**Summit Summary Slides:**

**Summary:**

* 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.

**Key points:**

* SD population growing
* # of patients being hospitalized growing
* Median age of patients being hospitalized growing
* % of mortality risk growing
* LOS growing
* Higher census. Volumes are up. Especially in La Jolla. (Hillcrest seems to be flat.
* Higher hospital census leads to ED congestion.
* Majority of patients arrive by personal transportation rather than via EMS
* Hospitals operate above capacity nearly every day.
* More difficult to meet demand for inpatient clinical and procedural services
* Higher volume leads to inefficiencies and contributing to increased length of stay.
* Approximately 90 to 100 hospitalized patients every day were discharged within the previous 30 days (readmissions). (WHAT IS THIS AS A PERCENTAGE?)
* Higher hospital census is impacting inpatient throughput
* Transfers being accepted and completed at lower rate
* Inpatient service delays are highest on Mondays and Tuesdays (seems because of weekend backlog).

**Interventions to date 1 for Emergency department (Slide 9):**

* Development of data-driven census management interventions to mitigate ED congestion
* Creation of additional ED overflow patient care areas (e.g. Jacobs MedEdtheater)
* 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)

**Interventions to date 2 for Inpatient Setting (Slide 15):**

* 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

**Interventions to date 3 for Transfer Center (Slide 21):**

* 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)