Minutes
JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, May 10, 2011, 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

1) CALL TO ORDER
Present: Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

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

Staff: Staff: Sue Currin, Sue Carlisle M.D., Sharon McCole Wicher, Gregg Sass, Yvonne Lowe, Kathy Murphy, Valerie Inouye, Ron Alameida, Mark Primeau, Iman Nazeeri-Simmons, Troy Williams, Dave Woods, Todd May M.D., Tristan Cook, William Huen M.D., Rachael Kagan, Terry Saltz, Sherman Jafarieh, Idy Chan, Mark Morewitz, Marti Paschal, Kathy Jung

The meeting was called to order at 3:03pm. Commissioner Waters chaired the meeting.

2) APPROVAL OF THE MINUTES OF THE APRIL 12, 2011 SAN FRANCISCO GENERAL HOSPITAL
JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the April 12, 2011 SFGH JCC meeting were unanimously approved.

3) SFGH REBUILD UPDATE
Terry Saltz, SFGH Rebuild Program Director, Ron Alameida, DPW, and Mark Primeau, DPH gave the presentation.
Commissioner Comments/Follow-Up:
Commissioner Waters asked for information of when the update on the project will be presented to the Board of Supervisors. Mr. Sass stated that the Board has already heard a brief update but that a full update will be provided as part of the Budget Hearings in June.

Commissioner Sanchez suggested that the Rebuild team explore the viability of applying for Homeland Security Grants that might benefit the Rebuild effort.

4) **DPH SECURITY**
Gregg Sass, DPH Chief Financial Officer, gave the presentation.

Ms. Currin stated that the Union has requested to meet with SFGH to discuss an alternative plan which would prevent the full security function being contracted out. Ms. Currin also suggested that if the Sheriff’s Department continues providing services to SFGH, a new work-order should be developed to insure that security is a top priority.

Dr. May stated that he is thankful for the presentation because it clarifies the financial facts and gives context to the current plan.

Commissioner Comments/Follow-Up:
Commissioner Sanchez stated that supervision of the security force is vital to insure the effectiveness of this service. He also thanked Mr. Sass for his many years of impactful work at the DPH.

5) **COMPLIANCE UPDATE**
Kathy Murphy, Deputy City Attorney, and Yvonne Lowe, Compliance Officer, gave the presentation. Ms. Murphy stated that this presentation will become an annual report to the SFGH JCC.

Commissioner Comments/Follow-Up:
Commissioner Waters asked Ms. Murphy to identify the changes to Compliance policy. Ms. Murphy stated that the criteria to be a whistleblower now include clarification that the information cannot be in the public domain.

Commissioner Waters asked for a timeline of the hiring process for the two vacant positions that will work on Compliance. Ms. Lowe stated that the LHH position is posted and applicants are taking the examination. The COPC position is not currently budgeted. The classification for the position is not DPH-specific so applicants may not have health care experience.

Commissioner Waters asked for clarification on the “My Verification” system. Ms. Murphy stated that providers will have to verify their information every three months through this system.

6) **MAGNET JOURNEY**
Sharon McCole-Wicher, Chief Nursing Officergave the presentation.

Commissioner Comment/Follow-Up:
Commissioner Waters asked if part of the process to achieve Magnet status is to show documentation of activities: to lower patient mortality, achieve better patient outcomes, decrease lengths of inpatient stays, achieve greater retention of nursing staff, and achieve greater cost effectiveness. Ms. McCole-Wicher stated that SFGH has to report on all these factors for a five-year period and hopes to have all documentation ready by 2014.

Commissioner Waters asked if LPT and LVN staff are involved in the Magnet process. Ms. McCole-Wicher stated that these staff are aware of the process but do not sit on any councils.

7) HOSPITAL ADMINISTRATOR’S REPORT
Susan A. Currin, Chief Executive Officer, gave the report.

1. CMS Medicaid Visit
On May 10, Centers for Medicare and Medicaid Services officials will visit SFGH for a discussion about the hospital’s experience with the California Bridge to Reform MediCal waiver. Jackie Garner, CMS Consortium Administrator (based in Chicago), and Gloria Nagle, the Associate Regional Administrator for the Division of Medicaid and Children’s Health Operations in the San Francisco Regional Office, will meet with Iman Nazeeri-Simmons, Chief Quality Officer, Kevin Grumbach, M.D., Chief, Family and Community Medicine, and Tangerine Brigham, Deputy Director of Health/ Director of Healthy San Francisco, to discuss delivery system reform incentive payments, medical homes, and the LIHP/SPD transition to Medicaid managed care. Before the discussion, officials will tour the hospital and observe a VMI and eReferral demonstration in the General Medicine Clinic.

2. Medication Error Reduction Program Survey
On May 2, Peter Hur, PharmD, CDPH Health Facilities Evaluator, arrived at SFGH to conduct a Medication Error Reduction Program (MERP) Survey. The results of the survey will be provided at the meeting. Iman stated that there were ten findings, none of which were substantial. Will receive 2567 document which SFGH will response to as part of this procedure.

3. Drug and Alcohol Program Survey
On April 27, Lloyd Hickman and Amber Fitzpatrick, License and Certification Analysts, conducted our annual Alcohol and Drug Program (ADP) survey for the Office-based Opiate Treatment (OBOT) program. The brief survey involved SFGH Outpatient Pharmacy and its methadone storage and record keeping. The surveyors identified no deficiencies. Many thanks go to Wei Yi Mo, staff pharmacist, Swati Patel, Outpatient Pharmacy Supervisor, David Woods, Associate Administrator, Fred Hom, Pharmacy Director, David Hersh, M.D., OBOT Medical Director, and Cathy Jacob, Clinical Coordinator, OBOT Program, for their ongoing diligence and expertise in maintaining a successful program.

4. MHRC Annual Licensing Survey
On April 13 – 15, Department of Mental Health surveyors conducted the annual Mental Health Rehabilitation Center Licensing Survey. No deficiencies were found. The surveyors were extremely complimentary of the quality and compassionate care delivered to our clients. Kudos to the entire MHRC staff and to Dr. Yiafng Qian, Linda Sims, and Grad Green for their leadership.

5. Mayor Lee Visit
On April 7, Mayor Ed Lee visited SFGH to learn more about the trauma services, psychiatric and emergency care, outpatient treatment, and other health care services provided here. His visit included the pediatric clinic, intensive care unit, emergency room psychiatric emergency, and labor and delivery. The Mayor lauded the partnership between SFGH and UCSF, noting that it provides the framework for quality patient care.

6. Haitian Earthquake Assistance
On April 13, the SF Chronicle ran a front page story on a Haitian earthquake victim whose foot was saved from amputation here at SFGH (attached). Orthopedic Surgeon Saam Morshed and Physical Therapist Joe Caballero were featured. This is but one example of the assistance SFGH staff provided in the aftermath of the earthquake last year.

7. SFGH Art at SFMOMA
The two paintings bequeathed by Dr. Leo Eloesser to SFGH, one by Frida Kahlo and the other by Diego Rivera, are temporarily in the care of the San Francisco Museum of Modern Art during the SFGH rebuild. The SFMOMA curatorial staff, under the direction of Senior Curator of Painting and Sculpture Gary Garrels and Curator Janet Bishop, recently reconsidered the permanent collection and created a gallery devoted to Latin Modernism, which employs these two great works from SF General in combination with SFMOMA's own fine holdings. On May 3, SFGH staff and Foundation members were given a tour of this exhibition in the company of the curators and SFMOMA trustee Christine Murray. The result is a delight to see and exemplifies a wonderful partnership between two institutions committed to the well being of our community.

8. Patient Flow Reports for April 2011
A series of charts depicting changes in the average daily census was attached to the original minutes of this meeting.

Commissioner Comments/Follow-Up:
Regarding the Medication Error Reduction Program Survey, Commissioner Waters asked if SFGH has the resources to make the necessary corrections. Mr. Woods stated that during the survey, most of the necessary corrections were made and SFGH as the resources to make the other changes.

8) PATIENT CARE SERVICES REPORT
Sharon McCole Wicher, Chief Nursing Officer, gave the report.

April 2011 2320 RN Vacancy Rate: Overall 2320 RN vacancy rate for areas reported is 1.7%

SFGH Ratio Staffing Data: By Number of Shifts – 04/01/11-04/30/11
The Psychiatry Department was unable to cover breaks for one shift during April, 2011.

Professional Nursing Practice- April 2011
Retention/Professional Development:
The current RN vacancy continues to be a historically low rate of 1.7%.

Nursing Excellence:
SFGH will host Nurses Week activities for all DPH nurses on May 12. The event will begin with a presentation by Deloras Jones RN, MSN, Executive Director of the California Institute for Nursing and Healthcare (CINHC). Ms. Jones will speak on the Institute of Medicine (IOM) report which was released last fall, titled, “The Future of Nursing”. A reception will follow in the SFGH cafeteria where a variety of DPH Nurses will be honored through the Daisy Award, the Mildred Crear Award, and the O’Connell Society Award. Additionally, two Dorothy Washington Scholarships will be awarded and a “Friend of Nursing” will be named. The reception is open to all DPH nurses.

Session three of the Leadership Academy for SFGH managers and directors was held in April. Ed O’Neil, Director of the UC Center for the Health Professions covered the topics of leadership and influence and developing and motivating others. Two sessions will be held in May.

Shared Governance: Coordinating Council has launched three task forces to complete three time limited projects. The communication task force is working with the Information Systems (IS) department toward the goal of improving the communication process for all nursing staff. The Task Force is working toward email access for all members of the nursing staff and an electronic communication method to improve staff’s access to relevant organizational information. Both IS and Nursing are working on the implementation of the web application platform “Sharepoint.” Nursing Services will be a pilot group for this IS endeavor.

The second task force of the Coordinating Council will focus on the integration of the current nursing committees and meetings with the new Shared Governance Councils. The goals are to streamline the committees in existence and to provide integration of shared decision making into the work of committees and groups that are involved with clinical practice and the professional role of nursing.

The third Task Force will develop a Professional Practice Model for SFGH Nursing. The model will provide the “overarching conceptual framework for nurses, nursing care, and interdisciplinary patient care.” The model will depict how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for patients, families and the community (American Nurses Credentialing Center, 28). Task Force members represent each of the four system councils. The goal is to develop the model by the end of the calendar year.

1. **ED Report - April 2011**

The Emergency Department (ED) had a diversion rate total of 21% (154 hours) for the month of April 2011. The ED used 15 (2%) hours of Trauma Override during EMSA diversion suspension. The encounters for the month of April totaled 4559 patients, 806 of those were admissions.

2. **PES Report - April 2011**

PES had 497 patient encounters during March and 511 in April, 2011. PES admitted a total of 150 patients to SFGH inpatient psychiatric units in April, 2011, an increase of 23 patients from March. In March, a total of 361 patients were discharged from PES: 32 to ADUs, 24 to other psychiatric hospitals, and 305 to community/home.
There was a decrease in Condition Red hours from March to April. PES was on condition red for 93.6 hours during 13 episodes in April. The average length of condition red was 7.20 hours. In March, PES was on condition red for 148.2 hours, during 19 episodes, averaging 7.80 hours.

The average length of stay in PES was 22.15 hours in the month of April, a decrease from 24.29 hours in March.

**Commissioner Comments/Follow-Up:**
Commissioner Waters requested that for future reports a bar graph showing month-to-month data on vacancies be included in the SFGH JCC packets.

9) **MEDICAL STAFF REPORT**
Todd May, M.D., Chief of Staff, gave the report.

**LEADERSHIP/ACHIEVEMENTS**
- **Talmadge King, MD, Medicine** - Dr. King, Julius R. Krevans Distinguished Professor in Internal Medicine, is one of three UCSF professors who have been elected as new members of the American Academy of Arts and Sciences (AAAS). Dr. King joins one of the world’s oldest and most prestigious honorary societies and includes accomplished members of academia, business, public affairs, the humanities, and the arts. Dr. King served as Chief of the SFGH Medicine Service from 1997 until 2007 when he was named as Chair of the UCSF School of Medicine’s Department of Medicine.
- **George Sawaya, MD, Ob/Gyn** – Dr. Sawaya has been inducted into the UCSF Gold-Headed Cane Society, honoring faculty who by example or instruction, pass on the qualities of a true physician to those in training.
- **James Marks, MD, PhD, Anesthesia** – Dr. Marks’ research on the first-ever recombinant human therapy to target the deadly Clostridium botulinum neurotoxin was featured in a UCSF News, May 5, 2011 article entitled “UCSF Botulism Research Translates into Bioterrorism Treatment”. Dr. Marks, SFGH Anesthesia Service Chief, is a professor of anesthesia and pharmaceutical chemistry, and is a world-recognized pioneer in the field of antibody engineering.
- **Medical Staff Dinner 2011** – Dr. May announced that the annual medical staff dinner will be held on Wednesday, June 15, 2011. The Medical Staff will continue the tradition started last year of honoring volunteer faculty who have made exceptional contributions to SFGH.

**PATIENT CARE**
- **Emergency Department Information System (EDIS)** - The EDIS system was launched on April 26, 2011. Dr. Gelb reported that to date no major problems have been encountered, and was pleased to note that the response from ED staff in adapting to the new system has been very positive. Work is ongoing to improve the utility of information that is interfaced with the Invision System.
- **Infection Control and Appropriate Antibiotic Use** – Dr. Lisa Winston, Chair of Infection Control, alerted MEC members about an alarming increase in infections with C. difficile and multidrug resistant organisms in the hospital. Infection Control is working on two areas: (1) ensuring that infection control measures are effectively applied throughout the hospital to prevent and control infection, and (2) addressing antibiotic use. While the hospital has a strong antibiotic stewardship program in place, Infection Control is requesting more
prescriptive powers in the ICU in efforts to ensure that antibiotics are used prudently and only for appropriate indications. Dr. Lisa Winston stated that the logistics are being worked out and that processes will be put in place for clear communication with attendings regarding any changes in antibiotic prescribing imposed by the Infectious Disease service.

ADMINISTRATION/REGULATORY/COMPLIANCE

- **Code of Professional Conduct** – Dr. May presented a review of the hospital’s experience with the Code of Professional Conduct since policy implementation in July 2009. The report included a brief review of the Code, an overview of experience to date, and potential next steps to ensure appropriate oversight of the project with the transition of Chief of Staff. The report included statistics on the number of events reported, location, and discipline. Dr. May focused particular attention on unprofessional conduct cases involving physicians (residents and attendings). He discussed the types of action plans developed and highlighted the pivotal role and responsibility of Service Chiefs in the process. Dr. May also noted the current reliance on the Chief of Staff for overall program monitoring and guidance. The project generally has been very effective and some long-standing behavioral issues are being addressed systematically for the first time. Dr. May acknowledged that the Code of Professional Conduct is a work in progress and discussed next steps. This will include creation of a physician task force, a small group which will provide continuity, consistency, set standards, monitor, track and report on professionalism issues. Dr. May reiterated that interventions related to the Code of Conduct Policy are not intended to be punitive, but rather the goal is to help clinicians maintain the highest standards of professionalism.

- **Media Activities** – Rachael Kagan, SFGH Director of Communications, requested assistance from MEC and Service Chiefs in identifying clinical experts among the medical staff to respond to media requests for interviews and commentary. MEC acknowledged the important role of developing a strong media/hospital relationship to promote the outstanding services and innovative programs at SFGH. Several SFGH programs were recently featured positively in the San Francisco Chronicle, including clinical care provided to a Haitian earthquake victim, the sepsis program, and the navigator program for cancer patients.

- **MEC approved the following:**
  Privilege List Update for Surgery – Language Change on 38.31 Bronchoscopy

ANNUAL SERVICE REPORTS/CLINICAL SERVICE RULES AND REGULATIONS

There were no reports.

**Commissioner Comments/Follow-Up:**
Commissioner Waters asked why the resistant C Diff is present at this time. Dr. May stated that there are likely many factors including the use of broad spectrum antibiotics. He stated that infectious disease clinicians will be more engaged to assist in determining why C Diff resistance cases are occurring at SFGH.

**Action Taken:** The Privilege List Update for Surgery was reviewed and approved.
10) **QUALITY COUNCIL APRIL 2011 REPORT**  
Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

**Commissioner Comments/Follow-Up:**  
Commissioner Waters asked whether the Joint Commission has specified the number of hours that SFGH must conduct cultural competency activities. Ms. Nazeeri-Simmons stated that the Joint Commission has not made specific requirements on this topic.

**Action Taken:** The April 2011 Quality Council Report was approved.

11) **PUBLIC COMMENT**

12) **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 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF APRIL 12, 2011**

**CONSIDERATION OF CREDENTIALING MATTERS**

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**

D) 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 voted not to disclose discussions held in closed session.

13) **ADJOURNMENT**  
The meeting was adjourned at 5:42pm.