ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

ELECTRONIC HEALTH RECORD UPDATE

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Joint Conference Committee
August 27, 2019

SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Department
of Public Health

Epic Go-Live: August 3rd, 2019

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Epic Go-Live: August 3rd, 2019

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STRUCTURE

- IT Command Center
- Operations Command Centers
- Service Desk
- Zone Coordinators
- At The Elbow (Core SU, SU, CSI)
- Caregivers

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IT COMMAND CENTER

- Leadership team to triage issues quickly and manage to resolution
- Collect Key Performance metrics, reports and pertinent updates for the Operational Command report out
- Staffed with application team fixers
- Epic vendor Resources
- Technical and Interface Staff
- Change Management
- Shifts: 6:30 AM – 7:00 PM, 6:30 PM – 7:00 AM

EXEC ZONE ROUNDING

| A Johnson / T Williams	C Horton / K Nguyen	D Woods / L Safier	J Boffi / M Damiano	S Ehrlich / W Huen	T Dentoni / S Carlisle / J Bilinski
• CARE COORDINATION • 7B • 7C • 7L • WARD 17 (OUTPATIENT DIALYSIS) • INFECTION CONTROL • NUTRITION • PATHOLOGY • PATIENT FINANCIAL SERVICES	• 4J – PAIN PRE-OP • 5M – WOMEN'S HEALTH • 4M – SURGICAL SUB SPECIALTY • 4A - SNF • 4C – TATTOO, WOUND BURN • 6M – CHILD ADOLESCENT SERVICES • 4C - INFUSION • 6G – WOMEN'S OPTIONS	• IMAGING • 1N – ORAL SURGERY • PES • PHARMACY (OP) • PHARMACY (DISCHARGE) • URGENT CARE • AVON • CHEST • ELIGIBILITY	• Rehab SLP • REHAB IP PT • 3M – SURGICAL CLINIC • PHARMACY PURCHASING • 3D GI / HEPATOLOGY • HIM • REHAB (OP PT) • REHAB (OT) • REHAB (CLERKS AND AIDES) • BIOMED • CLINICAL LAB • EVS • MATERIALS • SPIRITUAL CARE • WARD 86 (HEM / ONC) • WARD 92MHRC • OTOP • TB CLINIC	• PREOP • CATH LAB • PHARMACY IP • OR • IMAGING • ENDOSCOPY • ANESTHESIA • SPD • PACU • IMAGING • PHARMACY IP • IR • FOOD SERVICE • NON-INVASIVE CARDIOLOGY • PULM LAB / PFTS • ADMISSIONS • POD A • POD B • PD C • RESUS • TRIAGE	• L&D • POST-PARTUM • NICU • PEDS • H42/H44 • MICU • SICU • CENTRAL TELEMETRY • INPATIENT DIALYSIS • H66 / H68 • H76 / H78 • H62 / H64 • H54 / H56 / H58 • BED CONTROL

DAILY MANAGEMENT

Time	Event/Meeting	Format	Facilitates
07:00 - 07:30	IT Command Center Night Shift change	Face -to -face hand off	Role to Role
07:00 - 07:30	Operation Command Center Shift Change	Face -to -face hand off	Off going Operations Command center Captain
07:00 - 07:15	Super User Shift Change	Report to assigned department	NA
07:30 - 08:00	IT Command/Operations Command Center Daily Check-in Call	Conference bridge	Command Center Captain
12:00 - 13:00	Facility Zone Coordinator Huddle	In person huddle	Operational Command Center Captain
13:00 - 13:30	Site Leadership Huddle (Tier 4)	In person huddle	Operational Command Center Captain
13:30 - 14:15	Top Issues Review and prioritize Call	Conference bridge	IT Command Center Captain
14:15 - 15:00	EHR Change Control Meeting	Conference bridge	Simon Chen or designee
15:00 -17:00	Epic Application PRD Move Window		
16:00 - 17:30	Epic Readiness Leadership team(ERLT) report out	Conference bridge	IT Command Center Captain
19:00 - 19:30	IT Command Center Night Shift Change	Face -to -face hand off	Role to Role
19:00 - 19:30	Operations Center Shift Change	Face -to -face hand off	Off going Operations Command center Captain
19:00 - 19:15	Super User Shift Change	Report to assigned department	NA
19:30 - 20:00	Command/Operations Center Daily Check-in Call	Conference bridge	Command Center Captain
24:00 - 01:00	Facility Zone Coordinator Huddle	In person huddle	Operational Command Center Captain
02:15 - 03:00	EHR Change Control Meeting	Conference bridge	Simon Chan or designee
03:00 - 05:00 AM	Epic Application PRD Move Window		

SCENES AROUND ZSFG
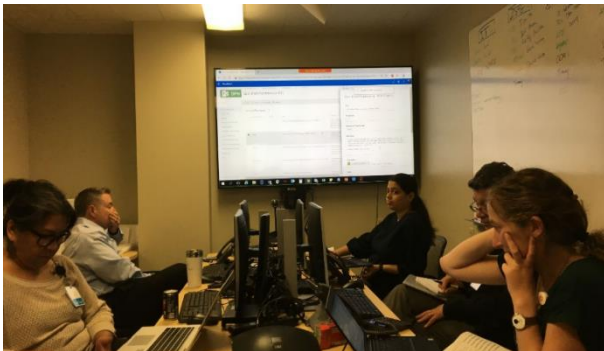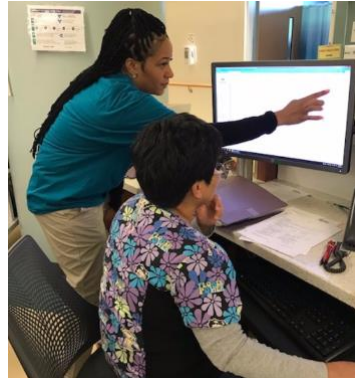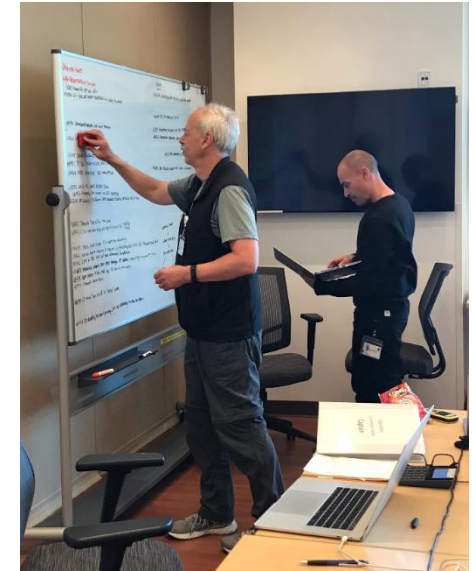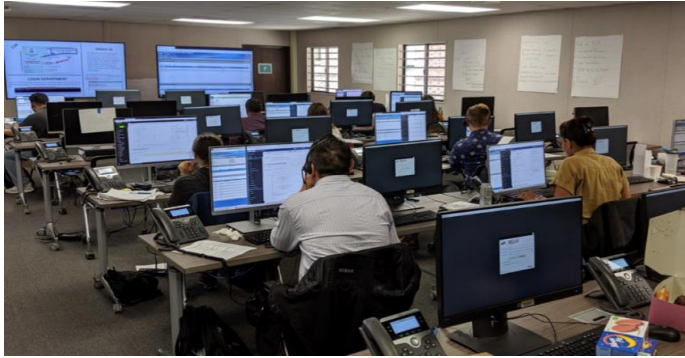
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SUCCESS STORIES

- Teams can access patient records at outside hospitals more seamlessly using CareEverywhere.

- 75% of the 8,655 HelpDesk tickets opened have been resolved.

- 85% of ambulatory care visits were closed on the same day.

- Average hospital registration has been just under 7 minutes.

- Epic HB Revenue is at 100% of baseline, and PB Cumulative Revenue is at 89% of baseline.

SUCCESS STORIES

" *There's more work to be done, but we are continuing to move forward every shift (and day). And most importantly, there **haven't been any significant interruptions in patient care or patient flow**"* -- Psychiatry

" *After less than 2 weeks since go-live I have already seen powerful ways that Epic will enhance efficiency and care coordination. Epic is a **game changer for ZSFG**!!"* -- GI

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CELEBRATIONS

Testing furniture layout and signage to improve workflow in outpatient lobby improved lead times from registration to completed labs by **10 minutes**!

Zone Coordinators and ATEs attending huddles and using the buddy system with SUs and CSUs

4C staff utilizing Epic "seamlessly" - Zone Coordinator

PATIENT STORIES

A Patient Advisory Member shared how meaningful it is that all her providers are now connected in a way they were not before.

Another Patient Advisor showed on his phone the MyChart application and shared that this is the first time he has ever been able to go to his doctor prepared with his lab results... "I see them, know what they are and what questions to ask."

What can we do now we couldn't before?

We had a patient with a critical lab result, and the Call Center was able to see, for the first time, that the patient was currently in our Sobering Center. We were able to contact the team to address it right away. Prior to Epic, the Sobering Center charted on paper and wouldn't have been able to do this.

For the first time, we administered and documented correctly an electronically verified unit of blood.

A provider was completing a patient visit and was in the process of sending the patient to the lab. The patient asked for the paperwork for the lab and the provider informed the patient that the paper was no longer needed. The patient was surprised and responded, 'What are you talking about?!'

An outpatient physical therapist was able to get an e-referral for an admitted patient and was able to touch base with the patient right away.

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DRIVING CHANGE THROUGH DATA

Inpatient Metrics   Problem List Updated at Discharge: Department
SFDPH MAIN SERVICE AREA   SFDPH ZSFG Hospital   Undo

	Tue	Wed	Thu	Fri	Sat	Sun	
ZSFG CATH LAB	-	-	-	-	-	-	-
ZSFG EMERGENCY	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	5...
ZSFG H22/25 L&D /PP MOTHER	33.3 %	100.0 %	33.3 %	100.0 %	0.0 %	62.5 %	5...
ZSFG H22/25 NURSERY	0.0 %	-	0.0 %	0.0 %	100.0 %	75.0 %	...
ZSFG H24 NICU	0.0 %	0.0 %	0.0 %	-	-	50.0 %	...
ZSFG H26 PEDIATRICS	100.0 %	-	-	66.7 %	100.0 %	50.0 %	100...
ZSFG H32/38 MEDICAL ICU	0.0 %	100.0 %	0.0 %	100.0 %	-	50.0 %	100...
ZSFG H34/36 NEURO ICU	-	-	100.0 %	-	-	0.0 %	
ZSFG H42/44 MED SURG	50.0 %	77.8 %	50.0 %	57.1 %	57.1 %	100.0 %	7...
ZSFG H46/48 OVERFLOW ICU	-	-	-	-	-	-	
ZSFG H52 MED SURG FORENSICS	-	-	0.0 %	-	-	-	
ZSFG H54/56 MED SURG	37.5 %	100.0 %	71.4 %	58.3 %	66.7 %	66.7 %	6...
ZSFG H58 MED SURG	-	-	-	-	-	-	
ZSFG H62/64 MED SURG	33.3 %	50.0 %	75.0 %	75.0 %	75.0 %	0.0 %	7...
ZSFG H66/68 MED SURG	50.0 %	75.0 %	75.0 %	57.1 %	75.0 %	66.7 %	6...
ZSFG H76/78 MED SURG	60.0 %	25.0 %	0.0 %	75.0 %	60.0 %	60.0 %	5...
ZSFG L&D OR	-	-	-	-	-	-	

WORKFLOW TOP ISSUES

No	ISSUE	LEAD DOMAIN	IMPACTED DOMAINS	WHO	PRIORITY	TOOL
1	OR Case Scheduling	Periop	Ambulatory Services / Ancillary	P Coggan / L Lang	High	A3
2	Patient Access / Ambulatory Work Queues	Ambulatory	Inpatient (LHH) / Ancillary	C Horton	High	A3
3	Informed Consent Scanning	Periop	ARCR (HIS) / Ambulatory / Inpt / Ancillary	T Holton	High	PDSA
4	Boarded Patient Workflow	ED	Inpatient Periop	B Navarro	TBD	PDSA
5	Patient Movement	Inpatient	ED	TBD	TBD	TBD
6	How / When to Use Phases & Care	TBD	TBD	TBD	TBD	TBD

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TECHNICAL TOP ISSUES

Issues	Root Causes	Countermeasures
Epic login issues	Case-by-case Epic errors	Tip sheets for login are being sent out to staff and issues are being solved case-by-case
Barcode scanners defective in the ED and several clinics	Calibration issues	Scanners were immediately re-calibrated and repaired
Operating Room Anesthesia machines disconnected from the network	Processor hardware were ill-equipped to handle Epic	New processor hardware were installed
Issues with anonymous patient naming system in the ED	Difficulties with certain Epic processes	A new anonymous patient naming process has been created

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NEXT STEPS

- We will begin to link top issues and countermeasures to the structure of our new strategic initiative.

- Developing A3 focusing on Epic optimization for quality and safety.

- Provide ongoing operational and technical support for our teams.

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THANK YOU

TO THE EXPANDED LEADERS & OUR PATIENTS!

1) Adrian Smith
2) Aiyana Johnson
3) Andrea Turner
4) Anh Thang Dao-Shah
5) Antonio Gomez
6) Basil Price
7) Be-Verlyn Navarro
8) Brandi Frazier
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10) Brent Costa
11) Catherine Argumedo
12) Chris Dunne
13) Christina Bloom
14) Claire Horton
15) Daisy Aguallo (SFHN)
16) Dan Schwager
17) Dave Woods
18) David Snyder
19) Delphine Tuot
20) Ed Ochi
21) Elaine Dekker
22) Gabe Ortiz

23) Gillian Otway
24) Hali Hammer
25) Hemal Kanzaria
26) Jeff Critchfield
27) Jeff Schmidt
28) Jenna Bilinski
29) Jennifer Boffi
30) Jim Marks
31) Josephine Lai
32) Justin Dauterman
33) Kala Garner
34) Karen Hill
35) Karrie Johnson
36) Kathy Ballou
37) Katie Merriman
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39) Laura Lang
40) Leslie Holpit
41) Leslie Safier
42) Lukejohn Day
43) Malini Singh
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50) Patty Coggan
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53) Susan Brajkovic
54) Susan Ehrlich
55) Terry Dentoni
56) Terry Saltz
57) Thomas Istvan
58) Tom Holton
59) Tosan Boyo
60) Troy Williams
61) Val Head
62) Virginia Dario Elizondo
63) William Huen

Questions?

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