

April 24, 2020

Physician Executive Report (Joshua Lee, MD)

Banner University Medicine – Tucson

I am writing to you, the faculty, in my role as Physician Executive, Banner University Medicine which represents all of the clinical faculty who practice as member of the College of Medicine, Tucson within the framework of Banner Health. As I now complete my ninth month in this role, there is much upon which to reflect in the past year and we would be remiss not to comment on the current pandemic and the ways in which it has transformed radically the way we practice healthcare.

Our prior year, 2019, was marked by tremendous growth and expansion. The highlight of the year was the opening of the new patient care tower, which provided state of the art facilities to all our care teams and reinvigorated many of our clinical programs such as labor and delivery, which demonstrated a 20% increase in deliveries over the prior year. With tremendous skill (and arduous planning) our hospital leadership coordinated the movement of the first patient in April of 2019, and over the course of the year, additional renovated areas were brought online. In addition to the modernized space and design, the tower construction also heralded the arrival of refreshed imaging equipment and state of the art operating rooms. Areas of the former hospital space were repurposed for additional administrative functions and a new faculty lounge as well as a first ever lounge for house-staff were opened.

The fall marked the next clinical milestone with the attainment of Comprehensive Stroke Center status from the Joint Commission on Accreditation of Healthcare Organizations (TJC). This was the result of tireless efforts across the domain of the neurosciences faculty as well as help from our critical care and quality teams. This achievement marked the first healthcare facility to achieve Joint Commission accreditation as a comprehensive stroke center.

The year included several quality milestones that demonstrate the ongoing commitment of our faculty and leadership to sustained improvement. After several years of “B” status, we attained an “A” grade in the Leapfrog assessment at Banner University Medicine-South. Meanwhile at the Tucson campus, our continuous focus on reduction in surgical site infection, enhanced sepsis care and focus on medication safety resulted in achieving a CMS 3-star rating. Some of the specific factors that contributed were the reduction in central line associated blood stream infections from a standardized rate of 1.7 in 2015 down to 0.29 in 2019. That kind of dramatic improvement in hospital acquired infection only comes from dedicated clinical leadership and interdisciplinary collaboration. While work is ongoing, our teams remain very focused on reducing all preventable harm in the hospital.

Growth of the clinical footprint was also impressive in 2019. Some key figures are listed here (with percent increase from the prior year):

Banner University Medicine – Tucson Campus:

- 6.8% increase in admissions
- 2.4% increase in surgeries

Banner University Medicine—South Campus

- 18% increase in surgeries

Banner University Medicine-Medical Group

- 22.8% increase in ambulatory visits

Overall Banner University Medicine – Tucson

- 8.6% increase in revenue

However, no report would be complete without a recognition of our combined campus response to the ongoing COVID-19 pandemic. With planning that started as early as January 2020 (when the very first cases were identified anywhere outside of China) the medical staff, administration and the College of Medicine collaborated to be ready for the expected influx of patients. With careful coordination across the enterprise, we transformed care to be digital and virtual and to create “safe” spaces for both well and symptomatic patients. The medical enterprise has been at the forefront of research as well. We are participating in cooperative group trials for novel therapies, and with the participation of our laboratory faculty, also is acting as one of the few centers evaluating the benefit of convalescent serum for the treatment of severe disease. At the time of this writing there are more unknowns than knowns for our future, but if the spirit of cooperation, concern and caring is any evidence our strength as a faculty and as a health system it bodes well.

Respectfully submitted,

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