

**GOAL 3**

**Services, programs and facilities are cost-effective and resources are maximized**

**OBJECTIVE**

**Ensure adequate staffing to meet programmatic needs through improved recruitment, retention and training of staff**

**LHH Nurse Leadership Program**

Laguna Honda Hospital was one of nine Bay Area hospitals selected to participate as the first cohort of the Integrated Nurse Leadership Program (INLP), funded by the Gordon and Betty Moore Foundation and operated by the Center for Health Professions at the University of California San Francisco. The goal of the program is to teach leadership and management skills to hospital executives, managers and nursing staff and, ultimately, to increase the effectiveness of these trainees. The INLP data will be used as the baseline data for re-engineering LHH's Organizational Effectiveness cultural change. The project was focused on the Positive Care Unit, dedicated to clients who need skilled nursing care and clients with HIV/AIDS. The initial project was a successful effort to improve the medication management system and reduce medication errors

**Respiratory Control Program**

Responding to disasters, whether natural or man-made, may expose City and County of San Francisco (CCSF) employees to hazardous materials, which can adversely impact their health and safety. Some dangers are immediate and readily apparent. Other hazards are more insidious, resulting in adverse health effects weeks, months or years after the exposure. In order for City and County employees to provide services to the public during an emergency, employees must be able to adequately protect themselves and remain safe, healthy and at work. In some circumstances, it may be necessary for CCSF employees to wear special equipment, such as respirators (masks) to protect themselves. Some CCSF employees, such as firefighters, routinely use this type of equipment. Other employees don't normally wear this type of personal protective equipment, but may need to when responding to an emergency. There are many types of respirators available, and it is important to select the correct equipment for the situation. Wearing a respirator places an additional physiological burden on an employee, and Cal/OSHA regulations

**Employee Fit Testing**

require that employees be medically evaluated to determine that they are able to wear respirators. In addition, respirators come in a variety of models and sizes, and employees must be tested to make sure the mask fits properly and provides adequate protection.

It is the goal of DPH to protect the health of all San Franciscans, including CCSF employees. Staff from the Department of Public Health's Occupational Safety and Health Section is working with a number of City and County Departments to select the appropriate personal protective equipment, and make sure that employees are medically qualified, trained and fit test to use the equipment. For example, the DPH OSH Section has been working with the San Francisco Police Department to ensure Police Officers are prepared to respond to a variety of emergencies. Within the Department of Public Health, OSH Section staff is working with health care providers who do not normally need to wear respiratory protection to ensure that they are prepared to respond and provide care in case of an infectious disease emergency.

#### **New Disaster Service Working Training Available**

A new updated Disaster Service Worker Training for all DPH staff is now available. The training can be given in person and is also available on-line. The training will help DPH staff be prepared to fulfill their role as a Disaster Service Worker in an emergency. It also helps individuals to be prepared at home, so they will be available to work in an emergency.

#### **Expanded Nursing Training, Recruitment and Retention**

During FY 05-06, many activities were aimed at reducing the nursing vacancy rate and improving retention. Nursing participated in many Job Fairs and School Open Houses to recruit new graduates, and increased the availability of clinical placements for CNA, LVN, RN and MSN students. Current schools with placement include: City College of San Francisco, USF, SFSU, Dominican University, NCP Vocational School, Sonoma State, Samuel Merritt, Skyline College and UCSF. We also implemented training programs for the following SFGH Nursing Specialties: Perioperative (Operating Room), Critical Care, Critical Care Step Down, Emergency Department, Acute Psychiatry, Medical-Surgical, Labor and Delivery and Neonatal ICU.

#### **Second Annual Dorothy Washington Gala and Fundraiser**

The Second Annual Dorothy Washington Gala and Fundraiser was held in May 2006, at the Ritz Carlton. The event was held to raise scholarship monies for SFGH staff to obtain RN or Masters Degree in Nursing. There were over 325 attendees with District

Attorney Kamala Harris as the keynote speaker. Scholarships were awarded to three nursing staff, and the Gala raised \$39,000 to be used toward future nursing scholarships.

### **New Employee Orientation Video**

In 2006, the Integrated Steering Committee requested that DPH create a new employee orientation for all employees. Because DPH employees work out of many different locations, it was decided that the best approach would be a video that could easily be added to existing orientations (at LHH and SFGH) and could also be viewed by all other new employees processed through Human Resources at Central Administration/101 Grove. The video is 12.5 minutes long and includes many important topics including an overview of DPH's structure, how to use the City and DPH's e-mail system and websites, employee rights and responsibilities, avoiding and reporting on-the-job injuries, and more. Filming was done at various DPH locations, including 101 Grove, SFGH, and LHH with the help and cooperation of many individuals on staff at these locations. The video was designed to contain specific, important information that is useful to new employees, but general enough to apply to all employees regardless of their position. In addition to the video is a brochure, from which the script for the video was obtained. Therefore, all new staff will have a document containing the important information discussed in the video.

## **OBJECTIVE**

### **Determine service levels by need rather than by availability of funding**

#### **Integration Steering Committee – Finance Committee**

The ISC met as a 'committee of the whole' to put together the DPH FY 06-07 budget. In essence, during this period the ISC became the DPH Finance Committee for purposes of budget preparation. The budget was submitted to the Mayor's Office in February. This extraordinary process resulted in a balanced budget that reflected the priorities of the Department and used the Strategic Plan to determine priorities.

## **OBJECTIVE**

### **Ensure the public health infrastructure**

#### **Mayor Newsom's Blue Ribbon Committee on SFGH Rebuild**

In 1996, legislation was passed requiring that all California acute care hospitals meet upgraded seismic safety standards by either retrofitting existing buildings or rebuilding a new hospital building by 2013. If hospitals fail to comply with these regulations, they will have to close their acute care facilities after 2008. Nearly half of California's 2,700 hospitals, including the acute care building of SFGH, must be rebuilt or retrofitted as a result of recent compliance evaluations. It is estimated that it will cost over \$24 billion statewide to make these needed seismic upgrades. There is no funding attached to this mandate.

The Mayor appointed a 26-member Blue Ribbon Committee to make a recommendation regarding where SFGH should be rebuilt - either on the existing campus in Potrero Hill or at Mission Bay, co-locating with the planned women's, children's and cancer hospitals for UCSF Medical Center. After considering key issues, including land and construction costs, operating costs, maintaining quality patient care, and faculty recruitment; the Blue Ribbon Committee - chaired by Sandra Hernandez, MD, Executive Director of the San Francisco Foundation and former Director of Public Health and co-chaired by Mitch Katz, MD, current Director of Public Health - recommended rebuilding SFGH on its current Potrero Avenue campus. The City has invested 13 million dollars in the FY 06-07 budget to begin to fund design and environmental work for the rebuild. This work is being undertaken prior to going to the voters with a bond initiative to fully define the project minimizing the risk of cost overruns due to unexpected costs and inflation.

### **Laguna Honda Replacement Project**

Voters in the City and County of San Francisco passed Proposition A, a bond initiative to rebuild Laguna Honda Hospital in November 1999. The City is in the process of constructing a new campus on the Laguna Honda Hospital site, which will provide housing and a complete continuum of long-term healthcare services. Ten months ago, ground was broken and the construction of the South, East and Link buildings began. The primary challenge now is to complete the buildings on time and on budget. LHH has expended approximately 15% (\$105M) of the construction budget for the three buildings, and the work is proceeding well.

This facility, by design, encourages rehabilitation and independent living while setting the standard for enhancement of the quality of life. Phase One of the new construction began in mid 2005 and will add 780 beds; the first two buildings will be ready for residents in late 2008. The 140 Assisted Living units will be completed in 2013.

### **Retrofit and Make Primary Care Centers ADA Compliant**

DPH is in the process of retrofitting all Primary Care Centers. To ensure integration of capital projects occurs in the Department, the Integration Steering Committee created a Capital Integration Subcommittee to develop a master baseline schedule and consistent capital process across the department.

The current status of projects is listed below:

- Curry Center finished construction in March 2006. Work includes seismic upgrade, four new examination rooms. A new HVAC system was installed.
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- Silver Avenue started construction in November 2005. The completion target is September 2006. Work includes a new elevator, five new examination rooms and new registration and ADA improvements throughout.
- Tom Waddell was bid in June 2006. Construction is anticipated to begin in October 2006. Work includes a new elevator, fire/life safety, and ADA improvements.
- Design was completed on Castro Mission in June 2006 and will be bid in fall 2006. Work includes a new elevator, new registration, and ADA improvements.

- Design work on Chinatown HC & Southeast continued in 2006 with construction anticipated at each facility in winter 2006.
- Ocean Park design was completed in 2005, but the project needed additional funding for construction, which will be received in FY06-07. The project is estimated to go to bid in early 2007. Work includes a new elevator & ADA improvements.
- Programming work on Potrero Hill was started in February 2006. Work includes an expansion to the rear of the existing facility with two new examination and counseling rooms and a community meeting room.
- Programming work on the STD clinic will begin in fall 2006 with newly approved fiscal 06 funding. Work will include reconfiguration of registration & waiting areas, new elevator, and ADA improvements.

## OBJECTIVE

### **Maximize external funding sources (e.g., grants, fees, federal financial participation)**

#### **Grant funding Obtained to Improve Chronic Care in DPH Primary Care**

*Kaiser Permanente/Safety-Net Partnership's Quality Improvement in Chronic Conditions Management Initiative* funded a proposal from DPH and a joint proposal from the San Francisco Community Clinic Consortium (SFCCC) and DPH for the development of an IT infrastructure for population-based care of chronic conditions across the San Francisco Safety Net. Specifically, the funding is being used to:

- Implement a San Francisco Safety-Net Master Patient Index to further enable connectivity between SFCCC clinicians and DPH's electronic medical record - Lifetime Clinical Record (LCR).
- Purchase and implement a robust Chronic Condition Registry (MediTracks) in primary care clinics across Community Oriented Primary Care (COPC), SFGH and SFCCC. Links from the LCR will electronically import relevant lab and demographic data to the registry. Implementation is planned for the Fall and Winter of 2007.

*The SFGH Foundation Hearts in San Francisco Grant* funds a project to improve diabetes care in the CHN. COPC participates in the project's Diabetes Continuum of Care Committee, working on enhanced patient education and self management resources across San Francisco's safety net clinics, improved primary care – specialty consultative communication, and clear referral guidelines for SFGH's specialty Diabetes Clinic. This process might serve as one model for improving access to other overburdened specialty services, an area of great importance as we plan for SFHAP.

*The California Health Care Foundation* is funding a coalition of San Francisco health systems to organize a local "Better Ideas for Chronic Care" conference, to be held in December 2006. The organizing committee (with representation from COPC, SFGH Family Medicine and General Internal Medicine, Brown and Toland, Kaiser, and the San Francisco Health Plan) has been meeting to plan this exciting conference.

### **LHH Community Reintegration Program Piloted on Nursing Units**

LHH successfully developed a Community Reintegration Program (Social Rehabilitation Program) piloted on nursing units L4A and G5. This program focused on fostering clinical integration and teamwork to improve the discharge process. The program was funded by a grant from the California Health Care Foundation. The program will be expanded as much as possible across the other 40 nursing units.

### **Public Health Laboratory – PCR Equipment**

The Public Health Laboratory purchased PCR equipment (polymerase chain reaction) this year with Urban Area Security Initiative (UASI) funding. Real-time PCR is a quick, accurate and sensitive method to detect nucleic acid (genetic material) of micro-organisms. PCR allows us to detect the five most serious potential Bioterrorism Agents, such as the bacteria that cause plague and anthrax. We have participated in exercises with Environmental Health to test our capability to detect BT agents in environmental samples, e.g. soil, swabs.

The addition of PCR technology has greatly expanded the potential capability of the Public Health Laboratory.

### **Environmental Health; Equipment acquisition, maintenance and training**

In addition to maintaining and calibrating new CBRNE detection equipment for DPH, Environmental Health (EVH) maintains equipment purchased through UASI funding for multiple City Departments. EVH has implemented programs for new radiological and chemical detection equipment, including radiation dosimeters, the radioisotope identifier, radiation contamination monitors (portals), and the portable infrared analyzer. EVH has also been instrumental in evaluation of personal protective equipment (PPE) for first responders and first receivers. In addition, EVH provides trainings for use of the equipment that is being purchased for disaster response.

## **OBJECTIVE**

### **Maintain efficiency throughout the Department**

#### **High Patient Census**

During FY 2005-2006, SFGH experienced a higher-than-normal patient census. The hospital is budgeted for 302 patients, however the census had been as high as 366. In order to deal effectively with the chronically high census, SFGH had to think creatively and innovatively with colleagues at Laguna Honda Hospital as well as our community placement partners. We worked closely with Behavioral Health Services, to facilitate appropriate community placements for SFGH patients.

#### **Chest Pain Observation Unit**

In October 2005, SFGH opened a short-stay unit for cardiac patients to decompress the Emergency Department and to avoid admitting patients that would otherwise be discharged the next day. Development of a business plan showed that it would be more

cost effective to move patients into monitored beds to be evaluated for possible cardiac problems rather than admitting them into inpatient beds and not be reimbursed.

## OBJECTIVE

### **Increase use of benchmarks to compare Department activities to local, state and federal standards**

#### **Lewin Group Analysis**

Proposition C was passed in November 2003 establishing a fund to perform independent audits of City Departments to ensure they were operating efficiently and effectively. The Controller's Office is tasked with managing the audits. The Health Department was selected as the focus of the FY 2006-07 audit priority. A project team comprised of DPH executives, the Mayor's Office and the Controller was formed in the spring of 2006, to develop an RFQ and establish a pool of qualified contractors. A pool of contractors was

certified, and the Lewin Group was hired to perform the first phase of the audit of the Department of Public Health. The project goals are to determine:

- What is the role of DPH within the San Francisco health care delivery market? Are there changes occurring in the local supply or demand for healthcare that will have a large impact on DPH?
- How well is the City utilizing its existing resources to provide healthcare to its citizens in terms of access, quality and cost?
- Is the City doing an effective and efficient job compared to other entities in the local, regional and national healthcare market?

DPH welcomes the review and anticipates the findings will help in the development of the new SF HAP.

#### **Communicable Disease Surveillance Reports**

In August 2006, Communicable Disease Control and Prevention (CDCP) released the first annual report of communicable diseases: *Annual Report of Communicable Diseases in San Francisco, 2004-2005*. The report provides the annual incidence for legally notifiable communicable diseases in 2004-2005, with additional incidence data for 21 selected diseases by sex, age, and race/ethnicity. CDCP's first *Quarterly Provisional Communicable Disease Review* was also released in August 2006. This publication compares current year disease incidence for 13 selected diseases with historical trends in San Francisco at 3-month intervals. The *San Francisco Communicable Disease Report, 1986-2003*, released in May 2005, is a comprehensive historical review of communicable diseases tracked by the CDCP program during 1986-2003. Descriptive epidemiology is presented for 21 selected diseases and disease incidence in San Francisco is compared with that in other Bay Area counties, California and the United States. These data may be used for communicable disease control and prevention, program planning, and development. All CDCP reports are available on our website ([www.sfcdcp.org](http://www.sfcdcp.org)).

#### **SFGH Eye Van wins the CAPH/SNI Management Excellence Award**

The California Association of Public Hospital and Health Systems (CAPH) co-awarded San Francisco General Hospital Medical Center and the Community Health Network Primary Care top honors in the 2005 Management Excellence Award for the **SFGH Mobile Eye Van**. The entry category was Using Technology to Improve Patient Care. Since first hitting the road on September 8, 2004, the Eye Van has provided services to over 1000 patients and has substantially helped improve our efforts to screen for diabetic eye disease. In collaboration with LensCrafters, the Eye Van staff has provided eye exams and glasses to over 400 homeless individuals during just two Project Homeless Connect Events in June and August of 2005. Alexander Li, MD from Chinatown Health Center and Gene O'Connell, Stuart Seiff and Terry Dentoni from SFGH accepted the award during the 2005 CAPH Annual Conference.

## OBJECTIVE

**Increase the use of data to guide program development, reorganization, reprioritization, reduction or elimination, and to assess the impacts of programs on health status**

### **Enhanced Primary Care Utilization Reports**

Over the past year, a major effort by Community Oriented Primary Care (COPC) management and SFGH IT staff resulted in the creation of detailed fiscal year Utilization and Patient Characteristics reports. These reports help define the number of visits to each primary care health center, both at SFGH and COPC sites, and the number of unduplicated patients. In addition, the demographics of each site's patients are detailed. These reports are available to every health center on-line via the CHN Intranet website. They show the individual health center statistics, all COPC and all SFGH health centers' statistics, and combined patient populations in separate spreadsheets. The result has been a widely accessible and useful tool in assessing varied patient populations and their utilization patterns within each clinic.

In addition, COPC has created utilization reports of hospital-based services, including: Emergency Room use, Urgent Care Center use, and Hospital Admissions of patients from the primary care sites. These reports are important tools to understanding who current patients are, how they utilize various services, and what can be expected in terms of future service needs. As we prepare for the July 2007 initiation of the San Francisco Health Access Program, these reports will greatly assist the Department in its preparation for new enrollees and tracking center-specific patterns.

### **HIV Incidence Surveillance**

As part of a national effort to estimate HIV incidence, the HIV Epidemiology Section has implemented an HIV incidence surveillance system. Unlike AIDS data, HIV incidence data provide a window into the epidemic at an earlier stage of disease, thereby allowing

public health officials to more effectively and completely monitor the epidemic, allocate resources, and to plan and implement programs, particularly prevention programs. Until recently, biomedical technology did not discriminate between recent and chronic HIV infection; as a result, HIV surveillance has been limited to monitoring prevalence. The DPH HIV incidence surveillance system uses a serologic testing algorithm called STARHS to determine recent HIV infection. This system will provide crucial data to assist surveillance efforts to monitor current trends in HIV transmission, characterize recent infections and target prevention resources in San Francisco.

### **Medical Monitoring Project**

The HIV Epidemiology Section was one of 26 sites selected nationwide to participate in the Medical Monitoring Project (MMP). MMP is the most comprehensive population-based project to gather detailed information on HIV-infected patients receiving care in the United States ever conducted. Thirty San Francisco health care facilities, including both smaller and larger volume providers have been selected to participate in MMP. A representative sample of HIV-infected patients from these 30 facilities will be selected for an interview and medical chart abstraction. Approximately 400 San Francisco patients will participate in MMP each year through 2008. MMP will give HIV care providers, Ryan White CARE Act and HIV prevention planning councils, and other policymakers valuable information about HIV-infected patients, including their health status, risk behaviors, medical care, access to prevention services, unmet need for health care and other services, and adherence to HIV treatment regimens.