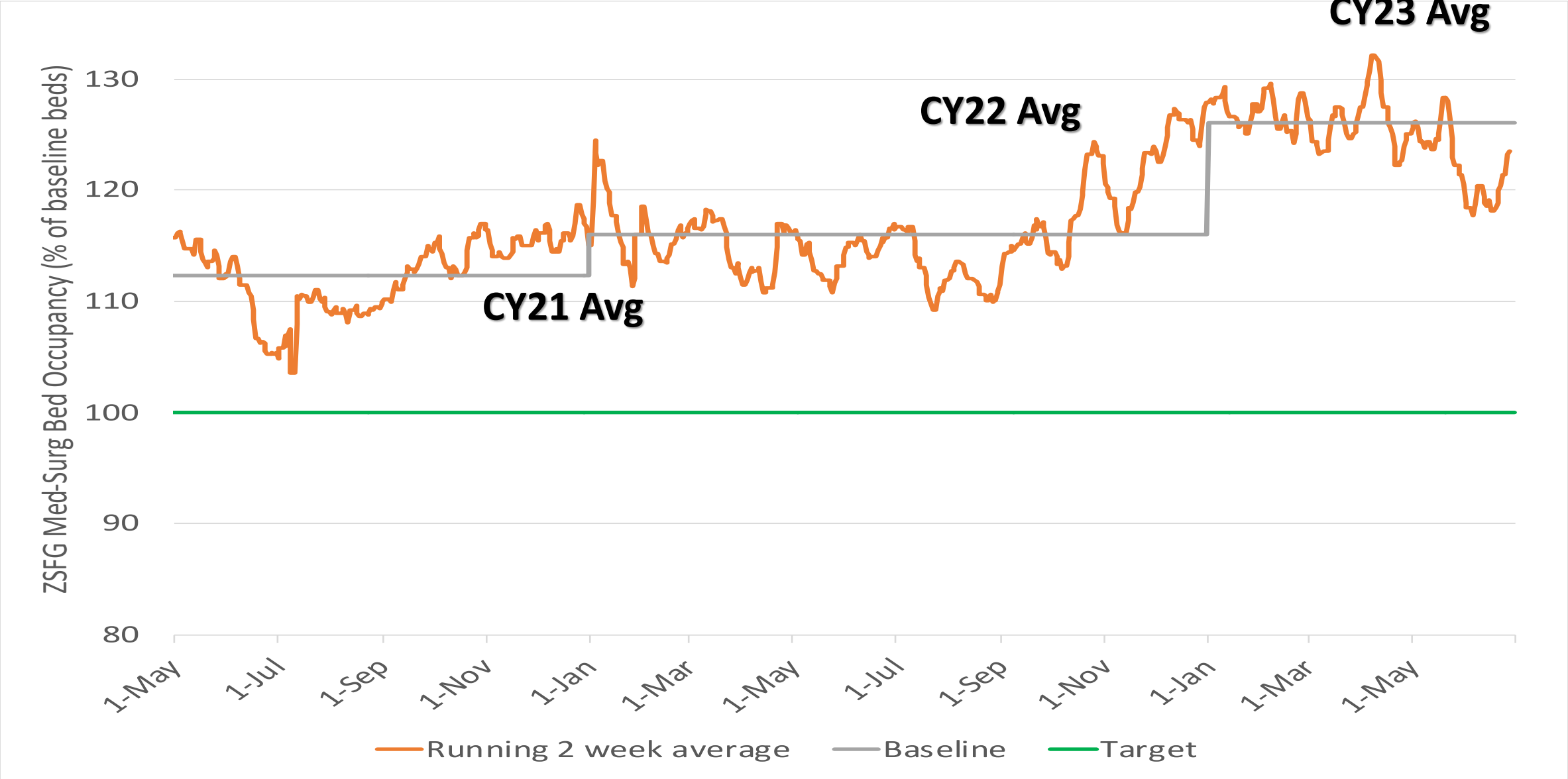




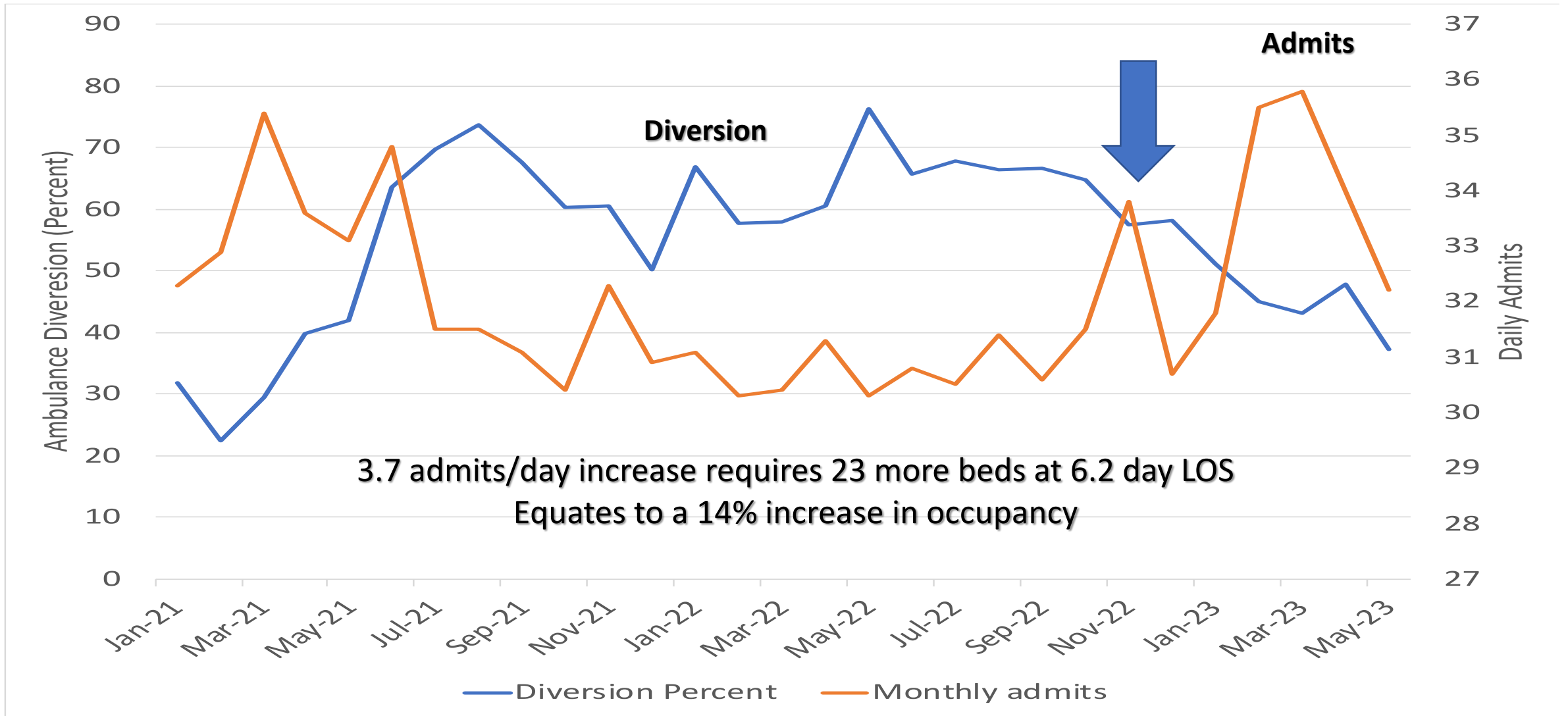
ZSFG Flow and Access Updates

July 25, 2023

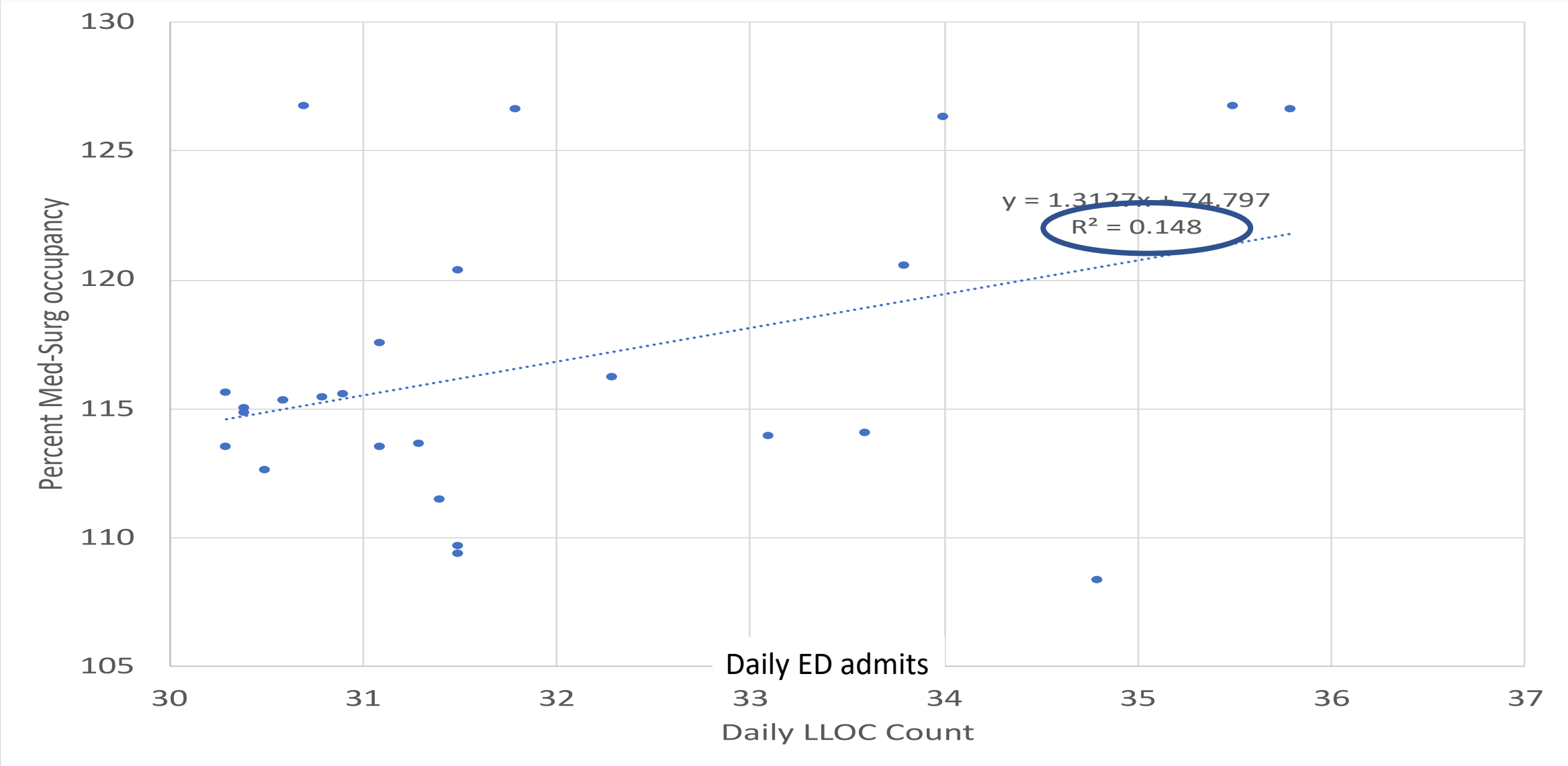
ZSFG Increasing Med-Surg Occupancy



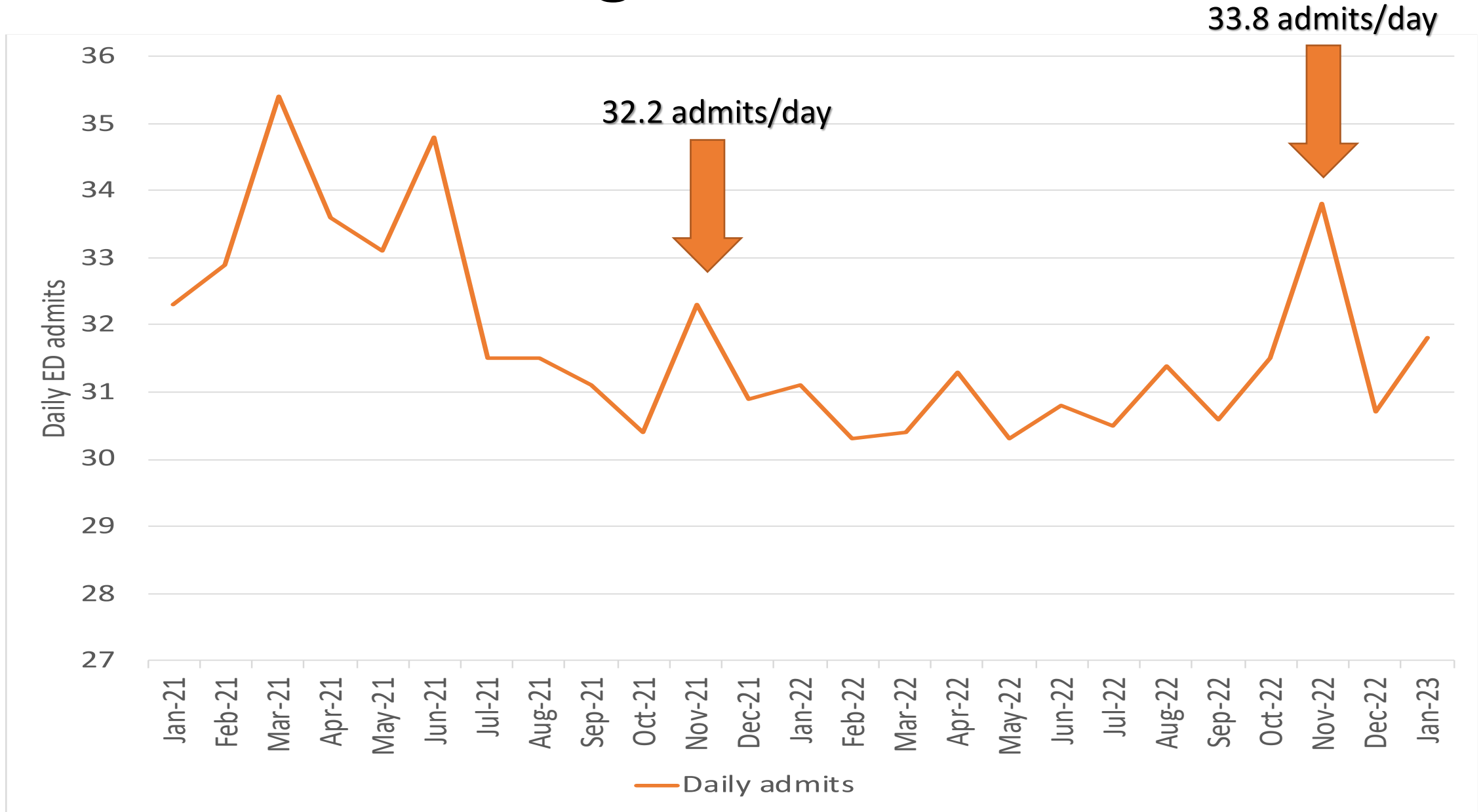
ZSFG Ambulance Diversion & ED Admits



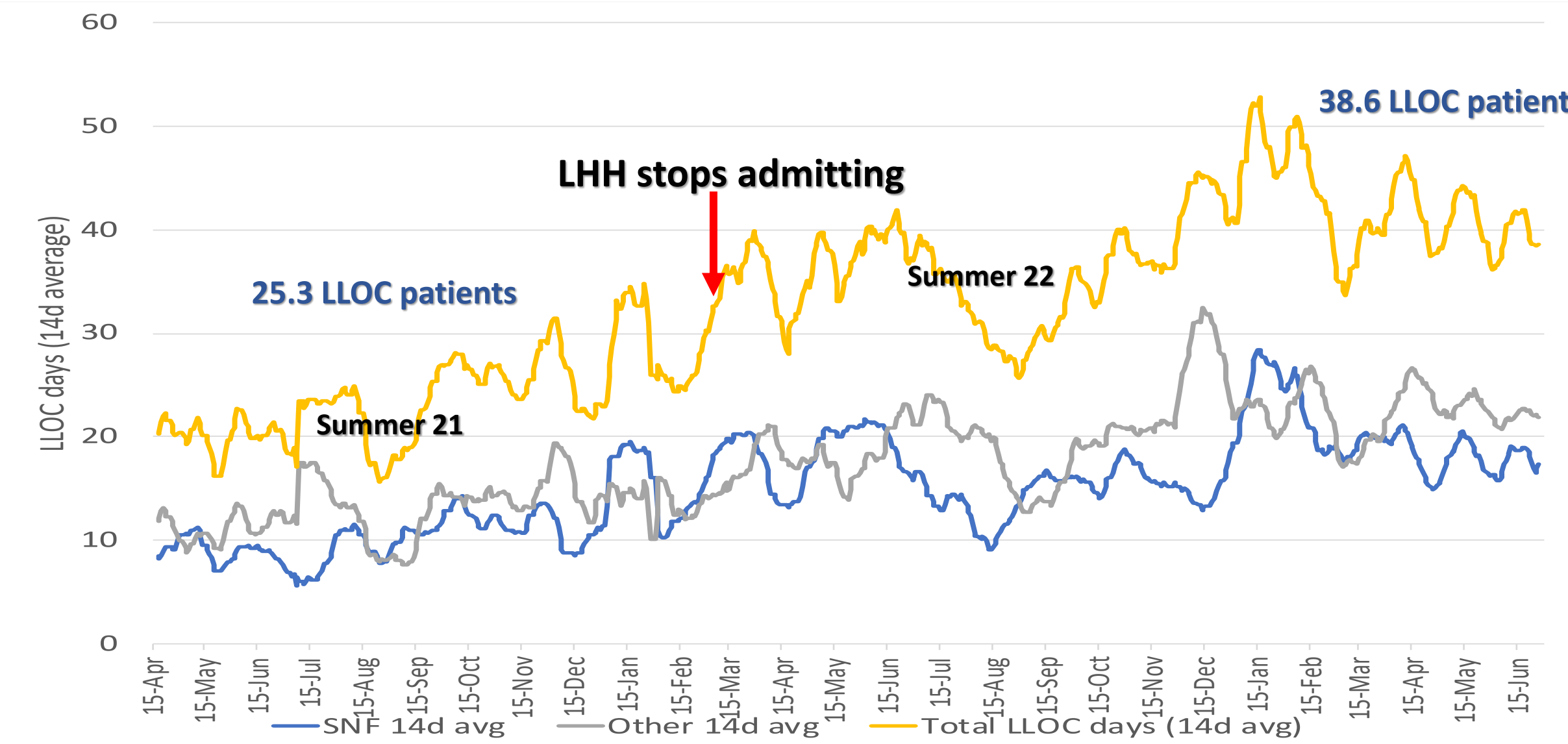
Little Relationship Between Monthly Med-Surg Occupancy with ED Admissions



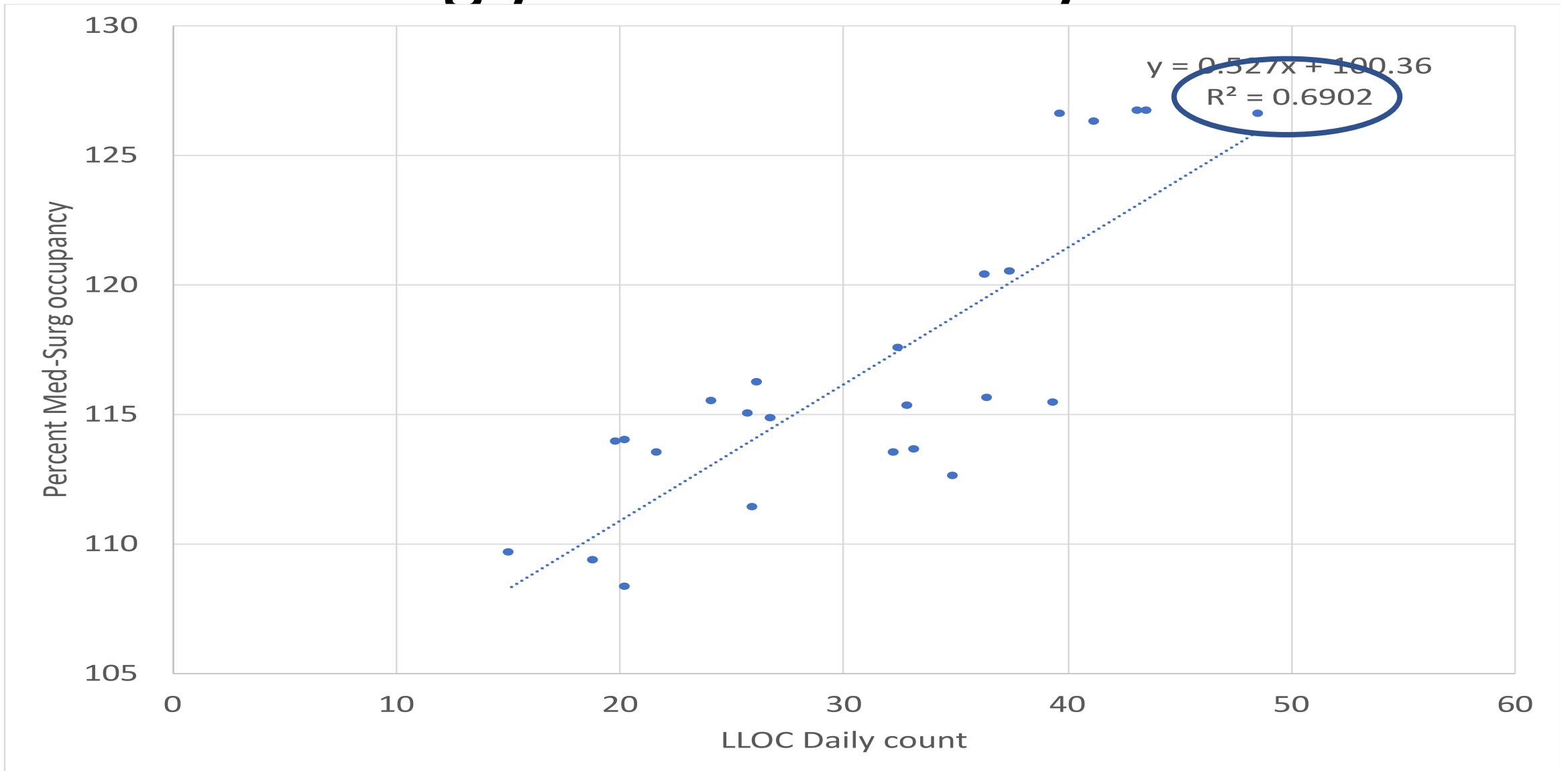
Minimal Change in Winter ED Admits



ZSFG LLOC Daily Census Has Increased



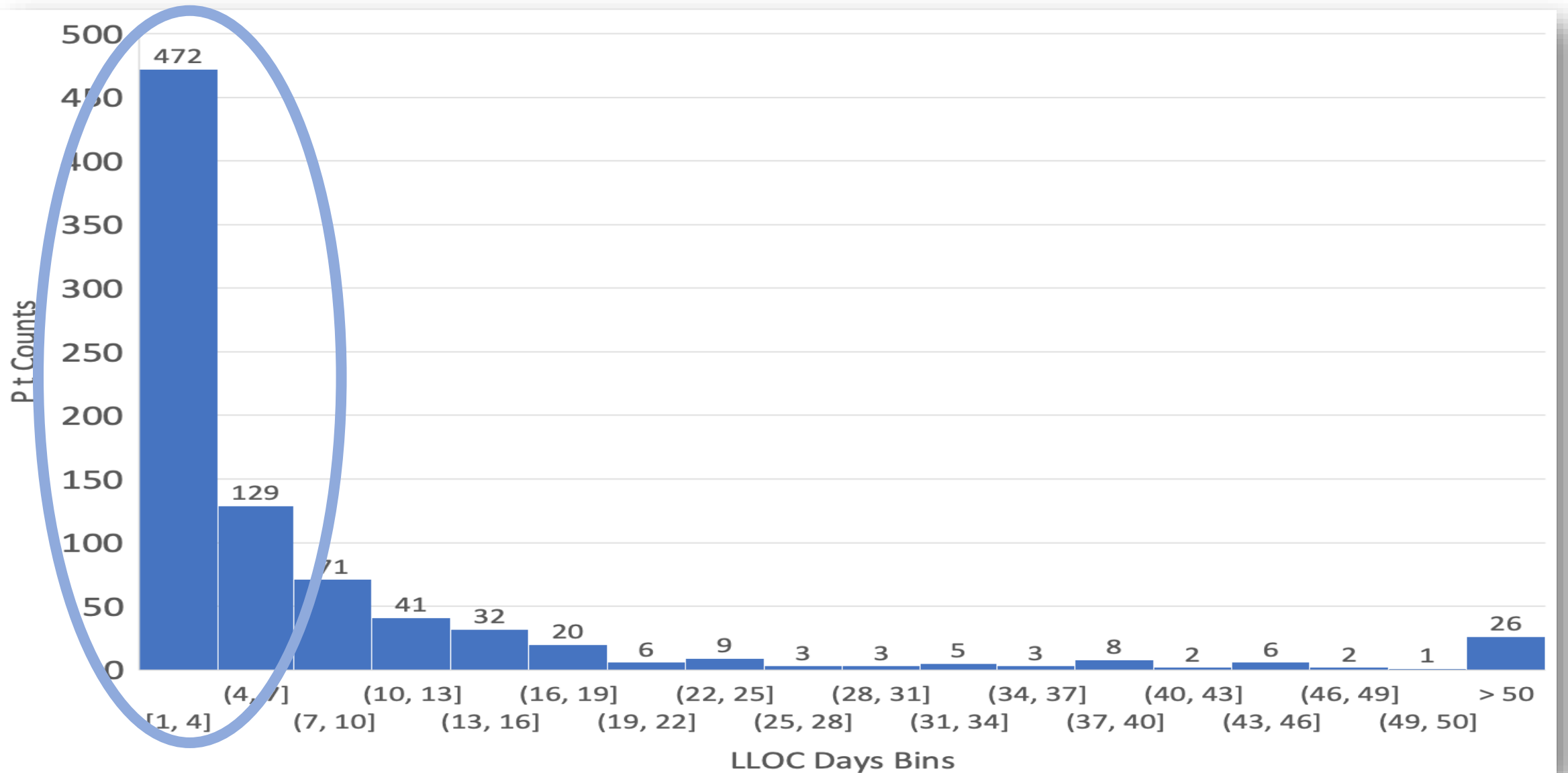
Monthly Med-Surg Occupancy Strongly Related to Daily LLOC











Increasing Patient Length of Stay (LOS)

Year	Avg Med-Surg LOS
2019	6.55
2020	6.48
2021	6.64
2022	7.28
2023	9.05
Average Since Epic Go-Live	6.84

LLOC Patient Trends







DoCC Patient Flow Interventions

PDSA	Progress	Example New Work Efforts	Successes	Challenges
ED Boarders + Discharge ready patients	Active 	<ul style="list-style-type: none"> Daily case escalation Prioritizing IP beds 	<ul style="list-style-type: none"> Barrier resolution WF development 	<ul style="list-style-type: none"> Volume Fire fighting
Social Medicine	Active 	<ul style="list-style-type: none"> Rounding in Care Start SUD Navigator 	<ul style="list-style-type: none"> PDSA managing shelter beds Re-admission prevention 	<ul style="list-style-type: none"> Limited access to community beds
Expediting procedures/ diagnostics/ therapy	Active 	<ul style="list-style-type: none"> Prioritizing studies and PT efforts on patients pending dispo 	<ul style="list-style-type: none"> EPIC improvements Partnership w Diagnostic Services + PT 	<ul style="list-style-type: none"> Reliance on doing as an inpatient
Home/4C/SNF IV Abx	Active 	<ul style="list-style-type: none"> Process Map, Std Work Complete Education of frontline staff 	<ul style="list-style-type: none"> Multi-disciplinary collaboration Leveraging technology/EPIC Weekly case review 	<ul style="list-style-type: none"> New ED Abx pathway for patients w SSTI
LLOC Continued Stay	Active 	<ul style="list-style-type: none"> Clinical Service Leadership Partners 	<ul style="list-style-type: none"> DOM leadership engagement 	
LLOC at Admission	Active 	<ul style="list-style-type: none"> Partnership with ED PI team, analysis, and planned next steps 	<ul style="list-style-type: none"> WF development Scientific thinking Educational efforts (DEM and DOM) 	<ul style="list-style-type: none"> Often unable to identify alternative to admission
Leveraging EPIC to Support Flow Improvements	Active 	<ul style="list-style-type: none"> Leveraging technology to foster + standardize dc planning Multiple SBARs submitted 	<ul style="list-style-type: none"> Multi-disciplinary collaboration SBARs submitted and reviewed, with ELT support, and built time 	<ul style="list-style-type: none"> Many stakeholders Slow process to alter EPIC
Expected Discharge Date and Avoidable Day Tracking	Active 	<ul style="list-style-type: none"> DoCC RNs documentation and tracking improvements 	<ul style="list-style-type: none"> DoCC RN documentation allows tracking to guide countermeasures 	

Clinician Service Leadership Engagement

• Process Metrics

- Successful engagement of ED and Dept of Medicine leaders 
- Develop DoCC-Service partnership on patient and systems level 
 - Emergency Medicine 
 - Weekly review and pareto of LLOC upon admission cases
 - Education session to emergency medicine faculty and residents
 - Analysis and case review of 2 months of data (36 cases)
 - Developing and implementing shared countermeasures based on learning
 - Department of Medicine 
 - Medicine Grand Rounds on LLOC June 13
 - DOM leaders engaged in real-time on LLOC cases
 - DOM new attending orientation now includes LLOC best practices

• Outcome Metrics

- Reduce the LLOC volume and length of stay – specifically related to clinician or patient discomfort – by 10% by 9/1/23

Additional Interventions Implemented

- **Funding provided to expand clinical services during peak months**
 - FIS-Green expanded to care for 6 acute patients
 - FMIS (to cover LLOC)
 - Critical care/ICU to staff secondary service
- **Increasing nurse staffing resources**
 - Med-Surg nurses in Pod C
 - H58
- **Launch of medicine trainee moonlighting shifts (6-10 PM)**
- **Updating of Medicine census sharing guidelines**
- **Revisiting current ED admission and consultation guidelines**
- **Kaizen planned for ED waiting room**



QUESTIONS COMMENTS DISCUSSION

