



# Summary of Commissioner and Staff Interviews

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## 1. Background

Resource Development Associates (RDA) was hired to facilitate a planning retreat with San Francisco Department of Public Health Commission (SF DPH Commission) which is scheduled for August 19<sup>th</sup>, 2014. In October of 2013, RDA facilitated a planning retreat for the Commission. The subject matter and discussion from that retreat focused on gaining a clear understanding of the role of the Commission as established in law, as well as reviewing communication processes and protocols. (Please see attached notes from last year's retreat).

In order to understand what issues and subjects were forefront on the minds of Commissioners, RDA interviewed members of the Commission and Staff for the purpose of creating an agenda that would include topics of mutual interest or concern. We also sought to obtain feedback regarding whether or not last year's retreat had been helpful. The following topics emerged as major themes that the Commissioners wish to discuss.

## 2. The Role of the Commission and Logistics

Everyone we spoke with stated that they felt that last year's retreat helped to clarify the role of the Commission. However, there are still many questions regarding how the role of the Commission is to be communicated to the community, how Commissioners can be effective within Commission meetings, at Committee meetings, and within the community at large. While some cited improvement in Committee functioning, there was still concern within others with regards to raising issues in a timely fashion, how agendas are created, and how to provide meaningful input at the Commission and Committee meetings.

There were questions about the mandates of Committees that Commissioners sit on. While many felt last year's retreat helped clarify some of this in a general sense, there was also a desire to continue these conversations to further clarify roles. There was a general lack of understanding of what, specifically, the Commission wants to hear back from the Committees. This issue relates to the second key theme, Internal Communication Protocols. Commissioners expressed a desire to re-evaluate the current Committee structure and to examine potential overlap or duplication, while also exploring the need for new Committees.

Additionally, there was a desire to review the Commission's roles and responsibilities with a focus on the two hospital JCCs, various Propositions governing communication, and the Health Care Services Master Plan.



### **3. Internal Communications Protocols**

Because the SF DPH Commission is governed by existing rules and regulations regarding communication, several Commissioners pointed out the desire to further hash out internal communication protocols.

For example, each Committee and the two hospitals have separate joint conference meetings, therefore the lines of communication can be difficult to establish. One Commissioner pointed to the ineffectiveness of the internal communication mechanism for reporting back. In addition to reports between the Commission and the Committees, there is a desire to examine communication protocols between the Commission, the Department's Senior Staff, and the Commission's Executive Secretary.

Additionally, there is a desire to have more clarity around the Commission's election process and an understanding of how the election protocols change.

### **4. External Communications**

Public comment adds another level of complexity to existing lines of communication. Some felt there is a lack of specific protocols for communicating to the public, other than posting agendas and meeting schedules. It can be difficult to listen to a range of issues from individuals at public meetings without being able to engage in dialogue, hence the desire to establish protocols regarding input from members of the public. In this case, members of the public could also include Department staff acting on their own time. It was suggested that a chart outlining communication protocols for delivering input to the Commission be provided.

### **5. Using information to drive policy**

In most of the conversations, concerns arose about how to obtain and utilize information to drive policy decisions. Overall, Commissioners cited a need for a more balanced presentation of the issues. Commissioners felt that they were not being provided with a full range of pros and cons or independent opinions, and that in instances like Laura's Law there was not adequate time to hear and discuss several sides in order to reach an informed decision. Timeliness, validity, balance and legitimacy all arose as concerns about the delivery of information.

### **6. Monitoring outcomes, evaluation and data**

Several members cited this as a major issue and there are differences of opinion on how to move forward. Some suggested including periodic report cards and evaluations, while others talked about the opportunity to implement Electronic Health Records, and still another discussed the need for dedicated staff for evaluation. It was noted that it can be difficult to quantify and measure the impact of the contracts the SF DPH Commission approves, budgets, and advocates for. At the same time, the quantity of contracts makes this lack of evaluation a greater challenge. To address this, one Commissioner noted a desire to shore up the Commission's methodology of evaluation and measurements through a qualitative staffing unit.



## **7. Other topics**

Commissioners expressed a desire to have a conversation about the demographic changes occurring in San Francisco, and how that relates to policy formation. It was suggested that the Commission engage in a visioning exercise using data and trends to envision the future and how it may impact future policy. Another spoke of the need to focus more on visioning for the future regarding the social determinants of public health. More focus on the impact of ACA, as well as discussion of the fact that people now have choice regarding where they receive services, was mentioned as another focal topic, as well as planning for short-term and long-term skilled nursing beds and/or other specialized care facilities.

There was a strong preference for adding the planning and acquisition of an EHR to the Planning Retreat's agenda. Among the many reasons cited for this need, one was that it makes patient access easier, therefore potentially improving patient retention. Another is that it may be inherently tied to the financial sustainability of the Department. As one Commissioner noted, "The integrity of our healthcare system...is directly related to implementing an EMR." The desire to see a comprehensive plan, a budget, timelines, the rapid achievement of prioritized milestones, and determining who is accountable to its success, was also mentioned.

## **8. Conclusion**

Over the course of conducting these interviews, several Commissioners noted that the most important thing they hoped to get out of this Retreat is to further establish trust and appreciation for other people's points of view. Despite the laws governing communication, a desire to have more time to get to know each other – either socially or informally – was also expressed. The Commissioners wanted more time to talk over their individual experiences, and opportunities to bring different lenses to the issues brought before the Commission. These shared values will be an asset to the Commission and assist with achieving any agenda determined through this planning process.