

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on April 27, 2021
April 2021 MEC Meetings

Emergency Medicine Service Report – Christopher Colwell, MD, Service Chief

Details of the reports are as follows:

A. Scope of Clinical Service

- Mission – To provide quality healthcare and trauma services with compassion and respect 24/7 in the only Level 1 trauma center in SF and surrounding counties for anyone who comes through the doors
- Clinical services/program – ED services are offered for adults and pediatrics. Volume steadily increased for 5 years up to 2019 (~ 86K) followed by a decline in 2020 (~ 59K) due to the pandemic. In 2020, the department posted the highest ambulance volume in SF (~ 20K).

B. Faculty and Residents

- Faculty
 1. Achievements/Roles – The significant contributions of some members were noted. ·
 - Dr. Rob Rodriguez -advocate for vulnerable populations especially Latinx communities, appointee in Biden/Harris COVID-19 Transition Advisory Board, among others ·
 - Dr. Andi Tenner - Alternate Care Site Lead at COVID Command Center in 3/2020, Clinical Director of Medical Operations Group of Health Services in 6/2020, Operations Section Chief of COVID Command Center in 10/2020 ·
 - Dr. Mary Mercer - Medical Branch Director and Health Strategy SME (Subject Matter Expert), Vaccine Branch Director, among others ·
 - Dr. Hemal Kanzaria - Terry A. Patinkin, MD, Endowed Professorship to support service for underserved populations, Department of Care Coordination Medical Director, among others ·
 - Dr. Starr Knight - Inaugural Director of Faculty Experience for UCSF at ZSFG and Ambassador Trainer for DEI (Diversity, Equity and Inclusion) Champion Training Program
 - Other faculty members hold various leadership positions and committee memberships at ZSFG.
 2. Number - There are 45 faculty members (26 FT and 19 Half-time). For UCSF SOM appointments, there are 11 Asst. Professors, 4 Assoc. Professors, 10 Professors, and 1 Ladder Rank.
- Residency –Dr. Chris Fee is the Residency Director with Drs. Esther Chen and Jill Mongelluzzo as Assoc. Residency Directors. The program started in 2008.
 - With a 2020 grant, there are 15 residents/year with approved 14 residents/year and 56 residents in total. There are over 100 graduates with 30% pursuing academics and 35% staying in Bay Area. The Class of 2025 consists of 60% women, 40% unrepresented minorities, and 20% identified as LGBTQ.
 - There are multiple fellowships: Global Health, Medical Education, Emergency Medical Services, Ultrasound, Toxicology, and Pediatric Emergency Medicine.
 - There are 120 medical student rotators/yr (60% UCSF med students & 75% of intern class rotated at ED).
- CME – High Risk Emergency Medicine Hawaii, a national CME offering, was canceled for 2020 and 2021 with hopeful reinitiation in 2022.
- Staff Communication – Modes of communication (virtual during the pandemic) include monthly faculty meetings, weekly ED Executive meetings, biannual departmental faculty retreats, annual performance evaluations, biannual OPPE, and email. Email communication has been challenging with its volume; there is ongoing consideration of other media platforms and combination of existing communication networks.

C. Quality Assurance and Performance Improvement Initiatives – The department has focused on integration of QI measures and PI measurements marked by significant progress in 2020. QI is generally informed through case reviews (UOs, patient grievances, health plan) with use of one network for evaluation and determination of next steps for QA involvement. Then, the QA efforts are used to inform PI efforts. INFORMATIONAL

- A Case Review program has been instituted which is helpful in informing many PI efforts; monthly meetings are held with nursing leadership, learners, and faculty with every case review followed by at least 2 follow-up steps and consideration for a PI project. Some examples are the following:
 - Non-traumatic Aortic Dissection Case Review –There have been long delays in ED for patients waiting to be transferred for dissection. The process of identification and transfer of patients was reviewed with significant improvement in transferring patients. A prolonged ED stay may be detrimental to safety of patients.
 - DKA Case Review - A system issue was identified: Anion Gap normal range reported in the hospital was very different from what was identified in practice. ED taskforce met with the lab to align the range

- hospital-wide, leading to better focus in practice in conjunction with Internal Medicine. Subsequently, there has been improved identification of DKA.
- There are also efforts to leverage technology with the new Clinical Information Hub (E Drive). The E Drive is a 24/7 one-stop information hub that provides instant access to list of policies, procedures, and guidelines that impact ED. Other departments have assisted in updating and finalizing the list.
 - Performance Improvement Drivers – Improvement efforts are aligned with the hospital’s True North. The plan is to streamline metrics and reporting which will also be included in E Drive. The following were briefly noted: partial list of improvement efforts led by faculty, example of PIPS Report, individual faculty clinical faculty performance dashboard.
 - Future State
 - ED PI Portal- With target date of end of 2021, efforts are ongoing for a HIPPA secure, online portal for all dashboards and ability to share data and initiatives (current process is being streamlined and enhanced to be more user-friendly).
 - DEI Dashboard – This is an upcoming driver for 2021-2022. The goal is to evaluate care in ED based on race, ethnicity, language, among others to focus on equitable care in ED.
 - Patient Satisfaction Surveys – Updated surveys which focus on physician intervention will be used starting in mid-April. Previous surveys focused more on nursing and inpatient areas.

D. ED Metrics

- Triage (7/2019 - 2/2021) - The monthly number of patients has remained at relatively low level as compared to pre-pandemic levels with a slight increase in October 2020. The reduced figures are about 78% of pre-pandemic levels. The inclusion of lower level patients not seen but signed in at ED would reflect numbers at 82-83% of pre-pandemic levels.
- Total Admitted Patients (7/2019 - 7/2020) – The monthly number of admitted patients has slightly lowered. With volumes down, there has been more reduction in lower level and less acute medical care. However, hospital admissions, particularly ICU admissions, have not dramatically decreased. Thus, acuity has remained high even with reduced overall volume. There was a significant decrease in January 2021, with month of January typically posting more patients in the influenza season.
- Pediatric Patients (2019-2020) – There has been a substantial decrease in monthly number of admitted pediatric patients with slight increase in recent months. The volumes continue to be at reduced level since the pandemic.
- LWBS/LWBT (7/2019 - 2/2021) – The pre-pandemic percentage number of patients LWBS (left without being seen) pegged at 6% in July 2019 was reduced to 1% around May 2020. Both the pandemic and improvement efforts have sustained the 1% LWBS volume which is on par with the 1-2% national benchmark.
- PES Patients (7/2019 – 2/2021) - The monthly number of psychiatric patients significantly increased from the beginning of the pandemic in March 2020. The higher volumes have remained since then.
- Arrivals by Ambulance (2019-2020) – The department continues to receive the highest number of arrivals in SF. Over 80% of ambulatory patients come from SF Fire. The volume of incidents related to the top ten trauma mechanisms of injury reduced from CY 2019 to CY 2020 with two notable exceptions: stab wounds and firearms (reflecting the challenges caused by the pandemic).
- Trauma Team Activations (CY 2019 – 2020) – Levels have largely remained constant with slight increase in higher acuity activations and reduction in lower acuity activations. Also, level of shock trauma activations was at its highest for the past two years.

E. Financial Report (FY21 Revenue and Expense Forecasts) – About 40% of revenues arise from clinical work with another 40% coming from affiliation agreements and the rest largely from sponsored projects. Salaries and benefits comprise most of expenses. Professional Fee revenue is forecasted to substantially decrease in 2021 primarily due to volumes. Expenses have been stabilized, but lower revenues will pose a continuing challenge.

F. Research – The number of peer-reviewed publications was 87 in 2019 and 93 in 2020 with the (on track) goal of reaching over 100 publications in 2021. NIH research awards were predominantly bestowed on Drs. Robert Rodriguez and Renee Hsia. Other noteworthy achievements included the following: (1) 21 faculty members obtaining awards/collaborations; (2) collaborations with over 12 UCSF departments and entities outside UC and California; and (3) WHO Collaborative Center. The major focus research has been on health policy and pandemic. A partial list of faculty research awards and peer-reviewed publications was relayed.

G. Summary

- Strengths – These include the following: (1) front-line workers who are truly mission-driven and devoted to patients; (2) updated facility; and (3) amazing and diverse patient population with ED not only acting as an important interface between ZSFG and public but also presenting first impression of ZSFG.

- Challenges – An identified challenge is the “funnel effect”, i.e., easy entry to ED but difficult discharge from ED. Other challenges include the following: (1) boarding; (2) continuing high divert and divert percentages; (3) undifferentiated patient population leading to vital decisions based on inadequate data; (4) doors never closed; (5) dependency on different staffing resources; (6) hospital/campus-dependent ED flow; (7) behavioral health with ED increasingly called to fill the gap between needs and resources; and (8) resource use (Availability/proximity versus indication – i.e. Use of CTs in ED at unsustainable rates).
- Goals – These include the reduction of LOS, diversion, and admissions. Also, the impact of behavioral health on medical care in ED needs to be addressed. Other goals include the following: (1) streamline work flow algorithms for processes that can be controlled; (2) right patient, right place, right time; (3) increase patient satisfaction; (4) improve Net Promotor scores; (5) increase patient safety which relates to improving communication among care team with the goal of reaching 100% in both relationship-centered and DEI trainings (DEI training was almost 100% in 2020), among others; (6) pandemic recovery; and (7) change culture.

Regarding the goal of pandemic recovery, Dr. Colwell further explained that amidst uncertainties and implications, the task force (that will be established to focus on staff and provider wellness) will hopefully identify the struggles faced by staff and providers. Dr. Winston, along with other MEC members, expressed her admiration and gratitude for Dr. Colwell’s dedication, PI achievements, residency and fellowship programs, model faculty dashboard, among others.