

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on March 23, 2021
March 2021 MEC Meetings

Ophthalmology Service Report – Jay Stewart, MD, Service Chief

Details of the reports are as follows:

Scope of Clinical Services – The department works in partnership with UC and DPH staff.

- All manner of eye care is provided: Comprehensive Ophthalmology, Cornea and External Diseases, Retina and Vitreous, Glaucoma, Uveitis, Oculoplastics, Pediatric Ophthalmology and Strabismus, Neuro-Ophthalmology, Trauma, Optometry, Tele-retinopathy. Services are offered at the following:
 - ZSFG – outpatient and inpatient services; surgery; ED
 - Mobile Eye Van services - at 12 Health Centers for Diabetic Screening Program
 - LHH – MD and OD services
 - San Bruno Jail
- Clinical productivity has been adversely affected by the pandemic but not extensive as expected. In 2019, visits decreased due to EPIC transition. In 2020, the following were noted:
 - ZSFG Ophthalmology and Optometry – slight reduction
 - Eye Van - significant decline with Van taken off circulation, and growth is expected with resumption of service in the past few months
 - LHH – significant decline with anticipated growth upon return to normal conditions
 - Surgery (OR Cases) - remained flat, a testament to the efforts by providers and staff. Most cases were cataract surgeries. Fair amount of cases pertained to retina (mostly relating to diabetic eye disease and some trauma with retinal detachment).
 - Minor procedures (clinic-based) – tremendous volume was done, with injections as predominant cases and some laser treatments. Visits are anticipated to increase with higher number of patients in the clinic.
 - Diagnostic testing – performed mostly by certified UC staff; significant number of photos and scans performed marked by an efficient process for interpretation
 - Telehealth - cannot be utilized (as compared to use of other departments) with 2020 reported visits not representing any telehealth consultations

True North for Eye Care

- Diversity Evaluation and Action Plan
 - Creation of DEI and Justice Task Force – broad representation from different department subsections with members determined to implement positive changes
 - Addressing Health Care Disparities – UCSF Homeless Ophthalmology Clinic – eye care clinic at Division Circle Navigational Center (run by St. Vincent de Paul Society in SF south of market area) staffed by UCSF faculty volunteers, residents, and students; in-person visits transitioning to telehealth form of consultations with use of retinal photographs. Patients are referred to ZSFG for further care with staff facilitating care for patients who faced challenges in accessing services.
 - Augie Fund – enables vulnerable pediatric eye patients to easily obtain needed glasses or specialized lenses without financial strain on their families
- Safety: MD oversight of optometric glaucoma care, quarterly audit/chart review, monthly audit of surgical complications, laser safety and time-outs/4M staff, and tracking system (i.e. pterygium recurrences). Highlighted safety measures are as follows:
 - Tracking system: silicone oil (SO) injection for retinal detachment repair – numerous ophthalmology patients with SO injection lost to follow up prior to 2014; SO in the eye for too long can lead to corneal damage and glaucoma. SO registry and phone call reminder system were implemented that were actively carried out by staff. By December 2017, there was a 50% reduction/improvement of incidents marked by shortened SO duration in the eye and reduced corneal damage after implementation of active registry. Since then, the number of patients lost to follow-up continued to decline with current number of incidents maintained at low level
 - Patient education to increase eye drop medication compliance – 32% of ophthalmology patients requiring eye drops were non-adherent. Active processes were created with vast representation by staff (nurses, medical assistants, technicians) to help educate patients on self-administered eye drops. Non-compliance significantly reduced to around 11% in 2018 with 10% posted in 2020.
- Care Experience:
 - Improve access and reduce wait times for cataract surgery - The typical number of cases in waiting list is around 400 with current number at 524. Subcategories are utilized in terms of priority and complexity: fast track, fast track plus, slow track, expedited fast track, and expedited slow track. Most cases are classified as fast track (i.e., not the worst cataract, no complexities per se). Some changes in the past year caused

classification into fast track by patients somewhat least impaired by their vision. However, these patients were more reluctant for consultation during the pandemic which led to increased backlog in fast-track category. Released spots were offered to the patients in slow-track category (more complex cases and require vision to function). With expected higher number of patients returning for surgery, there will be progress on the fast-track patients.

With Chinese Community Hospital (CCH), there is a potential collaboration with the use of available CCH OR space for surgery. Currently, payments/coverage/other logistics are being negotiated for a ZSFG surgeon to perform surgery at CCH with postoperative care at ZSFG. Patients will most likely be amenable with this arrangement due to lack of changes in their care team throughout the process. ZSFG providers are willing to perform surgeries at CCH. Also, there is flexibility in scheduling surgeries at CCH.

As for other types of surgery, the current number of waitlists for pterygium is 103; two years ago, there were zero cases due to use of minor procedure room. With regulatory reviews, the waitlist resumed. As for oculoplastic, there was not a waitlist until the services were stopped on the scheduled day of this procedure due to the pandemic; waitlist is anticipated to be eliminated.

-In-clinic cycle times – The ophthalmology cycle time from June 2019-May 2020 indicated the setback in Epic go live in late 2019 and subsequent recovery until spring of 2020. Extracting data is challenging, but efforts are ongoing for accurate information in Epic.

-Referral queue – With some changes in process of patient access and referral, challenges arose. The current number of referrals waiting to be scheduled for Ophthalmology and Optometry is a little over than 1K (typical range is 1K - 2K). Since the Epic transition, 45K have been referred to 4M specialties. The goal is to timely provide appropriate eye care for patients.

- Developing People –

-Staff - there are concrete actions (e.g., continuing education, provision of resources) to support staff and physicians in successfully fulfilling responsibilities. In terms of DEI (Diversity, Equity and Inclusion) and Justice, there are initiatives to help create continuous employee engagement throughout the department/units.

-Teaching/Education – The department has the top ophthalmology residents in the country with ZSFG considered as one of the biggest assets to the program. The residents are engaged in research and critical evaluation of care. A resident-lead research on cataract surgery teaching was noted; results indicated that there was no significant difference in complications between full-time and volunteer attending physicians. In terms of DEI and Justice, the ZSFG residency program has established leadership in these causes among the nation's Ophthalmology Residency Programs with its consistent commitment for the past 20+ years.

-Grand Rounds Speakers – In terms of DEI and Justice, 50% female speakers and 8.8% URM speakers are scheduled in 2020-2021. Efforts will continue to promote DEI in these events.

-Ophthalmology statement on DEI and Justice – A consensus statement on DEI and justice was developed in 2020 incorporating principles and declarations; this statement is posted in patient and research areas for awareness and reflection.

Financial Summary (FY 2019-2020) – Total income was \$5.15M (35% affiliation and 65% pro-fees), and total expenditure was \$4.97M (7% non-personnel operation, 35% faculty, and 58% staff). These figures are consistent with prior years' amounts.

Research – There are multiple projects. A new clinical research unit performing clinical trials/studies (sponsored by NIH and industry) on diabetic retinopathy and macular hole was established. With the department providing care to many patients afflicted with diabetic retinopathy, the noted research is a monumental step to enhance care. Also, collaborations with industry partners (biospecimens and education on diabetic retinopathy) and with other departments (e.g., clinical trials such as amfAR study on HIV/AIDS) were relayed.

COVID Impacts –

- Surgery- With reduced block time, efforts were successful to maintain volume of cases. Fast-track cataract patients were unwilling to obtain care that prompted physicians to actively find patients willing to come in for surgery. Also, there was more availability of attending physicians which facilitated staffing; this situation is expected to change.
- Clinic – With telehealth in conducive to eye care, reduced capacity posed a challenge in seeing patients but the use of 4E Clinic mitigated the issue until vaccination commenced at 4E Clinic. An overflow waiting room for 4M is an urgent requisite. Also, patients with non-urgent vision-threatening conditions (diabetic retinopathy and glaucoma) are not coming in, but they still need careful monitoring for required intervention.

Challenges and Opportunities – Regarding cataract backlog, the plan is to optimize use of available OR time and to evaluate patient acceptance of CCH option. As for clinic referral queue, there are ongoing collaborative efforts with the Patient Access team to address the matter.