Clinical Affairs Committee
Steven Pletcher, MD, Chair

MINUTES
Wednesday, December 15, 2010

PRESENT: Steve Pletcher (Chair), John Feiner, Ruth Goldstein, Miguel Hernandez-Pampaloni, Mehran Hossaini, Susan Janson, Jeff Meadows, Maxwell Meng, Hope Rugo

ABSENT: Shoshana Arai, Chris Barton, Marcus Ferrone, David Morgan, Phil Rosenthal

The Clinical Affairs Committee (CAC) was called to order by Chair Pletcher on December 15, 2010 at 4:36 p.m. in room S 30. A quorum was present.

Approval of Minutes from November 17, 2010 Meeting
The minutes were approved.

Chair’s Report
None.

Presentation on Ambulatory Wait Times – Laurel Bray-Hanin
Laurel Bray-Hanin presented on the two-year survey and cumulative report she has conducted within the Cancer Center on patient wait time. Included within the report was a patients’ survey on their wait process. Only fully-completed surveys were measured. This survey has now been adopted by the Ambulatory Care program. At the moment, A.C. is collecting data.

There has been a correlation between an improvement in wait time and improvement in the campus’s Press Ganey patient satisfaction figures. Overall, in 2008, 74.4% of patients were seen on time; in 2010, that has risen to 81.1%.

Committee members spoke to the issue of wait times being related to professionalism. Laurel explained that the Cancer Center isn’t a single department but multiple practices and departments that must work together. The issue now is to work with the outliers who are chronically late to start seeing patients.

One of the proposed changes is to have a predetermined block of time for certain time of appointments: new patient; OR, etc. When that appointment code is entered, the block of time would appear on the schedule rather than allowing departments or certain physicians determine their own schedule: i.e., it takes twenty-eight minutes to see new patients and not the fifteen minutes that some practitioners think they need. This would be a computer system intervention.

Chair Pletcher spoke to perhaps improving those many physicians who are in the middle of best/worst wait times. A minor improvement with that group could result in a bigger percentage of improvement.
Members asked about how to obtain staff buy-in for providing satisfactory explanations to patients for physician lateness. Medical assistants were trained to be pro-active: if the physician is late, go find him, get a resident, etc.

The Cancer Center will be utilizing the APeX transition as an opportunity to evaluate schedule templates and wait time patterns.

Analyst Cleaver will ask David Morgan to provide data, when available, as to the ambulatory care patient wait times.

She will also draft a letter from CAC members to the APeX Physicians’ Board supporting APeX being used to implement more standardization of patient wait times at the point of appointment scheduling or types of patients. A draft of that letter will be provided for the January 2011 meeting.

Reports from the Schools
Medicine
None.

Nursing
Member Janson advised that a new Dean, David Vlahov, RN, PhD, has been appointed. He will begin in April 2011.

Some confusion exists with all the new task forces being created, if clinical concerns are being heard at each level. Analyst Cleaver will raise an informal inquiry with the interdisciplinary/interprofessional task force about how clinical concerns are being addressed.

Dentistry
None.

Pharmacy
None.

Old Business
Chair Pletcher discussed the letter from committee members to the Chair of the Academic Senate (UCSF) on the Senate Membership Report. He further commented on the Recommendations of the Task Force Reviewing the Recommendations of the Recruiting, Retention, and Promotion Task Force, and how that fit with the Senate Membership Report findings.

Further discussion of this report will occur if needed.

New Business
None.

Chair Pletcher adjourned the meeting at 5:45 p.m.

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