

**Lee Ann Monfredini**  
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**David J. Sánchez, Jr., Ph.D.**  
Vice President

**Edward A. Chow, M.D.**  
Commissioner

**Catherine Dodd, R.N., Ph.D.**  
Commissioner

**Roma P. Guy, M.S.W.**  
Commissioner

**James M. Illig**  
Commissioner

**Markus Watson, D.D.S.**  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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**Department of Public Health**



**Mitchell H. Katz, M.D.**  
Director of Health

**Michele M. Seaton**  
Executive Secretary

**TEL (415) 554-2666**  
**FAX (415) 554-2665**

**Web Site: <http://www.sfdph.org>**

## MINUTES

### HEALTH COMMISSION MEETING

**Tuesday, December 18, 2007**

**At**

**3:00 p.m.**

**SAN FRANCISCO GENERAL HOSPITAL CARR AUDITORIUM**

**1001 Potrero Avenue**

**San Francisco, CA 94102**

#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:05 p.m.

Present: Commissioner Lee Ann Monfredini, President  
Commissioner David Sanchez, Ph.D., Vice President  
Commissioner Edward Chow, M.D.  
Commissioner Catherine Dodd, Ph.D.  
Commissioner Roma Guy, M.S.W.  
Commissioner James Illig  
Commissioner Markus Watson, D.D.S.

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 4, 2007

Action Taken: The Commission approved the minutes of the December 4, 2007 Health Commission meeting.

### 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson attended the Budget Committee meeting. Commissioner Chow was absent.

#### For Approval

**(3.1) AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification with St. James Infirmiry HIV Prevention Services, to add \$89,364 for a contract total of \$400,309, which includes a 12% contingency, to provide HIV health education and risk reduction services to support the Sex Worker Program in San Francisco, for the period of July 1, 2006 through June 30, 2008 (2 yrs).

**(3.2) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Asian Pacific Islander Wellness Center, in the amount of \$226,450, which includes a 12% contingency, to provide case management, treatment advocacy and peer advocacy services, for individuals diagnosed with HIV or AIDS, for the period of July 1, 2007 through June 30, 2008 (1 yr).

**(3.3) CHN-SFGH** – Request for approval of a contract modification with the Regents of the University of California, San Francisco, to extend the contract for three months through March 31, 2008, to provide Tertiary Care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County jail patients, in the amount of \$425,000 for the period of January 1, 2008 through March 31, 2008, for a total value of \$2,975,000, for the period of July 1, 2006 through March 31, 2008 (21 months).

#### Commissioner's Comments

- Commissioner Sanchez noted that DPH staff submitted demographic information for this contract, as was requested by the Health Commission.

**(3.4) BHS** – Request for approval of a retroactive contract renewal with Families First, in the amount of \$126,189 per year, for a total contract amount of \$353,329, which includes a 12% contingency, to provide mental health services to emotionally disturbed young adults, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).

**(3.5) BHS** – Request for approval of a retroactive contract renewal with BAART Behavioral Health Services, in the amount of \$548,473 per year, for a total contract amount of \$921,435, which includes a 12% contingency, to provide outpatient substance abuse and treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.6) BHS** – Request for approval of a retroactive contract renewal with Harm Reduction Coalition, in the amount of \$77,558 per year, for a total contract amount of \$130,297, which includes a 12% contingency, to provide overdose prevention and education services to injection drug users, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.7) BHS** – Request for approval of a retroactive contract renewal with Center For Human Development, in the amount of \$148,728 per year, for a total contract amount of \$749,589, which includes a 12% contingency, to provide substance abuse and violence prevention services to public school students, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

**(3.8) BHS** – Request for approval of a retroactive renewal contract with the Children's Council of San Francisco, in the amount of \$356,802 per year, for a total contract amount of \$1,798,282, which includes a 12% contingency, to provide early childhood mental health consultation and direct services in San Francisco, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

**(3.9) BHS** – Request for approval of a retroactive renewal contract with Rebekah Children's Services in the amount of \$53,277 per year, for a total contract amount of \$89,505, which includes a 12% contingency, to provide mental health services for children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.10) BHS** – Request for approval of a retroactive renewal contract with the Jewish Family and Children's Services, in the amount of \$295,984 per year, for a total contract amount of \$1,491,759, which includes a 12% contingency, to provide early childhood mental health and consultation services for children and their families, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

**(3.11) BHS** – Request for approval of a retroactive renewal contract with Adolescent Treatment Centers, Inc. (dba Thunder Road) in the amount of \$104,326 per year, for a total contract amount of \$175,268, which includes a 12% contingency, to provide early childhood mental health and consultation services for children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.12) BHS** – Approval to accept and expend retroactively a grant from the California Department of Rehabilitation, in the total amount of \$3,310,497 (annual amount of \$1,103,499), with a cooperative Community Behavioral Health Services match of \$895,980 (\$298,660 annually) for a budget total of \$4,206,477 (\$1,402,159 annually), to provide vocational rehabilitation services to mutual clients through a cooperative contract agreement for the period of July 1, 2007 through June 30, 2010.

**(3.13) BHS** – Approval to retroactively accept and expend a grant increase in the amount of \$287,177, from the California Department of Alcohol and Drug Programs' Comprehensive Drug Court Implementation Grant, to provide funding for a drug court in the San Francisco Dependency Court, for the period of July 1, 2007 through June 30, 2008.

**(3.14) BHS** – Approval to retroactively accept and expend a grant totaling \$713,132, which includes increased funding in the amount of \$199,852, from the California Department of Alcohol and Drug Programs' Comprehensive Drug Court Implementation, to improve and expand substance abuse treatment services for adult felon drug court clients, for the period of July 1, 2007 through December 31, 2008.

#### Commissioners' Comments

- Commissioner Sanchez said that some of the programs approved in the "approval" section of the agenda are for residential services for children and youth that are expensive but critical and he is looking forward to outcomes for these services to our kids in crisis.

## For Discussion and Approval

**(3.15) AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of \$255,511, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section Core Surveillance – HIV Names-Based Reporting Transition Assistance activities, for the period of December 1, 2007 through June 30, 2008 (7 months).

### Commissioners' Comments

- Commissioner Watson asked if this data is automatically linked to the CDC data system. Ms. Scheer said that they report unduplicated clients to the State who then reports to the CDC using a unique code.

**(3.16) BHS** – Request for approval of a retroactive new contract with Superior Court of California, County of San Francisco, in the amount of \$613,204 per year, for a total contract amount of \$3,090,548, which includes a 12% contingency, to provide substance abuse and mental health services, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

### Commissioners' Comments

- Commissioner Watson asked if there are projected outcomes for this program. Mr. Stillwell said the outcome that is sought is family reunification. The other programs have outcomes as well.
- Commissioner Sanchez feels there is a whole layer of substantive information missing from the contract documents that the Commission would benefit from hearing about and asked for a report to the Community Health Network Joint Conference Committee.

**(3.17) BHS** – Request for approval of retroactive new contract with the WestCoast Children's Clinic, in the amount of \$135,000 per year, for a total contract amount of \$378,000, which includes a 12% contingency, to provide mental health treatment services to children and youth with emotional problems, who are at risk, or already in out-of-home placement, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).

**(3.18) BHS** – Request for approval of a renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of \$278,160 per year, for a total contract amount of \$820,559, which includes a 12% contingency, to provide health and well services, for the period of January 1, 2008 through June 30, 2009 (1.5 yrs).

Secretary's Note – Contract staff corrected the annual amount for this contract. It is \$488,428.

### Commissioners' Comments

- Commissioner Watson said he went on the toxic tour with Karen Pierce and it changes the way people think about things. He hopes that this element continues. Ms. Smyly said that Ms. Pierce will be working with HERC staff to see how this can be implemented.

- Commissioner Sanchez said a Board of Directors is so important to the success of an agency. Ms. Smyly said they will be reporting outcomes to the Commission in approximately 18 months.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

#### 4) **DIRECTOR'S REPORT**

Mitchell H. Katz, M.D., presented the Director's Report.

##### Healthy San Francisco Update

On Tuesday, January 2, 2008, the Healthy San Francisco (HSF) program enters its next implementation phase. On that date, the program will begin enrolling HSF participants at higher income levels, namely those with incomes between 101% and 300% FPL. Currently, the program's enrolment is focused on those with incomes at or below 100% of the federal poverty level (FPL).

With the expansion of the eligible population to those with incomes between 101% and 300% FPL, HSF will institute its participant fee structure. As the Health Commission is aware, the participant fee structure is designed to be affordable and, like the Sliding Scale program, takes into account a person's income and family size. In January, the Department will also open up a New Patient Appointment Unit. The Unit is designed to ensure that all individuals seeking their first medical appointment with a DPH primary care clinic are able to get their appointments in an easy manner. The Unit, co-located with the SFGH Patient Advocate Unit on the SFGH campus, will schedule appointments for all new patients, not just Healthy San Francisco participants. In January, the San Francisco Health Plan (SFHP) will also become an enrollment site for Healthy San Francisco.

As of December 4, 2007, there were 6,449 San Francisco residents enrolled in Healthy San Francisco. Enrollment continues to take place at the participating 27 primary care medical homes within the Department of Public Health and with San Francisco Community Clinic Consortium members.

Dr. Katz thanked all staff who worked so hard to get HSF off the ground and who provide needed care to our City's uninsured residents.

##### Closure of the Workers Compensation Clinic at SFGH

Pursuant to the Affiliation Agreement, the Department has notified the UCSF Associate Dean of the decision to close the Workers Compensation Clinic at San Francisco General Hospital on March 15, 2008. This decision is necessitated by the Department being above its appropriated funding for this fiscal year. Closing the clinic in this fiscal year will also allow the Department to close its budget gap for the next fiscal year. This programmatic decision is consistent with the 2007-08 budget principles adopted by the Health Commission, which state that "the Department shall first target budget cuts to programs and services that do not impact vulnerable populations." The Workers Compensation Clinic provides services to City employees and is not a core service to the Department's vulnerable populations. Also, the Health Commission had formally recommended this cut to the Mayor's Budget Office in prior years as a way of resolving prior year deficits. The Department estimates that closing the clinic will save a minimum \$700,000 in General Fund on an annual basis. We will bring this proposal formally to the Commission at the first meeting in January and we will fulfill all MOU responsibilities towards labor partners.

### Air Quality

On November 5, 2007 the Bay Area Air Quality District adopted a new rule regulating the chain-driven and under-fire-char-broilers used by many restaurants; implementation of the rule will reduce daily particulate matter emissions by over half a ton in the Bay Area. This new regulation is especially important for San Francisco where many residents live in close proximity to restaurant exhaust. The new regulation applies only to high volume high emitting restaurants and as such represents a constructive first step in reducing air pollution associated with commercial food production. Throughout the Bay Area the new regulation is expected to affect 433 chain-driven char-broiling fast food restaurants and 200 large volume full service restaurants with under-fired char-broiling.

Chain driven char-broilers are common to fast food restaurants and generally used in the cooking of hamburgers. Under fire broilers are used in over 30% of the restaurants to broil beef, chicken, fish and pork. However the regulations only apply to such large producers as Rose Pistola, Hard Rock Café, Izzy's, Applebees, Outback Steak House and large hotels. Existing restaurants will have until 2013 to implement required controls. Although Environmental Health will not have direct involvement in the enforcement, we will have indirect involvement with systems that are not maintained and result in poor ventilation rates. We will also refer new construction to BAAQMD and provide access to restaurant data. For more information regarding specific requirements and applications: [http://www.baaqmd.gov/pln/ruledev/regulatory\\_public\\_hearings.htm](http://www.baaqmd.gov/pln/ruledev/regulatory_public_hearings.htm).

### Menu Labeling Ordinance Introduced

Obesity and overweight are serious public health problems, resulting in significant premature death and disability, health care costs, and lost productivity and affecting states and localities across the country including the City and County of San Francisco. In San Francisco, 43% percent of adults are overweight or obese and 24% of school-age children are overweight or obese. Obesity is primarily a result of the over consumption of food calories.

On December 11th, 2007, San Francisco Supervisor Tom Ammiano introduced an innovative menu-labeling ordinance to provide consumers with basic nutritional information about prepared foods sold at Chain Restaurants. The ordinance builds on existing, but less accessible nutrition disclosure requirements in Section 468 of the San Francisco Health Code. The ordinance would require chain restaurants to provide the total number of calories on menu boards and food tags, and the total grams of calories, saturated fat, carbohydrates and sodium on all menus. Based on public health research, the rise in obesity rates nationally has coincided with Americans eating more meals outside of the home where food choices are often higher calories and saturated fat. The Department believes that providing consumers of food with nutrition information can help them make healthier choices and can help mitigate growing problem of obesity.

### Holiday Activities at SFGH

On Monday, December 17, the Volunteer Center at San Francisco General Hospital hosted its annual Children's Holiday Party. More than four hundred of the city's most underserved children and their families were treated to food and drink, a gift from Santa, and entertainment by the 15-year old opera sensation Holly Stell. On Thursday, December 20, the Orthopaedic Trauma Institute (OTI) at SFGH will host its annual holiday party for children. Toys donated by the community and hospital staff will be distributed to children recovering from orthopaedic injuries.

### International Visitors Tour SFGH

On Wednesday, December 26, 15 government officials from China, accompanied by Professor Nancy Mangold of Cal State East Bay, will tour San Francisco General Hospital. The officials will visit various government agencies and community organizations in the San Francisco Bay Area during their visit.

### DPH “Angels” Gift Drive

In November and December, the Health Department organized its second DPH “Angels” Holiday Gift Drive. This program had its origins in the Surgical Services Department at CPMC, where the nurses there have purchased gifts for children in our CASARC program for many years. Building on that tradition, and with the generous support from our employees, the Health Department has expanded the gift drive to raise \$20,000 and reach 415 children and youth who receive services from the Family Mosaic Project, Multi-System Therapy Program, Children’s System of Care, and of course, CASARC. A big thank you goes to all DPH staff who contributed this year. Dr. Katz also extended a grateful appreciation to the Surgical Services staff at CPMC and especially to Cassie Kinser, RN who organizes their program and has ensured its success.

### Massage Parlor Task Force Highlighted on MSNBC

On December 3, MSNBC televised the program premiere “MSNBC Undercover: Sex Slaves in America.” The last 20 minutes of the program focused on the San Francisco Massage Parlor Task Force. The camera crew followed Principal Health Inspector Johnson Ojo and Senior Health Inspector Ed Walsh as they conducted massage parlor inspections at night, citing owners with violations that resulted in stiff penalties or closures. The segment highlighted the City's efforts to enforce unique municipal regulations to prevent prostitution and reduce sex slavery in San Francisco. The Environmental Health Massage Parlor Program has been instrumental in closing several massage parlor establishments in the past few years.

### National Congress on the Un and Underinsured

Gene O'Connell, CEO of SFGH, represented the Department of Public Health at the National Congress on the Un- and Underinsured in Washington D.C. earlier this month. Ms. O'Connell was asked to speak about the uninsured, nationally and locally, with a highlight on Healthy San Francisco as an initiative to provide care for the uninsured.

### Laguna Honda Newsletter

Dr. Katz attached a copy of the most recent issue of the “Laguna Honda Grapevine,” a newsletter highlighting activities and events at LHH.

### Community Health Network, San Francisco General Hospital December 2007 Credentials Report

	<b>12/07</b>	<b>12/07 to 07/08</b>
New Appointments	13	161
Reinstatements	0	0
Reappointments	45	263
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	12	85
Disciplinary Actions	0	0

Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	16	52
Voluntary Relinquishments	2	31
Proctorship Completed	22	23
Proctorship Extension	0	0
Current Statistics – as of 12/1/07		
Active Staff	518	
Courtesy Staff	588	
Affiliate Professionals (non-physicians)	210	
TOTAL MEMBERS	1,316	
Applications In Process	32	
Applications Withdrawn Month of December 2007	0	3 (12/07 to 07/08)
SFGH Reappointments in Process Jan. 2008 to Apr. 2008	219	

#### Public Comment

- Annette Yeagers, RN at the Workers Compensation Clinic, spoke in support of maintaining the clinic. Private physicians very rarely take workers compensation, and the City and County of San Francisco has chosen a limited provider network whose physicians are booked. SFGH Workers Compensation Clinic is able to allow earlier appointments.

#### Commissioners' Comments

- Commissioner Illig asked if the Health Department has increased security at the primary care clinics as a result of Healthy San Francisco fees being collected at the clinic sites. Dr. Katz said they have added security to a number of clinics.
- Commissioner Chow asked if the problem with the Workers Compensation Clinic is that we can only get a fixed fee due to the workers compensation schedule and therefore are running a deficit. Dr. Katz said yes. Commissioner Chow asked where people would then get their care. Dr. Katz said the City has a network of providers and SFGH is currently one provider. People would have to choose another provider. Commissioner Chow asked if SFGH would still be a site to see workers compensation patients on an emergent or urgent care basis. Dr. Katz said the critically injured person goes to the ED. He does not know what would happen with urgent care visits, and he will find out.
- Commissioner Dodd said if she worked at DPW and injured herself in front of SFGH, she assumes would be able to go to SFGH Urgent Care, who would bill Workers Compensation and then be referred to the a Workers Compensation provider.

- Commissioner Guy said that the massage parlor program, when it moved from the Police Department to the Department of Public Health, was controversial when it began. This is a huge hidden issue in our community and in our country. The MSNBC segment was a positive attempt to give attention to this emerging and important public health issue. In addition, the Environmental Health Section is working on developing the Unnatural Causes film series. The goal is to educate the public about the social determinants of health. She urged her colleagues to view the film. Commissioner Guy read in the newspaper that a person died in jail in San Francisco. Dr. Katz said that anytime there is a death in the jail Dr. Goldenson sends Dr. Katz a report and they review the circumstances to determine if protocol must be changed. Dr. Katz said that the deaths that they have reviewed were not the result of the treatment inmates received. The inmate population is older and sicker than it used to be and we should anticipate an increased amount of death.
- Commissioner Chow highlighted the article in the Laguna Honda Grapevine regarding changes at Clarendon Hall and said that this issue would be discussed at the Laguna Honda Hospital Joint Conference Committee.

5) **EMPLOYEE RECOGNITION FOR THE MONTH OF DECEMBER**

Commissioner Monfredini presented the Employee Recognition Awards for the month of December.

<b><u>Individual Award</u></b>	<b><u>Division</u></b>	<b><u>Nominated By</u></b>
Ana Perucho	SFGH Department of Legal Affairs	Kathy Murphy and Troy Williams

<b><u>Team Award</u></b>	<b><u>Division</u></b>	<b><u>Nominated By</u></b>
SFGH Information Systems and Patient Financial Services Healthy San Francisco Implementation Team <ul style="list-style-type: none"> <li>• Vanda Mendoza</li> <li>• Jenine Smith</li> <li>• Omar Carvallo</li> <li>• Ed Ang</li> <li>• Sheri Lee</li> <li>• Donna Jacobs</li> <li>• Hal Kress</li> <li>• Randy LaBotte</li> <li>• Kim Tally</li> <li>• Tina Lee</li> <li>• Lorrie Tanioka</li> </ul>	SFGH	Pat Skala and Diana Guevara

<u>Team Award</u>	<u>Division</u>	<u>Nominated By</u>
SFGH Facilities Services Department Leadership Team <ul style="list-style-type: none"> <li>• David Carroll</li> <li>• Mike Curl</li> <li>• Greg Chase</li> </ul>	SFGH	Kathy Jung

Commissioner Monfredini is pleased to be able to present the awards today at SFGH. She initiated employee recognition program a number of years ago to recognize the people who do the work of the Department. She is leaving the Health Commission after 12 years of service and is pleased to end on this note. She thanked Dr. Katz, Gene O’Connell, John Kanaley and her Commission colleagues. She is leaving with much more than she came with.

Commissioner Dodd said that as a new commissioner, Commissioner Monfredini welcomed her and was available on a moments notice. She also let people express their anger at Health Commission meetings and she listened. She met with people and followed through with them, which is a true leadership example.

Commissioner Guy has had many experiences with Commissioner Monfredini during very interesting times, including the Proposition A effort. One of Commissioner Monfredini’s strengths is her ability to speak to polarization and try to directly address issues. Commissioner Monfredini helped improve the health status of people in San Francisco and to honor the thousands of employees who work for DPH. She wished Commissioner Monfredini well in her next endeavors, and hopes she will be involved in the next rebuild.

Commissioner Chow said there is no one on the Commission that had the same passion, the same directness, the same immediacy and the same transparency on behalf of the individual as Commissioner Monfredini. She carried brought with her all of her experience as a patient advocate at CPMC to become a patient advocate for all of San Francisco. As the senior member of the Commission, he thanked Commissioner Monfredini.

Commissioner Watson said in his short time here, Commissioner Monfredini has been such a clear leader. He thanked her for all her hard work and dedication.

Commissioner Illig thanked Commissioner Monfredini for her passion and commitment to public health.

Commissioner Sanchez said Commissioner Monfredini reflects the commitment, the compassion and the intensity of what San Francisco is all about. She has been honored to serve on this Commission and she does it 1200 percent. Her family has a long tradition of service to San Francisco and she continues this tradition.

**6) PRESENTATION OF THE LEWIN MARKET ANALYSIS PROJECT**

Jim Soos, Deputy Director, Office of Policy and Planning, began the presentation of the Lewin Market Analysis Project. The Lewin Group was asked to conduct a local market assessment and

benchmarking analysis to support policy initiatives such as Healthy San Francisco and decision making to improve resource allocation and program and service offerings.

Terry West from the Lewin Group presented the report. The two primary project goals are:

- Analyze San Francisco's health care environment, identify market trends and projected changes in the market and assess their implications for DPH;
- Compare SFGH's efficiency and effectiveness with comparable Bay Area, California and national public health care delivery systems.

The analysis answered four questions:

1. What is the role of DPH within the San Francisco health care delivery market?
2. Are there changes occurring in the local supply or demand for health care that will have a large impact on DPH?
3. Is SFGH providing services efficiently and effectively compared to comparable health care providers?
4. Are there best practices in place among benchmark providers that may be informative to SFGH?

Mr. West presented the Local Market Assessment Key Findings and Action Items

#### San Francisco Population Dynamics and Health Status

##### Findings

- San Francisco residents are aging and the city's racial/ethnic profile is changing.
- San Franciscans have experienced significant declines in the most common causes of death since 2000, with mortality rates well below the rest of California and the nation as a whole.
- While San Franciscans have lower mortality rates for most causes, rates of some infectious diseases such as AIDS, TB and syphilis exceed California and the nation.

#### San Francisco Delivery System

##### Findings

- The San Francisco health care delivery system features a continuum of care including eight acute care hospitals, skilled nursing facilities and two major clinic networks.
- Based on population projections and current utilization rates by 2030 citywide demand for acute care hospital beds is projected to exceed current market capacity by 24 percent.
- SFGH is operating at 97% capacity, well above other San Francisco hospitals and the industry standard of 80%. This limits available surge capacity and ability to respond to public health emergencies.
- San Francisco's Ambulatory Care Sensitive (ACS) preventable hospitalizations remain below statewide averages. Further reducing inappropriate hospitalizations would create capacity for appropriate inpatient cases and improve surge capacity.

##### Action Items

- Continue planning for an aging population.
- Continue to expand capacity in community based settings to serve area health care needs.
- Continue exploring ways to actively intertwine public health and provider roles to optimize treatment of at-risk, infectious disease patient populations.
- Ensure sufficient citywide hospital capacity to serve area health care needs.

## San Francisco Department of Public Health Role

### Findings

- Most SFGH patients come from six zip codes located in the southeast and South of Market neighborhoods.
- SFGH is the most accessible hospital for residents within its primary service areas. Patients trying to access services at other hospitals would likely encounter increased travel time.
- SFGH serves a much higher proportion of uninsured and Medi-Cal patients compared to the overall San Francisco market.
- Driven by its mission to provide care to all residents, SFGH incurred more than 80% of San Francisco hospitals' \$94.3 million in charity care expenditures in 2005.
- SFGH provides a broad range of services due to its role as both a public hospital and a trauma center. SFGH's role as a psychiatry provider has grown dramatically, while other service lines have lost market share.
- Despite trauma center designation, SFGH's relatively low overall patient acuity reflects its high concentration of less severely ill Psychiatry, Medicine and Obstetrics patients compared to most other city hospitals.
- At current demand, SFGH is approaching the industry threshold level for the average number of visits per Emergency Department station. Anything above this threshold is considered ED overcrowding.
- DPH primary care clinics serve a key role in the Department's continuum of care. This role has been enhanced with the implementation of Healthy San Francisco.

### Action Items

- Continue to explore formal and informal collaboration with other safety net providers to identify the most resource efficient ways to deliver and coordinate care.
- Given projected trends, carefully assess whether the Department should more aggressively seek to increase market share of San Francisco's aging and Medicare eligible populations.
- Continue to analyze options for addressing inappropriate emergency department utilization.
- Continue exploring care delivery alternatives for lower acuity medical and psychiatric services to allow expansion of trauma volume and emergency surge capacity.
- Continue to make efficiency improvements in the Department clinics to decrease wait times for new patient appointments and lower patient cycle time.

### Mr. West also presented the Benchmarking Analysis Key Findings

- SFGH is near the top of the benchmark range in overall clinical quality based upon widely accepted and validated CMS Core Quality Measures.
- Adjusted for patient acuity and regional wage levels, SFGH performs well in terms of cost efficient delivery of inpatient care.
- SFGH receives substantial funding from the County's general fund, reflecting consistent support for the mission-driven services.
- SFGH's physical plant is much older than all other benchmark systems.
- Benchmarked against other urban teaching hospital departments with similar functions and workloads, SFGH employed 60.5 fewer FTEs, saving the annual equivalent of about \$3.2 million in salaries and other labor expenses.
- SFGH's departments used almost 26% less overtime compared to national urban peer hospital departments, resulting in annual savings of about \$2.5 million.
- After adjusting for difference in patient severity, SFGH compares favorably to other California benchmark public health care delivery systems.

- SFGH has steadily reduced low acuity emergency department use to a low of 4.6% of all visits by fiscal year 2006. This suggests that SFGH has had success in directing this patient population to more appropriate and less costly clinic and urgent care settings.

#### Benchmarking Analysis Action Items

- Rebuild SFGH's aging physical plant.
- Consider providing SFGH management with greater flexibility to capitalize on local market opportunities such as special initiatives or program enhancements.
- Consider best practice initiatives that have been successful in other comparable public hospital systems.

#### Market Assessment and Benchmarking Conclusion

- The Department plays a critical role both as a primary provider and a public health agency. Community stakeholders look to the department to operate as a performance-driven organization and play a key role in creating a sustainable citywide primary care network.
- An aging population and changing racial and ethnic profile will likely increase demand for hospital and other services to a level well above current capacity. Projected changes provide opportunities for public/private sector collaboration and rationalization of services.
- Overall SFGH is performing efficiently had effectively compared to peer Bay Area, California and national systems.
- Health information technology applications and systems for process redesign to improve operational efficiency were identified.

#### Commissioners' Comments

- Commissioner Dodd asked if they looked at the trends of moving acute care into ambulatory care and is this factored into the analysis. Mr. West from Lewin said they do talk about this later in the report but they did not build this into their projections because there is a whole range of assumptions about what the impacts would be. Dr. Katz said that there might not be a shortage of physical licensed beds. Mr. West said the issue is that there is the shortage of staffed beds and also limited capacity to expand physically.
- Commissioner Chow said the report does not clarify the actual licensed capacity in San Francisco. Mr. West said in many cases the number of licensed beds is much higher than the operating beds. Ms. O'Connell said they spent a lot of time with Lewin differentiating between licensed beds and beds that were being used. The licensed bed number is not reality. They made an intentional decision to use staffed beds. Dr. Katz agrees with the matrix but we need to pay attention to the interpretation of the data. The answer may not be that we need more bricks and mortar. Unquestionably as need goes up we are going to need to staff more beds.
- Commissioner Dodd asked why VA beds were not included. Mr. West said they excluded federal public hospitals from this review. Commissioner Dodd said it would be fascinating to compare SFGH to hospitals that are subject to mandated nursing ratios. Mr West said they had a discussion about mandated rations and how they would impact the data, and the larger reports speaks to this issue. Commissioner Dodd hopes that Lewin's analyses of other hospitals use as examples some of SFGH's best practices. Commissioner Dodd is hopeful that this report will be used by the health planner that will be retained to review institutional master plans. She is concerned that violence, HIV and TB are not included in the mortality data.

- Commissioner Sanchez stated that this was an excellent executive summary. The full report was given to the Commissioners and is available to the public.
- Commissioner Guy said that there is huge contextual change that we are going through called Healthy San Francisco and we need to incorporate this into our other reports.
- Commissioner Chow said the Health Department should take credit for creating a healthier community. This is a positive report card. There is a difference between the number of staffed beds, the number of beds available and the number of licensed beds and we should try to get clarification on this data. He also takes great pride in the creation of primary care clinics, which Healthy San Francisco will build upon. He asked Dr. Katz the best way to make use of the Lewin Report. Dr. Katz said the document achieves a number of things. It answers the questions “what are they doing with all that money at SFGH.” This report demonstrates that SFGH does really well. This is particularly important going into a bond measure. The report also demonstrates that we haven’t made the same investments in technology and infrastructure as other benchmark systems. And it is always helpful to be able to compare with comparable systems. We could never have done Healthy San Francisco were it not for the diverse providers and clinics. Commissioner Chow said we should acknowledge that a number of private practitioners are also taking care of underinsured and poor and this is part of San Francisco’s resource network.

#### Public Comment

- Espanola Jackson was insulted by the Lewin Report. In the 1970s a corporation was set up to receive funds from the federal government and there was discussion about reducing SFGH. There were also discussions about moving SFGH to Mission Bay. SFGH is her hospital. Don’t think that the community is not aware of what is going on because they are the ones that made it happen and want to see it grow. She is also mad that nothing has been done about the dust in Bayview Hunters Point.

#### 7) **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER’S ANNUAL REPORT**

Gene O’Connell, SFGHMC Executive Administrator, presented the annual report. She said Commissioner Monfredini had a tremendous influence on SFGH as well as her career. Commissioner Monfredini has been wonderful to everyone at SFGH.

Ms. O’Connell introduced her Executive Committee members: Jeff Critchfield, M.D., Chief of Medical Staff, Sue Currin, RN, Chief Nursing Officer, Catherine Thurow, Director, UCSF Dean’s Office, Valerie Inouye, Chief Financial Officer, Kathy Jung, Associate Administrator, Roland Pickens, Associate Administrator, Sharon Kotabe, Associate Administrator, Kathy Murphy, Deputy City Attorney, Sharon McCole Wicher, Director, Behavioral Health Services, John Luce, M.D., Chief Medical Officer and Medical Director, Quality Management, Sharon Kwong, Director, Medical Social Services, Kathy Eng, Director, Health at Home, Doug Eckman, Operations Manager, UCSF Dean’s Office, Elaine Lee, new head of Human Resources, Pat Skala, Senior Manager, Information Systems, Anson Moon, Data, Community and Media Relations, Marti Paschal, Director of Administrative Operations, Iman Nazeeri-Simmons, Director of Quality Management and Delvecchio Finley, Associate Administrator.

Ms. O'Connell said SFGH's new mission is "to provide quality health care and trauma services with compassion and respect." The Fiscal Year 2007-2008 goals are:

- Promote Patient Safety
- Implement Healthy San Francisco
- Promote Organizational and Staff Cultural Responses
- Promote Staff Retention and Recruitment
- Improve Hospital Infrastructure
- Plan for the Replacement Hospital
- Comply with all Regulatory Standards and Performance Improvement Initiatives

Action Taken: The Commission approved the Environment of Care, Hospital Plan for the Provision of Patient Care and the Performance Improvement and Patient Safety Program.

8) **APPROVAL OF THE GOVERNING BODY BYLAWS FOR SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER**

Gene O'Connell, SFGHMC Executive Administrator, asked for approval of the Governing Body Bylaws for San Francisco General Hospital. There are no changes proposed to the document since it was last approved in 2004. However they are seeking a new approval prior to the next accreditation survey.

Action Taken: The Commission approved the San Francisco General Hospital Governing Body Bylaws.

9) **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS**

Jeff Critchfield, M.D., SFGHMC Chief of Medical Staff, presented the Medical Staff Bylaws and Rules and Regulations. Bylaws changes are in the following areas: National Provider Identifier; Tissue Subcommittee; Patient Safety Coordinating Committee; Clinical Care Committee; Information Systems Committee; and Amendments. Changes to the Rules and Regulation are in the following areas: Admission and Attendance Policies; Medical Histories and Physical Examinations; Outpatient Medical Screen/Emergency Medical Treatment and Labor Act (EMTALA); Adoption and Amendment Section. Medical Staff Committees were revised to accurately reflect the membership composition and mission of the Medical Staff Committee or subcommittee. The Bylaws Committee, Medical Executive Committee, Medical Staff and the Joint Conference Committee have approved these amendments.

Commissioners' Comments

- Commissioner Dodd said Section 2.2-1, when referring to medical staff, refers to physicians, dentists and podiatrists. However Section 3.1 includes clinical psychologists as well as physicians, dentists and podiatrists. She is looking for consistency. She also asked the status of the Certified Nurse Midwife Program. Dr. Critchfield that Certified Nurse Midwives are affiliated, and clinical psychologists should be in both sections. Commissioner Dodd said Oncology, Pulmonology and Hematology are not listed as clinical services. Dr. Critchfield said these are divisions within the Medical Clinical Service. Commissioner Dodd said that the bylaws should incorporate staff safety as well as patient safety.

Action Taken: The Commission approved the San Francisco General Hospital Medical Center Medical Staff Bylaws and Rules and Regulations.

**10) CONSIDERATION OF A RESOLUTION DETERMINING THAT THE CLOSURE OF CALIFORNIA PACIFIC MEDICAL CENTER ST. LUKE'S CAMPUS NEONATAL INTENSIVE CARE UNIT WILL OR WILL NOT HAVE AN IMPACT ON THE HEALTH OF THE COMMUNITY**

**Time Specific: 5:00 p.m.**

Public Comment

- Jason Fried, United Health Care Workers West, encouraged the Health Commission to find that the changes will have an impact. CPMC is still refusing to share with stakeholders information about the proposal. There should be comments in the resolution about keeping community people involved in the ongoing dialogues, and that this is a service level reduction that can impact other birthing services at the hospital.
- Jason Green, California Nurses Association, said CPMC's plan for St. Luke's depends on being able to transfer higher acuity patients to CPCM and there are ongoing problems with the transport team at CPMC so this side of their plan is not viable. He noted that CPMC has represented that they are open to dialogue and that they would provide written notice to nurses about what was going to happen and this has not happened. He also heard that CPMC was considering a ballot initiative to overturn the Board of Supervisor's recently approved legislations regarding institutional master plans.
- Dr. Abha Goel urges CPMC to hold off implementation of any plan that reduces their ability to care for patients. She was involved in the dialogue about NICU services but never felt that the Special Care Nursery was the ideal path to take for the future of the NICU program. (Dr. Goel submitted a written copy of her testimony, on file in the Health Commission Office.)
- Dr. Lisa Everson, Chair of the Department of Obstetrics and Gynecology at St. Luke's Hospital, said the proposal is a reduction in the level of service that has many implications, including compromising the level of care at St. Luke's and sending a message about CPMC's commitment to St. Luke's. She urged the Health Commission to approve a resolution urging no changes in level of services at St. Luke's. (Dr. Everson submitted a written copy of her testimony, on file in the Health Commission Office.)
- Julie Sherwood, Nurse Midwife at St. Luke's, urged the Health Commission to adopt a proposal to halt all service cuts. The survival of Obstetrics at St. Luke's depends on it. (Ms. Sherwood submitted a written copy of her testimony, on file in the Health Commission Office.)
- Randy Gerlach, RN at St. Luke's, urged the Health Commission to not let CPMC downgrade the nursery. (Ms. Gerlach submitted a written copy of her testimony, on file in the Health Commission Office.)

- Dr. Ken Barnes addressed the Commission about the consolidation of services and community insensitivity, the nurse's strike, and the decisions to be made about the future of St. Luke's. Why are we in a rush to close, downgrade and consolidate services at St. Luke's? (Dr. Barnes submitted a written copy of his testimony, on file in the Health Commission Office.)
- Dr. Bonita Palmer spoke about other problems at St. Luke's as well as some new promise. She asked that a task force be set up to deal with the unacceptable conditions on the 9<sup>th</sup> Floor of St. Luke's. (Dr. Palmer submitted a written summary of her testimony, on file in the Health Commission Office.)
- Mr. Morales urged the Health Commission to save St. Luke's and to not cut any services. People will not have a place to go if it closes. CPMC does not care about the community.
- Catherine Stefani, Aide to Supervisor Alioto-Peir, reiterated that Supervisor Alioto Peir is extremely concerned with the status of the NICU at St. Luke's. She was pleased that CPMC stepped back from its initial plan and develop an alternative plan. The highest level of care is the best level of care. The Supervisor is also supportive of women being able to receive care in their community if they so chose. The Supervisor supports the Health Commission's request for data from CPMC if the change is implemented and asked for a time certain for submission of the data.

#### Commissioners' Comments

- Commissioner Illig asked what percentage St. Luke's patients receiving prenatal care are high risk. Julie Clayton, Vice President of Women and Children's Services, CPMC, said many women have outpatient high risk testing—amnios, ultrasound, etc.—and they and their providers then decide where they should deliver. In 2007 six mothers needed to be transferred to the California campus and delivered at the Cal Campus. Ms. Clayton can get this information from their staff. Conversely the mother does not have to be high risk but could still go into premature labor.
- Commissioner Dodd asked if it is true that there are no neonatologists on staff at St. Luke's. Dr. Goel said that in 2007 there was nobody physically on site and they are only available for phone support. Judy Li said that the neonatologist left the Health Care Center in 2006 at which time CPMC took over the Health Care Center. CPMC invited the California Perinatology Group into St. Luke's and structured a coverage plan that responds to the census. Dr. Li said having a 24/7 neonatologist to cover 1.2 babies per day is unworkable.
- Commissioner Chow said it has been alleged that neonatologists are at times only available by phone. Is this true? Julie Clayton said a neonatologist, when they have been called to St. Luke's, has gone to St. Luke's. They are not always available in an emergency situation and this is why they decided to have a 24/7 pediatric hospitalist at St. Luke's.
- Commissioner Dodd said CPMC committed to a qualified transport team as part of this proposal and there was testimony about problems with the transport team. Ms. Clayton said there is a transport team. Currently what they are doing with the consolidation of pediatric unit is affording them the opportunity to revise the transport team. They currently have three transport nurses who are pediatric intensive care nurses with neonatal intensive care

backgrounds who will transfer the patients. All tertiary centers have to be mindful that when a transport unit is out in the field it is unavailable.

- Commissioner Chow asked if CPMC feels comfortable that they have adequate transportation coverage, given the information the Commission received about turnover. Ms. Clayton said they have a team in place, have been doing transport and if they do not have a team that they can send readily, they will help find another team that is available. Mr. Green from CNA said there has been a dwindling group of nurses who are trained to do transport and new nurses are not signing up to be trained as transport nurses.
- Commissioner Dodd said the San Francisco EMS Agency received a local scope of practice to allow paramedics to do pediatric transport. As a nurse, it behooves nurses to do the work and get the training or we will see a local scope of practice that allows EMTs to do neonatal transport. Either nurses get the skills and do the work or they will be replaced.
- Commissioner Monfredini asked Dr. Katz for his comments. Dr. Katz thanked Commissioner Monfredini for 12 years of incredible service. Dr. Katz said we have to acknowledge that the Proposition Q process has been helpful. Hospitals are not about perfect amounts of service. In this case he sees an overall service reduction, but it may not be a service reduction for the individual patient. We have to come back to the question of how to evaluate the impact of the change on the community. Commissioner Monfredini does not believe that the reduction of this particular unit will be a detriment to the community. (Commissioner Monfredini left at 6:15 p.m.)
- Commissioner Sanchez thanked Dr. Katz for reaffirming the role of the Health Commission in the Proposition Q process. This has been one of the most intense dialogues the Health Commission has had. It is positive that this process has resulted in dialogues between doctors and medical staff and administration to develop new pathways. This is about culturally competent services and St. Luke's being a point of access and a point of continuity of care. St. Luke's has always been more accessible than most other hospitals in San Francisco. That said, we need to be cognizant of the Health Commission's role.
- Commissioner Dodd believes that if the Health Commission was just to make a decision based on whether the transfer of neonatal services would jeopardize neonates, she was convinced that the neonates would be okay. But Proposition Q asks how this will affect the community. The lack of confidence in the future of St. Luke's is being deteriorated by these types of changes. She believes the transfer of care will impact the community. We need to treat the disease not the symptoms. We cannot keep eroding care while we are trying to determine what the future of St. Luke's will be. She made technical corrections and substantive amendments. The amendments are noted below.
- Commissioner Chow wants to acknowledge CPMC for its willingness to engage with the medical staff community. He offered a further resolved, which is noted below.
- Commissioner Sanchez said there has been a dialogue and CPMC has come to the table but this is not a done deal and the Health Commission has heard conflicting testimony.
- Commissioner Dodd said the fact that St. Luke's no longer has a community benefits staff person further erodes its ability to build support and relationships in the community. St.

Luke's deserves every chance they can have to build this support and they deserve their own community benefits person.

- Commissioner Guy worked with Commissioner Dodd, community members, administrators and medical staff on this issue in a way that no other Prop. Q question has been discussed. She is still very concerned about death by a thousand cuts because that has been the history over the last 12 years. She appreciates the responsiveness of CPMC. If we do not maintain this level of work for the next few years, we are not going to have a St. Luke's in 2009. Regardless of the Health Commission's ultimate finding, what she likes about this resolution is that we are asking CPMC and everyone at St. Luke's that they come back to the Health Commission quarterly to report on what is going on. This would not have happened six weeks ago.
- Commissioner Chow wants to monitor the consequences of any change for two years, rather than 12 months. Commissioner Chow is concerned from the standpoint of the community. He recognizes that with the current level of patients at St. Luke's CPMC wanted to make a change. The problem of not having neonatal back up in a city that has San Francisco's level of quality creates a real problem. You potentially lose the confidence of people who want to deliver at St. Luke's and this leads to the question of whether obstetricians will want to practice at St. Luke's. If this were to be a temporary change, while CPMC developed an institutional master plan for St. Luke's that further developed the obstetric service, this would be a different story. He is concerned that from a standpoint of clinicians, medical liability and level of care for the community, this will have a detrimental impact.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved the following amendments, offered by Commissioner Dodd:

Whereas, the Health Commission supports women and families receiving care in their community if they choose to do so, rather than being diverted from or transported away from St. Luke's to receive care in a different part of the city; and

Whereas, at the Proposition Q hearing California Pacific Medical Center agreed to assist families with transportation to visit their newborns at the California campus as well as use of special family housing; and

Whereas, the Health Commission is concerned that the ongoing reduction in the level of service provided by the NICU at St. Luke's may jeopardize the Obstetrical and Certified Nurse Midwifery services thus placing at risk services that support 1,300 annual births by St. Luke's OB Department, and

Whereas, if California Pacific Medical Center proceeds with this change, the Health Commission wants to ensure that this change does not negatively affect mothers who deliver at St. Luke's and their babies, therefore the Commission requests the following data from California Pacific Medical Center: the number of newborns who were transferred along with APGAR scores, as well as their status upon admission to the California Campus and their discharge status as well as transfer times; the number of RNs that were STABLE trained; and any adverse events; and

Whereas, the Health Commission believes that the stakeholder and community meetings that have begun to plan for St. Luke's are encouraging and wants to preserve and expand services at St. Luke's;

FURTHER RESOLVED, that the Health Commission requests that California Pacific Medical Center provide the following information on a quarterly basis to the Commission for 24 months after implementation: number of newborns transferred along with APGAR scores, as well as their status upon admission to the California Campus and their discharge status as well as transfer times, the number of RNs that went through the STABLE program, any adverse events, and the status of the Obstetrical and Nurse Midwifery practice at St. Luke's.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved the following amendment, offered by Commissioner Illig:

Whereas, the Health Commission is concerned that this reduction in essential services, like previous service closures, may negatively affect the viability of St. Luke's Hospital, possibly leading to a future announcement of closure of this vital and unique acute care resource; and

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved the following amendment, offered by Commissioner Chow:

Further Resolved, that in response to public input, California Pacific Medical Center is commended for having chosen to work with its medical staff and the community to be able to continue delivery services at St. Luke's Hospital.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) amended the resolution to determine that the proposed change will have a detrimental impact.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved Resolution 17-07, determining that St. Luke's Hospital's Replacement of the Level 2 Neonatal Care Unit with a Special Care Nursery Will Have a Detrimental Impact on the Health of Community," as amended (Attachment A).

## 11) **PUBLIC COMMENT**

Roberto Vargas is a father of two asthmatic children. He believes a hearing on the environment in Bayview Hunters Point is in order. It is difficult for community people to understand the myriad and conflicting health information. They need transparency and analysis. There are differences of opinions about impacts and safe levels of asbestos. The Health Commission should arrange a forum so that we can all better understand the issues. Commissioner Dodd suggested that HERC is a good place to go to do organizing around environmental health in the Bayview.

## 12) **OTHER BUSINESS**

Commissioner Watson announced that he is resigning from the Health Commission effective December 31, 2007 to focus on his private practice.

Commissioner Sanchez said the Health Commission has been so fortunate to have exceptional commissioners who are committed to social justice. Commissioner Watson has done an exceptional job and the Commission wishes him well.

Commissioner Sanchez announced that Commissioner Chow has been appointed to chair the San Francisco General Hospital Joint Conference Committee.

13) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

None.

14) **ADJOURNMENT**

The meeting was adjourned at 7:15 p.m.



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Michele M. Seaton  
Executive Secretary to the Health Commission