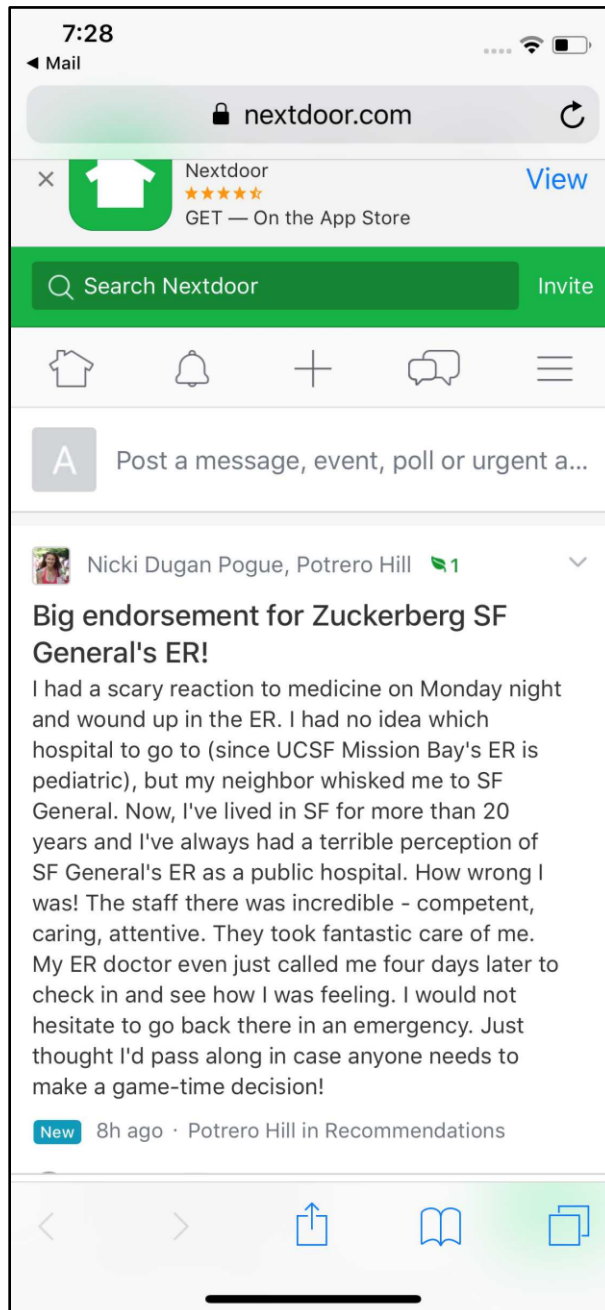
<https://www.nbcnews.com/nightly-news/video/electric-scooters-the-latest-transportation-trend-spark-safety-concerns-1301902403609?v=railb>

This by reporter Rachel Swan in the San Francisco Chronicle:

<https://www.sfchronicle.com/bayarea/article/Injuries-are-the-untold-part-of-the-scooter-13219335.php>

3 PATIENT FEEDBACK VIA SOCIAL MEDIA

ZSFG is increasingly receiving feedback from patients, families and the community via social media. Response and service recovery can be faster and the results can be shared widely. Here is a recent example:



4 TRANSGENDER-POSITIVE APPROACH

A ZSFG doctor, Nicole Rosendale, was the primary author of a recently published study in JAMA Internal Medicine about the effects on transgender patients of healthcare provider attitude and approach:

“Fears of insensitive questioning, withdrawal from hormone treatment and the use of a patient’s legal name, rather than chosen name, may drive many transgender people away from acute care facilities, including emergency departments, urgent care and inpatient treatment, according to an analysis by UC San Francisco doctors in *JAMA Internal Medicine*.”

In their review, publishing Aug. 27, 2018, the authors combed 80 studies to evaluate the medical needs of the estimated 1.4 million adults in the United States whose gender identity differs from their sex assigned at birth.

In one cited study from 2015, one-third of more than 27,000 transgender people surveyed by the National Center for Transgender Equality reported at least one negative experience over the past year with their health care provider. This included refusal of treatment or verbal harassment. Additionally, close to one in four did not see a physician in the past year due to concerns about being mistreated. This distrust may lead transgender patients to avoid routine doctor visits and coming to acute care facilities when a disease is advanced, the authors noted.”

The conclusions may lead to more effective approaches to our diverse patient population.

Link: <https://www.ucsf.edu/news/2018/08/411521/transgender-positive-approach-overdue-acute-care>

5 MONTHLY “STOP THE BLEED” TRAINING

The Trauma Program at ZSFG conducts a “*Stop the Bleed*” course on the first Thursday of every month from 11:30 – 1:00 in 2A6. The didactic portion lasts approximately 40 – 45 min followed by a 20 minute hands-on skill station. At the course participants learn how to recognize life-threatening bleeding and 3 simple techniques to stop bleeding.

To date, over 1200 people have been trained.

Courses are open to staff, their families, and community members. To learn more, or register, visit:

<https://airtable.com/shrr9THfpFyedU34t>



For more information on the national “*Stop the Bleed*” campaign, please visit: www.bleedingcontrol.org

6 BUILDING OUR FUTURE

There has been significant progress on Building 5 seismic work and other capital projects, turning the former hospital building into a comprehensive ambulatory care center, with co-location of services, centers of excellence and intuitive wayfinding.

Programs 2017 - 2022	Projects	Phases	Activities	Budget
2016 Public Health and Safety Bond	47	282	1230	\$222M
B25 Optimization	51	306	780	\$13.5M
Capital Projects Committee	3	18	84	\$19M
EHR Readiness	5	30	112	\$4.6M
Tenant Improvements	14	84	140	\$22M
Grants & Foundation	13	78	336	\$20M
Mayor’s Office on Disability	3	18	84	\$5M (varies)
Security Upgrades	8	48	168	\$6.3M
Transportation Demand Management	20	120	196	\$425K
TOTAL	>170	>1000	>3000	>\$310M

7 PATIENT FLOW REPORT FOR AUGUST 2018

Attached please find a series of charts depicting changes in the average daily census.

MEDICAL/SURGICAL

Average Daily Census was 225.65 which is 111% of budgeted staffed beds level and 90% of physical capacity of the hospital. 15.41% of the Medical/Surgical days were lower level of care days: 3.09% administrative and 12.32% decertified/non-reimbursed days.

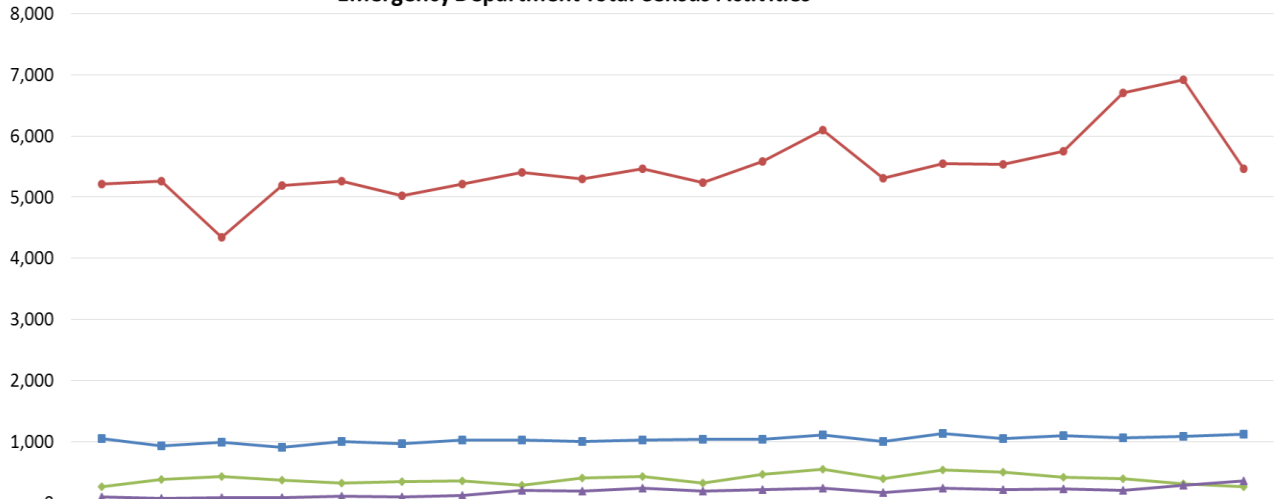
ACUTE PSYCHIATRY

Average Daily Census for Psychiatry beds, **excluding 7L**, was 41.55, which is 94.4% of budgeted staffed beds and 62.0% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.23, which is 74.7% of budgeted staffed beds (n=7) and 43.5% of physical capacity (n=12). Utilization Review data from the INVISION System shows 80.36% non-acute days (61.57% lower level of care and 18.79% non-reimbursed).

4A SKILLED NURSING UNIT

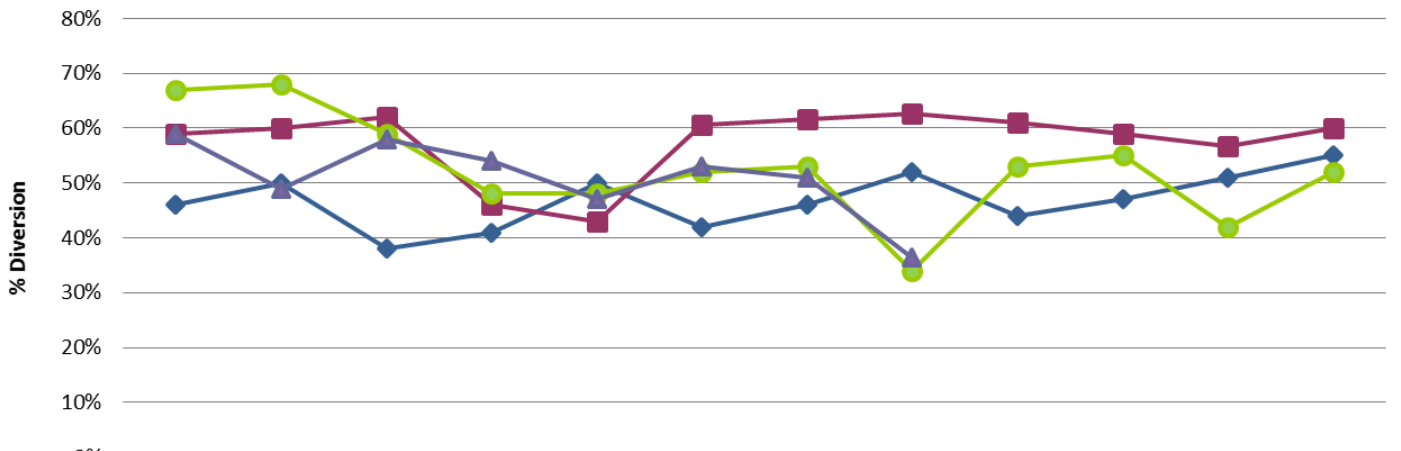
ADC for our skilled nursing unit was 28.26, which is 100.92% of our budgeted staffed beds and 94.19% of physical capacity.

Emergency Department Total Census Activities



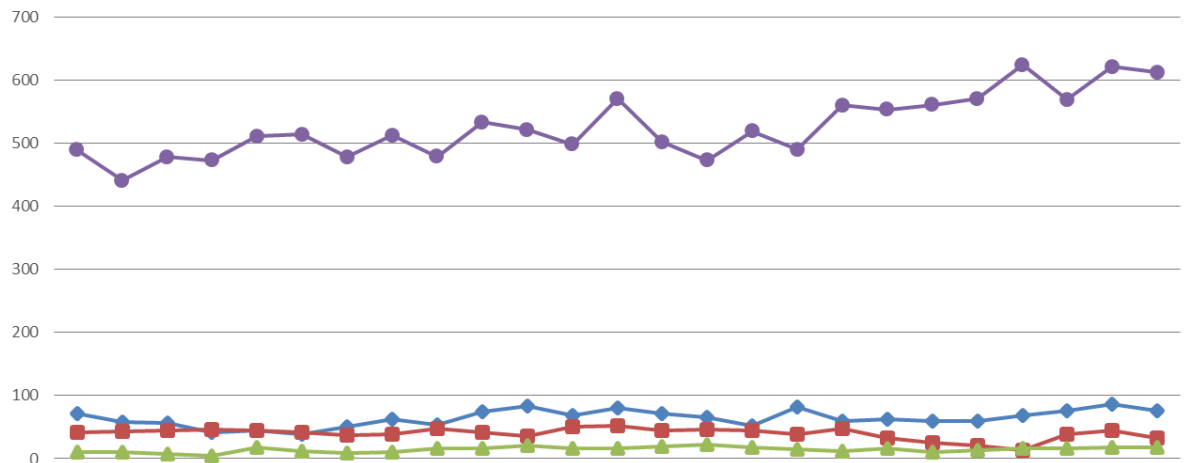
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	July	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Admissions	1,049	932	995	905	1,001	963	1,034	1,023	1,000	1,027	1,035	1,042	1,112	1,007	1,141	1,047	1,105	1,067	1,090	1,127
Seen in ED and DC'd	5,210	5,262	4,346	5,195	5,257	5,022	5,217	5,401	5,292	5,459	5,237	5,590	6,093	5,307	5,552	5,538	5,756	6,707	6,919	5,467
LWBS/LWBT	262	383	431	376	319	346	366	291	405	432	325	467	551	396	543	498	415	395	310	267
Triage/Referred Out	97	78	81	91	115	97	128	211	196	240	194	216	246	167	236	218	234	200	289	356

JCC Diversion Report



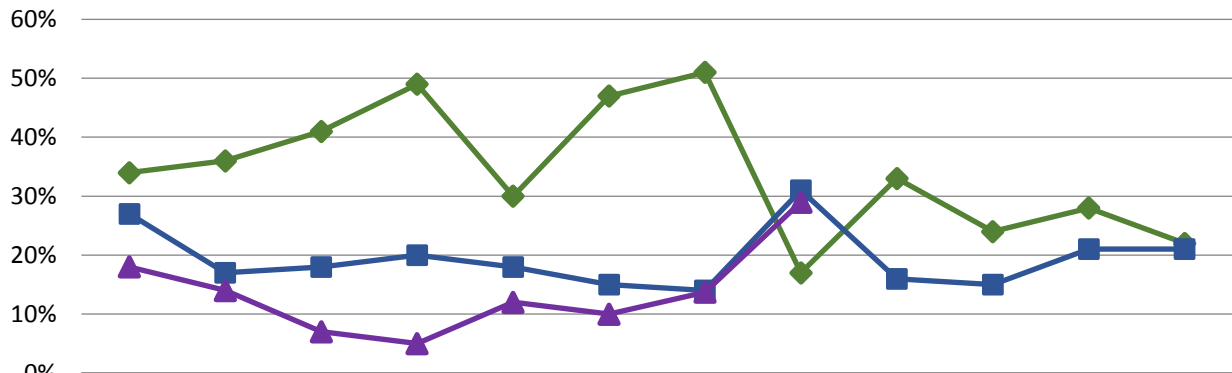
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	46%	50%	38%	41%	50%	42%	46%	52%	44%	47%	51%	55%
2016	59%	60%	62%	46%	43%	61%	62%	63%	61%	59%	57%	60%
2017	67%	68%	59%	48%	48%	52%	53%	34%	53%	55%	42%	52%
2018	59%	49%	58%	54%	47%	53%	51%	36%				

Psychiatric Emergency Services Activities



	Aug -16	Sep -16	Oct -16	Nov -16	Dec -16	Jan -17	Feb -17	Mar -17	Apr -17	Ma y-17	Jun -17	Jul -17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	Apr -18	Ma y-18	Jun -18	Jul -18	Aug -18
Admitted to 7B	71	58	57	42	45	38	50	62	53	75	83	69	80	71	66	52	82	59	63	59	59	68	76	87	76
DUCC	42	43	44	46	45	41	37	38	48	41	35	51	52	44	46	45	39	47	33	26	21	13	39	45	33
Transferred to private hospital	11	10	7	4	18	12	9	10	16	17	21	16	16	19	22	18	15	12	17	10	14	16	17	18	18
Discharged to Community	489	441	478	473	511	514	478	512	479	533	521	498	570	502	473	519	490	560	553	561	570	624	569	621	612

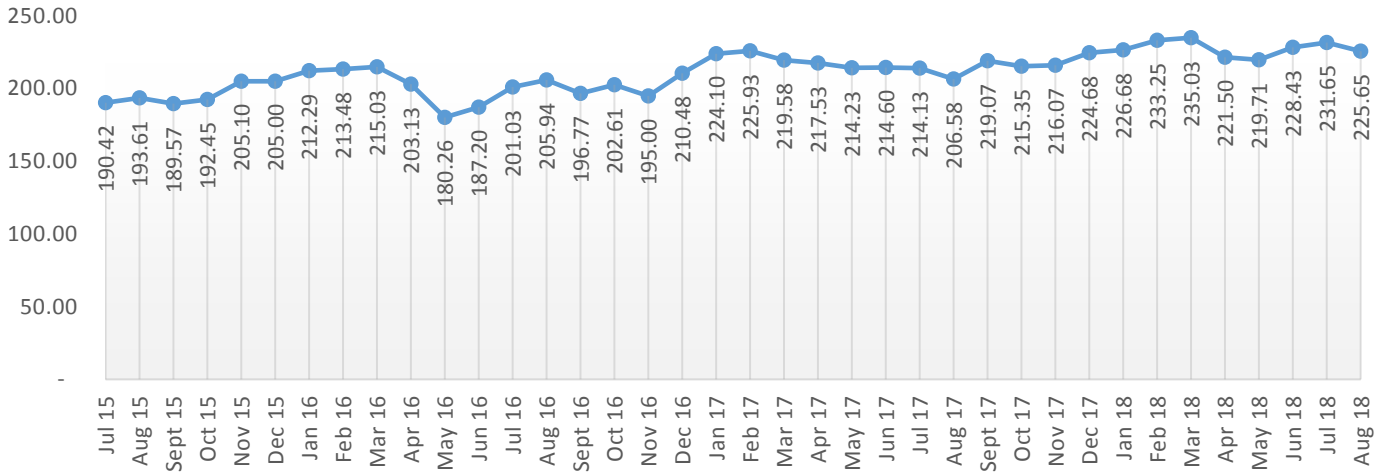
PES Condition Red



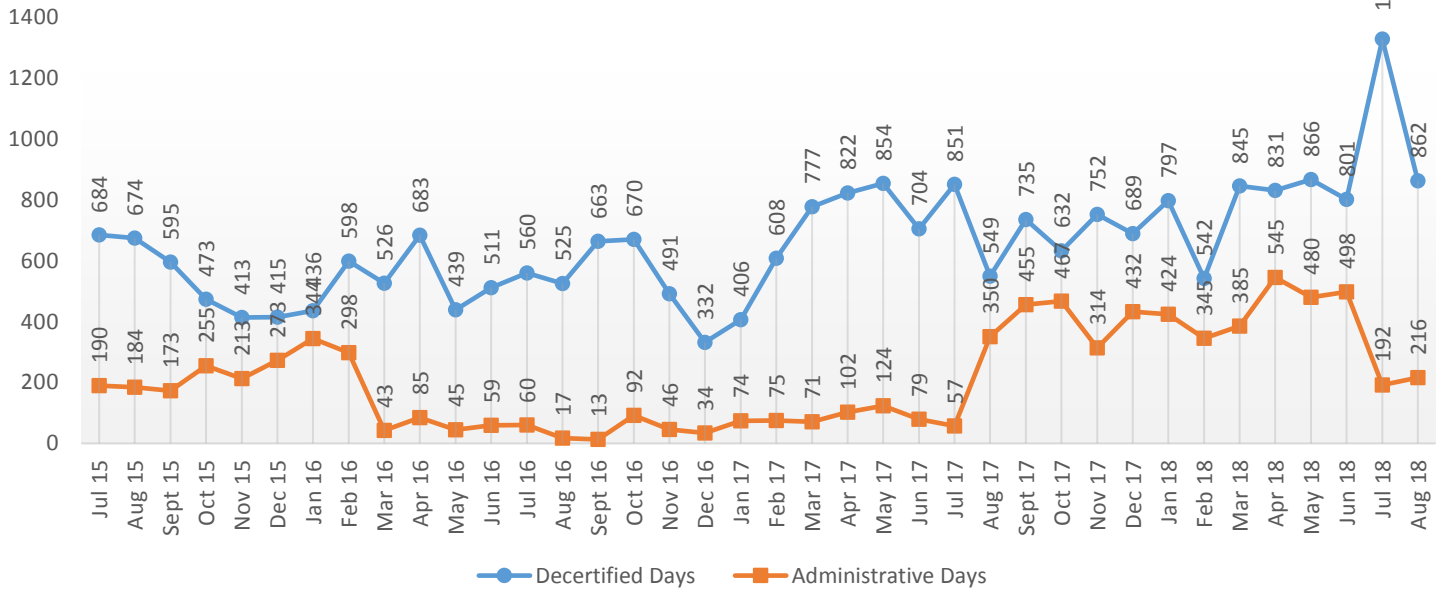
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016	34%	36%	41%	49%	30%	47%	51%	17%	33%	24%	28%	22%
2017	27%	17%	18%	20%	18%	15%	14%	31%	16%	15%	21%	21%
2018	18%	14%	7%	5%	12%	10%	14%	29%				

◆ 2016 ■ 2017 ▲ 2018

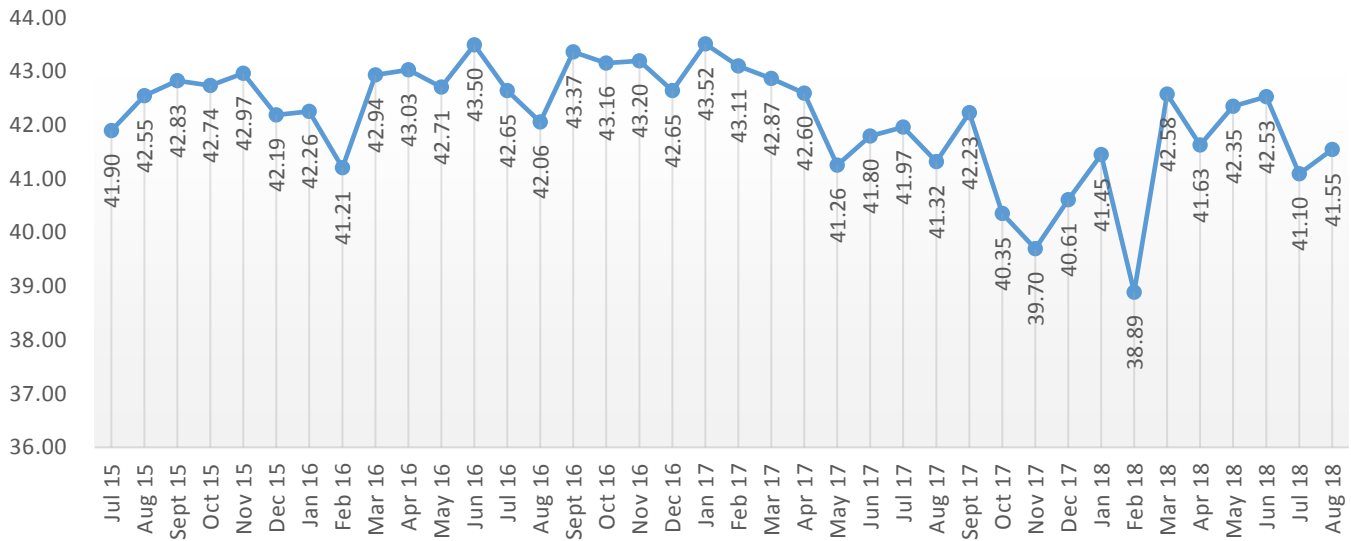
Medical Surgical, ICU, & MCH Average Daily Census



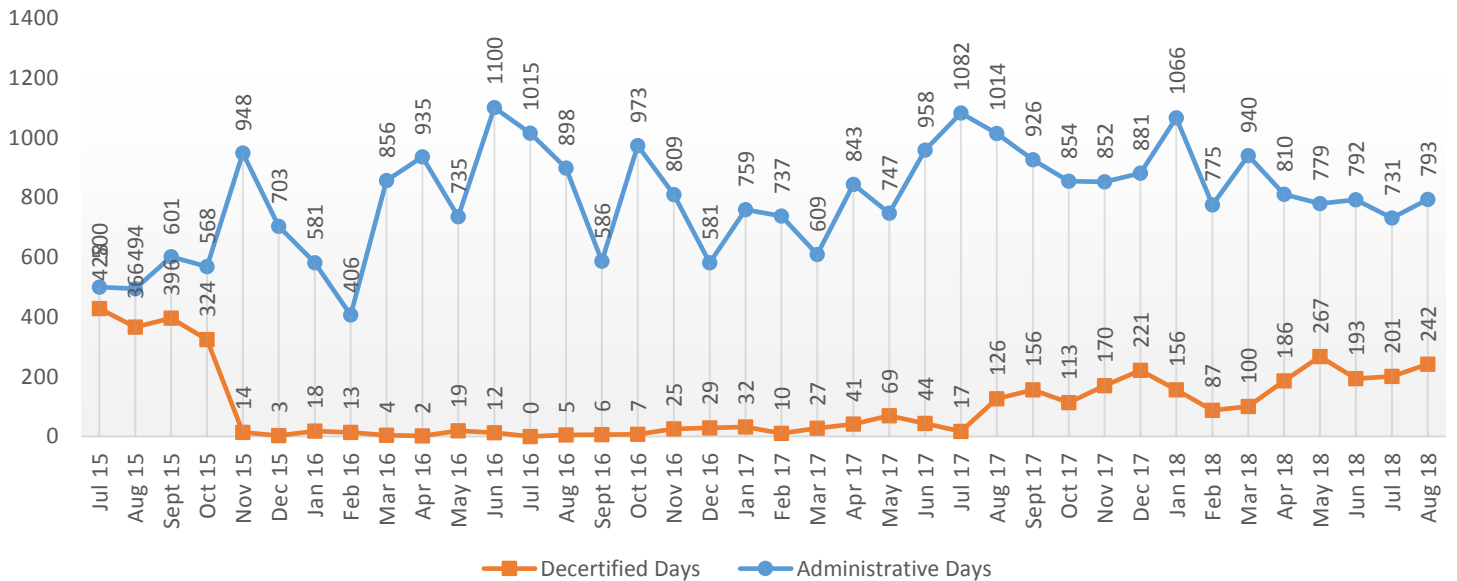
Medical Surgical Lower Level of Care Days



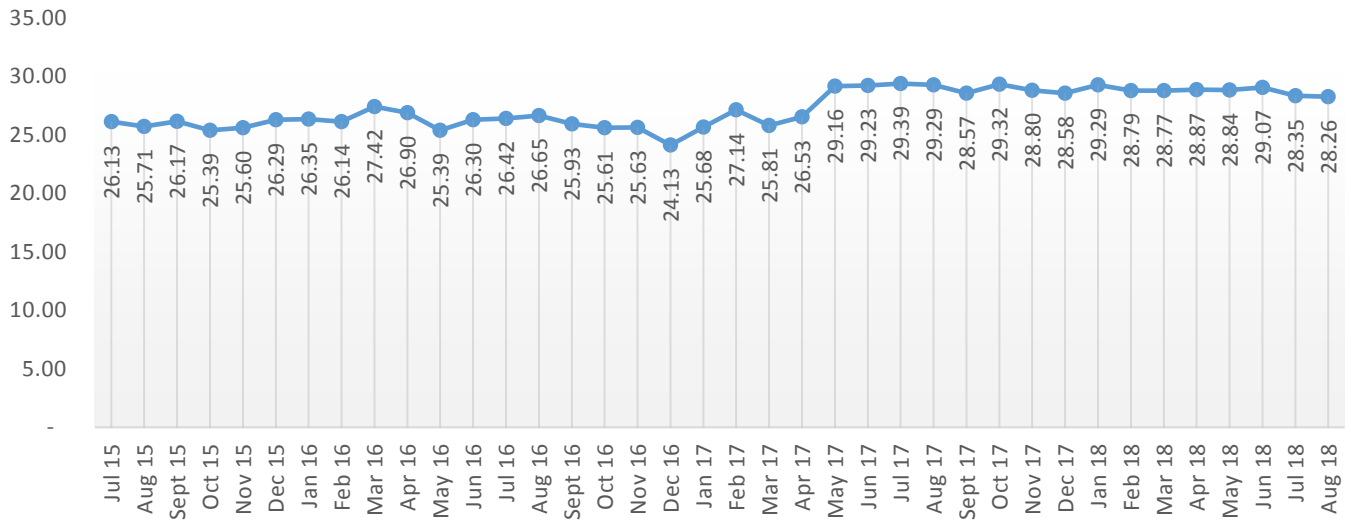
Acute Psychiatry (7B and 7C) Average Daily Census



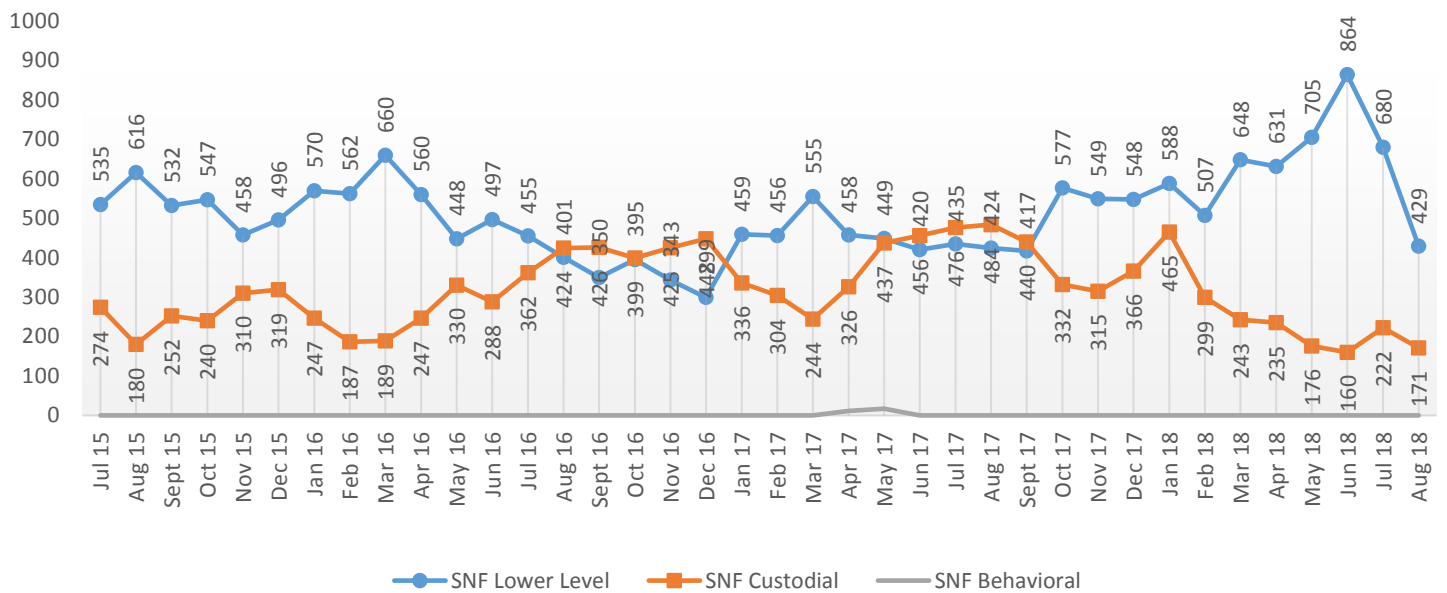
Acute Psychiatry (7B and 7C) Lower Level of Care Days



Skilled Nursing Facility Average Daily Census



Skilled Nursing Facility Lower Level of Care Days



8 SALARY VARIANCE TO BUDGET BY PAY PERIOD REPORT FOR FISCAL YEAR 2018-2019

Fiscal Year 2018-2019 Salary Variance to Budget is not available at this time. Reporting will resume in October's JCC Report.