ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on September 25, 2018
09/10/18 Leadership MEC and 09/20/18 Business MEC

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

Update on CURES Requirements for Secure Prescriptions in CA

State Bill 482 requires all prescribers to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II to IV controlled substance effective on October 2, 2018 for outpatient and discharge prescriptions. Dr. Dave Smith, PharmD, Ambulatory Care Clinical Pharmacy Manager, outlined to MEC members the requirements as follows:

- When must I consult
- Who is not required to consult CURES
- What if it is not "reasonably possible" to consult CURES
- What are the consequences if I do not check CURES
- What controlled substances does this apply to
- How should I document in my Primary Care Clinic

Dr. Smith pointed out that providers are exempt from checking CURES in any of the following circumstances: Admitted patients to or transfer between a Licensed Clinic, Outpatient Setting, Health Facility, or County Medical Facility or medications administered to the patient at these locations, Emergency Department of a general acute care hospital if prescription is ≤ 7-day supply (no refills), Patient's treatment for a surgical procedure if prescription is for ≤5-day supply (no refills). All other providers must consult CURES before the first time prescribing, ordering, administering, or furnishing a controlled substance to a patient, at least once every four months if the controlled substance remains a part of the patient's treatment plan, and before any subsequent prescribing a controlled II-IV substance, if previous prescription was exempt. Close work with the primary care clinics is ongoing regarding set up and implementation of systems/processes to ensure compliance.

CLINICAL SERVICE REPORT:

Laboratory Medicine Service – Barbara Haller, MD, Chief

The report included updates on the following:

Dr. Haller presented the 2016-2018 Laboratory Medicine Clinical Service report. The report included the following updates/highlights

- Clinical Services Provided – Comprehensive Laboratory Testing, Transfusion Services for ZSFG and LHH, Limited Phlebotomy Services, 24/7 Technical and Clinical Consultation, Management of Point of Care Testing at ZSFG, and Regulatory Oversight Tissue Bank.
- Clinical Laboratory Scope of Services – Support Acute Care Hospital, LHH and Outpatient Testing; Operational 27/7, 365 days/year, provide 512 different laboratory tests.
- Scope of Clinical Work: Comparative Volume statistics 2016/17 and 2017/18 indicate a 22.2% increase in Lab Testing (Billable Tests), 10.7% increase in ARUP Lab Testing (Main Reference Lab), 2.5% increase in Blood Components Issues, and an 11.3% decrease in Outpatient Phlebotomy. 50% of lab tests are for inpatients, 12% for ED, 36% for outpatients, and 2% for LHH
- Hospital/Outpatient Based Clinical Work (Lab tests) 0 From 2017-18, there were a total of 1,927,389 billable tests, 50% of which are inpatients, 12% ED, 36% Outpatients and 2% LHH
- ZSFG Clinical Lab Leadership Structure – 149.5 FTEs Clinical Lab Staff and 4.8 FTEs faculty.
- Education and Training – UCSF Laboratory Medicine/Pathology Residents (MD), Fellows (PhDs), Clinical Laboratory Scientists (CLS), Medical Students, Phlebotomy Trainees. CLS training is important to the Department because 80 to 85% of these students are hired after the program.

- PIPS Initiatives/A3 Projects – Initiatives include:
  -Under Core Laboratory, Chemistry PIPS, implementation of new Flow Cytometry method for CD4/CD8 testing. Mean turn-around time was reduced from 24 hours to 10 hours.
  -Under Blood Bank, Revised Criteria for Specimen Rejection; The Lab reviewed one category for specimen rejection – Specimen Quality Issues. Majority of rejections due to hemolysis, and quantity not sufficient. Review of Blood Bank Practices showed use of plasma specimens meant hemolysis no longer a problem and additional testing rarely needed for most patients. As a result of revision, only 58 rejected from May to June 2017, compared to 210 from Jan to April 2017.
  -Microbiology – Interfaced Cepheid Instrument thus eliminating manual document resulting in less CLS time for Flu assay and more accurate result reporting.
  -Eliminate phone calls for Stat Group A Strep tests and influenza results as a result of improved computer systems
  -Training to reduce Bone Marrow processing errors
  -Improve Competency Assessment Compliance for Provider-performed Microscopy (PPMP)
  -New Urinalysis Testing Platform that is more integrated and give faster results.
- Laboratory IT Projects – Implementation of Sunquest SMART module (Specimen Management and Tracking Module), Upgrade Sunquest software to support Epic, Work on Epic
- Review of NPSG Indicators- Laboratory Medicine has systems in place to meet the goals to improve accuracy of patient identification, improve effectiveness of communication among caregivers, and reduce the risk of health-associated infections.
- Patient Satisfaction Survey – Outpatient Phlebotomy – 249 participants for a period of 1 month in 2018. Results indicated strong agreement on 4 metrics: staff professionalism/courtesy, reasonable waiting time, comfortable phlebotomy room, and quality/safety.
- Faculty Research/Creative Activities/Awards – Dr. Haller highlighted several awards on teaching, lecturing, mentoring awards received by Alan Wu, PhD, Division Chief of Core Lab, Chemistry and excellent presentation in Clinical Toxicology by Kara Lynch, PhD, Associate Chief, Core Lab, Chemistry.
- Financial Report – Expenses FY09-FY18, Revenue vs Expenses, 2006-18 Number of Billable Tests over Technical FTE, ARUP 2006-17 Cost and Volume. Dr. Haller pointed out the increase cost and volume of sent outs to ARUP, with ZSFG spending almost $1.3 in 2017. 15% of these has to do with hepatitis C. Dr. Haller plans to conduct an A3 on ARUP costs, where and how to decrease sent out testing costs.
- Strengths/Weaknesses – Strengths include: Strong, committed leadership team, Dedicated Support Staff, Consultative Services, Excellent Teaching Programs, UCSF Affiliation, Support ZSFG Leadership and Staff, and Toxicology Capabilities
- Challenges – Budget Management, Sunquest Integration with Epic, Retention of Clinical Lab Scientists, Shortage of available Clinical Lab Scientists, Leadership Succession, Increasing state and federal regulatory requirements, Pre-analytical Phase of Testing (Specimen Collection and Labeling), Point-of-Care Testing and PPMP, Joint Commission Survey June-July 2019, Challenging and Aging infrastructure, Climate Control in 2M Lab, Aging Equipment, Core Lab Planning and Construction, New OPD (Outpatient Patient Draw Station)
- 2016-2018 Goals – Complete design and installation of Core Laboratory Automation and new OPD Space, Participate in multiple IT Initiatives (Epic, EMR, CalRedie, etc.), Relocation of laboratory operations in Bldg. 100 to Bldg. 5, Discussions of Optimizing testing between Public Health Lab and ZSFG Microbiology Lab

Dr. Haller discussed future space considerations (future Core Lab locations, OPD move to the new Urgent Care Location) and ongoing planning for implementation of a Core Laboratory that will provide Total Laboratory Automation (TLA), Shortened/simplified specimen delivery path, Flexible cross trained and engaged workforce, Standardization of platforms, more efficient and better workflow, shortened Turn-around-Time for results and ability to bring in additional tests at ZSFG. Dr. Haller is targeting to have the Core Lab running in 2020. Dr. Haller also compared and contrasted the services provided by the DPH Laboratory with the ZSFG Lab Medicine Service, including hours of operations and duplicated tests. Dr. Haller informed members that there will be future discussions to review the duplicated services offered by the two laboratories.

Members thanked Dr. Haller for her excellent presentation and Laboratory Service's outstanding service to all Clinical Services.