MINUTES
JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, August 26, 2014
3:00 p.m.
1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA  94110

1) CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Barbara Garcia, Roland Pickens, Iman Nazeeri-Simmons, Sue Carlisle MD, Jim Marks MD, Terry Dentoni, Gillian Otway, Aiyana Johnson, Jay Kloo, Todd May MD, Jeff Critchfield MD, Troy Williams, Kathy Jung, Willim Chan, Dan Schwager, Reginald Horinela, Marcellina Ogbu, Kathy Murphy, Virginia Dario Elizondo, Mark Morewitz

The meeting was called to order at 3:02pm.

2) APPROVAL OF THE MINUTES OF THE JULY 8, 2014 SANFRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Minutes of the July 8, 2014 SFGH JCC meeting were unanimously approved.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Interim Chief Quality Officer, gave the report. Director Garcia stated that three candidates have been identified for second interviews for the SFDPH Security Director position; she will provide updates as the hiring process moves forward on this position.

Commissioner Comments/Follow-Up:
Commissioner Singer asked if Sheriff’s Department staff attend the SFGH Quality Council meetings. Mr. Williams stated that Captain Ferrigno attends the Quality Council meetings.
Commissioner Singer asked if there are issues for SFGH medical staff who also work at UCSF, in regard to having to remember the nuances of two different medical record systems. Dr. Carlisle stated that SFGH has worked to get automatic signatures on all records to mirror the EPIC system but this is not consistent and has caused issues. Dr. Marks stated that this medical staff training issue is important to keep in mind when a provider is chosen for the SFGH medical record system.

Commissioner Singer asked if old equipment will be moved into the new SFGH hospital building. Ms. Nazeeri-Simmons stated that all equipment moving to the new building will be clean and in working order.

**Action Taken:** The Quality Council Minutes were unanimously approved.

4) **SFGH INSTITUTIONAL MASTER PLAN UPDATE**
Kathy Jung, Hospital Associate Administrator, gave the presentation.

**Commissioner Comments/Follow-Up:**
Commissioner Sanchez asked if a date has been set to present the SFGH Institutional Master Plan (IMP) to the Planning Commission. Ms. Jung stated that a date has not been set yet.

Commissioner asked for clarification of the current SFDPH capital project priorities. Director Garcia stated that retrofitting for 101 Grove, renovations for Southeast Health Center, and the UCSF research building are all current priorities. She added that moving SFDPH staff to City-owned property and moving from leased space is a long-term goal.

Commissioner Singer asked the process for reviewing the 2008 and 2012 SFDPH Capital Projects plans to ascertain what is necessary to move forward. Mr. Pickens stated that by the time architects are hired for the project, it will be necessary to revisit all previous plans in addition to adding new initiatives to consider. Mark Primeau, SFDPH Capital Projects, stated that all SFDPH capital projects are added to the City’s 10-year capital plan.

Commissioner Sanchez stated that community input can have an impact on the political process related to these capital projects.

5) **LEAN UPDATE**
Denise Rosas, Manager of Kaizen Production Office, gave the update.

**Commissioner Comments/Follow-Up:**
Commissioner Singer asked how SFGH Urgent Care patients are notified of changes made to the appointment scheduling system. Ms. Nazeeri-Simmons stated that approximately 50% of SFGH Urgent Care patients are not linked to a medical home; SFGH is considering advertising a phone number or website for this group. Twenty-five percent of the SFGH Urgent Care patients are linked to San Francisco Community Clinic Consortium medical homes and the remaining 25% have the San Francisco Health Network as a medical home.

Commissioner Singer suggested that SFGH outpatient pharmacy LEAN efforts include the Jail Health Services pharmacy.

Commissioner Singer asked clarification on the ideal timeframes for SFGH patients to receive CAT or MRI scans. Ms. Jafarieh stated that SFGH sets realistic 12-month goals and refines these goals throughout the year; ideally scans would be available on the same day as requested. Dr. Marks stated that an important consideration is the criteria used by medical providers to order these scans.
6) **HOSPITAL ADMINISTRATOR’S REPORT**
Iman Nazeeri-Simmons, Chief Operating Officer, gave the report.

**SFGH Celebrates Launch of San Francisco Health Network**
San Francisco General Hospital, along with all other DPH departments/divisions celebrated the launching of the San Francisco Health Network (SFHN) with a video message by DPH Director Barbara Garcia and SFHN Director Roland Pickens and “birthday” cakes for staff. More than 300 staff attended this event at SFGH.

**SFGH Successfully Passed The Joint Commission Accreditation Survey**
The Joint Commission conducted their 2014 Triennial Accreditation Survey at San Francisco General Hospital and Trauma Center from Monday July 14, 2014 through Friday, July 18, 2014. The successful survey identified no patient-care issues. Clinical findings were limited to documentation issues. SFGH continues to be a Joint Commission Accredited Organization for its Acute Care Hospital and Nursing Care Center (NCC) programs.

**SFGH Achieved Full Accreditation for its Cancer Program**
San Francisco General Hospital achieved full accreditation from the American College of Surgeons Commission on Cancer for its cancer program. The Full Accreditation status recognizes SFGH’s commitment to patient-centered cancer care, to providing high-quality, comprehensive cancer care, to performance and outcome improvement, and to research, educational intervention and training opportunities.

**SFGH Passed CDPH Radiology Survey**
The California Department of Public Health (CDPH) Radiologic Health Branch arrived on Monday, August 4, 2014, to conduct a five-day 2014 Radiology Survey and Inspection. This anticipated five day survey successfully concluded after the second day, with only two minor findings, each in the process of being corrected. The surveyors praised the SFGH Radiology Services and program for its high level of organization and service excellence.

**SFGH to Receive Full Annual Payment Update (APU)**
The Centers for Medicare & Medicaid Services (CMS) has completed the Fiscal Year 2015 Annual Payment Update (APU) determination and appeal process. Hospitals that satisfactorily met the requirements for the Hospital Inpatient Quality Reporting Program will receive the full annual market basket update for FY 2015. Hospitals not receiving full APU will receive a one-fourth reduction of their annual market basket update for FY 2015. SFGH has been notified that it will receive full APU.

**New SFGH Building Highlighted in AIA Magazine on Seismic Damage Control**
The new SFGH Building was highlighted in the June issue of AIA magazine “Architect” as a building designed above and beyond current seismic building codes. Its “base isolated and its structural elements that will behave elastically...give the hospital a good chance of enduring significantly less damage than other hospitals that were built simply to code, and infinitely less damage than other code-designed buildings”.

**Remembering Robin Williams For Supporting SFGH Pediatrics Patients**
Since the passing of Robin Williams, there have been many articles and reports on his philanthropy efforts. Robin Williams was also a long-time supporter of our 6A Pediatrics Program. He entertained the children who were hospitalized during the holidays but did it quietly, without fanfare. We truly will miss Robin Williams and we will always be grateful for his generosity with his time in supporting our pediatrics patients and our staff.

**Hospital Safety and Security Improvements Update**
A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached. The listing is a compilation of findings and recommendations from the Center of Medicare and
Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff’s Department Corrective Action Plan (November 2013).

**Patient Flow Reports for July 2014**
A series of charts depicting changes in the average daily census is attached the original minutes of the August 26, 2014 SFGH JCC open session meeting.

**Salary Variance to Budget by Pay Period Report**
A graph depicting SFGH’s salary variance between actual and budgeted by pay period is attached to the original minutes of the August 26, 2014 SFGH JCC open session meeting..

**Commissioner Comments/Follow-Up:**
Regarding the Joint Accreditation Survey, Commissioner Singer asked what issues remains concerns for SFGH. Ms. Nazeeri-Simmons stated that meeting all metrics required for full reimbursement by MediCal and readmission rates are two issues that SFGH continues to work towards improving; she added that SFGH will like do well in meeting its new core measure metrics.

Commissioner Singer asked for clarification on the plans for SFGH skilled nursing. Director Garcia stated that the SFDPH is still reorganizing its programs in this area. She added that the second floor at SFGH is residential care for elderly patients; half of the third floor is mental health rehabilitation and the SFDPH is considering using the other half of the floor for psychiatric respite care. She added that the reorganization is a balance of meeting the needs of the patient population and the SFDPH budget; she added that the previous program cost $9M annually but had no revenue.

7) **PATIENT CARE SERVICES REPORT**
Terry Dentoni, Interim Chief Nursing Officer, gave the report.

**July 2014 - 2320 RN VACANCY RATE:** (Ms. Dentoni distributed a report with a new format)

**Professional Nursing for the Month of July 2014**

Retention/Professional Development:
Training Program preparations are underway in multiple nursing areas where new hire RNs will be starting within the next month. These areas include the ED, Medical-Surgical Nursing, and Critical Care including unit 4B, the Progressive Care unit. Additionally, the Infant Care Center and Labor and Delivery are conducting RN interviews at this time.

In response to a CMS plan of correction, both preceptor and charge RN role descriptions and competencies are currently being updated in response to staff feedback. The development of preceptor selection and evaluation criteria is currently underway. The clinical educators are spearheading this process. Additionally, Nurse Managers are meeting August 22 to develop a standard Charge RN role description with defined competencies. A series of Charge RN discussions with role focused content are planned for the fall.

**Emergency Department (ED) Data for the Month of July 2014**

July| 2014
---|---
Diversion Rate: | 45%  
*ED diversion – 257.59 hours (34.62%) + Trauma override 77.86 hours (10.47%)*
ED Encounters  
Total Patients: | 5412  
ED Admissions: | 851
Psychiatric Emergency Service (PES) Data for the Month of July 2014

PES had 617 patient encounters during June 2014 and 596 in July 2014. PES admitted a total of 120 patients to SFGH inpatient psychiatric units in July, a decrease from 138 inpatient admissions in June. In July a total of 476 patients were discharged from PES: 28 to ADUs, 16 to other psychiatric hospitals, and 432 to community/home.

There was a decrease in Condition Red hours from June to July. PES was on Condition Red for 77.95 hours during 12 episodes in July. The average length of Condition Red was 6.5 hours. In June, PES was on Condition Red for 98.78 hours, during 13 episodes, averaging 7.75 hours.

The average length of stay in PES was 17.25 hours in the month of July. This was a small increase from the June LOS of 17.12 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between June and July, the percentage of which the patient was accepted and was admitted to PES decreased from 64% to 53%. The percentage of which the referral was accepted but cancelled increased from 6% to 19%. This month, 28% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests increased from 77 in June to 79 in July.

Commissioner Comments/Follow-Up:
Commissioner Singer asked that the Vacancy Rate report include information for actual positions and a comparison of the projections of budgeted positions. He stated that he appreciated the new format but the report needs to reflect current and accurate data.

8) MEDICAL STAFF REPORT
James Marks, M.D., Chief of Staff, gave the report.

ADMINISTRATION/LEADERSHIP:
MEC Session with Joint Commission Physician Surveyor
As part of the Joint Commission Triennial Survey, the physician surveyor, Dr. Donald David, (gastroenterologist from the City of Hope Hospital, Los Angeles) met with MEC members on July 17, 2014 to discuss the functions of the Medical Executive Committee as a leadership body. Members highlighted performance improvement projects undertaken in their respective Clinical Services, as well as ongoing issues/challenges, such as EMR. Dr. David expressed his appreciation of the strong engagement of the medical staff in the hospital leadership.

CLINICAL SERVICE REPORTS:

Pediatrics Service

The 2012-2014 report included updates on the following:

- Clinical Services – Children’s Health Center (6M – Ambulatory Clinical Work), Infant Care Center (6H) and Inpatient Unit (6A).
- Organizational Structure - comparative 2013 and 2014 structures
- Faculty and Staff - Pediatric faculty is well-represented in the University leadership, and three of its faculty, (Anda Kuo, MD, Alma Martinez, MD, and Meg McNamara, MD) hold important leadership positions in the UCSF Academy of Medical Educators. Dr. Shannon Thyne received the 2014 Elliot Rapaport Award at the June SFGH Annual Medical Staff Dinner.
- Training Program- The report highlighted the expectations from faculty to participate in didactic conferences, clinical learning, and mentoring to support the Service’s educational program. Dr. Fuentes-Afflick informed members that the Pediatric Leadership for the Underserved Training Program recently had its 10th anniversary celebration.
- PIPS – Core measures include: Anemia Treatment, TdaP Immunization, 3rd Next Available Appointment. The Service also implemented several recommendations from Coleman Consultants who came in Spring 2014.
- Research –Areas of research include: Asthma, Development of Pulmonary Biology, Health disparities, and Neonatal Ethics.
- Finance – Collection Ratio, Revenue 2012-13, and Revenue 2013-14 statistics. Improvements in collection ratio have been noted in FY 2013-14.

Among the Service’s strengths are its integrated, high-functioning leadership team, “Deep bench” of talented faculty members, dedicated administrative staff, and stable finances. Dr. Fuentes-Afflick discussed challenges in the clinical area to include changes in MediCal reimbursement policies, space issues, and the number of deliveries. Personnel challenges include the departure of Dr. Shannon Thyne. The impact of the Benioff Children’s Hospital opening is still unclear. Dr. Fuentes-Afflick also discussed 2014-2015 goals including: Inpatient goals (increase deliveries and bolster critical care services), Outpatient goal (increase efficiency and satisfaction) and Academic goals (increase scholarly work, and identify a new Vice Chief).

Members thanked Dr. Fuentes-Afflick for her excellent report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if the Medical Staff Bylaw revisions are done to document current practices or to meet new regulations. Dr. Marks stated that many of the changes are made to meet current regulations.

Commissioner Sanchez stated that the Medical Staff the revisions continue to integrate practices within all Services of the hospital. Commend everyone.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Appointment of Dr. Peter Muskat to the SFGH Medical Staff and as Service Chief of Surgery
- Amendments to the Medical Staff Bylaws
- Revised Combined Standardized Procedures for Community Primary Care
- Revisions to Combined Pediatrics Standardized Procedures
9) **PUBLIC COMMENT**
There was no public comment.

10) **CLOSED SESSION:**

   A) Public comments on All Matters Pertaining to the Closed Session

   B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)

   C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

**APPROVAL OF CLOSED SESSION MINUTES OF JULY 8, 2014**

**CONSIDERATION OF CREDENTIALING MATTERS**

**CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS**

**CONSIDERATION OF RISK MANAGEMENT CASES**

**RECONVENE IN OPEN SESSION**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

**Action Taken:**
The Committee approved the July, 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the August Credential Report. The Committee voted not to disclose other discussions held in closed session.

11) **ADJOURNMENT**
The meeting was adjourned at 5:29pm.