COMMITTEE ON CLINICAL AFFAIRS

Mary Malloy, MD – Chair

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CLINICAL OPERATIONS SURVEY - REPORT

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The purpose of the survey was to identify factors that are associated with efficient practices in which patients receive optimal care and providers have a high degree of satisfaction. It is hoped that this information can be used to improve the practices and the situation for faculty in ambulatory care. The Committee on Clinical Affairs (CAC) is grateful to those who participated in this effort by responding to the questionnaire and to those who took the time to provide detailed comments, constructive criticism, and suggestions for change.

We have not completed our discussions with all faculty who expressed a desire to do so in person. This will be an ongoing effort during the year. We appreciate your candor and willingness to try to make life better for those in the ambulatory patient care arena. We note that faculty in laboratory medicine, pathology, radiology, and in the schools of nursing and pharmacy were not adequately represented among the respondents, nor were those at the other campuses. (The School of Dentistry had a separate questionnaire). We welcome your ongoing input.

As issues are addressed, we will send you updates and ideas for resolution of specific problems. Please let us know if you find ways to improve your practice so they can be shared with others.

SUMMARY

Although many faculty, particularly those at the higher academic ranks, enjoy their practices at UCSF, they identified a number of areas that could be improved and thus lead to greater satisfaction for themselves and better and more efficient care for their patients. These general areas are summarized below, using data and comments from the questionnaire. More detailed responses are attached.

Communication

This is an exceedingly important issue in terms of quality of care, efficiency, and physician satisfaction. We need to find ways to expedite communication among all the providers of care.

We need a medical record system that allows each provider to see what the other has done for a patient. “Shadow charts” must be discontinued or supplemented with adequate notes in a central system. STOR (Summary Time Oriented Record) is not adequate. An interim system should be in place while we await the definitive answer to this problem. This must be given the highest priority.

Physicians need easy access to each other to discuss patient care. Senior faculty know whom to call. More junior faculty need a forum in which they can meet other faculty and develop referral patterns that work. Pager and e-mail information should be updated regularly. Specialists should communicate with generalists and other specialists about which patients should be referred and what should be done before sending the patient. This information could be on-line and updated regularly. It should be available for every practice group, including the primary care providers.

Physicians caring for patients in the hospital need to communicate more consistently with the outpatient providers. The latter should never learn of a complication or death from the family! The primary provider should be notified of the new hospital providers' names and pager numbers when a resident or attending rotates off the service.

Communication and joint planning for patient care, research, and teaching among the 4 schools on campus should be improved.

We need to improve, and find ways to expedite, communication with administration. Jointly, we need to find ways to improve the phone system and transcription services, e.g. Practice managers, or other administrative personnel, should be available and meet regularly with all providers in a practice so that problems can be discussed and solutions found. Providers at all levels should be party to staffing decisions and all practice operations, and should understand the financial constraints. Overhead charges should be transparent, and providers should work with administration to find ways to reduce this large drain on the income generated from patient care.

Teaching and research opportunities

Each department chair or division chief should initiate discussion of these issues with every faculty member and make every effort to provide the support needed if the individual wishes to participate in teaching and research. Faculty should have a voice in the selection of a mentor with whom they could work in the longer term.

Advocacy

Each more junior faculty member should be able to identify senior faculty with whom he/she can freely discuss problems, personal or otherwise, and look to for help in facilitating communication and resolution of problems with peers or superiors. Unfortunately, this resource person usually cannot be the division or department chief because the problems often relate to interactions with those individuals. It was suggested that the Dean might ask senior faculty to volunteer for such a role and that they then could make the initial contact with the junior faculty, offering their help as needed. Many junior faculty find it difficult to take the first step. The parties need not be in the same department.

Patient care

The phone appointment system should allow for prompt, if not immediate response. "Inside" lines to all the practices should be available for referring providers in the community and within UCSF to arrange same or next day urgent appointments.

Appointments in specialty practices should be at least as readily available to physicians within UCSF as they are to community physicians. Some primary providers at UCSF must refer to outside specialists to obtain

timely care for their patients. Likewise, specialists currently must refer many patients to outside physicians for primary care. "Is this what we want to do?" – or should we have adequate numbers of providers to manage the volume, providing our patients with a single source of care and our providers with better ability to coordinate care? What are the barriers to having sufficient staff in all the clinics to handle the patient load in a timely manner – and what can be done to address this?

How can we improve our relationships with community providers? The consensus is that our current reputation in the community is far from ideal. We need to be more responsive to requests for help with patient management and to provide information regarding how to refer a patient expeditiously to UCSF. The lack of sufficient hospital beds is a problem for many. Ill patients must sometimes be sent home (or to another hospital) until a bed becomes available, increasing the likelihood of untoward events. Admitting through the ER works better but adds to the expense. The admitting process is complicated and the staff often viewed as unhelpful. We need "systems" that can be followed for admissions and for consultations in the OPD. We need a way to provide consultations/procedures/tests in a coordinated way to avoid repeat visits, especially for out of town patients. Such patients need an advocate to help them through the system.

Morale

Many faculty perceive that the role of clinician in the OPD is considered unimportant by the administration and some departments. Clinicians in the outpatient practices need to feel that their work is important to the mission of UCSF, that they will be supported in their desire to teach and/or do clinical research, and that they have an integral role in decision making regarding their practices. Many respondents indicated that their love of medicine has kept them here in spite of many problems and adverse circumstances, and that they are ready and willing to help to tackle the problems that are identified. They recognize that they constitute an important interface with the public, helping to shape public opinion of UCSF as an institution that provides state of the art medicine in a caring environment. The chancellor, deans, and administration need to support them fully in this effort if UCSF is to fulfill its vision of leadership in innovative health care.

Submitted by the Committee on Clinical Affairs
Mary Malloy, MD *Chair* (Cardiovascular Research Institute)
Glenn Chertow, MD, MPH *Vice Chair* (Nephrology)
Barbara Burgel, RN, MS, COHN-S, FAAN (Community Health Systems)
Nancy Byl, PhD, PT (Physical Therapy and Rehabilitation Science)
Cathi Dennehy, PharmD (Clinical Pharmacy)
Kenneth Fye, MD (Medicine)**Hobart Harris, MD** (Surgery)
Steven Kayser, PharmD (Clinical Pharmacy)
David Kessler, MD *Ex Officio* (School of Medicine)
Mark Laret *Ex Officio* (Medical Center Administration)
Daniel Null, MD (Medicine)
Francisco Ramos-Gomez, DDS, MSc, MPH (Growth and Development)
Mack Roach, MD (Radiation Oncology)
Brian Schmidt, DDS, MD, PhD (Oral and Maxillofacial Surgery)
Nancy Stotts, RN, EDD (Physiological Nursing)
Shannon Thyne, MD (Pediatrics)
Albert Yu, MD, MPH, MBA (Family and Community Medicine)

Appendix: **Clinical Operations Survey Results**