

BOT Executive Summary: SLH Leadership Committee
Edris Afzali MD, Chair
BOT 4/7/2022

The Good:

Key Point 1 - Formal Cardiology Call Beginning March 22, 2022. This is progress. It is not the same group as Highland so, depending on patient presentation, sometimes multiple calls are made to help determine definite care.

Key Point 2 - CMS/CDPH EMTALA inquiry final determination received and corrective plan of action completed. This is a positive because of the great team approach to helping address the deficiencies--acknowledging our Regulatory Department in coordinating the plan/response & Admin leaders in its implementation.

This occurrence highlights all the challenges that plague SLH in all RCA and Licensing/TJC reviews, namely:

- Staffing shortages
- Staff education and lack of a cohesive approach
- Leadership gaps/turnover
- Lack of a consistent message/culture

Key Point 3 - SLH ED Arrival & Registration Renovation is now 1 full month post implementation. ED tech/nursing feedback critical in making modification/improvements to the process. Patient Access/Registration not a party to the plan (still) as of March 28th but work ongoing.

Pictures included at the end of the summary report.

I would like to share some *hopeful* metrics:

	Dec 2020	May 2021	Jan 2022	March 21st, 2022 (MTD)	% Change from Jan 2022
Patient Arrival to Triage Start	9 min	11 min	11 min	5 min	-54%
Patient Arrival to Provider	16 min	14 min	16 min	10 min	-38%
Arrival to Room Placement	17 min	16 min	27 min	14 min	-48%
Arrival to ECG	32 min	30 min	37 min	21 min	-43%*
Overall Length of Stay (all patients)	168 min	170 min	178 min	154 min	-12%

*Dr. Ari Edelheit (ED liaison to Cardiology) deserves shared credit for his efforts to improve time to ECG at SLH and Alameda.

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The opportunities:

Key Point 4 - There has been a general trend in SLH losing services/capacity despite a desire to move in the opposite direction (with some notable exceptions).

- Radiology is one area where services are still quite limited:
 - CT (Construction-related Delays and still depending on mobile machine)
 - MRI removed from offering (due to CT construction project)
 - Intermittent loss of services relating to staffing--most recently (Last week of March) lack of Cardiac Echo, requiring patients to be scheduled/transported to HGH and back. Consider the patient perspective on this type of transport, additional work for staff in discharge/admit at each encounter site, and the potential for complications relating to transport of patients. Credit below: Troy Ashford.

Alameda Health System 2021 MRI Volume			
	1.1.21 - 6.30.21	7.1.21 - 12.31.21	Annual 2021
HGH MRI	2078	2237	4315
AH MRI	999	1039	2038
SLH MRI	0	0	0
		Total Volume	6353

2022 MRI Volume YTD / Projected Volume		
	1.1.22 - 3.16.22	Project Volume
HGH MRI	873	1452 X 4 = 5808 X 20 % Efficiency Increase Target = 6743 Exams
AH MRI	579	
SLH MRI	0	
Total	1452	

- Lab - increasing list of tests being sent to HGH via courier: COVID, microbiology/cultures, etc.

Reason I want to highlight this: Looking at numbers/metrics can be a biased look to justify reductions. There is a bias inherent in that argument... But without investment in services and the hospital, we can't expect the metrics to follow.

Key Point 5 - Leadership and Staff turnover is a major issue that leads to gaps in quality, lapse in culture stability, and hiring of less-than qualified/inexperienced applicants that perpetuate that cycle.

Ways to help address: Local leaders need more support. Both of the last 2 ED Managers have cited lack of support as their primary reasons for leaving.

- Assistant Managers,
- Schedulers
- Project Managers desiccated to SLH

Key Point 6 - ED RN staffing shortage is an ongoing issue and surfaced again early April. ED acknowledges the staffing challenges and that there is no 'quick fix', but 2 RNs on shift for SLH ED is a critically low turnout and very unsafe. This is the 3rd mention of this point. ED leadership will work to implement a SURGE RED process (similar to Highland) but that will not address staffing.

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ED ARRIVAL: the new look...

View from ED Lobby Entrance:



Patient Arrival and Triage: Cubicle 1

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