Hospital Operations & Patient Care Report

Presented to the Health Commission – ZSFG on May 24, 2022

ZSFG Executive Team Report

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1. COVID-19 - Returning Safely Together

San Francisco, similar to the rest of California, the U.S., and the world, is in a rapidly changing environment with respect to COVID-19. The following are the latest changes and updates in our COVID-related operations; we are continually assessing these policies and practices:

Indoor Meeting Cap Lifted

Effective Monday, April 25th, the indoor meeting cap was lifted; the maximum number of participants in an indoor meeting or gathering will be based on the normal capacity for the room. Attendees must continue to wear masks and food and drinks are not allowed. For rooms with natural ventilation from the outside, opening windows during meetings or gatherings is encouraged to improve ventilation.

Updated Visitor Policy

As of Friday, May 6th, the visitation policy has been updated. ZSFG is now allowing up to four visitors at a time, with up to six visitors per day, for patients not expected to live past 48 hours. Additionally, farewell visits now allow four visitors at a time, with up to twelve visitors per day and two remaining while the patient passes.

EQUITY

2. Equity Seeds Grant Program: 4M Specialty Clinic

In 2021, ZSFG received \$54,663 from the San Francisco General Hospital Foundation to support the Equity Seeds Grant Program. This fund, managed by the Equity Council, allows different ZSFG units to apply for seed funding to create unit-based equity learning series or equity work groups and/or have facilitated conversations about race and racism and how it impacts the workspace, patients care, and patients' health outcomes. The Ambulatory Care, 4M Surgical Specialties Clinic received a grant for "Constructive Conversations & Equity Training," and have recently begun their trainings, provided by external consultant Anatasia Kim, PhD.

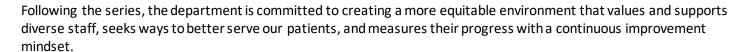
In March 2021, the department deployed a staff survey, which provided some important feedback about sources of communication breakdown and perspectives on race/ethnicity at work:

SURVEY QUESTION	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
I understand how government action and policies contribute to the differences in health between racial/ethnic groups	31% (n=4)	69% (n=9)			
My department is taking active steps to improve racial equity	15% (n=2)	69% (n=9)	15% (n=2)		
Managers in my department treat staff from all racial/ethnic groups with respect	23% (n=3)	61% (n=8)	8% (n=1)		8% (n=1)
Staff in my department treat patients from all racial/ethnic groups with respect	15% (n=2)	77% (n=10)		8% (n=1)	

To address these areas of concern, Dr. Kim provided four sessions, two with the 4M Equity Committee and two department-wide workshops. In these workshops, the teams explored responses to stressors of the work environment that lead to dysfunction. They learned that, as a group, they tend to "flock" to others with whom they are most comfortable, stifling efforts to communicate across cultures and teams. Dr. Kim also taught an eight-step pathway to more productive and respectful communication. The 8 steps were: (1) goal; (2) barriers; (3) values; (4) opener; (5) action; (6) listen; (7) respond; and (8) repeat.

4M will close out the series with Dr. Kim by developing a sustainable Diversity, Equity, and Inclusion plan to foster long-term culture change in their workplace using this framework. Since working with Dr. Kim, 4M has created multiple tools to deepen their understanding of and connection with each other and their work, including:

- A multi-disciplinary Equity Committee
- A DEI Celebration Board (right)
- A recipe exchange
- DEI reflection huddles using the 21-Day Racial Equity Challenge materials
- An appreciation and gratitude practice
- Data stratification by REAL variables



DEVELOPING OUR PEOPLE

3. Thank you, Dr. Carlisle!



Dr. Sue Carlisle, our outgoing Vice Dean, with Dr. Elena Fuentes-Afflick, our incoming Vice Dean

May 2nd was Dr. Sue Carlisle's last official day as Vice Dean for UCSF at ZSFG. It's hard to imagine ZSFG without Sue. She joined the UCSF faculty in 1990, 32 years ago, after completing UCSF residencies in internal medicine and in anesthesia, as well as a chief residency year here in anesthesia in 1989-90. She was named the ZSFG Chief of Anesthesia in 1999, has been our leader in the Dean's Office since 2003, and was named the first female Vice Dean of UCSF at ZSFG in 2012.

Beyond her tenure and the esteemed positions she has held at ZSFG, what's most meaningful is what she's meant to people and the legacy she's leaving us. So many of our Chiefs here at ZSFG describe how she supported them during their earliest years as leaders, and through particularly challenging times. One person even told a story of how Sue supported her when she was an intern and Sue was a resident: with grace, calm and expertise. Sue was there for her.

Beyond her talent as a leader and mentor, Sue also leaves an indelible mark on the buildings here on campus. Sue was a key force in the planning and implementation of our Building 25 acute care hospital. She also had the vision, the resilience, and the patience to see the UCSF Research and Academic Building virtually to completion. Sue was the leading force behind navigating the complexities of getting two large and complex bureaucracies -- the University of California and the City and County of San Francisco -- to come to an agreement about constructing a building on this campus.

Dr. Carlisle has been an incredible leader in stewarding the relationship between UCSF and ZSFG. She is a great colleague, a mentor, and a friend to scores of people on campus. Thankyou, Sue, for all that you have done for ZSFG, our patients and community, and ZSFG wishes Sue all the best on the next part of her life's journey.

DEVELOPING OUR PEOPLE

4. ZSFG Healthcare Recognitions

National Nurses Week

May 6th-12th is National Nurses Week! It's difficult to express enough gratitude for the care our nursing professionals provide to our patients and support for our teams. Well before the pandemic and certainly through it, our advanced practice nurses, registered nurses, licensed vocational nurses, and medical and patient care assistants put their heart and soul into the work they do here. Whether they provide emergency care, inpatient care, procedural care, clinic care, care coordination, education, quality improvement or management — nurses support our staff and our patients expertly and compassionately. Nurses represent more than 30% of our workforce at ZSFG and they are truly at the heart of all that we do.

Through the immeasurable challenges of the past couple of years, most of our nurses have stayed and done much more. ZSFG has immense gratitude for our nurses and the work they do, especially now. They have continued to do their critically important work and have stepped up to do other things like COVID testing, vaccination, occupational health work, community health work and all types of work related to the pandemic and disaster relief. They have cared for families who have challenging health and social issues to contend with: they have helped to keep them well, have served them on the road back to wellness, and have cared for them at the beginning and end of life. They are focused on eliminating disparities and advocating for our patients' well-being in every way. Our nurses are truly amazing!

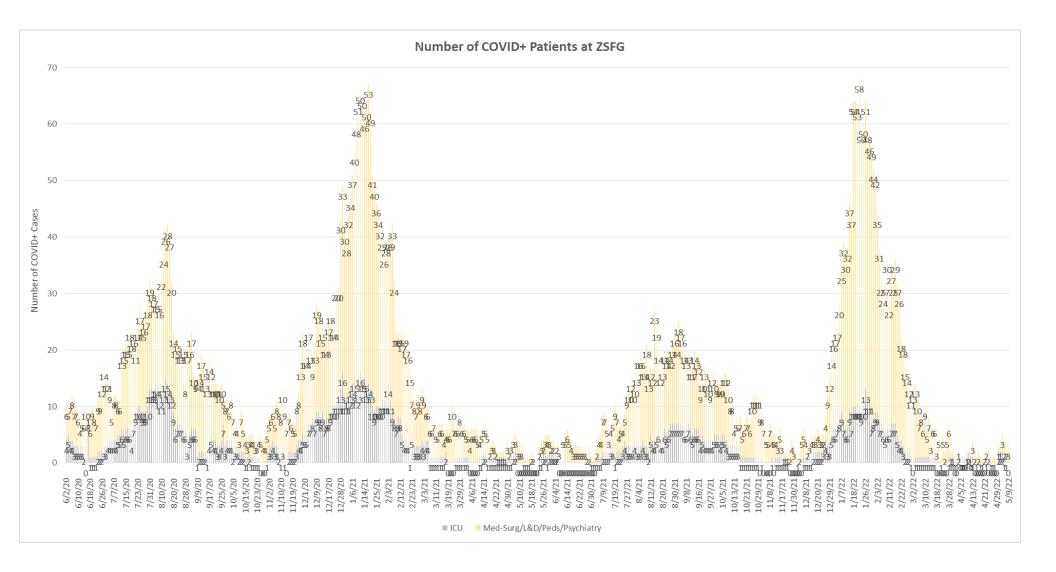




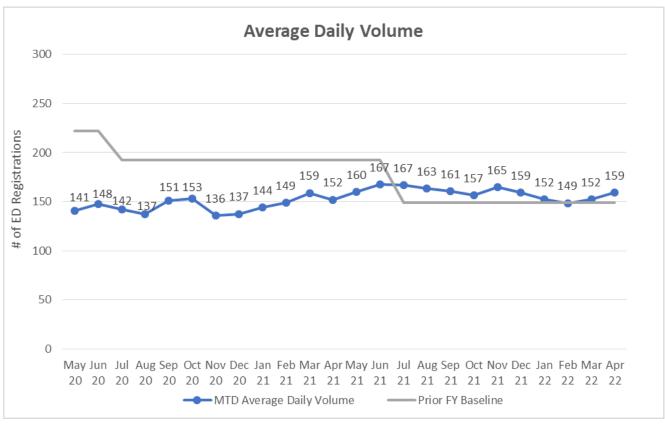


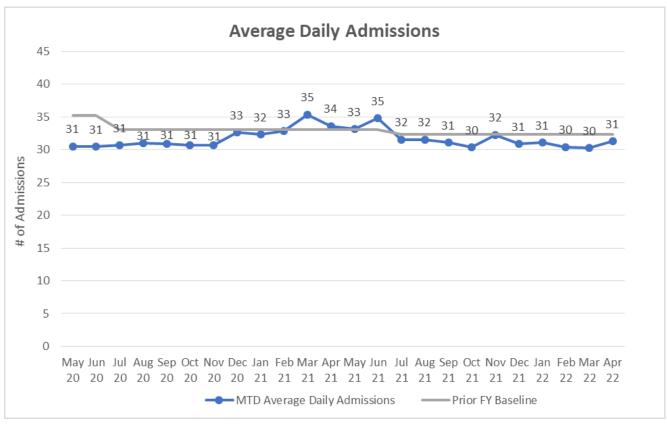
Many thanks to all our wonderful staff in all departments that go above and beyond to provide the highest level of care to our patients and community!

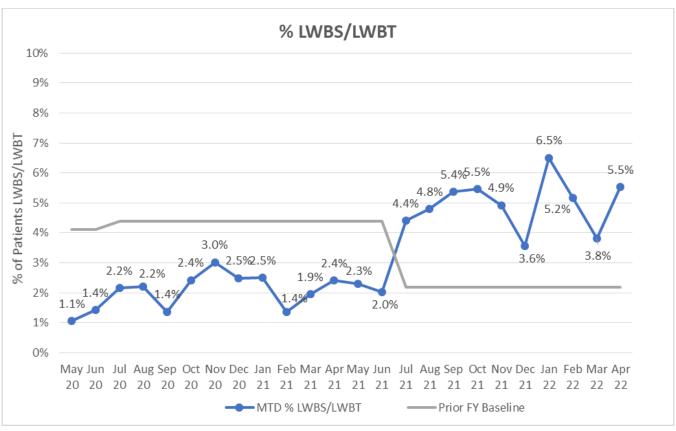
QUALITY ZSFG COVID+ Patients

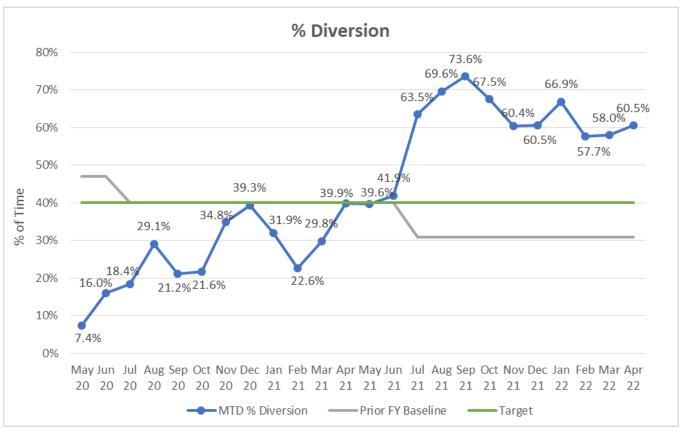


QUALITY Emergency Department Activities

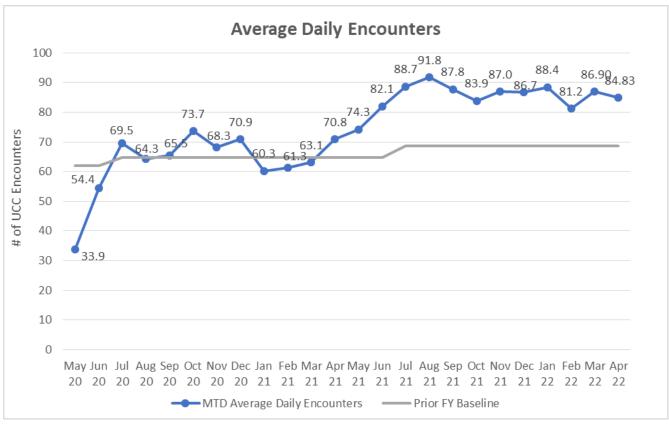


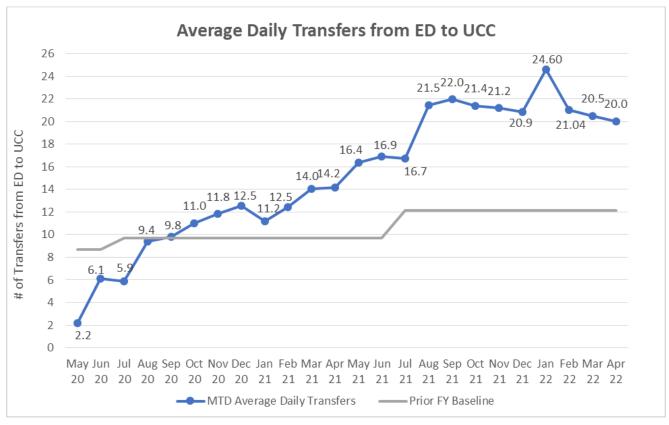


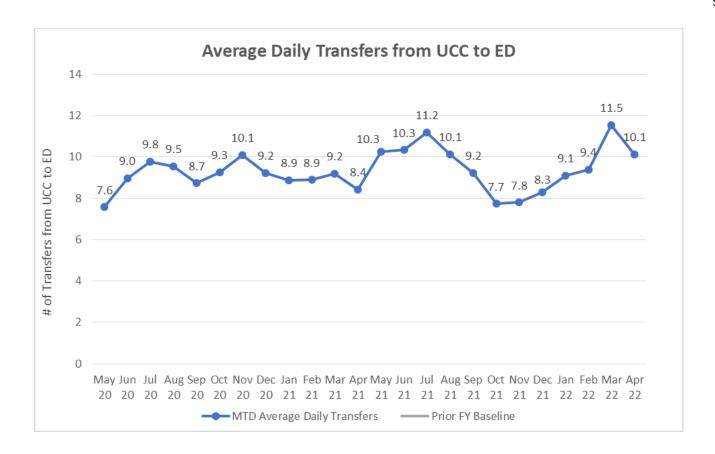




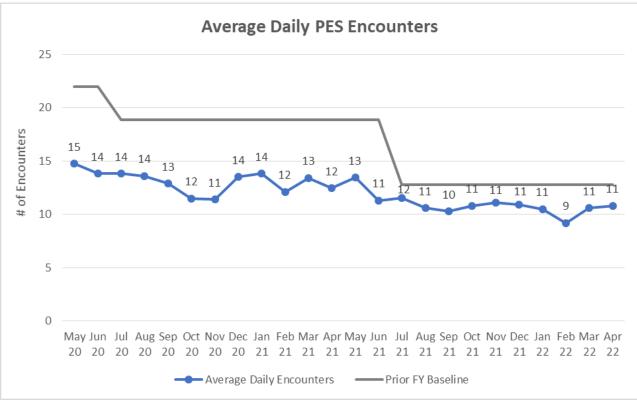
QUALITY Urgent Care Clinic Activities

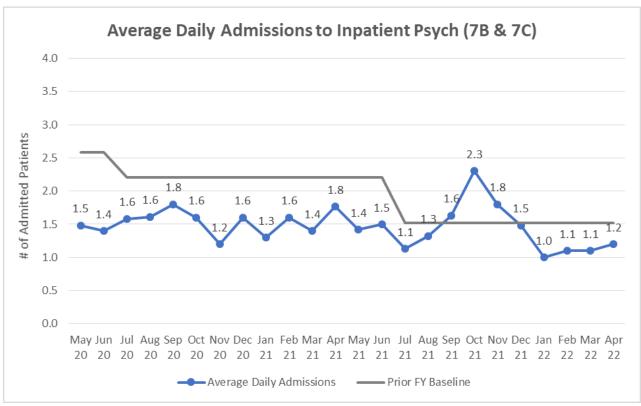


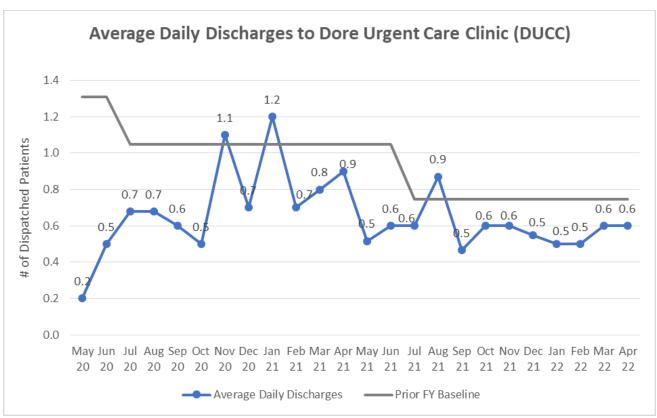


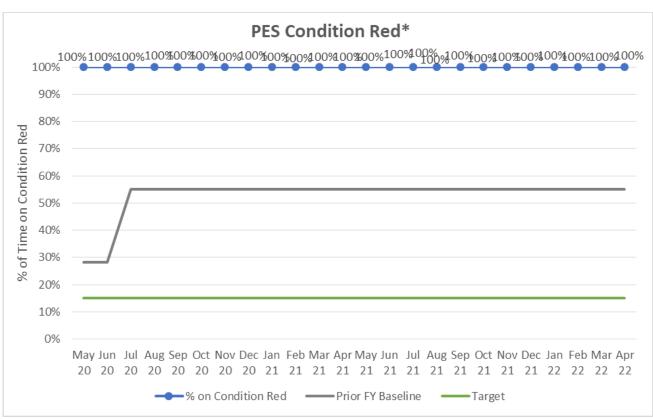


QUALITY Psychiatric Emergency Services Activities









^{*}We are using condition red as an external communication tool to signal that patients can not directly come to PES. They must be cleared by ED first.

QUALITY

Average Daily Census

MEDICAL/SURGICAL

Average Daily Census of Medical/Surgical was 163.97 which is 105.11% of budgeted staffed beds and 91.60% of physical capacity. 26.25% of the Medical/Surgical days were lower level of care days: 8.80% administrative and 26.25% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)

Average Daily Census of ICU was 29.37 which is 104.88% of budgeted staffed beds and 50.63% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)

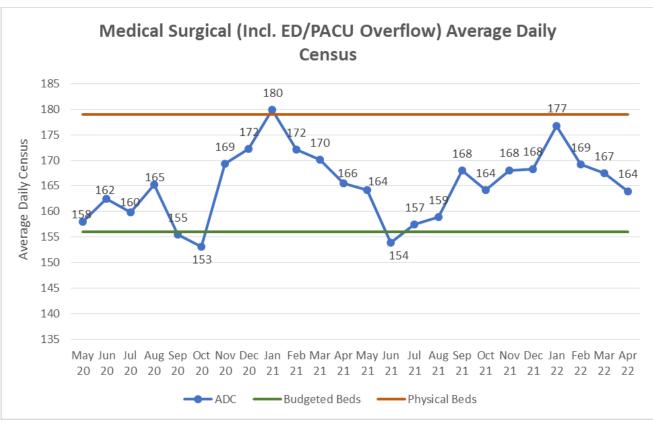
Average Daily Census of MCH was 34.37 which is 114.56% of budgeted staffed beds and 81.83% of physical capacity of the hospital.

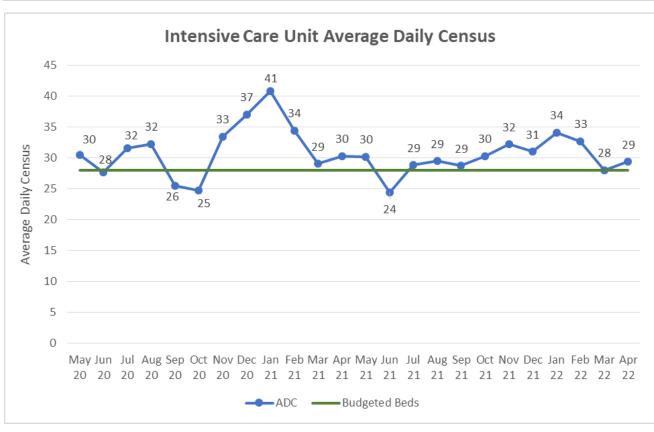
ACUTE PSYCHIATRY

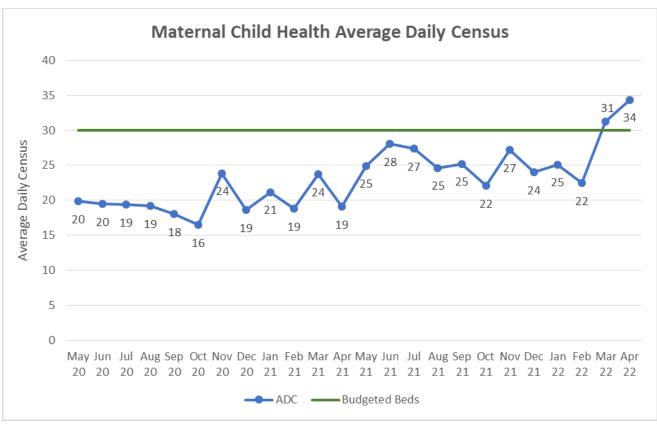
Average Daily Census for Psychiatry beds, excluding 7L, was 42.20, which is 95.91% of budgeted staffed beds and 62.99% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.73, which is 81.90% of budgeted staffed beds (n=7) and 47.78% of physical capacity (n=12). Utilization Review data shows 82.23% non-acute days (30.73% administrative and 51.50% non-reimbursed).

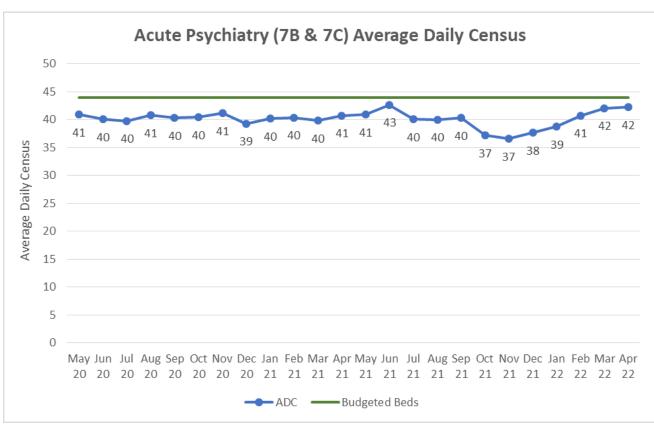
4A SKILLED NURSING UNIT

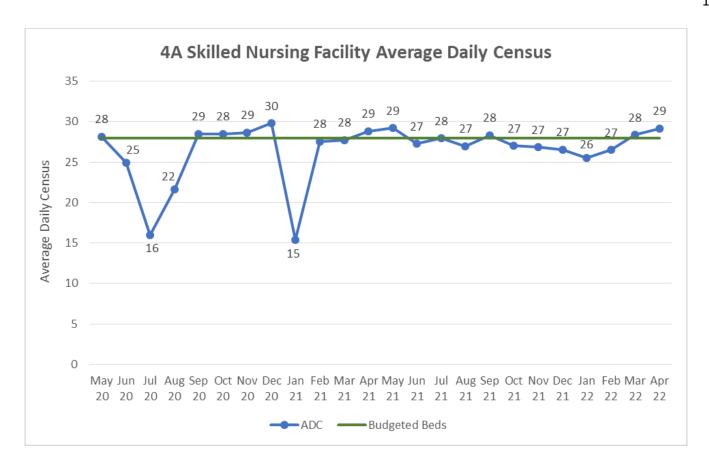
Average Daily Census for our skilled nursing unit was 29.17, which is 104.17% of our budgeted staffed beds and 97.22% of physical capacity.



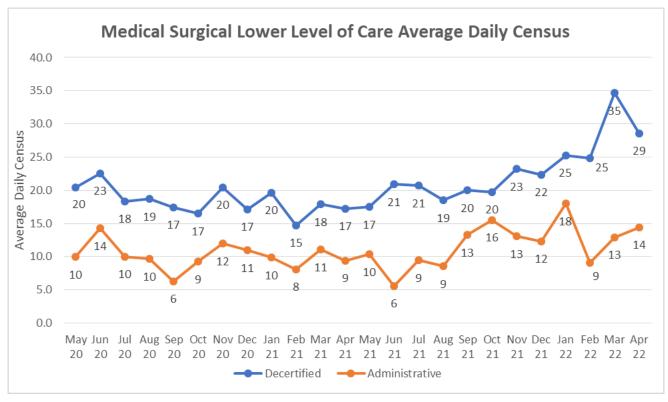


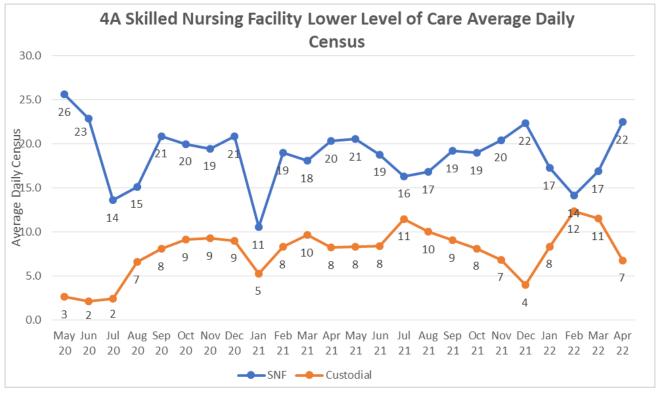


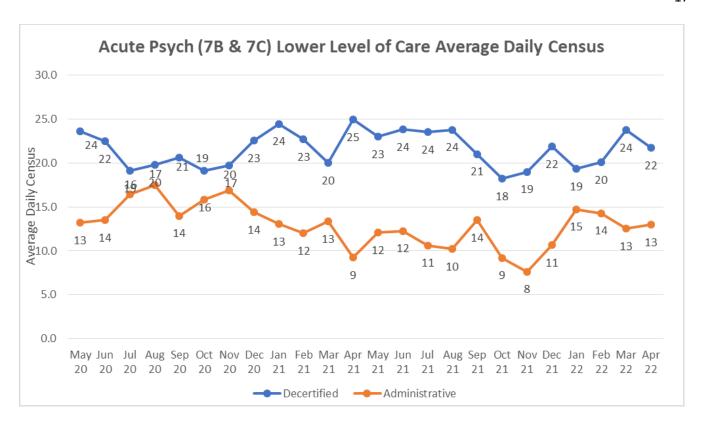




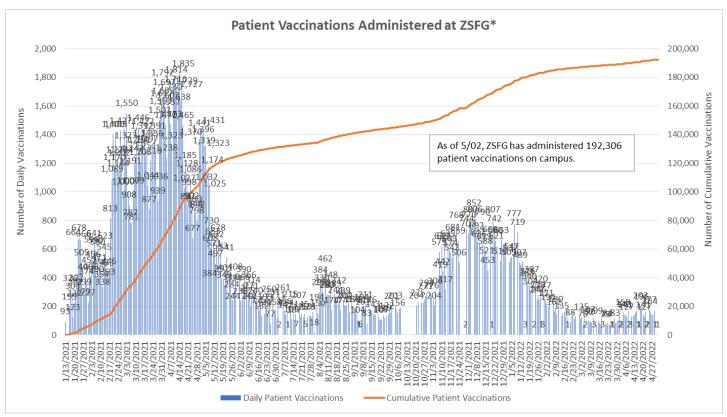
QUALITY Lower Level of Care Average Daily Census



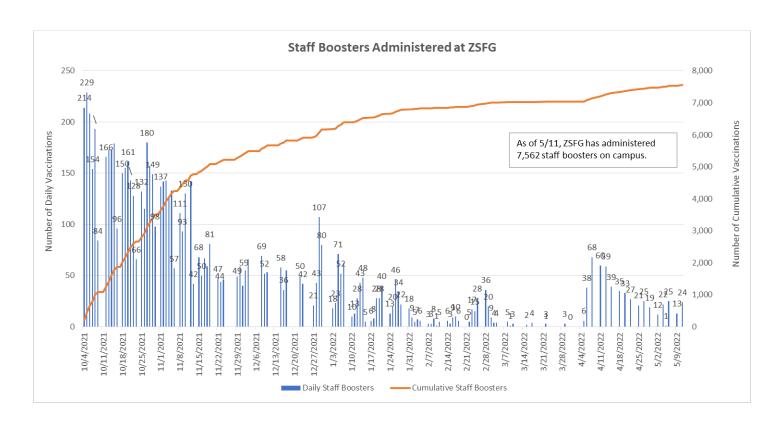




SAFETY COVID-19 Vaccinations Administered at ZSFG

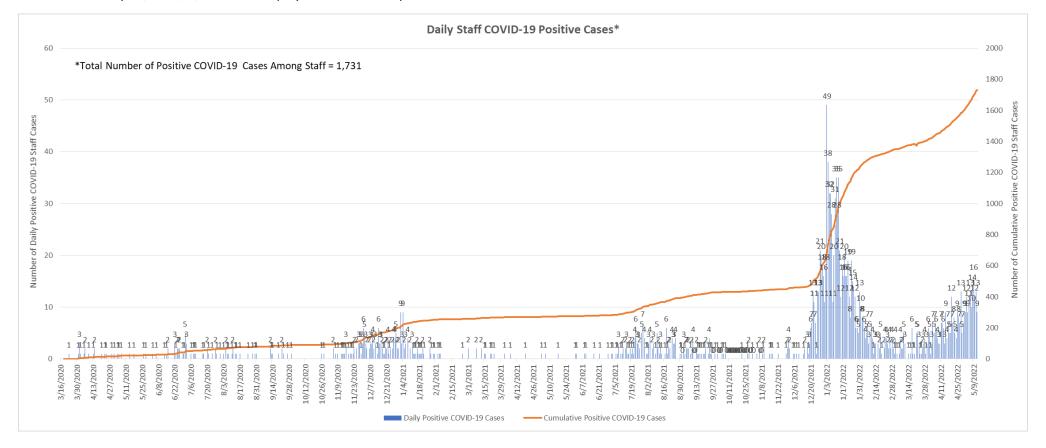


 * Includes network-wide patients and members of the community.

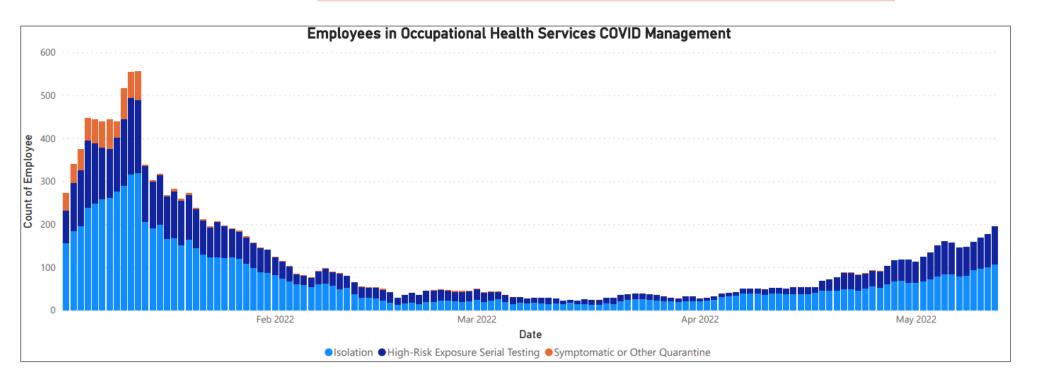


SAFETY Occupational Health COVID+ Staff Cases

As of May 12, 2022, 1,733 ZSFG employees have tested positive for COVID-19.

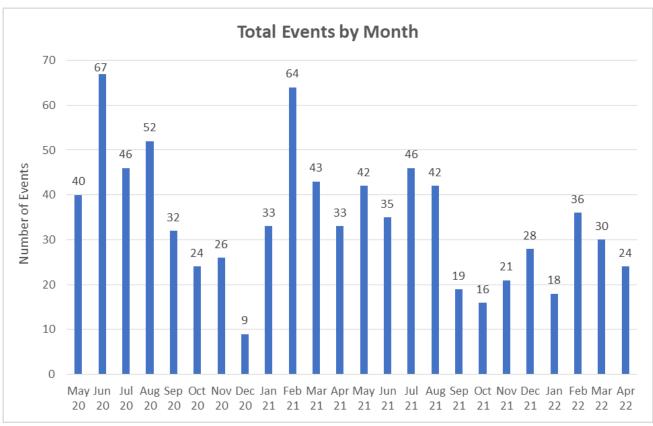


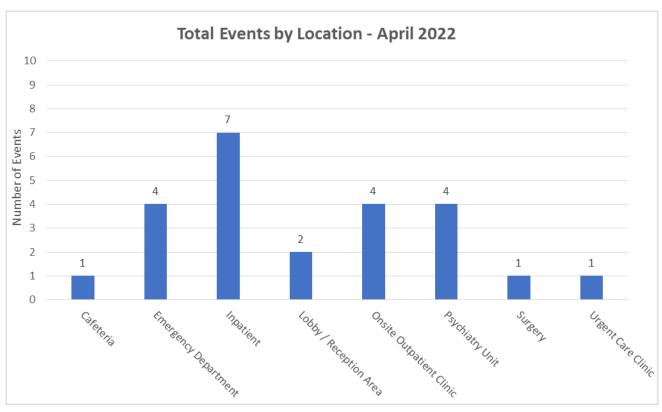
SAFETY Occupational Health Work Status Restrictions



SAFETY

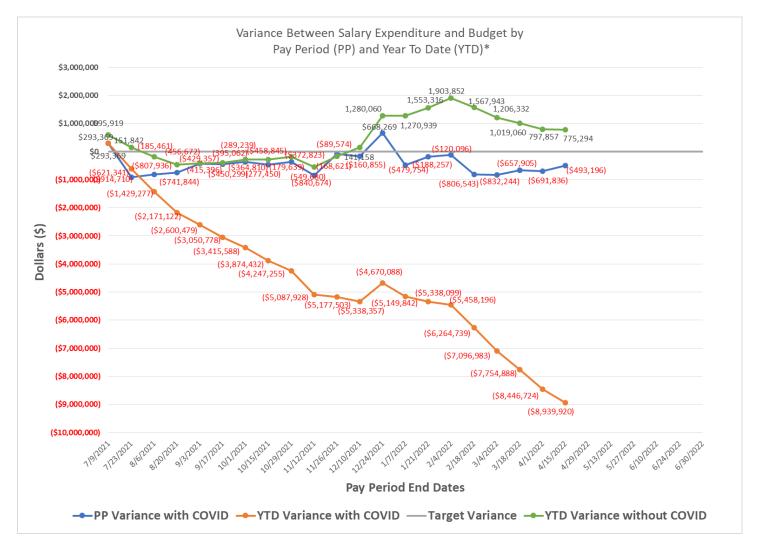
Workplace Violence Activity





FINANCIAL STEWARDSHIP

Salary Variance



*Please note that the COVID-19 and other labor costs have not yet been separated out of our operating fund to be charged to the COVID-19 budget. Therefore, these variances will appear inflated. Below are the rough estimates for the expenses contributing to the inflated variance. The green line (above) represents what our YTD salary variance would have been without the pandemic.

No.	Cost	Amount
1	COVID Temp Hires (unbudgeted)	\$2,149,498
2	H48 COVID Staffing	\$415,200
3	H52	\$224,800
4	H58 (Non-COVID Census Project)	\$42,200
5	COVID Sick Time	\$6,883,316
	TOTAL	\$9,715,214