1) CALL TO ORDER
Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D. (joined the meeting at 3:26pm)
Commissioner David Singer

Staff: Sue Currin, Cathryn Thurow, Shannon Thyne M.D., William Huen M.D., Greg Wagner,
Roland Pickens, Terry Dentoni, Iman Nazeeri-Simmons, Troy Williams, Dave Woods,
Baljeet Sangha, Valerie Inouye, Philip Katzenberger, Yvonne Lowe, Kathy Murphy, Kathy
Jung, Jay Kloo, Mark Morewitz

Commissioner Chow called the meeting to order at 3:03pm.

2) APPROVAL OF THE MINUTES OF THE JUNE 17, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the June 17, 2013 SFGH JCC were unanimously approved.

3) ICD 10 UPDATE
Philip Katzenberger, Director of Health Information Services, gave the update.

Commissioner Comments/Follow-Up:
Commissioner Chow asked for information regarding actions SFGH is taking to insure medical staff are coding
accurately. Ms. Currin stated that SFGH is looking into increasing the number of coding staff and possibly using
a registry if needed. She also stated that the lack of an integrated electronic medical record (EMR) throughout
the hospital will impact the implementation of ICD 10 code changes, especially in the inpatient units.

Commissioner Chow requested an update to the SFGH JCC in 6 months on the SFGH implementation of ICD 10
codes.
4) **COMPLIANCE UPDATE**

Yvonne Lowe, DPH Compliance Officer, gave the report.

**Commissioner Comments/Follow-Up:**

Commissioner Chow asked for information regarding the goal of SFGH in regard to improving accuracy of Medicare audits. Ms. Lowe stated that previous audits rated SFGH at 80% accuracy; the goal of SFGH is to achieve 95% accuracy. Ms. Currin stated that new dictation services will help improve this measure.

Commissioner Singer asked for more information on the types of errors contained in the current 20% inaccuracy rate of Medicare audits. Ms. Lowe stated a common mistake is that an attending physician involved in a case did not sign the form. Ms. Currin clarified that there is a difference between an attending physician hearing a presentation of a case by residents versus actually treating a patient.

Ms. Currin stated that to capture all the eligible all the Medicare revenue, SFGH would need to hire more attending physicians in specialty care. Commissioner Chow asked for an update on the cost effectiveness of this initiative.

Commissioner Chow asked if SFGH is paid for patients categorized as “administrative.” Ms. Currin stated that SFGH is paid a lower reimbursement for patients categorized as “administrative;” she added that SFGH is not reimbursed for patients categorized as “denied.”

Commissioner Chow asked if the SFGH psychiatry and medical compliance staff work together. Ms. Lowe stated that all SFGH compliance efforts are centralized.

5) **REGULATORY UPDATE**

Jay Kloo, Director of Regulatory Affairs, gave the update.

**Commissioner Comments/Follow-Up:**

Commissioner Singer requested a report on SFGH data security issues at a future SFGH JCC meeting.

6) **HOSPITAL ADMINISTRATOR’S REPORT**

Susan A. Currin, Chief Executive Officer, gave the report.

**Program Updates:**

**Lean Update**

SFGH embarked on its fourth value stream in early July – Inpatient Unit 4D. As in the previous 3 value streams (Urgent Care, 3M Surgical Clinics, OR/PACU), the improvement process includes 5S (sort, set in order, shine, standardize, and sustain). 5S organizes the workplace and it was implemented in 4D last week. The next steps will include additional 5S and development of standard work for the discharge process. This will lead to a reduction of length of stay, reduction of materials and supplies spending, and increased nurse time by the bedside, and overall, improving patient and staff experience.

We will be starting Lean in Castro-Mission Health Center in September and in Radiology in October.

**Dr. Kirsten Bibbins-Domingo Co-Principal Investigator for new $11 Million Grant**

Kirsten Bibbins-Domingo, PhD, MD, Director of the UCSF Center for Vulnerable Populations at San Francisco General Hospital and Trauma Center is the co-principal investigator and lead investigator for two of four main components of a new $11 million grant to Kaiser Permanente Northern California and UC San Francisco. The grant from the National Institute of Neurological Disorders and Stroke will support a multifaceted research program aimed at lowering stroke risk among black populations and younger stroke victims by targeting high
blood pressure, also known as hypertension. The four main components are Clinical study to close hypertension disparity, Observational study to quantify stroke risk factors, Modeling of stroke-risk trends, and Training future researchers. Dr. Bibbins-Domingo will be leading the effort for the latter two components.

Regulatory Survey Update
The following accreditation and licensing surveys were conducted since the last JCC meeting:
- June 10-12: Department of Social Service (DSS) annual licensing survey of the Mental Health Rehabilitation Center (MHRC) - passed with no deficiencies
- June 19: San Francisco Mental Health Clients' Rights Advocates periodic review required by the California Welfare and Institutions Code 5520 (b) and conducted in the MHRC - passed with no deficiencies
- June 26-28: Alcohol & Drug Program (ADP) annual licensing survey of Wd. 93 Opiate Treatment Outpatient Program (OTOP) - passed with minor findings
- July 15-16: American College of Surgeons Committee on Trauma (ACSCOT) Level 1 Trauma Center triennial re-verification survey - status pending ACSCOT verification committee review and report
- July 16-18: Joint Commission Clinical Laboratory & Point-of-Care-Testing (POCT) biennial accreditation survey - status pending TJC review and report following facility submission of corrective actions for minor findings
- August 7-8: California Department of Public Health (CDPH) unannounced site visit to conduct a Centers for Medicare-Medicaid Services (CMS) Conditions of Participation (COP) validation audit of resident discharge records at the SFBHC Skilled Nursing Facility (SNF) - status pending CDPH supervisory review of audit results.

Asiana Airlines Accident Update
- A total of 67 patients were treated at SFGH, the largest number of patients treated by any one hospital – 36 adults and 31 children.
- Injuries included spinal cord injury, abdominal injuries, internal bleed, road rash and fractures.
- 64 patients have been discharged, there was 1 death, and two patients remain in critical care.

Campus Campaign for SFGH
The Campus Campaign for SFGH is an opportunity for CCSF and UCSF staff to help fund the furniture, fixtures and medical equipment necessary for the new hospital building. The campaign, started on June 10 and led by Hannah Frick and Patricia Gallagher of the SFGH Foundation, raised over $464,000 to date. Over 1500 staff from 99 departments participated - 35 departments had 100% participation

Patient Flow Reports for July 2013
A series of charts depicting changes in the average daily census is attached to the original minutes of the August 13, 2013 SFGH JCC open session meeting.

Ms. Currin introduced Valerie Inouye, SFGH Chief Financial Officer and Greg Wagner, DPH Chief Financial Officer. Ms. Inouye stated that SFGH will update the JCC regarding SFGH Departmental budget issues on a monthly basis through the Hospital Administrator’s Report.

Commissioner Comments
Commissioner Singer asked how SFGH is handling the culture change of making SFGH managers and supervisors more accountable for department-level budget management. Ms. Currin stated that there have been regular meetings with managers to discuss the new budget reporting format and how to more accurately track spending; hospital Associates are also responsible for meeting regularly with their staff to review budget issues. Labor reports, which assist in managers understanding operating costs, are distributed every two weeks.
Ms. Currin stated that the increased attention to the SFGH budget will hopefully assist in the monitoring and management of SFGH staff Family and Medical Leave Act (FLMA) costs.

Commissioner Singer asked for an estimate of the annual SFGH FLMA costs. Ms. Currin stated that it is difficult to get a true cost of FLMA at SFGH because there are costs for paying staff on FLMA in addition to the cost of paying temporary staff to fill in for the SFGH staff on leave. Ms. Currin stated that SFGH spent approximately $2.3M last year in direct pay for SFGH staff out on FLMA.

Commissioner Singer thanked the SFGH staff for their effective and compassionate work helping the victims of the Asiana plane crash.

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

2320 RN Vacancy Rates for the Month of July 2013: The overall 2320 RN vacancy rate for areas reported was 7.8%.

Staffing Ratio Data for the Month of July 2013: All shifts were covered.

Professional Nursing for the Month of July 2013

Retention/Professional Development:
SFGH staff who applied to the San Francisco State University Advanced Placement Option Program is being notified of their acceptance into the program for RN to BSN completion. It appears that a cohort of 11 staff will begin the program this fall.
Nursing Grand Rounds is scheduled for August 7, “Innovators of Change: Staff RNs Evidenced-Based Fellows” will be presented.
Preceptor training will be held August 14 & 15.

Nursing Excellence:
Shared governance councils are currently recruiting new council members. The membership change-over will occur in September. New co-chairs are also being recruited for all councils.

Daisy Ward:
The very first DAISY “Team” award was presented to the Nursing Staff of SFGH Nursing Grand Rounds on August 7th. The Nursing Staff was honored for the “incredibly meaningful difference that their teamwork” made on July 6, 2013 for the victims of the Asiana plane crash and their families.
DAISY founders Bonnie and Mark Barnes were present to acknowledge the entire Nursing team and their heroic efforts. CNO Terry Dentoni presented the DAISY plaque to ED Charge RN Melissa Pitts who accepted the plaque on behalf of the entire Nursing team. The plaque will be displayed in the hall outside of the Nursing Office.

Emergency Department (ED) Data for the Month of July 2013
The Emergency Department had a Diversion rate of 43% (321 hours) for July 2013. Trauma Override rate was 2.38% (18 hours). ED Encounters totaled 5051 patients, 787 of those were hospital admissions. The hospital utilized condition yellow for 239 hours in July.

Psychiatric Emergency Services (PES) Data for the Month of July 2013
PES had 606 patient encounters during June 2013 and 643 in July. PES admitted a total of 135 patients to SFGH inpatient psychiatric units in July 2013, a decrease from 141 inpatient admissions in June. In July a total
of 508 patients were discharged from PES: 44 to ADUs, 20 to other psychiatric hospitals, and 444 to community/home.

There was a decrease in Condition Red hours from June to July. PES was on Condition Red for 60.6 hours during 15 episodes in July. The average length of Condition Red was 4.04 hours. In June, PES was on Condition Red for 157.8 hours, during 19 episodes, averaging 8.31 hours.

The average length of stay in PES was 16.91 hours in the month of July, a decrease from 20.04 in June.

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.

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 July 2012 and July 2013, the percentage of which the patient was accepted and was admitted to PES increased from 38% to 61%, the percentage of which the referral was accepted but cancelled decreased from 27% to 17%.

This month, 22% 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 decreased slightly from 96 in June to 93 in July.

Commissioner Comments/Follow-Up:

Commissioner Chow asked Ms. Dentoni to give an explanation for the 43% diversion rate in July.

Ms. Dentoni stated that there are eleven hospitals in San Francisco that receive emergency patients via ambulances; SFGH is the only hospital that receives trauma patients. SFGH receives approximately 30% of all non-trauma patients taken to hospitals in ambulances. When the four SFGH trauma rooms are full, SFGH goes on diversion. This means that ambulances do not deliver non-trauma patients to the SFGH emergency department. Diversion does not impact SFGH receiving trauma patients or non-trauma walk-in patients. Ms. Currin stated that without the 8-bed CDU “observation unit,” the rate of SFGH diversion would likely be 60% frequently.

Ms. Currin stated that SFGH inpatient discharges are often after 2pm. SFGH is attempting to increase earlier discharge times which would enable an increase in admissions of patients who are being held in the Emergency Department. She also added that SFGH continues in its attempts to decrease its non-acute level patients to free up beds.

Commissioner Singer asked whether revenues could be increased if SFGH reduced its diversion rate. Ms. Currin stated that reducing diversion would likely increase overall revenue. She also stated that during diversion,
many patients assigned to SFGH by their medical homes, are brought to other hospitals for treatment. The DPH currently pays $1.4M a month for out-of-network costs to other hospitals for treatment of these patients.

8) MEDICAL STAFF REPORT
Shannon Thyne, MD, Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA
Clement Yeh, MD – MEC welcomed Dr. Clement Yeh, new Member at Large and Medical Director for the SF Fire Department.

Andrew Murr, MD, SFGH Otolaryngology Chief – Dr. Murr has been appointed as the new Chair of the UCSF Department of Otolaryngology.

Marika Russell, MD, SFGH Otolaryngology – Dr. Russell has been appointed the Associate Chief of the SFGH Otolaryngology, Head and Neck Surgery.

Benjamin Breyer, MD – Dr. Breyer has been appointed Interim Chief of Urology.

Health Reform Communication - Ms. Rachael Kagan, Communications Officer, provided updates about ongoing work around communications for Healthcare Reform, particularly on broader strategies specific to patients and physicians. Ms. Kagan pointed out that patients and physicians need to know more about Healthcare Reform, and its impact. Ms. Kagan stated that a key message for patients during provider/patient exchanges is for them to stay with their current DPH/SFGH providers because these providers know them well, and can continue to provide quality care services. Key communication messages for physicians will focus on more information about Health Reform, patient centered care, integrated clinical care, use of data in hospital operations and quality improvement, and looking at changes in the DPH delivery system which will now be called “SFHealth”. Ms. Kagan will be working with members regarding developing messages that providers can use during patient encounters.

ADMINISTRATION/REGULATORY/COMPLIANCE
ICD10 Updates - Mr. Philip Katzenberger, Health Information Services, gave a status update to MEC on the conversion plans to ICD-10 coding system. Mr. Katzenberger informed members that a DPH multidisciplinary task force has been working on the transition plan since September 2011. Mr. Katzenberger emphasized that the participation and collaboration from all areas of DPH is necessary for a successful conversion to ICD-10. Members were reminded that the quality of medical records and the availability of more specific documentation will not only have a substantial impact on the hospital’s accounts receivables, but also on the integrity and accuracy of hospital data used for patient care monitoring and healthcare quality.

ACS (American College of Surgeons) Trauma Survey – Dr. Carlisle reported that the verification of SFGH as a Level One Trauma Center by ACS was completed on July 17, 2013. Survey results indicated several recommendations for improvements, but revealed no deficiencies.

Approved Privilege/Form Revisions:
Neurology Privilege List – CTSI privilege was added to the Neurology Privileges List.

Approved Standardized Procedures (SP):

- Psychiatry, Rape Treatment Center and Child Adolescent Sexual Abuse Center – Deleted protocol “Intimate Partner Violence Evaluation” (pages 10-11) as this is an RN function and does not require an SP; Sections on Prerequisites, Proctoring and Reappointment Competence added to follow current Procedure Template format. Language is not new.
• Dermatology NP SP – Only formatting changes made from previous 2010 SP. Two new forms were developed- Request of Protocols, and the Proctoring/Reappointment Grid Form.
• Emergency Department Medical Screening for Registered Nurses – No change.
• Emergency Department SP for RN – Protocol #8 Trauma Panel Laboratory Tests added.
• Psychiatry Combined SP – Changes include: Reference to Stimulant Treatment Outpatient Program (STOP) now included in other programs, Deletion of Buprenorphine Protocol, Deletion of language regarding a second CLIA license, and deletion of protocol Abnormal Paracentesis.
• Neurosurgery SP – No content changes; only formatting changes, and addition of the Request for Procedures Form and the Proctoring/Reappointment form.
• Breast Care SP – Includes language changes in policy statement and protocol updates.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Orthopedic Surgery Service Report - Deferred

Orthopedic Surgery Rules and Regulations
MEC approved the proposed changes to the Orthopedic Service Rules and Regulations. Significant number of revisions was made, including general updates on the following:
• Service Personnel and New Meeting Times, etc
• HIPAA Language
• Attachment: Updated Orthopedic Surgery Privilege Form
• Updates on Other Attachments: Updates on E-referral Policy for Acute Injuries, Changes in Resident Shifts and Attending Involvement on Admission, Hand Consultation, New Resident Vacation Policy, Expanded NP roles, New Note Dictation and timing, New Resident and Attending Pre-Operative Responsibilities, New Resident and Attending Responsibilities, Anesthesia Pre-Op Clinic, most recent OR Infection Control Surgical Prep Policies, most recent OR Policy on Street Clothes, most recent scrub policies, Surgical Team Pre-Operative Responsibilities, new Operative Note Process, Fluoroscopy and x-ray policy, new Clinic Discharge Criteria, new Orthopaedic-Pediatrics Policy and the Orthopaedic-Family Inpatient Service policy.

Action Taken: The following were unanimously approved by the SFGH JCC:
• Neurology Privilege List
• The Following Standardized Procedures:
  o Psychiatry, Rape Treatment Center and Child Adolescent Sexual Abuse Center – Deleted protocol “Intimate Partner Violence Evaluation”
  o Dermatology NP SP
  o Emergency Department Medical Screening for Registered Nurses.
  o Emergency Department SP for RN – Protocol #8
  o Psychiatry Combined SP
  o Neurosurgery SP
  o Breast Care SP
• Orthopedic Surgery Service Report

9) QUALITY COUNCIL REPORT
Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Action Taken: The Quality Council Report, consisting of the minutes of the June 18, 2013 and the July 16, 2013 meetings, was approved.
10) PUBLIC COMMENT
There was no public comment.

11) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF JUNE 17, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

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 item)

Action Taken: The Committee approved the June 17, 2013 Closed Session minutes, Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

12) ADJOURNMENT
The meeting was adjourned at 6:35pm.