

2008-2009 Program Change Request**DEPARTMENT NAME:**

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input checked="" type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital (LHH) – Environmental Services (EVS)

PROGRAM CONTACT NAME/PHONE: John Kanaley, 759-2363 / Maxwell Chikere 759-3030

PROGRAM / INITIATIVE TITLE: **LHH EVS Staffing for Regulatory Compliance**AMOUNT: **\$246,002**TARGETED CLIENTS: **Laguna Honda Hospital Residents, Staff and Visitors****PROGRAM DESCRIPTION: (Description of Program Change)**

(If proposing reductions to Contractors, provide name of contractor, program and amount)

This initiative is for four Porter (2736) positions and one Porter Supervisor I (2740) position to meet the immediate regulatory issues identified by DHS surveyors in CY 2004 thru 2007. The additional Porter staff will be allocated to the Nursing units, Food Preparation areas, common public areas (including public bathrooms), and immediate exterior grounds to maintain the Hospital in a clean and sanitized manner.

Benchmark standards, based on square footage, indicate that, for LHH (633,897 sq ft), Housekeeping Services requires 115.2 FTE Porters and 7.6 FTE Porter Supervisors. This constitutes a current shortfall of 31.53 FTE's overall to meet industry staffing standards. However, this initiative's request is for only that portion of the total FTE numbers for both Porter and Porter Supervisor that would help us address our most critical regulatory issues.

NOTE: This problem was identified in Fiscal Year 2004-2005. To date, the housekeeping staffing level has gone from 92.62 budgeted FTE to 94.27 budgeted FTE in 2007-2008.

JUSTIFICATION: (required by the Mayor's Office)

The DHS surveys in May 2007, February, July and August 2006 cited sanitation and infection control as Housekeeping issues. Previous annual survey years demonstrated similar difficulties meeting Title 22 regulations. The addition staffing is the minimum staffing required to meet the regulatory issues identified.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative funds the minimum amount of resources required to continue delivering the current volume of services.

EXPENSE AND REVENUE IMPACT

This initiative will add \$246,002 in salaries and benefits to General Fund obligations during the initial fiscal year which would annualize to \$328,003 in subsequent fiscal years.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

3.75 FTE increase during the initial fiscal year which annualizes to 5.0 FTE thereafter.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH EVS STAFFING FOR REGULATORY COMPLIANCE

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 246,002	\$ 328,003
	-	-
	-	-
Subtotal Uses	246,002	328,003
Net General Fund Subsidy Required (Uses less Sources)	\$ 246,002	\$ 328,003
Total FTE's	3.75	5.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
	2736 Porter	3.00	\$ 143,019
	2740 Porter Supervisor I	0.75	43,346
		<u>3.75</u>	186,365
	Fringe (32%)		<u>59,637</u>
			\$ 246,002

2008-2009 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health
- Health At Home

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
-

DPH SECTION: Laguna Honda Hospital (LHH)

PROGRAM CONTACT NAME/PHONE: Steve Koneff/Klatt 759-3314

PROGRAM / INITIATIVE TITLE: **LHH Nutrition Chefs Regulatory Requirement**

GENERAL FUND: **\$123,728**

TARGETED CLIENTS: Laguna Honda Hospital residents

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

LHH Food Service requires two additional CSC 2656 Chefs to meet DHS regulatory requirements for Dietary Services. The additional chefs will provide full coverage for 7 day/week, 2 shifts/day, 365 days/year to insure complete oversight, training and monitoring for compliance to Title 22 in the areas of food preparation, quality control in temperature and food safety, food handling and sanitation, provision of wider variety of menu items including ethnic dishes and monitoring of satellite kitchens.

JUSTIFICATION: (required by the Mayor's Office)

DHS Surveys May, 2007; and in July and August 2006 resulted in significant citations in the areas of food preparation, quality control in temperature and food safety, food handling and sanitation, provision of wider variety of menu items including ethnic dishes and monitoring of satellite kitchens. Additional Chefs are needed to address the gaps identified by DHS through program development for on-going staff training, monitoring for quality control and quality improvement, and expanding food preparation to offer more daily individualized service, including ethnic foods and bilingual menus. Inability to fund these two positions will result in on-going failure to meet Title 22 requirements. Current staffing level of 2 chefs' does not cover the 2 shifts per day 7 days per week as needed.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

1050 residents receive 3 meals plus unit-stocked nourishments 365 days a year. The Chefs oversee the food preparation process for each and every meal.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Funding for this initiative would require a \$123,728 increase in salary and benefits for the initial fiscal year and \$164,971 for subsequent fiscal years.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

This initiative increases the LHH workforce by 1.5 FTE during the initial fiscal year which annualizes to 2.0 FTE subsequently.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH NUTRITION CHEFS REGULATORY REQUIREMENT

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 123,728	\$ 164,971
	-	-
	-	-
Subtotal Uses	123,728	164,971
Net General Fund Subsidy Required (Uses less Sources)	\$ 123,728	\$ 164,971
Total FTE's	1.50	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2656	Chef	1.50	\$ 93,734
			-
			93,734
	Fringe (32%)		29,995
		1.50	\$ 123,728

2008-2009 Program Change Request

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DPH SECTION: LAGUNA HONDA HOSPITAL (LHH)

PROGRAM CONTACT NAME/PHONE: Gayling Gee 759-2363

PROGRAM / INITIATIVE TITLE: **LHH Nutrition Dietitians Regulatory Requirement**

GENERAL FUND: **\$120,612**

TARGETED CLIENTS: **LHH Residents**

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The addition of one 2624 Registered Dietitian (RD) and one 2622 Dietetic Technician (DTR) will provide necessary support for regulatory assessment and documentation issues identified in the May 2007, and the three 2006 DHS surveys. The RD and DTR will conduct timely monthly reviews and quarterly assessments for all residents, and for any change of conditions; and document in Minimum Data Set (MDS) nutrition fields. RD and DTR will assess residents daily for food preferences and food substitutions and will monitor and care plan for maintaining resident ideal body weight, hydration, and specific medical conditions. The MDS is the CMS required Assessment tool used for reimbursement.

JUSTIFICATION: (required by the Mayor's Office)

The DHS surveys of May, 2007; and February, July and August 2006 resulted in citations related to untimely and incomplete nutrition documentation in the RAI/MDS records, insufficient attention to individualizing resident need preferences, less than adequate assessment and care planning for weight loss and for dialysis patients. This deficit is related to insufficient staffing to cover the resident volume and complexity. The two positions are needed to provide timely assessments/documentation and to achieve a more individualized approach to addressing resident food preferences as required by Title 22. Inability to fund these two positions will result in on-going failure to meet CMS and Title 22 requirements.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

1050 residents at LHH

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$120,612 increase for salary and fringe benefits during the initial fiscal year which would annualize to \$160,816 subsequently.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase 0.75 Registered Dietitians and 0.75 Dietitian Technicians. Positions would annualize to 2.0 FTE for subsequent fiscal years.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH NUTRITION DIETITIANS REGULATORY REQUIREMENT

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 120,612	\$ 160,816
	-	-
	-	-
Subtotal Uses	120,612	160,816
Net General Fund Subsidy Required (Uses less Sources)	\$ 120,612	\$ 160,816
Total FTE's	1.50	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2624	Registered Dietitian	0.75	53,730
2622	Dietetic Technician	0.75	37,643
			-
		1.50	91,373
	Fringe (32%)		29,239
			\$ 120,612

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| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital and Rehabilitation Center (LHHRC)

PROGRAM CONTACT NAME/PHONE: Lisa Pascual, MD, 759-2355 and John Kanaley 759-2367

PROGRAM / INITIATIVE TITLE: **LHH Rehabilitation Fall Risk Management Program**GENERAL FUND: **\$167,522**

TARGETED CLIENTS: LHHRC residents at risk for falls.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Many of the factors that increase the risk for mobility problems and falls among residents at LHHRC are preventable and even reversible through the early detection of physical impairments and functional limitations. A fall risk management team consisting of one Physical Therapist and one Occupational Therapist can effectively address fall risk assessment and intervention programs at LHHRC. The fall risk management program would use comprehensive strategies to minimize fall risk and mitigate injuries from falls including research based assessment and intervention, ongoing staff training, monitoring for compliance with policy and individual resident programs, ongoing literature review, and implementation of a research program to evaluate the effectiveness of emerging technologies (e.g. bed and chair alarms) for the prevention of falls.

JUSTIFICATION: (required by the Mayor's Office)

Two regulatory issues are addressed. The Licensure Surveys in 2006 and 2007 found deficiencies related to fall prevention at LHH. The Centers for Medicare and Medicaid Services announced a reimbursement rule change published on 8/22/07 that states that they will no longer pay for care related to facility acquired falls. Injuries sustained as a result of a fall in a skilled nursing facility are classed as a medical error and the new rules disallow payment for convalescent care that could last several weeks.

In surveys of nursing home populations, the percentage of residents who fall each year ranges from 16% to 75%, with an overall mean of 43%. In the United States, nursing home residents 85 years and older account for one out of five fatal falls. More than 40% of those hospitalized for hip fractures never return home or live independently again and 25% will die within one year. State surveyors repeatedly cite fall risk assessment and prevention at LHHRC as cause for concern. A recent RAND meta-analysis of fall prevention interventions revealed that structured programs reduced fall rates on average by 23%. The most effective program types included multi-factorial risk assessment and management (40% reduction in fall rates).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Additional staff will augment falls prevention and restraint reduction activities and potentially add 1,290 (6%) additional visits to the 21,500 annual units of service provided by the LHHRC Rehabilitation Program.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$197,741 for salaries and fringe benefits offset by \$30,219 in revenues from additional visits to therapists for net impact of \$167,522 in FY 2008-09, annual requirement is \$223,362. Impact of reduction in litigation is not included.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTEs)

1.5 FTEs in FY 2008-09 which annualizes to 2.0 FTE.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH REHABILITATION SERVICES - FALL RISK MANAGEMENT PROGRAM

	FY 2008-09	Ongoing
Sources:		
Medi-Cal Reimbursement Skilled Therapies	\$ 30,219	\$ 40,292
Subtotal Sources	30,219	40,292
Uses:		
Salaries and Fringes	\$ 197,741	\$ 263,654
-	-	-
Subtotal Uses	197,741	263,654
Net General Fund Subsidy Required (Uses less Sources)	\$ 167,522	\$ 223,362
Total FTE's	1.50	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title		
2556	Physical Therapist	0.75	1.00
2548	Occupational Therapist	0.75	1.00
		1.50	2.00
	Cost of position 2556	74,902	99,869
	Cost of position 2548	74,902	99,869
	Total Cost	149,804	199,738
	Fringe (32%)	47,937	63,916
		\$ 197,741	\$ 263,654

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| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital (LHH)

PROGRAM CONTACT NAME/PHONE: Kevin McKinney, 759-3325

PROGRAM / INITIATIVE TITLE: **LHH Licensing Fees**GENERAL FUND: **\$300,000**

TARGETED CLIENTS: Laguna Honda Hospital residents

PROGRAM DESCRIPTION: (Description of Program Change)

This initiative seeks funding to pay for newly implemented regulatory requirements.

JUSTIFICATION: (required by the Mayor's Office)

The California State Licensing and Certification Program instituted changes in fee collection rates and procedures in 2007 that are designed to cover all costs of annual licensure surveys and complaint investigations. Section 1266 of the California Health and Safety Code was amended, it provided an initial fee rate structure that would change in concert with costs incurred by the Licensing and Certification Program, and it contained no provision for waiving institutional licensing fees for local government entities such as LHH. The mix in fees for LHH acute and skilled nursing beds for 2007-2008 was approximately \$285,000. Fees for licensure of acute beds more than doubled and fees for skilled nursing beds increased by approximately 20% over those imposed in the previous fiscal year. This initiative includes an estimate for fee increases imposed in Fiscal Year 2007-2008.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This funding is essential to continued hospital operations but it does not directly alter service volume.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

General Fund support requirements will increase by \$300,000.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

This initiative will not change the size of the LHH workforce.

2008-2009 Program Change Request

DEPARTMENT NAME:

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|---|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
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| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Behavioral Health Services – Substance Abuse
PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3471
PROGRAM / INITIATIVE TITLE: **Licensing Fees – Substance Abuse Treatment Contractors**
GENERAL FUND: **\$75,000**

TARGETED CLIENTS: Clients Served by CBHS Substance Abuse Treatment Programs

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Pursuant to Senate Bill 84, State Alcohol and Drug Programs will impose new licensing fees on applicable CBHS-SA contractors totaling approximately \$75,000 per year for the entire system. The fees will be \$147 every other year per adult residential bed and \$3,452 every other year per outpatient program (including overnight/partial day programs). Additionally, initial residential application fees under this legislation will be \$2,773 per site, adolescent residential programs will be assessed a \$1,370 waiver application fee, and initial application fees for outpatient programs will be \$2,664 per program. The proposed request of \$75k represents the total amount of funding required in FY08-09 to address the impact of these increases in all service categories.

JUSTIFICATION: (required by the Mayor’s Office)

The State Department of Alcohol and Drug Programs implemented this licensing fee regulatory requirement without providing funding. Many CBHS contractors may not be able to absorb the additional costs

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The impact on the number of clients served is not known.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

This would create a \$75,000 increase in the General Fund

IMPACT ON DEPARTMENT’S WORKFORCE (increase or decrease of FTE’s)

There will be no impact on the Department’s workforce.

2008-2009 Program Change Request

DEPARTMENT NAME:

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|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
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| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-3670
PROGRAM / INITIATIVE TITLE: **Telemetry Nurse Ratio Changes**
GENERAL FUND: **\$915,647**

TARGETED CLIENTS: SFGH Hospitalized patients on telemetry for cardiac monitoring.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Medical/Surgical Division has 23 telemetry monitored inpatient beds on inpatient units 5D (20) and 4D (3), where the current nurse to patient ratio is 5:1. Telemetry units "provide care for and continuous cardiac monitoring of patients in a stable condition, having or suspected of having a cardiac condition or a disease requiring the electronic monitoring, recording, retrieval and display of cardiac electrical signals" (Title 22).

Beginning January 1, 2008, the Department of Health Services, Title 22 Nurse to Patient Ratio for telemetry units is mandated to change from 1:5 to 1:4 or fewer. This change requires that additional RN FTE be added to the budget to provide for the ratio requirement and break coverage.

JUSTIFICATION: (required by the Mayor's Office)

The Title 22 Regulations mandate a change in the nurse to patient ratio for telemetry units.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No change in budgeted inpatient beds.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

An increase of 5.75 RN FTE in the first year will result in a cost of \$915,647.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase of 5.75 RN FTE for the first year and 7.66 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Telemetry Nurse Ratio Changes

Sources:	FY 2008-09 (9 Months)	Ongoing
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 915,647	\$ 1,220,862
Subtotal Uses	915,647	1,220,862
Net General Fund Subsidy Required (Uses less Sources)	\$ 915,647	\$ 1,220,862
Total FTE's	5.75	7.66

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 Months)
2320	Registered Nurse	5.75	\$ 693,672
	Fringe (32%)		693,672
			221,975
			\$ 915,647

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each items by count and amount)

2008-2009 Program Change Request

DEPARTMENT NAME:

- | | |
|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: SFGH-Pharmacy Services
PROGRAM CONTACT NAME/PHONE: Sharon Kotabe/206-2325
PROGRAM / INITIATIVE TITLE: **SFGH Pharmacy Staffing**
GENERAL FUND: **\$1,080,039**

TARGETED CLIENTS: All clients and residents receiving care at SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Recent surveys by licensing, regulatory and accrediting bodies (e.g. California Department of Health Services [DHS], Centers for Medicare/Medicaid Services [CMS], the Joint Commission [JC] on Accreditation of Healthcare Organizations) have focused on medication use and pharmacy services. Several deficiency citations resulted in past surveys as a result of this focus. Compliance to the plans of corrections for these deficiencies, as well as additional and more stringent medication use and pharmacy services requirements from these groups necessitate increased pharmacy staffing for a department that provides services 24-hours per day, 7-days per week. Non-compliance puts SFGH at risk of losing Medicare/Medicaid funds. This request is to add a total of 7.50 FTEs the first year and 10.0 FTE's ongoing, to the San Francisco General Hospital Pharmacy. Although requests were made, and partially approved in previous fiscal years to add staff to the Pharmacy department to support regulatory requirements, more resources are needed to support other clinical areas and address new and additional responsibilities expected of pharmacists who practice in a health-system setting.

Current pharmacy staff of 95 FTEs provide 24 hours per day inpatient and emergency department pharmacy services, 12 hours per day outpatient prescription services, and 12 hours per day pharmacy purchasing services to the hospital, hospital-based and COPC clinics. Of the current budget, ten (10) were 'new' FTEs in the FY 07-08 budget. The positions requested in the previous budget, when requisitions to hire are released, will provide Joint Commission and Title 22 compliant pharmacist service to the Emergency Department, Operating Rooms, and adverse drug event follow-up. There were also positions to address increased use and demand for technology-related solutions to medication management and safe medication use issues. The positions included in this request are to address new Joint Commission requirements for anticoagulant use in all care settings, State and CMS regulatory changes for review of drug therapy for patients in skilled nursing locations, improve controlled substances accountability and monitoring, augment pharmacist services in the Operating rooms with a pharmacy technician to help with record keeping and drug distribution requirements, and assure the availability of City and County staff in the Inpatient Pharmacy to address preparation, distribution and oversight for administration of all IV admixtures, in accordance to regulatory requirements

JUSTIFICATION: (required by the Mayor's Office)

- 1 FTE ongoing to comply with major changes to State and CMS regulations regarding drug regimen review for patients in skilled nursing beds, and provide pharmacist expertise for geriatric-focused units and care. This request will add one pharmacist to do drug regimen review, as required, 8 hours

per day, 5 days per week.

- 2 FTE ongoing to address new Joint Commission National Patient Safety Goal for pharmacist management of all anticoagulant use in inpatient and ambulatory care settings. This request will add one pharmacist to the inpatient setting, and one pharmacist in ambulatory care to provide anticoagulant therapy monitoring services 8 hours/day, 5 days/week.
- 1 FTE ongoing to support drug distribution and augment current pharmacy services to the operating rooms. This request will add one pharmacy technician to assist with record keeping and drug distribution activity in the operating rooms, 8 hours per day, 5 days per week.
- 3 FTE ongoing to address increased medication use audits and controlled substances monitoring required by accrediting and licensing agencies. This request adds pharmacists 16 hours per day, 7 days per week to comply with regulatory requirements for auditing, storage and monitoring of controlled substances and other medication.
- 3 FTE ongoing to augment 24 hours/day, 7 day per week operations and address increased workload resulting from requirements for pharmacist oversight of all IV admixtures preparation. This request adds pharmacists 16 hours per day, 7 days per week to address increased IV admixture preparation and distribution workload which results from Joint Commission and Title 22 requirements.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Number of clients served and units of service provided will not substantially change. Clients will, however, be impacted if compliance to licensing, regulatory and accrediting body requirements are compromised and the hospital loses Medicare and Medicaid funding.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenue will be negatively impacted if Medicare and Medicaid funding is lost or information systems are not maintained to assure compliance to 3rd party billing and manufacturer patient drug assistance program requirements.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Addition of 7.50 FTEs the first year and 10.0 FTE's ongoing to the department's workforce.
3.0 FTEs 2409 Pharmacy Technician
3.0 FTEs 2450 Pharmacist
1.5 FTEs 2454 Clinical Pharmacist

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH PHARMACY STAFFING

		FY 2008-09 (9 Months)	Ongoing
Sources:			\$ -
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes	\$ 1,080,039	\$ 1,440,051
	Operating Expenses	\$ -	\$ -
Subtotal Uses		1,080,039	1,440,051
Net General Fund Subsidy Required (Uses less Sources)		\$ 1,080,039	\$ 1,440,051
Total FTE's		7.50	10.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 months)
2409	Pharmacy Technician	3.00	\$ 214,161
2450	Pharmacist	3.00	\$ 389,376
2454	Clinical Pharmacist	1.50	\$ 214,674
		<hr/>	
		7.50	818,211
	Fringe (32%)		<hr/> 261,828
			\$ 1,080,039

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each items by count and amount)

2008-2009 Program Change Request

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| <input type="checkbox"/> Health At Home | |

DPH SECTION: SFGH

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe/206-2325

PROGRAM / INITIATIVE TITLE: **SureMed (Omniceil) Pharmacy Lease**

GENERAL FUND: **\$170,000**

TARGETED CLIENTS: All SFGH patients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Medication storage, control, and accountability continue to be areas of intense scrutiny by the Joint Commission, State Licensing and Accreditation, and Boards of Pharmacy and Nursing. Most but not all patient care areas of SFGH utilize automated drug dispensing cabinets to provide the security, accountability and reporting of medication use required by these accrediting and licensing bodies. The automated cabinets store medication in the patient care areas, and access to stored medication by unit-based staff is not permitted until a pharmacist reviews the order and enters it into the pharmacy computer system which is interfaced with the unit-based automated drug cabinets. Access is further restricted to staff authorized to administer medication, and complete records of the person accessing medication, medication accessed, patient for whom accessed, and date and time of access are maintained in the electronic database. Full compliance to Joint Commission medication management standards, and State licensing and Title 22 regulations concerning drug storage and use will require adding automated drug storage cabinets to inpatient areas and installing automated drug storage units to outpatient areas that currently do not have them.

The hospital has leased automated drug storage cabinets for over 10 years, and there are currently approximately 40 units installed throughout the organization, primarily in the inpatient care areas. Equipment lease is preferred to purchase as technology changes often and quickly, and ability to switch to the most modern version available helps the hospital's ability to comply with changing and more stringent medication management regulatory requirements. Because the cabinets are leased, the annual cost of the lease is an ongoing expense, and not a one-time request. Automated cabinets have been installed in the past in hospital areas that were not initially using this technology as a response to medication management issues raised by State licensing and other accrediting and regulatory bodies. This request will facilitate leasing more devices for installation in all inpatient and outpatient care areas with the expectation that they will prevent many medication storage and management issues from arising and coming to the attention of licensing organization surveyors.

JUSTIFICATION: (required by the Mayor's Office)

Accreditation by the Joint Commission is necessary for continued Medicare and Medicaid funding and reimbursement. Licenses issued by various State licensing bodies are also necessary for continued hospital operations. Adding automated drug storage units to all areas of the hospital, inpatient and outpatient, is necessary for compliance to all medication management requirements of these accrediting and licensing agencies. Less than full compliance to the standards and requirements puts the hospital at

jeopardy of losing its license and status as an accredited institution. Loss of licensure and accreditation ultimately leads to loss of Medicare and Medicaid funding.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Loss of accreditation and/or licensing by the hospital will jeopardize ability to provide care to an average 320 inpatients daily, and approximately 93,000 outpatients annually.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increase expense of \$170,000 for lease of additional SureMed (Omniceil) devices the first year and thereafter. No change in revenue or labor expense.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

No change

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SureMed (Omnicell) Pharmacy Lease

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expenses	170,000	170,000
Subtotal Uses	170,000	170,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 170,000	\$ 170,000
Total FTE's	0.00	0.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's
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Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/03141 Pharmacy SureMed (Omnicell) lease	\$ 170,000

Facilities Maintenance, and Equipment (List by each items by count and amount)

