UCSF University of California, San Francisco

DIVISION OF HOSPITAL MEDICINE

DHM

ANNUAL REPORT 2013

When we coined the term "hospitalist" and started the nation's first academic hospitalist program in the mid-1990s, we didn't imagine that we were launching the fastest growing specialty in U.S. medical history. While we are proud of our past accomplishments, innovation remains our lifeblood. In that spirit, we continue to press into areas – such as palliative care, cost reduction and doctor-patient communication – that physicians have historically overlooked, but are essential to excellent patient care.

Over the past two decades, we have grown in numbers and influence – the latter particularly owing to our many faculty members with leadership roles at UCSF, nationally and globally. This has demanded that we identify people with passion, intelligence, and a collaborative spirit – and then create a culture and processes that allow them to flourish.

The diagram at left demonstrates the breadth of our work in clinical care, research, education, and quality/safety/value. The profiles and list of accomplishments that follow offer a glimpse into its depth and impact.

read on > > >

Faculty and staff of the Division of Hospital Medicine (Division Chief Robert Wachter, MD, front row, center)

DIVISION OF HOSPITAL MEDICINE

ACCOMPLISHMENTS

Since its inception in 1996, when Robert Wachter and Lee Goldman coined the term "hospitalist" in the *New England Journal of Medicine,* the UCSF Division of Hospital Medicine (DHM) has been the worldwide leader in its field. The timeline below illustrates a few of the division's accomplishments over the years.

INCEPTION 1996

1997

Hosts the first hospital medicine CME course; 2013 will be its 17th annual version and it remains the nation's most popular hospital medicine CME course.

1999

Establishes one of the nation's top inpatient palliative care programs.

Initiates the nation's first hospital medicine fellowship and helps found the Society of Hospital Medicine; two of the society's first eight presidents are DHM faculty members.

2000

DHM faculty members edit the field's first textbook, *Hospital Medicine,* reissued in 2005.

2002

DHM faculty members receive a $10 million federal contract to develop and edit the two leading federal patient safety websites, AHRQ WebM&M and AHRQ Patient Safety Network.

2004

The palliative care program opens a national palliative care leadership center, which to date has trained over 200 palliative care teams.

2005

Establishes the Mt. Zion Medical Service to support all aspects of clinical care at UCSF Mt. Zion Hospital.

2006

Launches a Quality and Safety Program, which develops data-driven strategies to improve care. The program's groundbreaking work has been disseminated both locally and nationally.

2007

Creates innovative co-management services for Neurosurgery, Hematology-Bone Marrow Transplant, and Congestive Heart Failure.

Initiates the nation's first faculty development program in hospital medicine. By teaching clinical, educational, leadership, quality improvement, and scholarly skills to all faculty and fellows, the program promotes academic success, personal growth, and work satisfaction.

2008

Starts the first Hospitalist Mini-College, which has sold out for each of its first six years.

Introduces an innovative procedure service to improve safety and education in bedside procedures.

Launches the "Incubator" program to provide UCSF faculty and trainees collaborative assistance with a wide range of scholarly pursuits.

2011

Introduces a Global Health Core, a program aimed at improving the health of vulnerable populations throughout the world by adapting the unique skill sets of academic hospitalists to resource poor settings.

2012

Launches a High Value Care Program, which identifies, designs, and promotes projects aimed at improving healthcare value at a large academic medical center.

2013

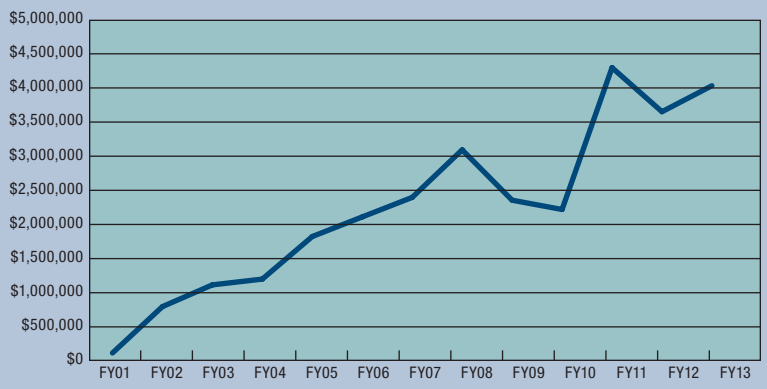
DHM faculty members win a $1 million grant to expand palliative care across five UC Medical Centers.





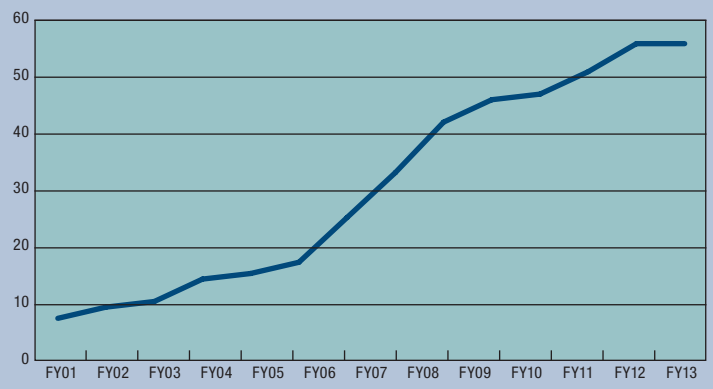
DHM Extramural Funding

Total Direct Costs by Fiscal Year



DHM Faculty Growth

Number of Faculty by Fiscal Year



Doing Cost Reduction Right

Christopher Moriates (white shirt) and the DHM High-Value Care Committee assess clinical cost drivers.

When Christopher Moriates began his residency training in 2009, his interest in quality improvement drove him to examine the things physicians do out of habit, rather than because they have true clinical value. This led him to the nexus of unnecessary care and unsustainable health care costs.

"Suddenly," he says, "I was down the rabbit hole."

Cost control is an unusual rabbit hole for a physician, but in 2009 the country was becoming increasingly focused on reducing health care costs. And in the UCSF Division of Hospital Medicine, Moriates found an environment that nurtured his interests in providing the best care at the lowest costs.

Today, he co-chairs the division's High-Value Care Committee with division administrator Maria Novelero, under the mentorship of Michelle Mourad, the division's Director of Quality and Safety. The group's work has yielded simultaneous cost and quality improvements for UCSF Medical Center, spread to other hospitals, and enhanced the medical education of students and residents.

One example: in 2013, the committee's evidence-based "Nebs No More After 24" program cut unnecessary nebulizer use by more than 50 percent – with potential cost-savings of almost a quarter million dollars a year *(JAMA Internal Medicine)*.

"Equally important, by shifting to MDIs (metered-dose inhalers) and improving patient adherence outside the hospital we improved quality of care in both the short- and long-term," says Moriates. The project is being rolled out hospital-wide and Moriates – a committed medical educator – has integrated it into his case-based "Cost Awareness" curriculum for medical students and residents. Other committee work includes projects ranging from examinations of ordering habits for laboratory studies to practices around proton-pump inhibitors and the use of telemetry beds.

"I think by wearing our mission on our sleeve – cost reduction always in the context of QI – people have been overwhelmingly positive," says Moriates. "And as a first year faculty member, having the back-up of this entire division is powerful."

Transforming Passion, Ideas and Data Into Scholarship

Andrew Auerbach helped establish the Division of Hospital Medicine Incubator when he realized, "We play a leading role nationwide in so many areas – quality improvement (QI), cost-effectiveness, education, patient safety, global health, palliative care – but we were not presenting our faculty's projects at national meetings or seeing that they were published, so we were leaving great ideas for improving patient care on the table."

The Incubator helps faculty members from across UCSF – they don't have to be capital "R" researchers – develop and refine their ideas to produce scholarship that runs from grant applications, papers and abstracts to oral presentations. In doing so, the Incubator has helped sustain and elevate the division's and UCSF's national and global presence *(see "Accomplishments," previous page)*.

It achieves these goals through weekly sessions where researchers, clinicians, and educators meet colleagues with complementary skills and interests for mentoring and support. Projects range wide. In 2013, they include efforts to improve rounds, identify a cohort for multiple projects across multiple centers, and develop a global health curriculum.

One key, says Kirsten Kangelaris, who co-leads the Incubator, is establishing a regular, collegial atmosphere where clinicians with diverse interests find common purpose. "Many people have not done this type of thing before and we offer constructive feedback in a way that helps move things forward." Clear roles and a senior moderator ensure the proper tone.

PhD researcher James Harrison brought a new element this year. "He finds people doing cool stuff, helps them formulate questions, connects them with collaborators, drags them to Incubator and helps make projects happen," smiles Kangelaris, who calls Harrison the Incubator's ambassador.

Phuoc Le originally used the Incubator to help him successfully propose a Global Health-Hospitalist Fellowship. "The Incubator was extremely important, especially when the idea had taken shape but needed feedback to mature," he says.

This year he and a colleague returned with two new ideas: one to train students and residents how to work through ethically difficult questions in resource-challenged regions and one that would use audio/video hookups to share cases with sister sites in the developing world. The two projects, which eventually won competitive UCSF grants, exemplify the Incubator's value.

Research Director Andrew Auerbach provides support and guidance to junior researchers.

UCSF Division of Hospital Medicine
Box 0131, U129
533 Parnassus Avenue
San Francisco, CA 94143-0131

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Improved Inpatient Experience Delivers Quality and Satisfaction Gains

"Originally, this was just an area that needed improvement," says Diane Sliwka about leading the Division of Hospital Medicine's efforts to improve inpatients' experience through better physician-patient communication.

The external pressures were clear: patient satisfaction scores were beginning to factor into reimbursements and data showed that communication improvements can decrease readmissions while improving safety, patient adherence and transitions – as well as clinician satisfaction.

But the hospitalization and death of Sliwka's father helped her see her role as more than a professional responsibility. "Communication might seem simple and soft, but these are profound moments…every encounter with patients impacts families, often for life," she says.

She uses that understanding to engage colleagues in work that begins with physicians getting feedback from patient surveys and focus groups. The division's patient satisfaction numbers appear in a monthly quality newsletter, with star performers highlighted.

The group has also created a best practices communications checklist – and provides training and bedside observations to help clinicians implement it correctly. Elements include remembering to introduce one's self, sitting down (rather than standing up), letting patients voice their concerns first and thanking patients at the end of the conversation.

In addition, the group has created "face cards" that introduce the physicians and their roles. "Patients say they appreciate understanding who is responsible for what," says Sliwka. "Their appreciation is one of the gems. It's incredible how it helps you feel good about the work you're doing."

The work has not gone unnoticed. Sliwka now oversees a program to engage all UCSF Medical Center physicians in communication improvements. "With physician champions from each department coming out of the woodwork, we're creating a training module and making clear that this not just a flavor of the month or another thing on our plates," says Sliwka. "It's part of the fabric of who we are."

Diane Sliwka's face card introduces her and her role to patients.

MANAGING EDITOR: MARIA NOVELERO • EDITOR/WRITER: ANDREW SCHWARTZ • LAURA MYERS DESIGN • ELISABETH FALL PHOTOGRAPHY