

**ZSFG CHIEF OF STAFF REPORT**  
**Presented to the JCC-ZSFG on September 24, 2019**  
**09/09/19 Leadership MEC and 09/19/19 Business MEC**

**ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK/EPIC STATUS:**

Epic Updates – Jim Marks, MD

Updates to MEC:

- Go Live Performance – Extremely successful Go Live. Went live Aug 3, 2019, 7:00AM time, Closed ZSFG Operations Command Center on weekends Aug 11; Closed ZSFG Operations Command Center Aug 21; Closed IT Command Center Aug 23.
- IT Service Tickets – Open per Day vs. Resolved per Day; Resolved tickets exceeded filed tickets.
- Workflow and Other Epic Issues - The hospital is now in the stabilization phase. Dr. Marks emphasized that ZSFG cannot move forward with Epic optimization until stabilization of current workflows is achieved. Dr. Marks identified three major problems encountered by staff in Epic (Epic is Broken, Don't know how to use Epic, Operational Workflow and Epic Workflow do not align), and outlined ways to approach a workflow problem.
- Domain Structure for Epic Stabilization Seven Domains - Work in the next few months will focus on identifying and fixing the most broken workflows in seven domains: Ancillary, Inpatient, ED, Periop, Ambulatory, Pharmacy, and ARCR. ELT within the next couple of weeks will finalize the domain structure. The domains will be charged with filtering and prioritizing what needs to be worked on in their domain and what crosses into other domains.

**CLINICAL SERVICE REPORT:**

Anesthesia Service Report – Romain Pirracchio, MD

Dr. Pirracchio presented the Anesthesia Service biennial report, starting with context considerations to include the increasing shortage of anesthesiologists in the last 20 years throughout the United States and worldwide, and the vision to transform an anesthesia department into a comprehensive perioperative case department. Highlights of the report includes:

- Scope of Service – OR 24/7
  - OR Weekdays/Nights/Weekend and Holidays Coverage; 10980 OR and Non OR procedures 2017-18 and 9464 procedures for 2018-19; Trauma Activations
  - Non OR Anesthesia – 2556 cases (27% of overall) – GI, Interventional Radiology, MRI, ECT, Non OR Intubation, Women's Option Clinic (D&E) and OB Operative Procedures.
  - PREOP Clinic – About 90 % of elective surgery patients before going to OR are screened and evaluated at the Preop clinic. 4189 visits in 2018 with very good patient satisfaction scores and Median TNNA 2018 is 2 days.
  - Anesthesia Pain Management Group – Pain Clinic, APS (24/7 Acute Pain Service), and OR Procedures (for Chronic Pain)
  - ICU

The scope of services illustrates the involvement of Anesthesia service throughout the surgical journey of a patient. The goal in the future is to improve some of the clinical pathway for surgical patients, and re-define the job of an anesthesiologist to offer new opportunities to new faculty.

- People – The goal is to attract and retain the best faculty.
  - Grand total of 158 FTE composed of clinical, administrative, residents and research staff.
  - Lost six valued faculty in last three years. Root cause analysis for faculty departures showed several causes: (1) salary, (2) cost of living, (3) involvement in academic mission, and (4) career opportunities. Dr. Pirracchio pointed out the Service can work on improving academic mission and career opportunities. Leadership has been re-structured to adopt the concept of Functional Leadership, and aligned with the Core Missions: Clinical, Education, Research and Financial Sustainability, with an appointed Associate Chief responsible for each of these operations. The intent is that this new leadership structure is to enable clear reporting structure, as well as create new

opportunities for young faculty to take over projects, and to position themselves into career development programs.

-Institution and Department wide Leadership Positions

- Research and Innovation – Dr. Pirracchio stated that the Service is working on engaging more faculty in the research academic mission.
  - Six ZSFG PIs NIH Funding (2018-19) covering Basic Science, Data Science, Clinical Research, epidemiology, to global health. Comprehensive research is more collaborative research and more patient-centered.
- Educational Activities
  - Staff culture of safety and patient safety
  - High and Low Fidelity Simulation Classes
  - Focus on Faculty Education as another way to retain faculty: Faculty Education Series, Small Group Skills Workshop, Expanded Pain Education
- Quality Assurance, Performance Improvement, Patient Safety
  - Restructuring the Service’s QI Group with 2 –Co Directors and 1 QI analyst. Project areas cover Epic (GoLive, Stabilization and Optimization), Clinical Care (Pediatric Anesthesia Coverage, Collaborative ICU model, Reduction GA for C-section, Complex & complicated IV accesses), Access to Care/Equity (Impact of race/ethnicity/language proficiency on Time-to-OR Preop multilingual Videos), and Pathways (High Risk Pathway, Preop anemia pathway, Hip and Rib fracture pathways, Total Joint ERAS pathway).
  - Faculty initial and ongoing performance evaluation
- Awards/Publications – It has been a successful year with several awards and more than 70 peer-reviewed publications. Among the awards are: Dr. Arun Prakash – 2019 Excellence in lab safety award, Dr. Renee Navarro, - 2019 Champion Health Award in Diversity from the National Medical Fellowships, 2018 and 2019 UCSF Haile T. Debas Academy of Medical Educators Excellence in Teaching Awards to various faculty, SOAP (Society for Obstetric Anesthesia and Perinatology) Center of Excellence award to Dr. John Markley and ZSFG OB Anesthesia
- Financial Sustainability–
  - Financial challenges - Reserves predicted to ran out in 2023
  - Actions/Countermeasures –
    1. Short Term – Formation of Domain Structure (Org Chart, Onboard Directors, and Kick off monthly meetings);
    2. Mid-Term – Data Collection (SWOT- Strengths, Weaknesses, Opportunities and Threats Analysis, Define Metrics and Goals, Produce Reports)
    3. Long Term – ZSFG Budget Sustainability (Business Development, Productivity)
- Future Projects–
  - Transition from ZSFG Anesthesia Service to an Academic Department of Patient-Centered Perioperative Medicine
  - With partnership with all ZSFG Clinical Services, create the ZSFG Department of Perioperative Medicine which will benefit patients, i.e. accelerated Clinical Pathway for Surgical Patients, and expand opportunities for the faculty to enable retention and future growth.

Members thanked Dr. Pirracchio for his excellent and comprehensive report. Members also commended his valuable work and leadership in the Anesthesia Service.