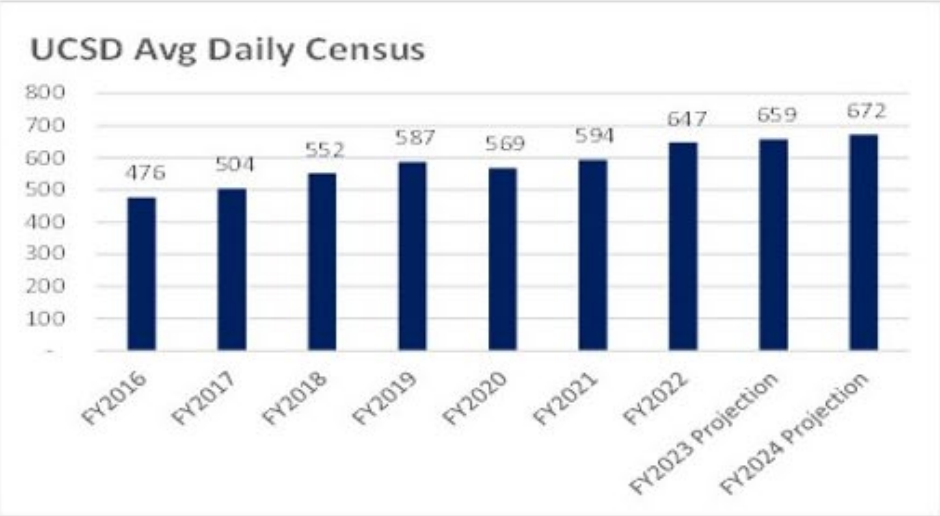
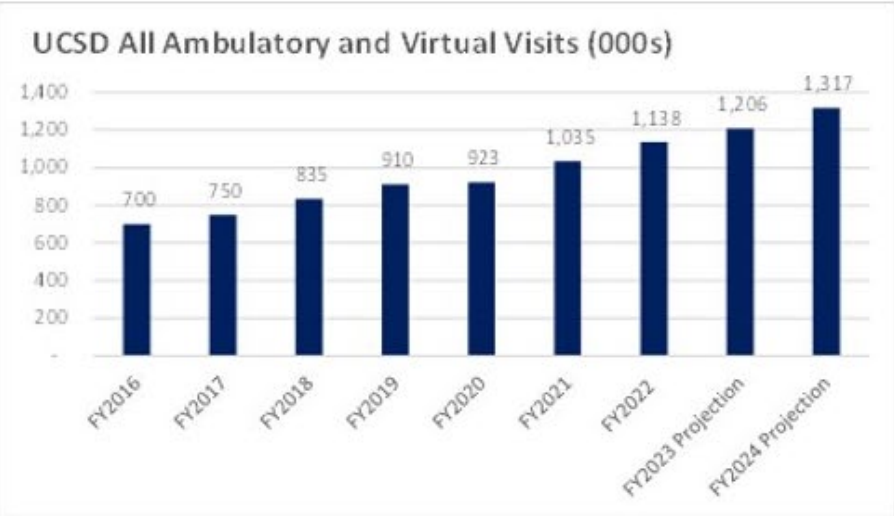
Enterprise Growth

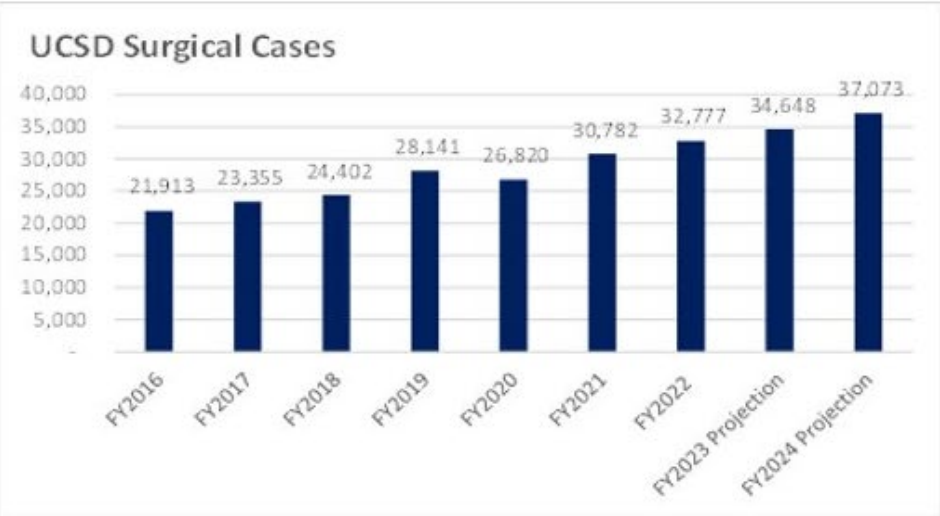
- UC San Diego Health has been growing clinically every year.
- Our hospital population is getting older and more clinically complex.
- Increased patient volume across the enterprise has led to increased patient demand for hospital services.
- We have outgrown our hospital space – we need additional space, but we also need to change how we use hospital space to maximize our efficiency.

UCSDH Has Grown and Will Continue to Grow

Health System Operating Statistics: Trends & Projections







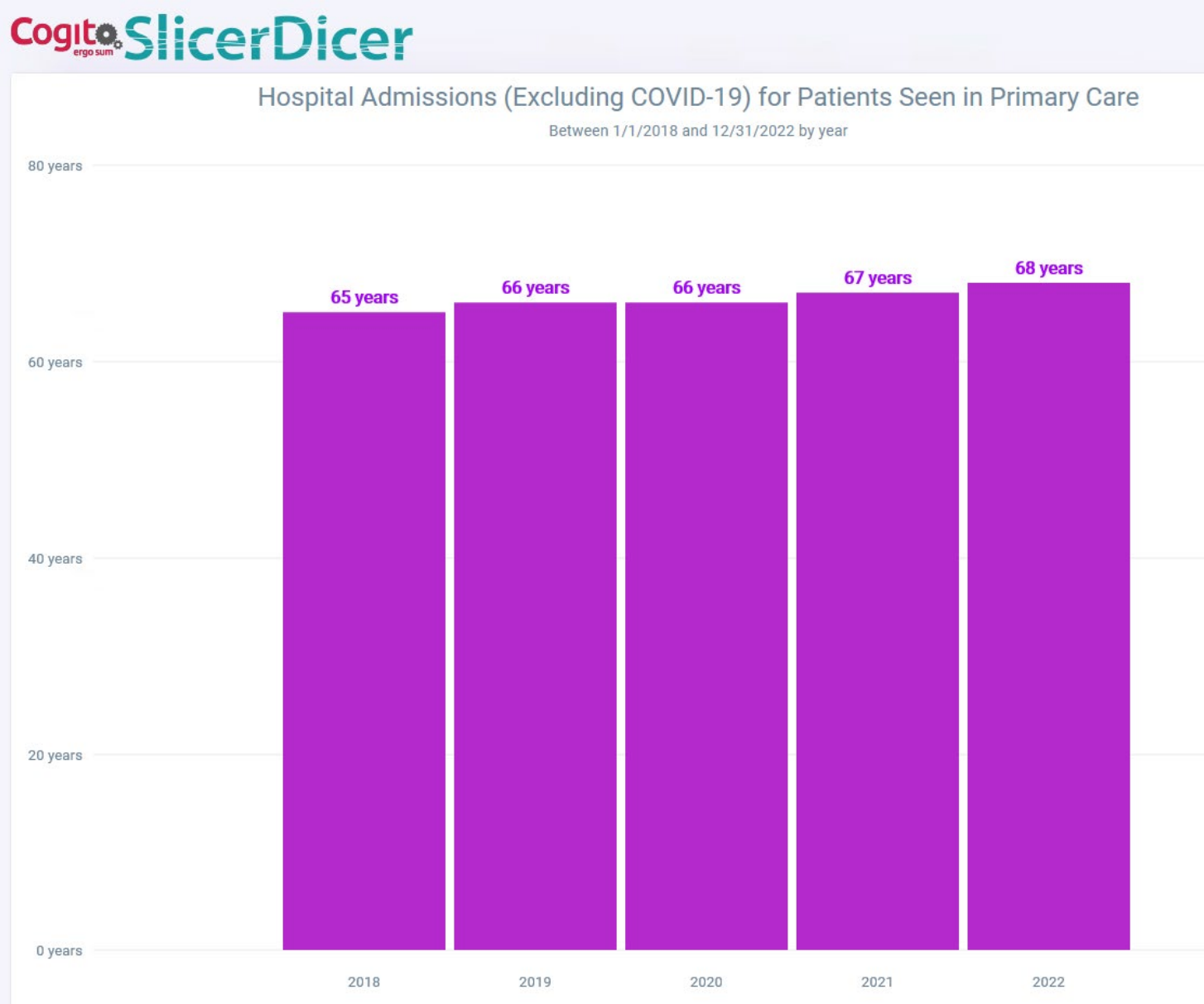
San Diego County population is still growing as well

More Outpatients Lead to More Inpatients

Especially in the Last 2 Years

Primary care patients with a hospitalization within 6 months of an outpatient visit (excluding COVID-19)

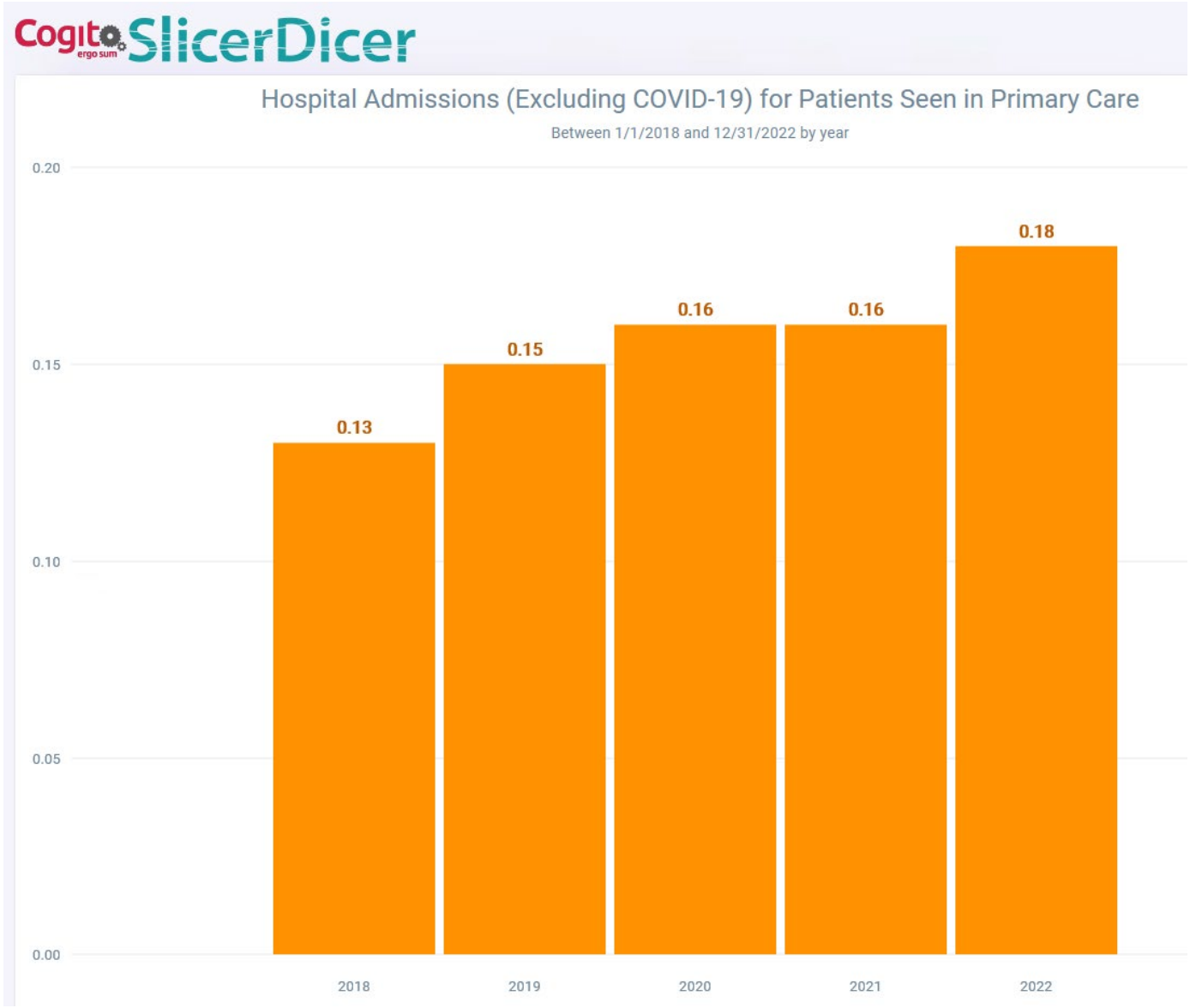
Hospitalized Patients Are Getting Older



Primary care patients with a hospitalization within 6 months of an outpatient visit (excluding COVID-19)

Median age in 2018: 65 years
Median age in 2022: 68 years

Hospitalized Patients Are More Complex and Higher Risk

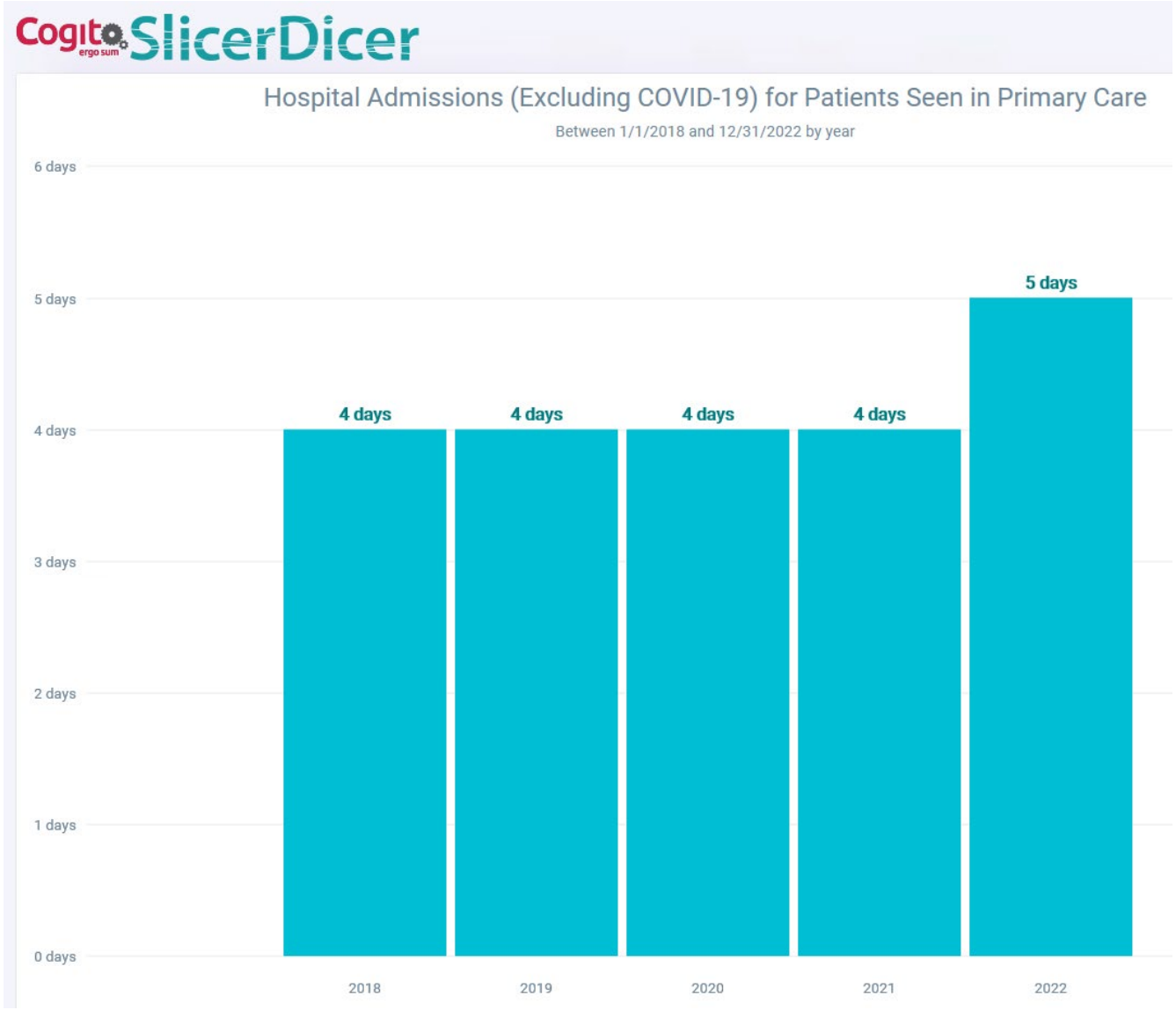


Primary care patients with a hospitalization within 6 months of an outpatient visit (excluding COVID-19)

1-year mortality risk for patients 65 years or older:

- ***2018: 13%***
- ***2022: 18%***

Hospitalized Patients Are Staying in the Hospital Longer



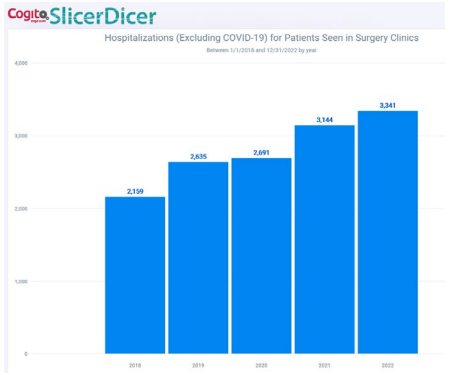
Primary care patients with a hospitalization within 6 months of an outpatient visit (excluding COVID-19)

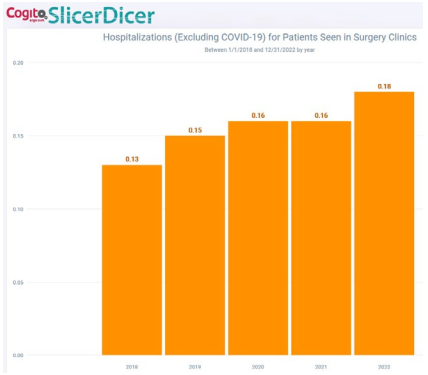
Median LOS in days:

- ***2018: 4 days***
- ***2022: 5 days***

This Pattern is Consistent Across Multiple Populations

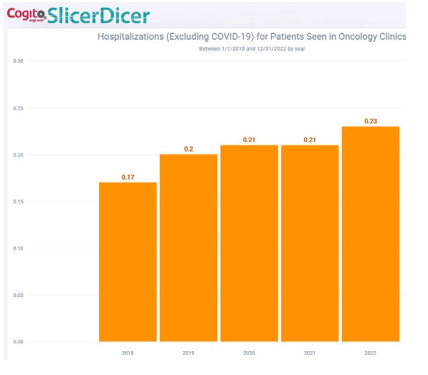
Surgery clinic patients with a hospitalization within 6 months of a visit



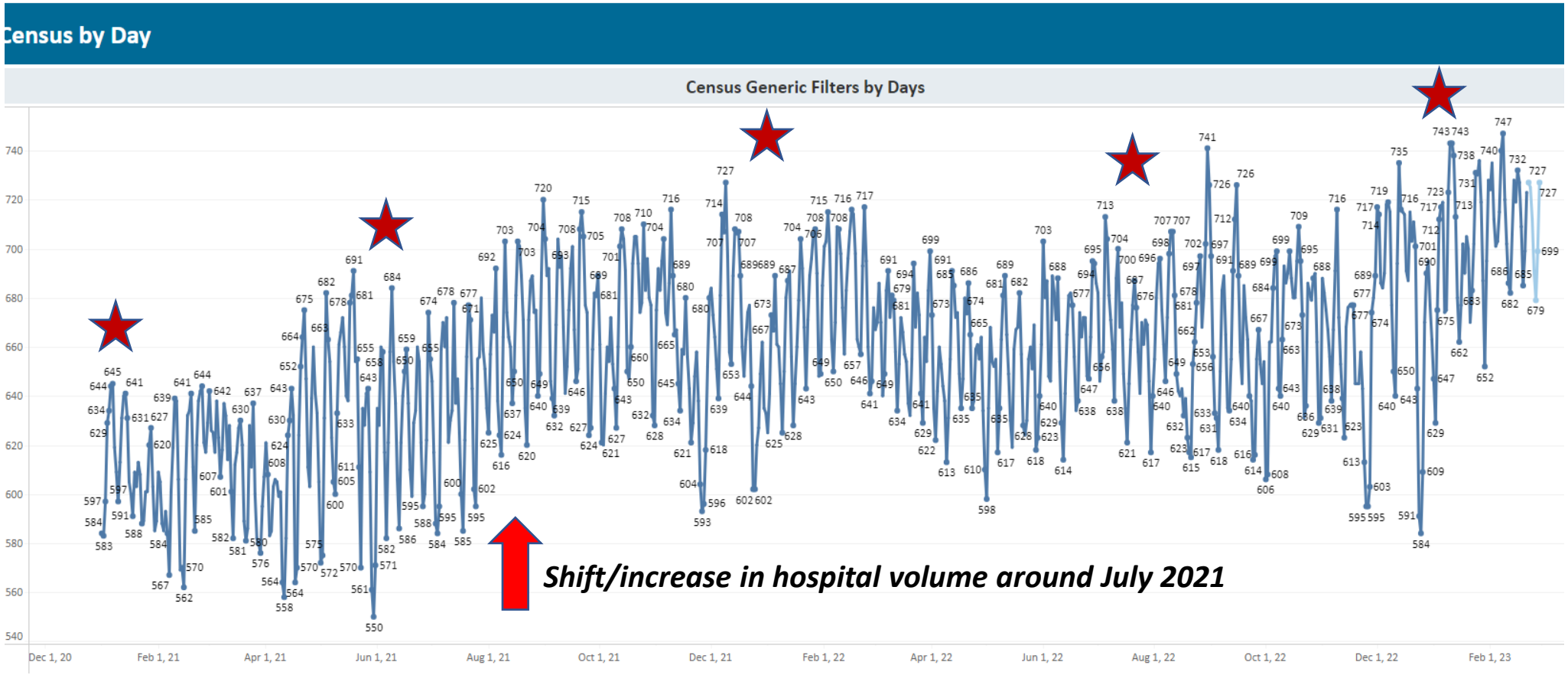


Cardiology clinic patients with a hospitalization within 6 months of a visit

Oncology clinic patients with a hospitalization within 6 months of a visit



This is Driving a Higher Overall Hospital Census



Hospital Midnight Census – Last 24 Months

★ ***COVID-19 Surges***

Impact on the Emergency Department

Increased overall hospital volume is causing congestion in the Emergency Department.

Distribution of diagnosis types for admission through the ED has not changed.

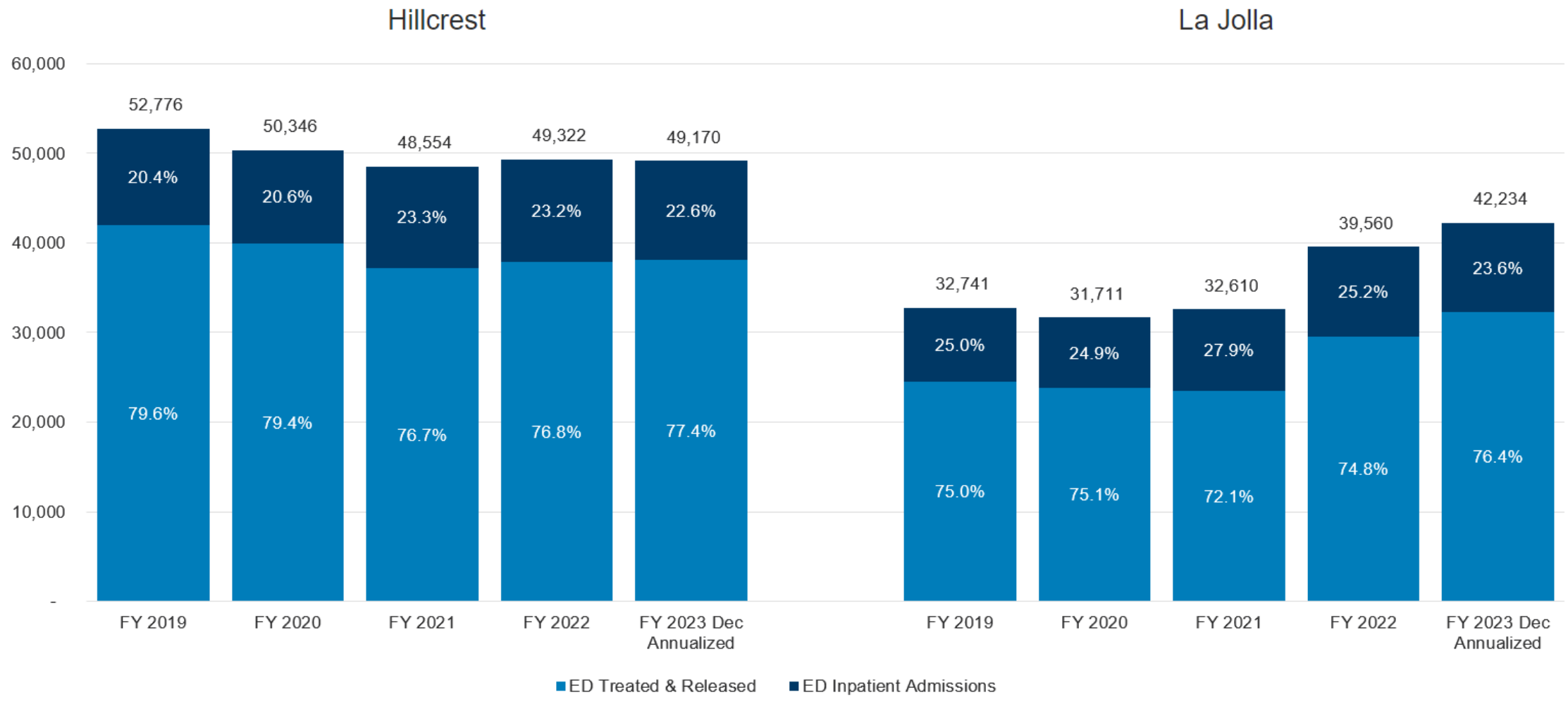
The acuity of patients presenting to the Emergency Department has increased recently.

The volume of admissions from the Emergency Department has therefore increased.

Interventions to Date

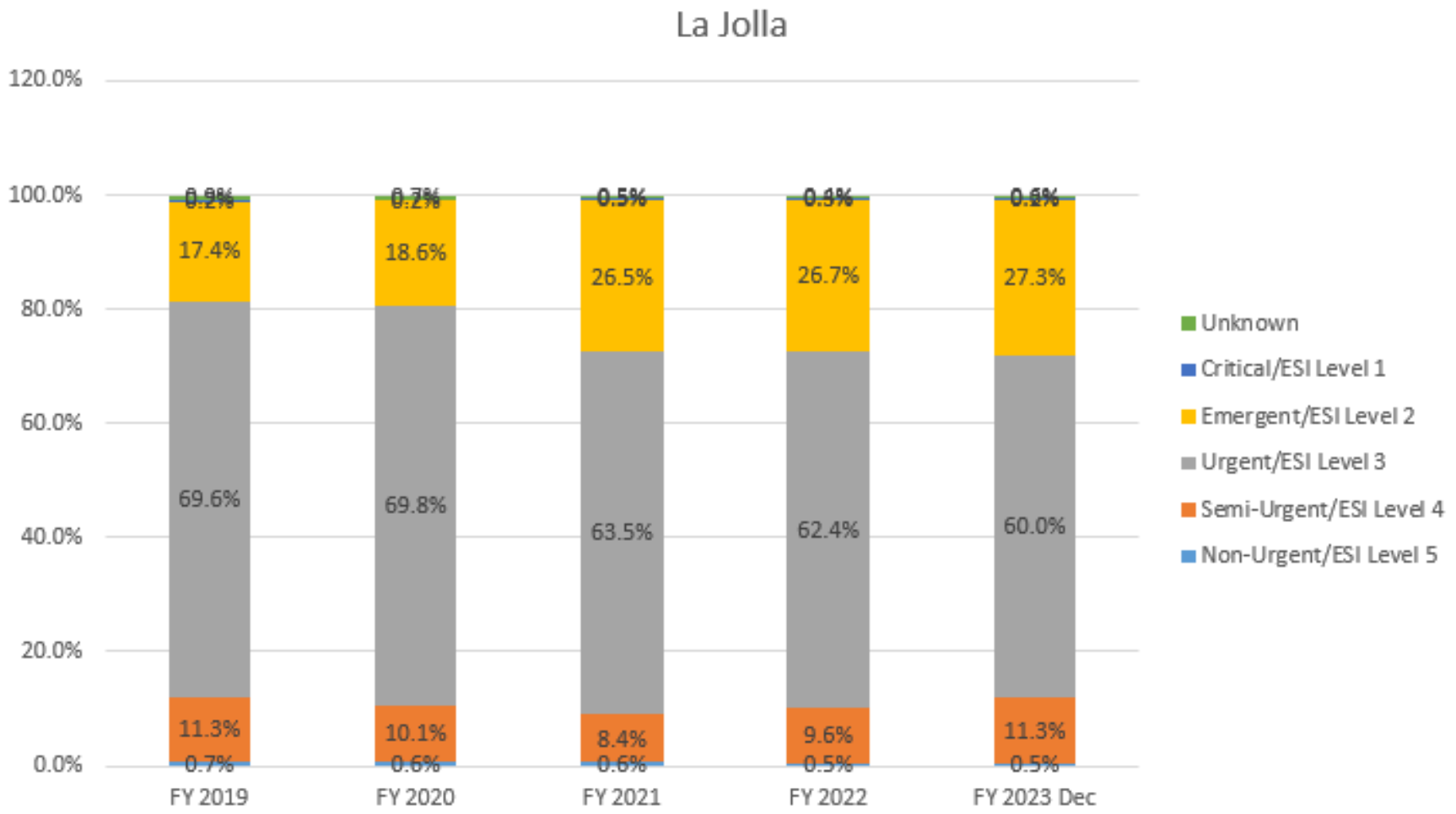
- Development of data-driven census management interventions to mitigate ED congestion
- Creation of additional ED overflow patient care areas (e.g., Jacobs MedEd theater)
- UCSD at Home program avoiding low-acuity hospitalizations and managing patients in the home setting instead
- Increased staffing for care coordination, therapy services, etc., for boarding admissions in the ED
- Projects to improve turnaround time for imaging and consults on ED patients (*in progress*)

ED Volumes are Up in La Jolla; Percent Admits are Up in Hillcrest



Hillcrest ED volumes are slightly down from 2018; but admission % is <u>up</u> from 20% to 22%
La Jolla ED volumes are <u>higher</u> since 2018; admission proportion stable at 25% (excludes UCSD at Home)

Acuity Patterns for La Jolla ED Patients Have Shifted



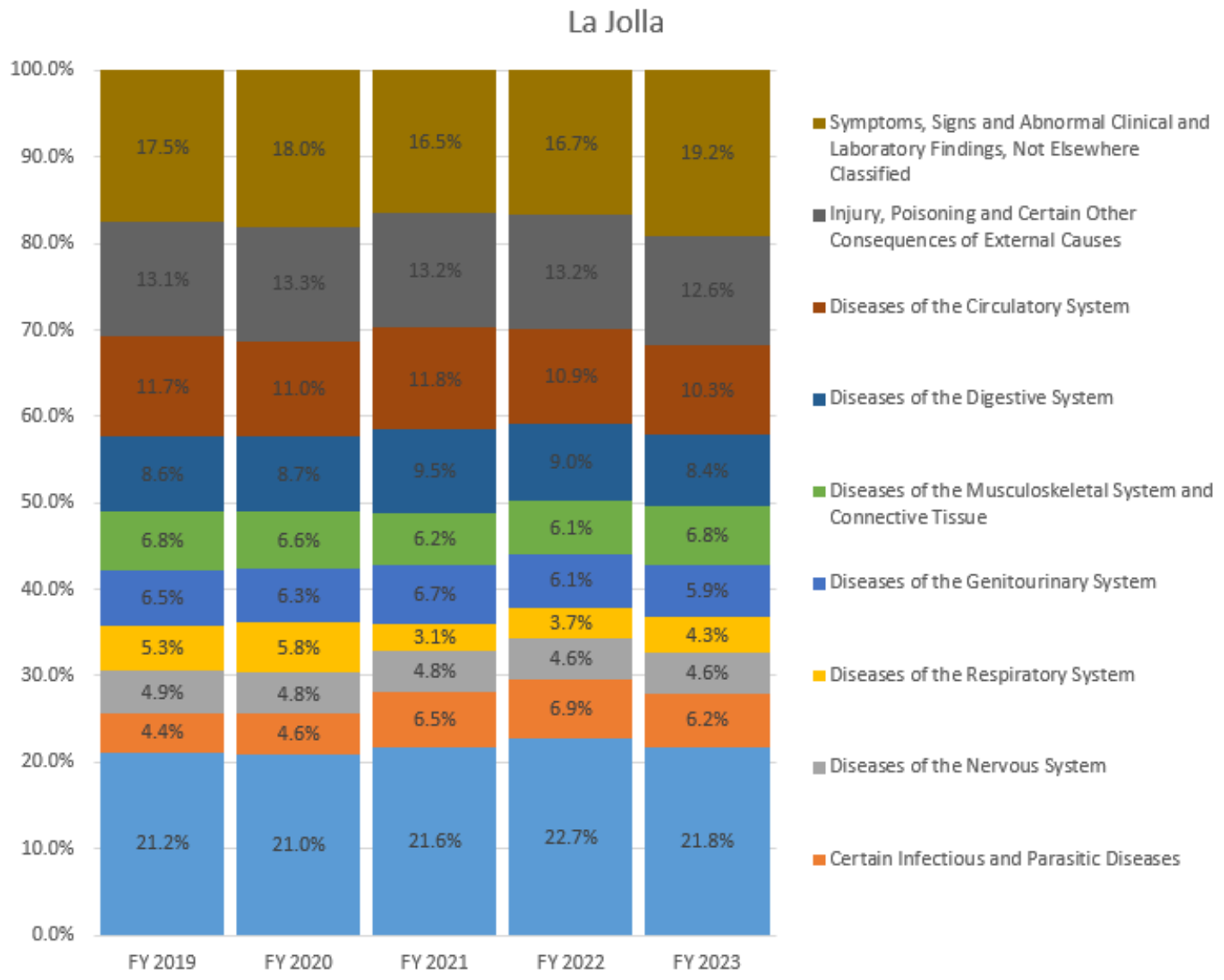
La Jolla ED Triage Acuity Levels FY19 - FY23

Since FY21:

- ***Level 2s: 18% -> 27%***
- ***Level 3s: 69% -> 60%***

UCSD at Home program has been enrolling 60 to 80 patients monthly to avoid hospitalization

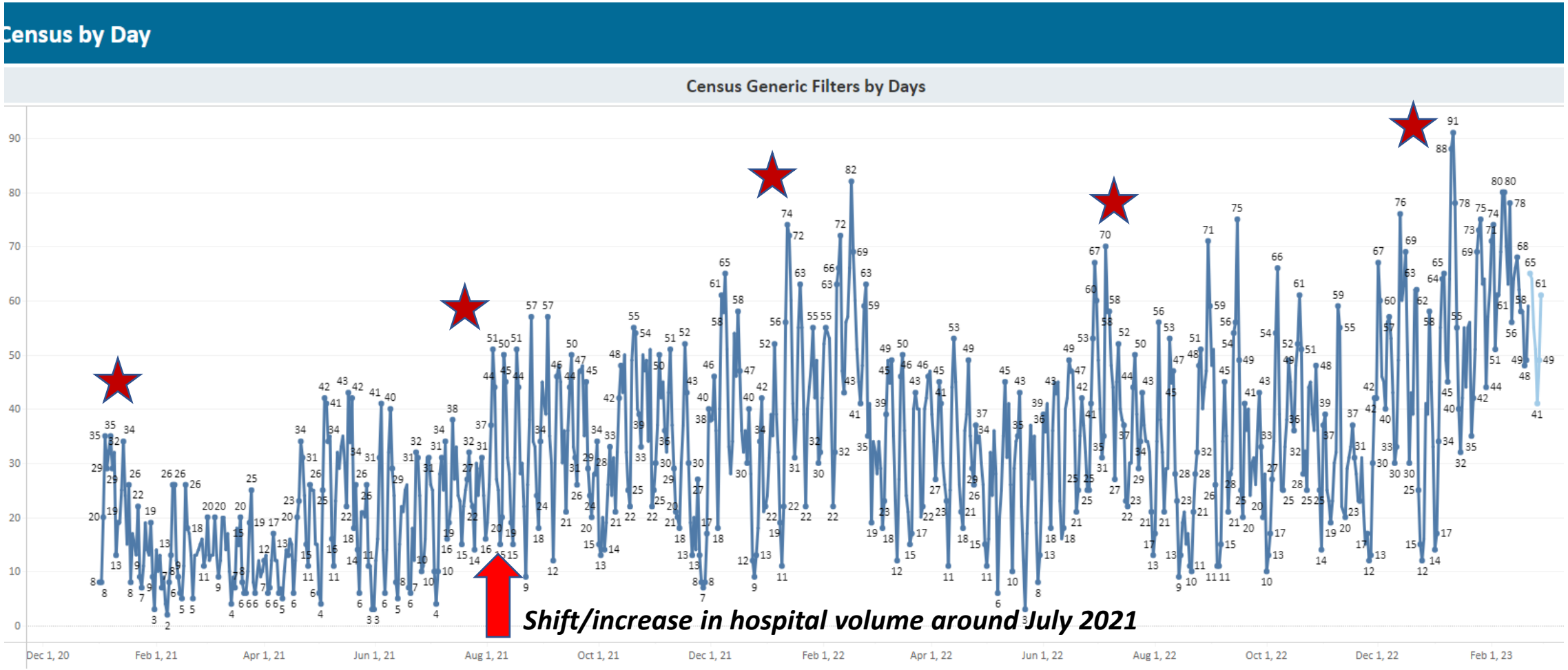
Diagnosis Patterns for ED Admissions Are Not Changing



Primary DRG Diagnosis Category Distribution for Patients Admitted through the ED 2018 – 2022

No significant change in distribution

Higher Hospital Census Leads to ED Congestion



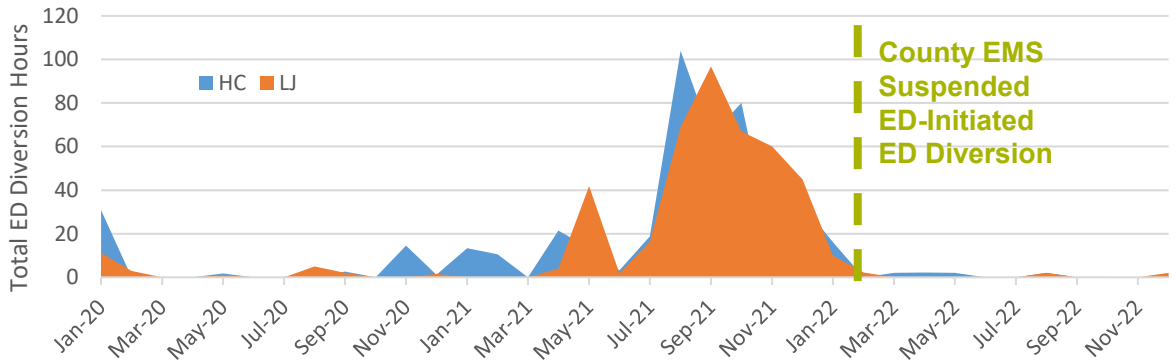
EDIP Midnight Census – Last 24 Months
(EDIP = "ED Inpatient", another term for boarding admissions)

New higher volume largely independent of COVID surges

★ ***COVID-19 Surges***

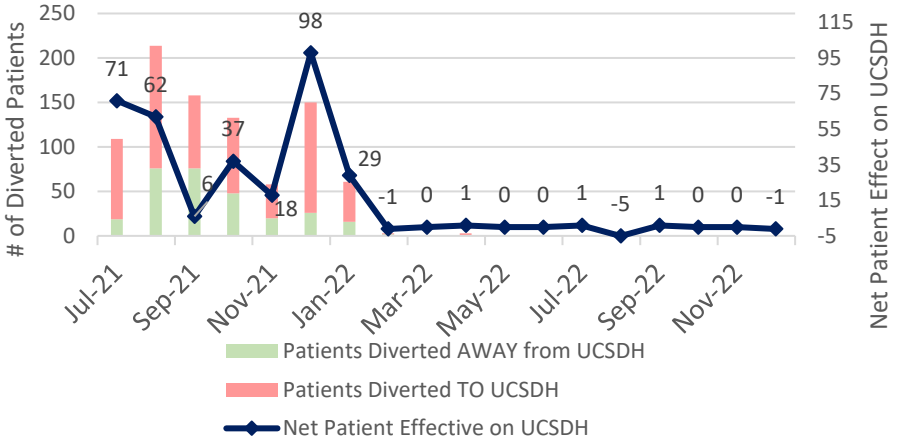
Emergency Department Diversion Would Have Limited Benefit

UCSDH ED Bypass Hours by Month & Campus *(2020 - 2022)*

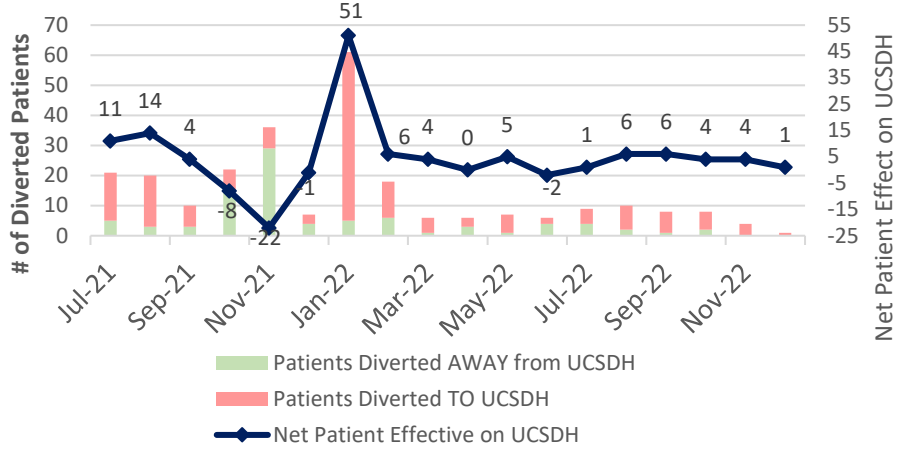


Key Takeaway: ED bypass hours have become much more controlled since County EMS suspended ED initiated ED Diversion (Feb '22)

Effect of ED Bypass on UCSDH's Net Patient Capacity
(July '21 - Dec ' 22)



Effect of Specialty Bypass on UCSDH's Net Patient Capacity
(July '21 - Dec ' 22)



Key Takeaway: UCSDH is often "net positive" patients for the month despite going on ED and Specialty bypass (Specialty bypass includes Trauma, Stroke, STEMI and L&D). Net impact has become more controlled since County EMS change (Feb. '22)

San Diego County does not typically allow general ED diversion solely for high volume or congestion

La Jolla is our more impacted Emergency Department, and the large majority of patients arrive by personal transportation rather than via EMS

UC San Diego Health

Impact on the Inpatient Setting

The hospital is operating above capacity nearly every day.

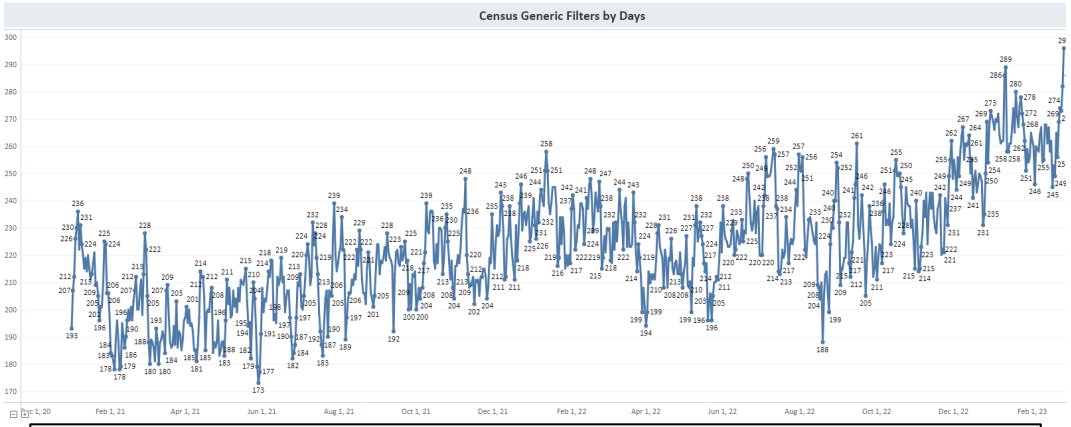
Increased hospital volume means increased demand for inpatient clinical and procedural services, which is becoming more and more difficult to meet.

The overall higher volume in the hospital is causing inefficiencies and contributing to increased length of stay.
Approximately 90 to 100 hospitalized patients every day were discharged within the previous 30 days (readmissions).

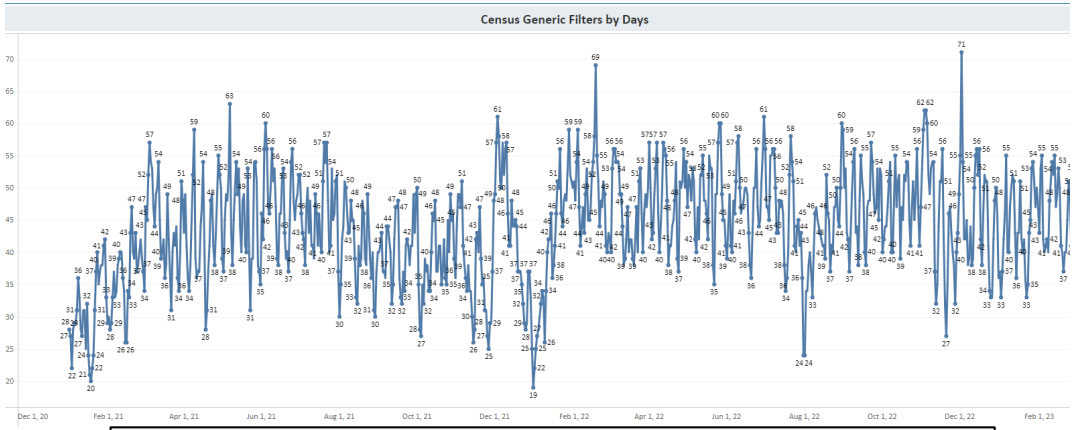
Interventions to Date

- Flow Physician of the Day role to attempt to expedite interventions to allow discharge
- Daily patient flow DES huddle to identify issues and escalate where appropriate
- Increased availability of some services on weekends (e.g., echocardiography at LJ on Saturdays)
- Multiple active and planned projects under the Reducing Readmissions 3P program
- Implementation of a Virtual Transitions of Care (VToC) clinic to reduce readmissions in high-risk discharged patients

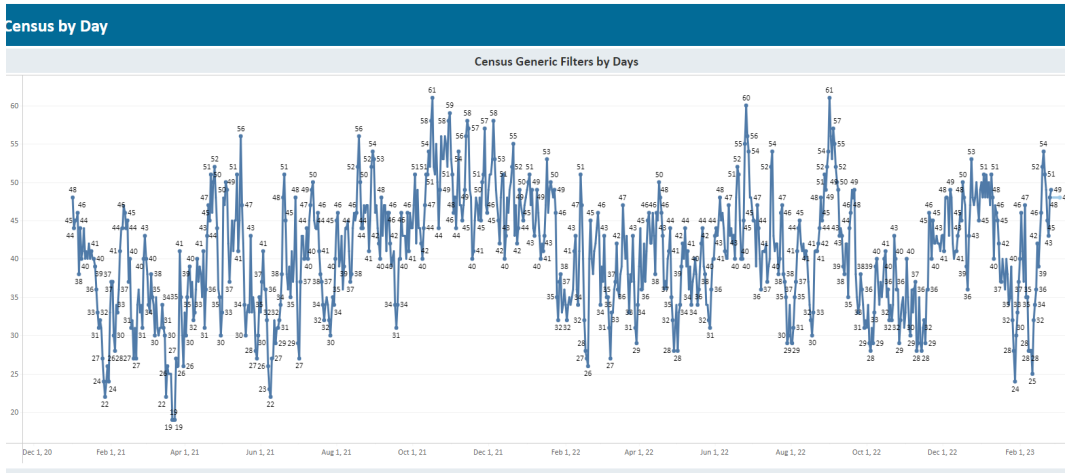
Increased Hospital Census – Selected Primary Services



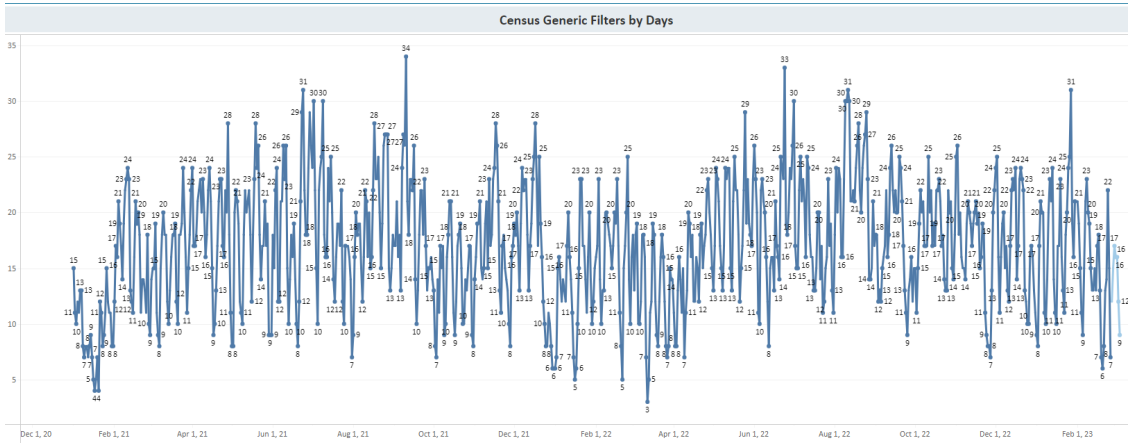
Hospital Medicine – MN Census Last 2 Years



Surgical Services – MN Census Last 2 Years



Trauma Surgery – MN Census Last 2 Years

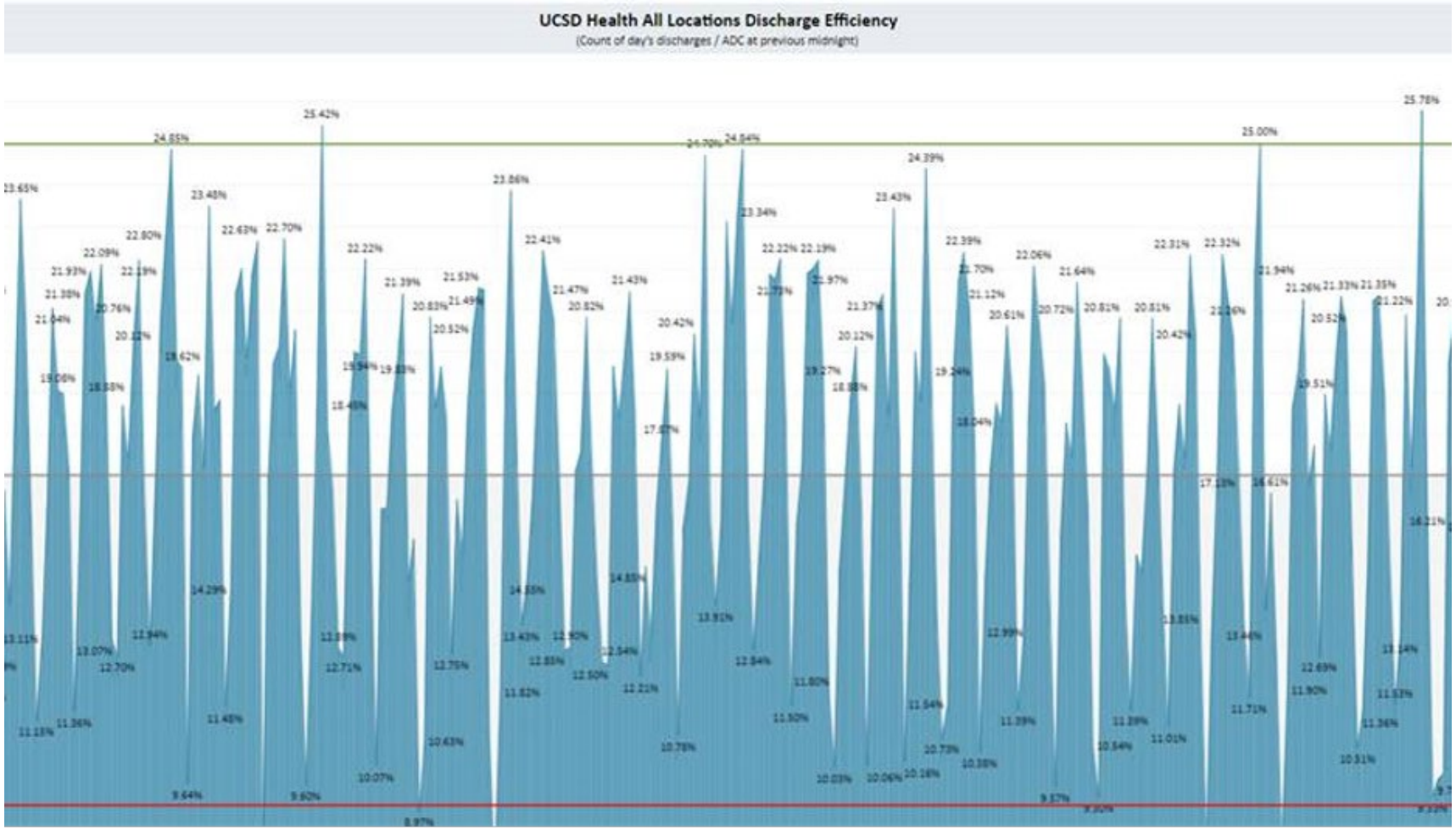


Orthopedic Surgery – MN Census Last 2 Years

Higher hospital volumes also result in a corresponding higher demand for physician consults as well

Surgical census is up less despite increased OR volume due to LOS reduction (ERAS) and some shift to KOP

Higher Hospital Census is Impacting Inpatient Throughput



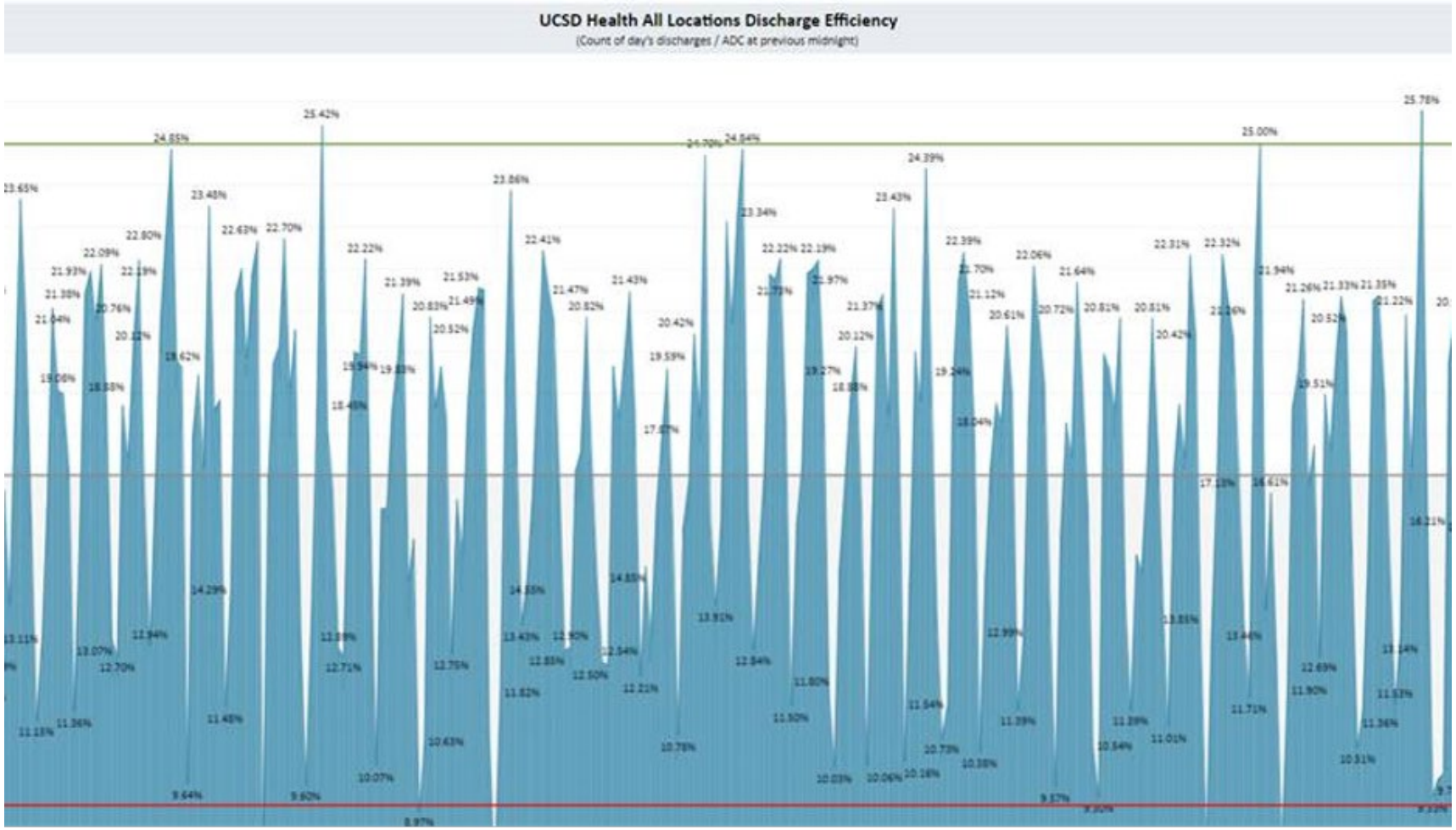
Discharge Efficiency at La Jolla – Last 6 Months

DC efficiency = % of midnight census discharged the following calendar day

Average historical DC efficiency at La Jolla = 17.0%

- ***Last 6 months = 16.0%***
- ***Last 2 months = 15.0%***

Weekend Inpatient Efficiency Is Especially Challenging



Discharge Efficiency at La Jolla – Last 6 Months

DC efficiency = % of midnight census discharged the following calendar day

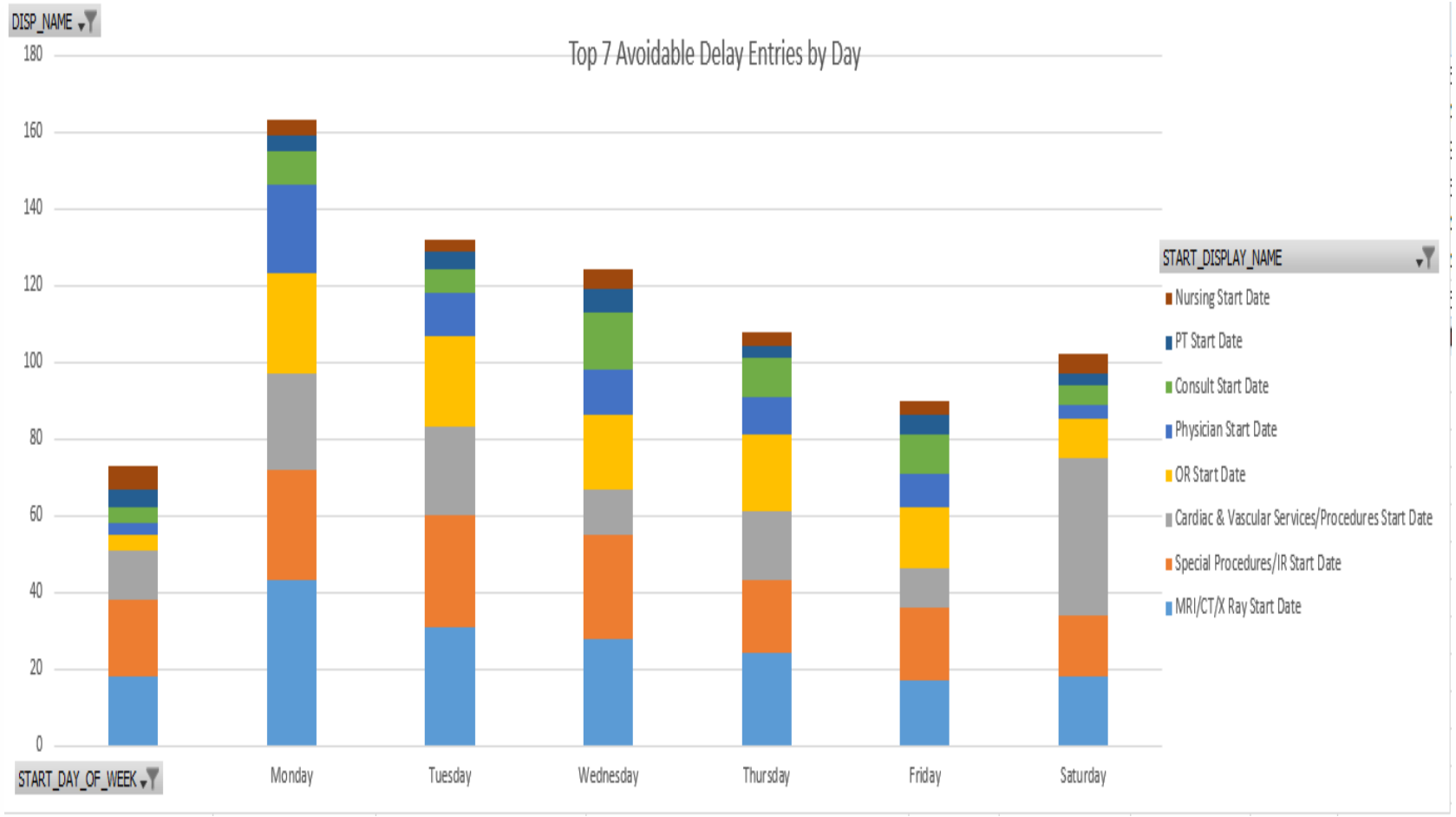
Average historical DC efficiency at La Jolla = 17.0%

- ***Last 6 months = 16.0%***
- ***Last 2 months = 15.0%***

Average historical DC efficiency on specific days:

- ***Saturdays – 16.7%***
- ***Sundays – 11.3%***
- ***Mondays – 13.8%***

Inpatient Service Delays Are Highest on Mondays and Tuesdays

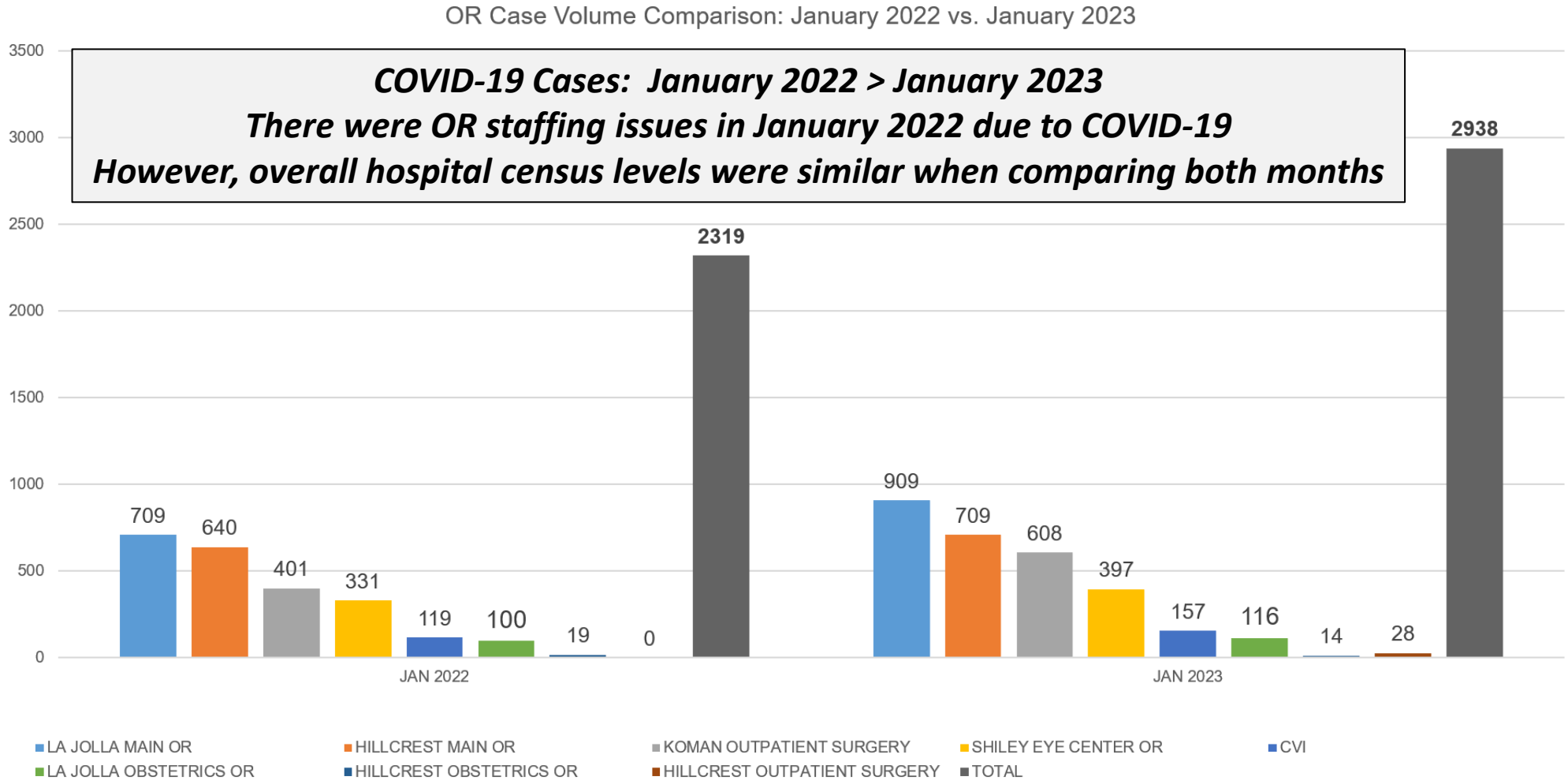


Service delays are highest on Mondays and Tuesdays due to backlog of demand from the weekend

Interventions to date:

- ***Flow Physician outreach on Sundays to prioritize Monday interventions to allow discharge***
- ***Increase of inpatient schedule slots in La Jolla echocardiography on Mondays***

Operative Volume is Increasing But is Affected by Capacity Issues



Patient Flow Operations Steering interventions in response to high hospital census:

- ***Committee has asked for rescheduling of surgical cases due to very high census multiple times in last 2 years***
- ***Committee has recommended limiting inpatient priority fill to inpatients > 50% of weeks in the last 12 months***

Impact on the Transfer Center

The high hospital census limits the available beds for post-operative admissions.

Surgical cases have occasionally needed to be rescheduled when the hospital census is extremely high.

The ability to add *new* non-urgent surgical cases requiring post-operative admission has been significantly limited.

Interventions to Date

- Flow Physician of the Day role to attempt to expedite interventions to allow discharge
- Daily patient flow DES huddle to identify issues and escalate where appropriate
- Increased availability of some services on weekends (e.g., echocardiography at LJ on Saturdays)

High Hospital Census is Limiting Our Ability to Take Transfers

Volumes

General Volumes

199 Completed MTD

205 Canceled MTD

	Sep 22	Oct 22	Nov 22	Dec 22	Jan	Feb	MTD
Completed Transfer Requests (Tgt Dest)	282	256	304	257	250	199	199
Canceled Transfer Requests (Tgt Dest)	196	289	332	347	364	205	205
Accepted Then Canceled Transfer Requests (Tgt Dest)	22	29	18	32	32	19	19
% Transfer Requests Accepted (Tgt Dest)	64 %	52 %	51 %	48 %	46 %	51 %	51 %
% Transfer Requests Canceled (Tgt Dest)	41 %	53 %	52 %	57 %	59 %	44 %	44 %
% Transfer Requests Completed (Tgt Dest)	59 %	47 %	48 %	42 %	41 %	43 %	43 %
Average Number of Documented Communications on Transfer Requests	5	6	5	5	6	5	5
Destination Declines	28	22	18	23	18	12	12

Transfer requests completed/arrived:

- ***September 2022 – 59% (64% accepted)***
- ***January 2023 – 41% (51% accepted)***

Most common referring hospital systems:

- ***El Centro Regional Medical Center***
- ***Sharp Hospitals***
- ***Scripps Hospitals***

Interventions to date:

- ***Revised prioritization schema to focus on bringing in highest priority patients***
- ***Standardization of transfer center intake and approval communication process (in flight)***