



Clinical Affairs Committee
Brad Hare, MD, Chair

ANNUAL REPORT 2007-2008

Primary Focus Points for the Year:

- Mission Bay Hospital Operational Planning
- UCSF Medical Center Strategic Planning
- UCSF Patient Population
- UCSF Faculty Exit Survey

Task Forces, Special Committees, and Sub-Committees:

- UCSF Medical Center Clinical Enterprise Strategic Planning Steering Committee (John Maa)
- Patient Mix Subcommittee of the UCSF Medical Center Clinical Enterprise Strategic Planning Process (Amy Houtrow)
- [Volunteer Clinical Faculty Workgroup of the UC Risk Management Leadership Council](#) (Ken Fye)
- [Vendor Relations Policy Task Force](#) (Quinn Cheng)
- [Task Force Reviewing the Proposal for a New Department of Emergency Medicine](#) (John Maa)
- [Task Force Reviewing the Health Sciences Code of Conduct Revisions](#) (Ken Fye and Brad Hare)

Issues for Next Year (2008-2009)

- UCSF Medical Center Clinical Enterprise Strategic Planning, including the operational planning for the Mission Bay Hospital.
- Implementation of the Faculty Exit Survey as a tool for the entire campus.
- Part-time faculty at UCSF, including discussion of volunteer clinical faculty and malpractice issues.
- Continued, ongoing communication with the UCSF Medical Center .

2007-2008 Members

Kenneth H. Fye, Chair

(September 2007 – May 2008)

Brad Hare, Vice Chair and Chair

(May – August 2008)

Ellen Weber, Vice Chair

H. Quinn Cheng

Darren Cox

Karen Duderstadt

Amy Houtrow

Steve Kayser

Brent Lin

Mary Lynch

John Maa

Conan MacDougall

Steven Pletcher

Sarah Scarpace

Glenn Yokoyama

Ex-Officio Members

Mark Laret, CEO, UCSF Medical Center

Guest

David Morgan, Executive Director, Ambulatory Services,
UCSF Medical Center
(on behalf of Mark Laret)

Number of Meetings: 9

Senate Analyst: Heather Alden

Systemwide Business

The Academic Senate Clinical Affairs Committee (CAC) took up the following Systemwide issues this year:

Volunteer Clinical Faculty in the University of California System

Ken Fye was a member of the [Volunteer Clinical Faculty Workgroup](#) of the [University of California Risk Management Leadership Council](#). This Workgroup was convened to evaluate the liability for volunteer clinical faculty within the UC system. The Committee's discussions of the issues raised by the Workgroup included the following points:

- Volunteer clinical faculty are an important part of UCSF's medical education system.
- Volunteer clinical faculty need to be more carefully monitored to ensure that they do not create excessive risk for the University of California. This evaluation and monitoring should be part of a comprehensive system to ensure that volunteer clinical faculty are providing the same high-quality medical education experience expected of UCSF non-volunteer clinical faculty.
- Currently no mechanism exists for ongoing monitoring of volunteer clinical faculty accreditation for those practicing outside the UCSF campus locations.
- Volunteer clinical faculty found to be high-risk should not be allowed to continue their relationship with UCSF.
- Student evaluations should be considered when evaluating volunteer clinical faculty.

In January 2008, Ken Fye met with David Irby, Vice Dean for Education, UCSF School of Medicine, to discuss how to encourage Department Chairs and Division Chiefs to better communicate with volunteer faculty regarding their relationships to trainees, in particular with regard to responsibilities for trainees.

Proposed Health Sciences Code of Conduct Revisions

Ken Fye chaired the Task Force to review the proposed revisions to the Health Sciences Code of Conduct and Brad Hare served on the Task Force. The Task Force generated a report ([Appendix 1](#)) that was submitted to the Academic Council. The Academic Council's summary response may be found at <http://www.universityofcalifornia.edu/senate/reports/ac.code.conduct.Hlt.Sci.0608.pdf>.

Benefits for Physicians at UC Medical Centers

On June 28, 2008, consultants from Keenan Associates and led a discussion with the Committee on faculty benefits at UCSF to report for the University of California Medical Group Leadership (which includes the Medical Center and School of Medicine leadership from the five University of California campuses with medical centers and schools of medicine). The discussion focused housing, salaries, career advancement, advantages and disadvantages of working at UCSF, tuition assistance for dependents, UCSF communication with faculty about benefits and retirement.

Divisional Business

This year, the Academic Senate Clinical Affairs Committee took up the following issues related to the San Francisco Division:

Mission Bay Hospital Operational Planning

On September 28, 2007 in a meeting with University of California President Robert Dynes, John Maa presented concerns that planning for clinical operations should be addressed as early as possible in the planning for the Mission Bay Hospital. Most importantly, contiguity of patient care and patient safety should be an integral part of multi-site medical center planning. At two CAC meetings (January 23, 2008 and June 25, 2008), Diana Farmer, Professor and Chair of Pediatrics for the UCSF Women's and Children's Hospital at Mission Bay; Elena Gates, Professor and Vice Chair, Obstetrics, Gynecology and Reproductive Sciences; Cindy Lima, UCSF Medical Center Executive Director updated the Committee on the planning process and engaged in conversations about the operational planning. Out of these discussions emerged the following requests from CAC for the Mission Bay Hospital planning process:

- Seek input from faculty and clinical staff throughout the planning process, particularly from faculty with administrative responsibilities who oversee clinical areas.
- Ensure that faculty and clinical staff are represented throughout the planning process, rather than at specific points in the planning process.
- Develop and maintain communication with the departments and divisions that will be affected by the new hospital.
- Carefully consider the relationship of the services planned for the new hospital with the services at the current UCSF locations.

- Include consideration of the education mission when planning the new hospital.

UCSF Medical Center Clinical Enterprise Strategic Planning Process

On February 9, 2008 Vice Chair Weber and John Maa attended the Clinical Enterprise Strategic Planning retreat to develop the next phase of the five-year strategic plan. The Retreat was held to present preliminary discussions of the timeline and overarching themes. The intent of the retreat was to characterize the strengths, weaknesses and areas of improvement as perceived by department chairs and administrative leaders, particularly with regard to the overall mission and financial health of the Medical Center, and the development of the Mission Bay Campus. However, some present at the retreat found that the lack of concrete, detailed recommendations limited the discussion.

A series of working groups and subcommittees were assembled to develop specific recommendations and guidelines, particularly to address enhancing efficiencies in care, and to identify the best ways to preserve the UCSF academic mission while addressing emerging financial challenges.

As the strategic planning process unfolds, the increasing MediCal and Medicare component of the patient payer mix and the new Mission Bay Hospital will present key challenges.

Diversification of Infusion Services at UCSF

On April 30, 2008 Ken Fye led a discussion of the reduction in available adult infusion once the Mount Zion infusion center closes (pediatric infusions are done both in the ACC and PCRC on the 6th Floor at Parnassus). John Maa will bring the issue to the UCSF Medical Center Clinical Enterprise Strategic Planning Steering Committee. The School of Nursing is also discussing this issue, particularly with concern for the shrinking patient case mix for teaching students.

UCSF Patient Population

The patient population at UCSF has not been addressed campus-wide, nor UC systemwide. In 1999 UC Davis created a policy ([Appendix 2](#)) which helps determine their patient population, stating that they will serve patients that meet the educational need of the institution, allowing the departments to determine which subset of that population they will serve. An important outcome of this policy has been a steadily increasing proportion of the UCSF patient population are out-of-county MediCal and Medicare patients. The current percentage of Medical and Medicare patients at UCSF is about 28%, up from historic norms of about 15%. San Francisco County's population is about 35%.

CAC discussions of this issue included consideration of the following questions: What is our role as a university? What are our roles as clinicians? What are the needs of each department? Currently, each department determines its own goals, including patient populations. If the mission of the University is to care for a certain patient population and then find the resources to meet the needs of that population. If the departments and the operating units decide to take care of patients to meet teaching and research needs, then the teaching and research needs will determine the patient population. One solution for patient demand above the available services would be to refer patients elsewhere.

UCSF excels at handling high-complexity patients, yet needs to maintain a primary care patient population for teaching. Limiting the patient population will limit diversity for teaching and research. The greatest financial gain in providing medical care comes from treating moderately complex cases, i.e. providing tertiary and quaternary care is not as profitable. However other institutions are more efficient at moderate-complexity care.

When considering financial models, it will be important to also consider the research and training needs of the institution. Regardless of the model that is chosen to determine the UCSF patient population, the planning process must include consideration of the implications for all other services, including the services needed to support quaternary and tertiary care. Consideration of UCSF's patient population should also include the needs, issues and concerns of the community, particularly in relation to UCSF's social mission. Committee members considered how this could be framed as a health disparities issue.

On November 28, 2007, Reece Fawley, Executive Director, Health Plan Strategy and Revenue Management, UCSF Medical Center and David Morgan, Executive Director, Ambulatory Services, UCSF Medical Center discussed the UCSF patient population issue with the Committee to inform the proposed guidelines they were drafting to present to the Chairs of the clinical departments. Increasingly, MediCal patients are traveling to UCSF from greater distances for care that is available in their communities because they cannot get access to these services. In order to address current capacity limitations at UCSF and help assure necessary access to our specialized services the Medical Center is considering giving the highest priority to patients who receive most of their care at UCSF and to patients most in need of our

specialized services. The proposed guidelines will not apply to women and children and will focus on the adult ambulatory population. While the proposed policy will allow for some variability in access across individual clinics, the goal is to move the ambulatory setting to a more consistent approach to patient scheduling. They hoped that their proposed guidelines would also help facilitate needed referrals between practices at UCSF.

- The proposed guidelines are intended to maintain UCSF's commitment to serve the community by using proportional estimates rather than absolute numbers.
- The new guidelines are designed to be revisited and revised as needed.
- Once a patient is under care from UCSF, they will receive all necessary treatment.
- As the guidelines are implemented, the Medical Center will monitor their effectiveness by reviewing quarterly reports.

As of the June 25, 2008 meeting, the proposed guidelines had been presented to the Chairs of the clinical departments, but not yet ratified. The guidelines have been implemented by a few departments that are already impacted by out-of-county patients.

Faculty Exit Survey

CAC continued to work on the [Faculty Exit Survey \(Appendix 3\)](#) in 2007-2008. The data were compiled into a report that was made available to the campus community ([Appendix 4](#)).

On September 28, 2007 in a meeting with University of California President Robert Dynes and UCSF Academic Senate Leadership, Ellen Weber presented on the Faculty Exit Survey and discussed issues related to clinical faculty at UCSF.

Kimberly Kirkwood, MD, Associate Professor in Residence, Surgery included the Faculty Exit Survey in her report to the Chancellor's Council on Faculty Life, with the recommendation that the survey become an ongoing, campus-wide initiative. UCSF and the Academic Senate should retain control of the original data collected in its entirety.

Medical Center Path Audit Process

On February 27, 2008, Ellen Weber discussed with CAC concerns about the function of the Compliance Office at UCSF after a recent audit of the Department of Medicine. It was perceived that UCSF's compliance office has served almost exclusively as an auditor, and has not provided sufficient guidance to departments for language on charts that will affect their ability to meet the CMS (Centers for Medicare and Medicaid Services) standards. No written policies exist for the school. When audits occur, only one individual represents the department in question, unlike the practice at other schools where a team, including a lawyer, negotiates the fines. Moreover, it would seem logical that the Office of the President would provide uniform direction to all schools in the UC system which might be helpful in negotiating with auditors. The committee felt that these concerns should be expressed to the Dean's office.

Protocol for Student Observers in Clinics

With CAC input, Brent Lin created a draft protocol to gather data on international students who visit clinics in the School of Dentistry ([Appendix 5](#)). Members would like UCSF to have a uniform policy for student observers for the entire campus.

UCare Clinical Information System

On November 28, 2007 Michael Blum, Chief Medical Information Officer, UCSF presented the current status of the UCare clinical information system project to the Committee, including the inpatient, ambulatory, and ICU efforts. Status and schedule of the cPOE (computerized Physician Order Entry) deployment, medication management, and clinician documentation were also covered. The cPOE deployment has been delayed over two years due to code development and delivery delays on the part of the vendor (GE Healthcare). UCSF is scheduled to receive the complete code at the end of May 2008, and then will need approximately 18 months to build the system and bring it to pilot.

In the near term, UCare Note Writer, a new web-based clinician documentation system, will be rolled out to decrease the burden on the clinicians and improve the quality of documentation. The new tool supports import of vital signs and labs, one piece attending and resident notes, control of patient context (inability to put notes in the wrong chart) and automatic correction of "Do Not Use" abbreviations. Also, the copy-paste functionality is much better controlled to address some of the quality issues noted in the current documentation. UCare Note Writer has been piloted for over two months on the Medicine Service with good performance and feedback. Also, a new medication list is in development that will be imported into UCare to eliminate manual typing and the associated errors. Clinicians will need to change their culture around medication lists and realize that the imported UCare list, which reflects the pharmacy list, is the patients' actual med list,

rather than their orders or what they may have written elsewhere. If there are discrepancies, the clinicians need to correct them (write an order to correct it – as for allergies).

Task Forces and Other Committee Service

This year, members of the Academic Senate Clinical Affairs Committee served on the following Academic Senate task forces or other campus committees as representatives of CAC or the Academic Senate. Where possible, the reports from these task forces or committees are linked to or attached to this Annual Report.

- [Volunteer Clinical Faculty Workgroup of the University of California Risk Management Leadership Council](#) (Ken Fye)
- [Vendor Relations Policy Task Force](#) (Quinn Cheng)
- [Task Force Reviewing the Proposal for a New Department of Emergency Medicine](#) ([Appendix 6, 6a](#)) (John Maa)
- [Task Force Reviewing the Proposed Health Sciences Code of Conduct Revisions](#) ([Appendix 1](#)) (Ken Fye and Brad Hare)
- UCSF Medical Center Clinical Enterprise Strategic Planning Steering Committee (John Maa)
- Patient Mix Subcommittee of the UCSF Medical Center Clinical Enterprise Strategic Planning Process (Amy Houtrow)
- Liaisons to the School Faculty Councils (Quinn Cheng, Medicine; Mary Lynch, Nursing)

Going Forward

Ongoing issues under review or actions which the Committee will continue into 2008-2009:

- UCSF Medical Center Clinical Enterprise Strategic Planning, including the operational planning for the Mission Bay Hospital. Planning for safe, effective patient care is CAC's highest priority.
- UCSF's patient population
- Implementation of the Faculty Exit Survey as a tool for the entire campus
- Part-time faculty at UCSF, including discussion of volunteer clinical faculty and malpractice issues
- Continued, ongoing communication with the UCSF Medical Center about all of the issues listed above.

Appendices

- [Appendix 1](#): Communication from the Task Force to Review the Proposed Revisions to the Health Sciences Code of Conduct, May 5, 2008
- [Appendix 2](#): UC Davis Health System Scheduling UCDMG Physician Appointments Hospital Policies and Procedures 1155 (<http://senate.ucsf.edu/2007-2008/d-cac-10-24-07-at1.pdf>)
- Appendix 3: Faculty Exit Survey (<http://senate.ucsf.edu/2007-2008/d-cac-exitsurvey.pdf>)
- [Appendix 4](#): Faculty Exit Survey Results
- [Appendix 5](#): Draft Protocol for Student Observers in Clinics
- [Appendix 6](#): Communication from the Chair of the Task Force to Review the Proposal to Create the Department of Emergency Medicine
- Appendix 6a: Source Documents and Recommendations of the Task Force Reviewing the [Proposal for a New Department of Emergency Medicine](#) are indexed and available for download from this Web page (<http://senate.ucsf.edu/2007-2008/divvote-deptemermed.html>)