

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on August 23, 2016
(08/08/16 Leadership MEC and 08/18/16 Business MEC)

AWARDS/RECOGNITIONS/APPOINTMENTS

Values in Action” Award - The “Values in Action” Award recognizes a Zuckerberg San Francisco General Hospital leader who demonstrates the hospital values of learn, improve, engage and care. For this month, the “Values in Action” Award was presented by prior awardee, Dr. Hemal Kanzaria, Emergency Department, to Dr. Gabriel Ortiz, Medicine Service. Dr. Kanzaria stated that Dr. Ortiz is a certified Lean leader who demonstrates a deep understanding of Lean Principles and Systems in his clinical practice on a daily basis. Dr. Ortiz has been playing an integral role mostly in inpatient flow work, participation in multiple ED workshops, and as a member of the ED unit based leadership team. Members congratulated Dr. Ortiz for the well-deserved commendation. Dr. Ortiz stated that the mission to improve the care provided to patients through deployment of Lean Management strategies and systems has been very rewarding and energizing.

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW

End of Life Option Policy

Dr. Anne Kinderman, Director, Supportive and Palliative Care Services, and Ms. Sneha Patil, Senior Health Program Planner of the SFDPH Office of Policy and Planning provided an overview of the End of Life (EOL) Option Act, and the policy development process to date. The law was signed into law by Governor Brown in October 2015 and took effect on June 9, 2016. The EOL Option Act allows a physician to prescribe a medication that will end the life of a terminally ill, adult patient with the mental capacity to make medical decisions who requests the medication and is physically able to self-administer it. Since May, Advisory Group Meetings have convened on a monthly basis. The process included a review of other health systems and their policies on the End of Life Act. A Physician Survey as to who would be willing to participate was conducted within SFHN. The SFDPH has made key decisions to opt in, adopt a system-wide approach for ZSFG, LHH and Community Primary Care Clinics, and develop a centralized process to assist patients and physicians.

Lean Management Education/A3 Review–

The Inpatient Kaizen Workshop #2 titled “Adjusting to and Optimizing Flow in Building 25”, was held July 25-29, 2016. This workshop focused and generated A3s on three areas:

1. Alarms – Bldg. 25 is equipped with new, sophisticated and sensitive **monitoring** technology. Access to Telemetry and pulse oximetry monitoring have been expanded to every MedSurg bed, and this has resulted in an overwhelming number of alarms for clinicians to manage. The A3 identified three approaches: **automatic discontinuation of monitoring when orders expire**, **widening alarm default settings**, and **scheduled battery changes**. These approaches to alarm management substantially decreased the number of unnecessary alarms enabling staff to be more calm and efficient in providing care to patients.
2. LLOC –As a result of the workshop, a revised LLOC weighted risk prediction tool was developed using data from 300 concurrent patient reviews to enable early identification of patients who are with LLOC risk. The tool is used by the UM coordinator in the ED and automatically displays positive or negative risk screen. Countermeasures which UM care coordinators can lead to assist with efficient discharge planning are displayed by the tool automatically based on the individual patient's risk factors. The tool was piloted by one UM Care Coordinator who does patient evaluations in the ED at time of admission. The tool enabled providers in the Inpatient to triage patients with LLOC risk. The tool will help UM to intervene when patients with LLOC risk are still in the ED, and subsequently on the inpatient units if a discharge plan cannot be created in the ED. Additionally, a modified state of the ED UM process was developed. UM is now using the tool to screen all admissions in the ED. Next steps include assessing and validating screening tool and developing countermeasures to

address barriers to discharge identified by the tool. The hope is that this improvement work will allow provider teams to have a better experience caring for patients at ZSFG, with more disposition options created earlier on in a prospective way during the patient's treatment course.

3. Cohorting of Patients by Service –Improvement opportunities that should be built into the Admissions Process were identified, including Bed Prioritization for cleaning, Patient needs more completely communicated, New bed assignment algorithms, Closing loops of communication to assist in pulling patients out of the ED, and Closing out the loop between EVS and MedSurg Charge Nurse as porters clean the beds. Next steps in cohorting include updating, coaching, and validating standard work for ED/Admission Physician, AOD, Bed Control, ED/MED Surg CN and EVS.

SERVICE REPORT:

Psychiatry Service Report– James Dilley, MD, MPH, Service Chief

The report provided an overview of the following:

- Clinical Services On Campus– Updates about each of the four Divisions in Psychiatry on campus – Acute and Emergency Services (includes PES, Inpatient, C/L and ECT), Behavioral Health Neuropsychology, Infant/Child/Adolescent Psychiatry, and Substance Abuse/Addiction Medicine (DSAAM).
- Clinical Services Off Campus – Updates about each of the three Divisions Off Campus – Alliance Health Project, Citywide Case Management and Trauma Recovery Services.
- Faculty/Training – 2016 Psychiatry Faculty, ZSFG Residency Training Programs 2014-16, Psychology Training at ZSFG, Public Psychiatry Fellowship (2011 to present), Teaching Awards 2014-15.
- Performance Improvement and Patient Safety – Core Measures 2014-16; Reducing Wait Times to “Next Available Appointment in the NP Service”;
- Research – Focus Areas include HIV C and T; HIV/LGBT Mental Health, Substance Use Disorders intervention, Perinatal Mental Health, Behavioral Health Integration with Primary Care, Health Disparities among SMI, Depression Preventions, Sexual/Reproductive Health, Health Disparities among juvenile justice youth, Trauma and PTSD.
- Departmental Leadership/Budget – Executive Leadership, FY 15-16 ZSFG Psychiatry Departmental Budget by Division and by Fund Source. Total Budget FY 15-16 is \$55.8M.
- Departmental Strength – Diverse Committed Staff, experienced and creative leadership team with several new and outstanding hires, financially stable, supportive departmental leadership, and strong faculty interest in training/mentorship of trainees.
- Challenges/Goals for next year – Plan for expansion/build out of PES, renovation of inpatient units, continue to promote patient flow while working with UM/Compliance to improve documentation, continue to promote clinical research, improve faculty/staff engagement, begin succession planning and promote leadership development, complete major recruitments:
 - 2 Division Directors (DSAAM and TRC)
 - PES Medical Director
 - New Service Chief Search.

Members applauded Dr. James Dilley for his excellent report.