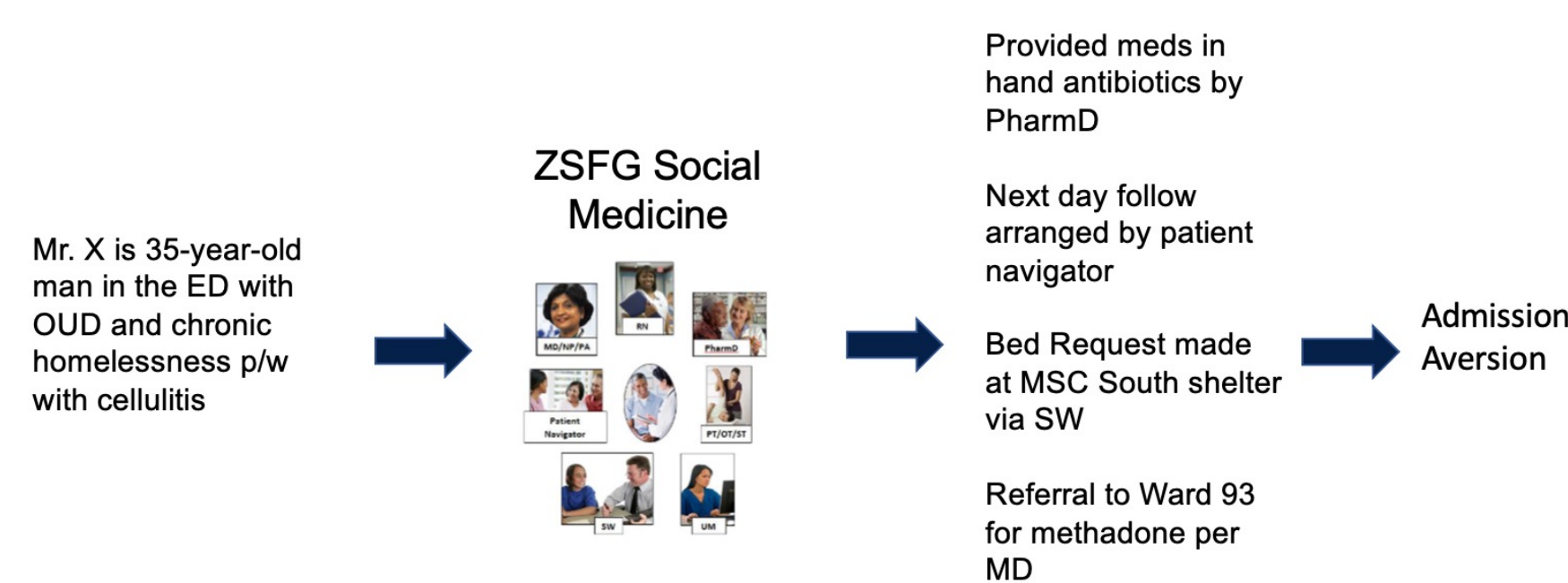


Structural Analysis of ZSFG Social Medicine

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BACKGROUND

The ZSFG SM team provides medical-social stabilization for the highest risk patients:



Despite program's success, there remain opportunities to improve program workflow and maintain metrics. To address this, project carried out the following aims:

1. Understand the current state of ZSFG SM
2. Characterize patients served by ZSFG SM

METHODS

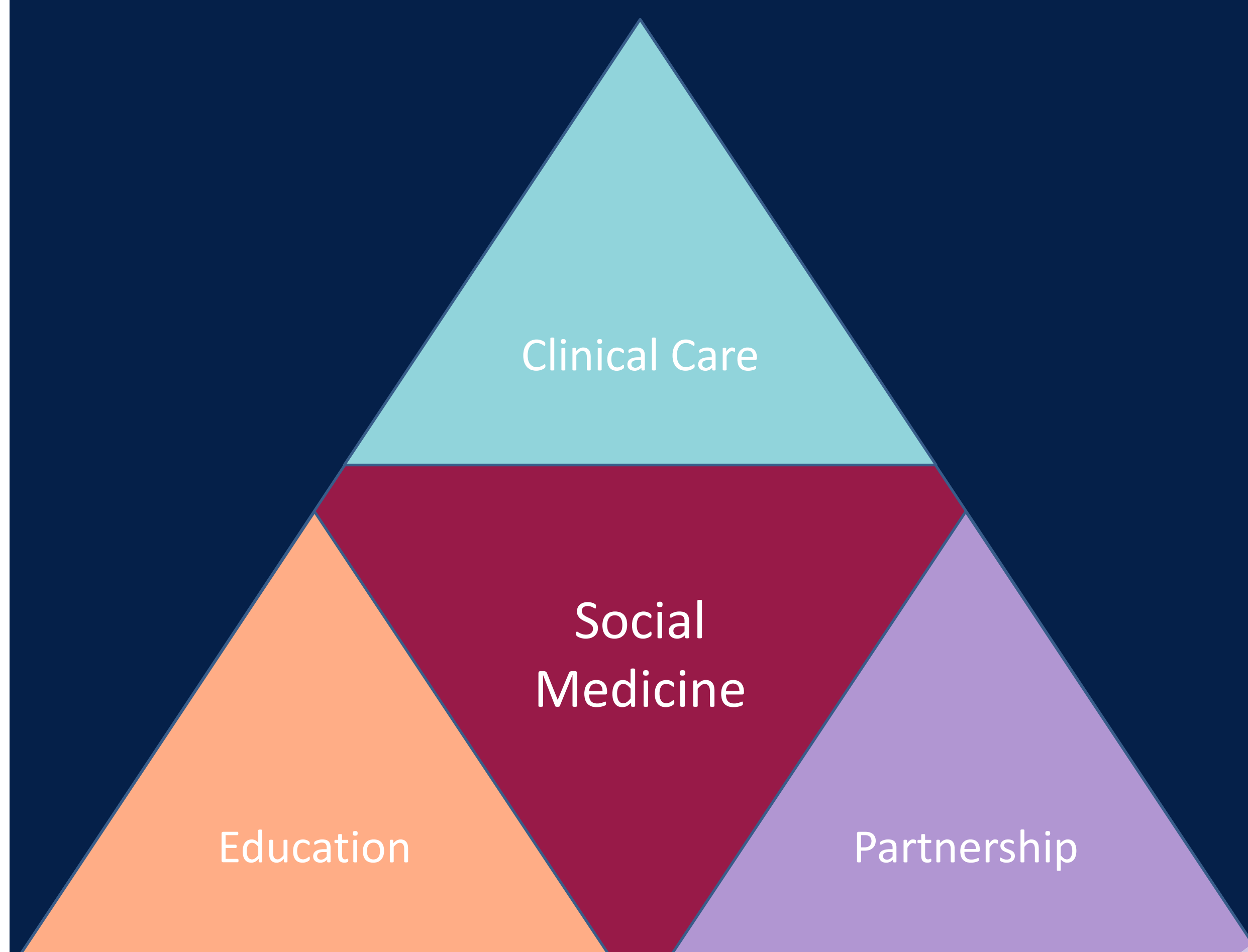
- For the first aim, the student participated in key program activities while documenting their observations on internal processes & conducted semi-structured interviews of key stakeholders.
- For the second aim, a data analysis was conducted of demographic, clinical, and outcome data
- Both aims were embedded within A3 thinking

RESULTS

For the first aim, the student identified multiple areas of improvement:

Where are improvement opportunities within ZSFG Social Medicine?		
People	Systems	Resources
- Lack of awareness amongst patients of social medicine - Limited familiarity with concepts, systems, and workflow of social medicine within amongst clinicians and staff - Discrepancy between clinician-identified and patient's self-identified social needs	- No central documentation of a patient's social history. - No standardized referral process - Lack of communication between patients and complex care team following discharge - No protocol or decision-making tools in place in identifying high-risk patients - Clinical data not being captured within existing data streams.	- Resources are currently leveraged as referrals as opposed to partnerships - Lack of resources available for shelter and mental health - Resource referrals limited to business hours

Utilizing an A3 thinking framework, we identified areas of improvement and developed a dashboard for future PDSA cycles.



- Design referral protocol that embeds within existing workflows
- Design clinical decision support tool to assist in referral process
- Develop and disseminate survey targeting clinicians and staff regarding barriers to utilization of social history wheel within EPIC
- Leverage ZSFG E-Drive to assist in referral process for patients with complex social needs.

- Establish data infrastructure with community partners
- Consider prioritizing partnerships within high-utilization zip-codes
- Welcome community partners within hospital setting to sustain existing partnerships

- Develop educational or point of care materials
- Integrate students and residents from various specialties into social medicine programs.
- Educate patients at point-of-entry into healthcare system regarding social medicine
- Educate frontline staff on utilizing E-Drive for medical-social stabilization

low → Impact in achieving metrics → high

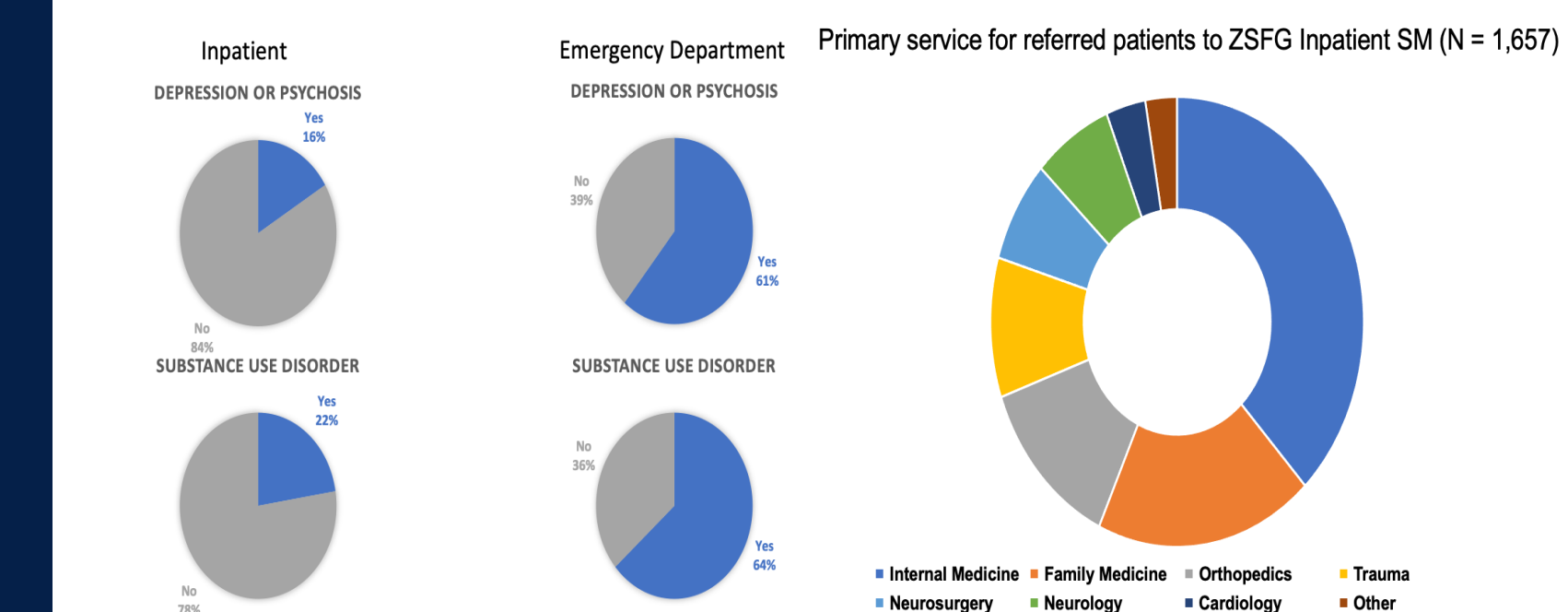


Take a picture to learn more about the Social Medicine program at ZSFG Hospital

Acknowledgements: We would like to thank the staff, clinicians, and leadership of ZSFG Social Medicine, our community partners, and our donors.

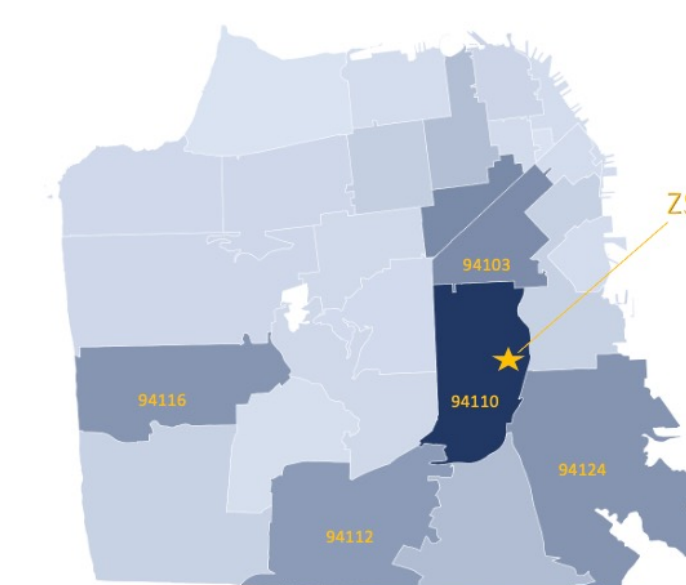
For the second aim, the student elucidated the following findings

Inpatient (n = 1645)			Emergency Department (n = 970)		
Demographic Category	Frequency	Percentage	Demographic Category	Frequency	Percentage
Sex			Sex		
Male	1079	65%	Male	715	74%
Female	564	35%	Female	253	26%
Race			Race		
American Indian	17	1%	American Indian	5	1%
Asian	290	17%	Asian	50	5%
Black	369	22%	Black	316	32%
Hispanic	360	22%	Hispanic	207	21%
Pacific Islander	20	5%	Pacific Islander	12	2%
White	507	31%	White	339	34%
Other	70	5%	Other	31	3%
Language			Language		
English	1100	71%	English	847	87%
Spanish	222	14%	Spanish	80	8%
Cantonese	124	8%	Cantonese	10	1%
Other	115	7%	Other	33	3%
Housing			Housing		
Homeless	230	15%	Homeless	340	35%
Rent or Own	1034	63%	Rent or Own	400	43%
Other	362	22%	Other	330	22%
Age (avg 61 y)			Age (avg 53 y)		
< 65	905	55%	< 65	382	39%
≥65	740	45%	≥65	106	11%

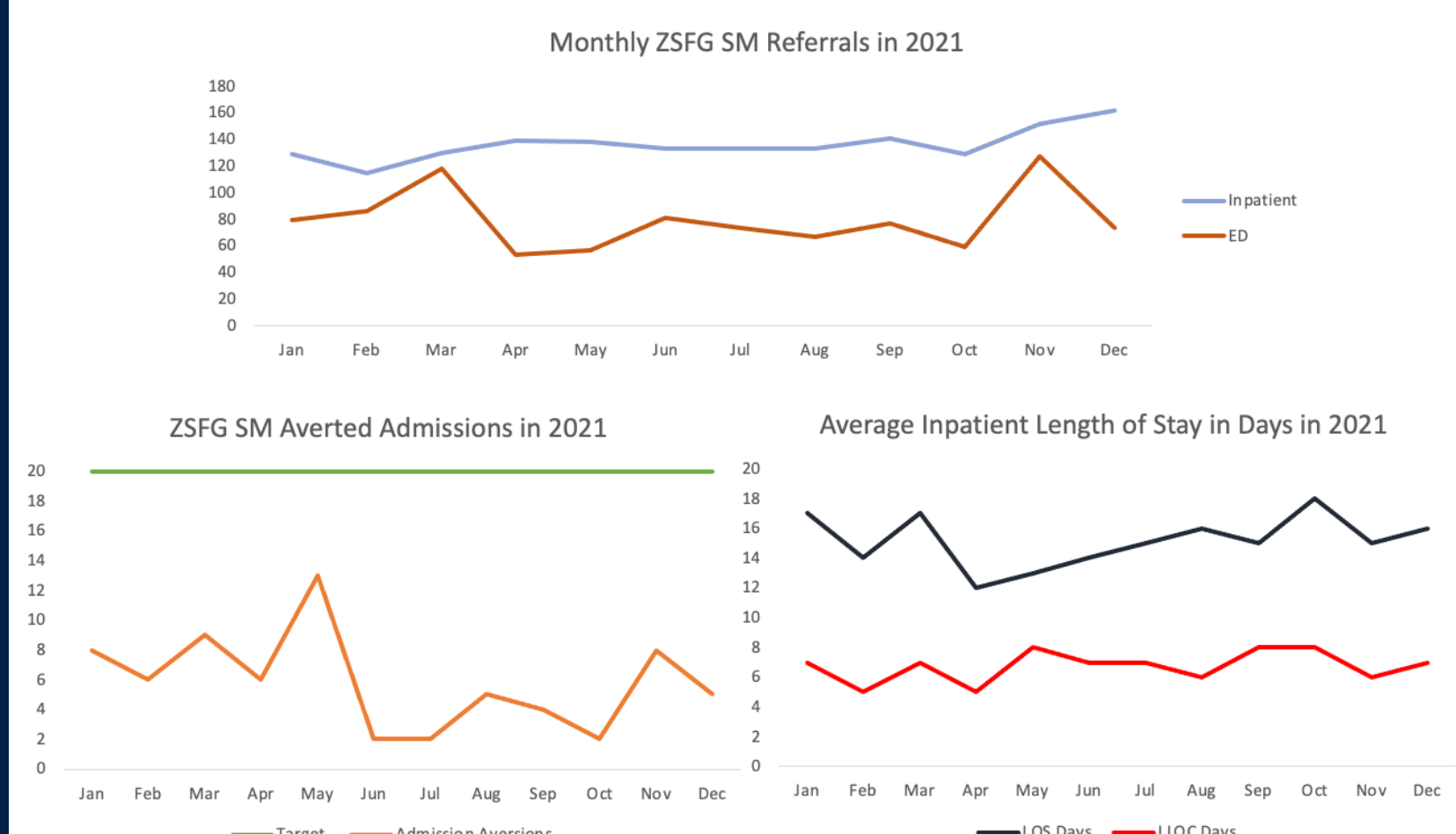


Density Map demonstrating zip codes from within where referred patients live

- 94110: Inner Mission
- 94124: Bayview/HP
- 94102: Civic Center
- 94103: SOMA
- 94112: Mission Terrace
- 94116: Parkside/Sunset



Increasing social medicine consult rate associated with increase in averted admissions and decreased lower level of acuity days for hospitalized patients



DISCUSSION

Utilizing A3 thinking, we characterized areas of improvement for the ZSFG SM program. For next steps, we will collaborate with stakeholders in devising a plan to carry out countermeasures.