

Administrative Policy Number 8.09

TITLE: HOSPITAL PLAN FOR PROVISION OF PATIENT CARE

STATEMENT OF PURPOSE

The purpose of this policy is to define organization-wide processes and activities that maximize the coordination and provision of care to patients at San Francisco General Hospital and Trauma Center (SFGH). The goal of this plan is to coordinate patient care in a manner that is seamless from the patient's perspective. Patients with the same health problems and needs receive the same standard of care throughout the organization. The plan describes the integrated system of settings, services, health care practitioners, and care levels that make up the continuum of care. In addition, the plan outlines organizational and functional relationships of departments and committees within SFGH and how services complement one another.

STATEMENT OF POLICY

SFGH prohibits discrimination in all its forms on the basis of race, color, national origin, ancestry, age, disability, medical condition, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, gender expression, genetic information, political beliefs, educational background, economic status, reprisal, or because all or part of an individual's income is derived from any public assistance program.

The SFGH Plan for Provision of Patient Care is consistent with the

- needs of our patients and the community we serve;
- hospital's mission, goals and strategic objectives;
- hospital's policies and procedures;
- Medical Staff Bylaws;
- Performance Improvement and Patient Safety Plan; and
- organizational capability to provide the requisite staffing, facilities and services.

The plan is designed to support improvement in patient care and innovations in the design of new services.

Mission

To provide quality health care and trauma services with compassion and respect.

Vision

To be the best hospital by exceeding patient expectations and advancing community wellness in a patient-centered, healing environment.

Values

- Learn
- Improve
- Engage
- Care

Goals

1. Care Experience
 - Increase patient satisfaction by 5%
 - Improve access and flow (from ED to Med/Surg)
2. People

- Increase staff satisfaction
 - Develop 5,400 problem solvers at SFGH by 2017
3. Quality
 - Reduce preventable mortality by 50% in 2016
 - Reduce 30-day readmissions by 10% in 2016
 4. Safety
 - Achieve zero patient harm
 - Achieve zero staff injuries
 5. Financial Stewardship
 - Meet labor, materials and supplies, and professional services budget goals

I. THE COMMUNI

TY WE SERVE

A. Race

SFGH's patient population continues to have a high percentage of ethnic minorities (73%).

- African American, who total 6% of the City population in 2010, make up 16% of the Hospital patients
- Caucasians, who are 42% of the City's population, make up 21% of the hospital's patient population.
- The exception is the Asian/Pacific Islander group, which is 33% of the City's population, but only 22% of the Hospital's patient population.
- 34% identified themselves as Latinos/Latinas in the past years.
- 1% Native American

B. Residence

Below are percentages of patients by their reported zip code of residence. As some patients moved during the year, these patients may be counted more than once. The total will be greater than 100%.

Ninety percent (90%) of patients resided within San Francisco, 12% resided outside of San Francisco, and 7% were homeless on the street at the time of their encounter with SFGH. The majority of patients continue to be from the Tenderloin and South of Market areas. Sixty-two percent (62%) of patients resided within the following postal code areas: 94102 (7%), 94103 (7%), 94110 (14%), 94112 (13%), 94124 (11%), and 94134 (7%). Additionally, 3% of patients resided in the Chinatown area on their date of treatment.

C. Gender Distribution

There is little difference in our patients' gender distribution this fiscal year as compared to prior years. Overall, the gender distribution of our patients is 51% males and 49% females.

As in prior years, differences exist across sites of care.

- For *inpatient services*, 56% of patients are males and 44% are females.
- For *outpatient clinic*, 51% of patients are males and 49% females.
- The most significant difference is with the *Emergency Department* population: 58% males and 42% females.

D. Age

Our patients' age distribution is as follows:

Under 18	13%
18-24	9%
25-44	32%
45-64	35%
Over 64	11%

E. Reimbursement

The financial mix of our visits is as follows:

Outpatient and Non-Admit Emergency	Inpatient Days
▪ 51% Medi-Cal	▪ 35% Medi-Cal
▪ 23% Medicare	▪ 18% Medicare
▪ 12% Uninsured MIA, Sliding Scale/Pt. Pay	▪ 40% MIA, sliding scale/Pt. Pay
▪ 1% Commercial	▪ 2% Commercial
▪ 13% Other government programs, research, jail	▪ 5% Other government programs, research, jail, CHN capitated plans, Worker's Compensation, and others

II. PATIENT RIGHTS AND RESPONSIBILITIES, ETHICS

A. SFGH supports patient rights, safety, and security through defined organizational processes. SFGH Administrative Policies and Procedures describe the mechanisms by which patient rights, safety, and security are protected and exercised. These policies and procedures are used to help guide the resolution of denial of care conflicts over care, services, or payment.

Refer to the following SFGH Administrative Policies and Procedures:

- 1.01 Victims of Dependent Adult/Elder Abuse, Child Abuse, Assaultive and Abusive Conduct, and Rape/Sexual Assault
- 1.10 AMA, AWOL, and AWOL "At-Risk." Adult Patients Leaving SFGH Prior to Completion of their Evaluation or Treatment
- 1.05 Terms and Conditions of Admission
- 1.08 Advance Health Care Directives
- 3.05 Claims
- 3.08 Consumer Advocacy Services (CAS), Responding to Requests for Mental Health Information
- 3.09 Consent to Medical and Surgical Procedures
- 5.14 Patient/Family Education ~~Program~~
- 5.16 Access to the Ethics Committee
- 5.17 Organizational Ethics
- 8.05 HIPAA Compliance: Privacy Policy
- 15.03 Organ and Tissue Donations
- 16.25 Pharmaceutical Services: Medication Errors
- 16.03 Patient/Visitor Concerns/Grievance Policy

- 16.04 Patient Rights and Responsibilities
- 16.23 Assessment and Management of Pain
- 17.01 Performance Improvement and Patient Safety Program (PIPS)
- 18.09 Restraint/Seclusion
- 18.11 Request for Human Subject Research at SFGH
- 21.01 Unusual Occurrences: Management, Reporting and Investigation
- 21.02 Sentinel Event Review Policy
- 22.05 Digital Recording of Trauma Resuscitations in the Emergency Department
- 23.01 Withholding and Withdrawing Medical Treatments

- B. The Ethics Committee educates the Hospital community regarding ethical principles, facilitates interchange in ethical decisions, and assists with developing ethical guidelines. Staff, patients, or family can also access the Ethics Committee. The Ethics Committee may be contacted through the Medical Staff Office (415-206-2342) during regular business hours or through the Hospital Operator after business hours or holidays. The SFGH Ethics Committee promotes the ethical treatment of patients through patient case consultation and staff education. Members of the Ethics Committee include professionals from medicine, nursing, social work, chaplaincy, and law. All clinical and ancillary staffs are responsible for promotion and maintenance of patient's rights.

III. PROVISION OF CARE

A. SFGH Scope Of Service

(See Appendix B regarding Departmental/Unit/Clinic Scope of Service Statements)

1. Scope of Service

SFGH provides care to low-income uninsured and under-insured residents of San Francisco. SFGH is also the major health resource for culturally diverse populations, including new immigrants, and can accommodate patients who speak languages other than English. SFGH makes a unique contribution to the City in a number of clinical, academic, and research areas: comprehensive emergency services, trauma care, skilled nursing, HIV/AIDS care, mental health and substance abuse, psychiatric/mental health, forensics, medical education, and medical research.

In addition to being certified as a Level 1 Trauma Center by the American College of Surgeons, SFGH

- is the only Psychiatric Emergency Services in San Francisco
- is the largest acute & rehabilitation hospital for psychiatric patients in San Francisco
- is the only Baby Friendly hospital in San Francisco certified by the World Health Organization
- is Stroke Certified by The Joint Commission
- is the first ACE (Acute Care for Elders) geriatric inpatient unit in California
- developed an award-winning e-Referral system for specialty care that reduces waits and improves quality
- is an Orthopedic Trauma Institute Surgical Training Facility
- uses Video Medical Interpretation services in over 20 languages

- conducts an award-winning outpatient diabetes care management program
- is a Traumatic Brain and Spinal Cord Injury Certification Center (certified by The Joint Commission)

SFGH does not provide direct services for Cardiovascular Surgery, Neonatal Surgery, Transplant Surgery or Radiation Therapy. Transplant services are arranged through transplant donor networks. Cardiovascular Surgery, Neonatal Surgery, and Radiation Therapy are purchased through a contractual arrangement with UCSF.

The hospital employs **3,032** SFGH/City and County of San Francisco (CCSF) full-time equivalent employees, and approximately **1,900** University employees, including physicians and house staff. SFGH is affiliated with the University of California San Francisco (UCSF) for contracted services (e.g., Clinical Laboratories, Biomedical Engineering, Respiratory Therapy, Chronic Dialysis, Infection Control and Prevention), and UCSF also provides teaching and research. Through its affiliation with the UCSF School of Medicine, SFGH has over **500** active and over **550** courtesy members of the Medical Staff.

2. SFGH Organization

SERVICES PROVIDING PATIENT CARE		
Clinical Labs	Pastoral Care	Medical/Psychiatric Social Services
Food & Nutrition	Rehabilitation Services: OT, PT, Speech Therapies	Radiology
Infection Control and Prevention	Respiratory Therapy Care Services	Ambulatory Care, including primary care, specialty care, urgent care
Nursing	Pharmaceutical Services	Comprehensive Emergency Services are also provided on a 24 hour day a week basis: <ul style="list-style-type: none"> • Medical Emergency • Psychiatric Emergency

CLINICAL DEPARTMENTS PROVIDING PATIENT CARE		
Anatomic Pathology	Laboratory Medicine	Otolaryngology
Anesthesiology	Medicine	Pediatrics/Neonatology
Community Primary Care	Neurology	Psychiatry
Dentistry/Oral & Maxillofacial	Neurosurgery	Radiology
Dermatology	Obstetrics-Gynecology	Surgery
Emergency Medicine	Ophthalmology	Urology
Family and Community Medicine	Orthopedic	
Comprehensive Emergency Services are also provided on a 24 hour 7 day a week basis:		
<ul style="list-style-type: none"> • Psychiatric Emergency • Medical Emergency 		

NON-CLINICAL SERVICES PROVIDING PATIENT CARE		
Admitting	Health Information System	Patient/Visitors Center
Biomedical Engineering	Information Services	Quality Management (QM)
Business Office	Interpreter Services	Risk Management (RM)
Department of Education & Training (DET)	Laundry & Linen	Security
Environmental Services	Materials Management	Telecommunications
Facilities Management	Medical Staff Office	Utilization Management
Human Resources	Messengers	Volunteers
Health & Safety	Parking	
Hospital Administration	Patient Safety	

- B. Patient care encompasses the recognition of disease and health, patient/family education, patient advocacy, and research. SFGH is committed to assuring a single standard of culturally competent care to patients. Patient Services at SFGH are delivered through organized and systematic processes designed to ensure the delivery of safe, effective, timely care and treatment. Patients have access to the appropriate level of care based on their individual condition and needs. SFGH meets the identified needs of patients in a coordinated, interdisciplinary and systematic way that addresses the entire spectrum of care including the time before admission, during admission, in the hospital, before discharge, and at discharge. This integrated approach aims for consistency, continuity, and quality of care. Care is provided regardless of the patient's ability to pay.
- C. Providing patient care services and the delivery of patient care requires specialized knowledge, judgment, and skill. Patient services are planned, coordinated, provided, delegated and supervised by professional health care providers who recognize the unique physical, developmental, emotional, spiritual and culturally diverse needs of each person. The SFGH

medical staff, registered nurses, and allied health care professionals function collaboratively as part of an interdisciplinary team to achieve optimal patient outcomes. These professionals provide the full scope of patient care, which includes patient assessment and treatment planning. Treatments are given under the direction of a physician with professional staff membership and privileges. All treatments are ordered by physicians or other allied health professionals as appropriate within their scope of practice. The medical staff, house staff, nursing staff, and diagnostic and ancillary staff are accountable for the provision of patient care.

1. Patient Assessment

- a) Data collection to assess patient needs – Data indicating each patient’s need for care or treatment is collected and assessed by members of the multidisciplinary team and integrated into a plan of care that continues throughout the patient’s interaction with the organization. Assessment includes physical, psychological, social, spiritual, educational, nursing, and pain needs. (*See Administrative Policy 1.17 Assessment and Reassessment of Patients.*)
- b) Diagnostic testing – Diagnostic testing is performed in a competent and professional manner so that it can be utilized to complete the patient assessment that determines care and treatment needs. Testing may include the appropriate use of invasive and non-invasive imaging, laboratory, diagnostic radiology, electrocardiographic, clinical pathology, psychological testing and various means of observation. When these tests/procedures are provided in multiple locations, patients receive a comparable level of care. (*See Administrative Policy 16.20 Point-Of-Care Testing.*)
- c) Analysis of patient data – Patient care data collected by manual and/or computerized means is accurate, timely, integrated and available to support care planning. Whether used in individual or aggregate form for direct care or organizational planning, data is assessed and used in accordance with existing hospital confidentiality policies, Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, and the DPH Privacy Policy.

2. Care of Patients

Patients have access to the appropriate level and type of care. Criteria define the patient information necessary to determine the appropriate care setting or service.

a) Before Admission

All patients are screened at their first point of contact with SFGH. This may occur during emergency transport to the hospital or when the patient is transferred to the SFGH. The hospital identifies and uses available information sources to determine patient needs and communicates with other care settings when appropriate.

b) During Admission: Entry into Setting or Service

During the admission process, patients and their families receive sufficient information to make a knowledgeable decision about care. Information is provided about the nature, goals and availability of care, as well as the administrative and financial aspects of services at SFGH in accordance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, and the DPH Privacy Policy. The systems that provide access to our services are continually monitored for efficiency, accuracy and integrity.

Patients may enter SFGH through the Emergency Department, Psychiatric Emergency Service, a clinic or as a direct admission an acute care unit.

i. Emergency Department /Psychiatric Emergency Service entry through:

- Self-referral
- Ambulance
- Transfer from another health care setting

- Urgent Care
- Clinic
- Law Enforcement or legal custodians

ii. Clinic:

- Self-referral
- Referral from another health care setting including another clinic
- Urgent care
- Referral from outside provider
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iii. Direct Admission:

- Transfer from another health care setting
- Scheduled surgery
- Scheduled/elective admission
- Clinic
- Jail Medical Services

D. The entry process includes an assessment of patients' needs to determine the proper care setting and the hospital's ability to provide necessary services. The decision to admit a patient is based on the outcomes of the assessment procedures.

1. Patient Care Plan

SFGH meets the identified needs of patients in a coordinated, interdisciplinary and systematic way that addresses the entire spectrum of care including the period before admission, during admission, hospitalization, before discharge, and at discharge. This integrated approach aims for consistency, continuity, and quality of care. Services flow continuously from assessment through treatment and reassessment.

2. Hospitalization and Transitions Between Levels of Care

Patient needs are matched with appropriate resources within the continuum as they transition to different levels of care. Communication and transfer of information between and among the providers is completed to facilitate family support, social work, nursing care, consultation or referral, primary physician care and other follow-up.

3. Before and at Discharge

Discharge planning is an important component in the coordination of patient care that focuses on the patient's health care needs after discharge and begins on admission. Staff inform the patient in a timely manner of the need for planning for discharge or transfer to another level of care, as well as the anticipated time of discharge. The process begins with the patient's first contact with SFGH, and includes an assessment and continual reevaluation of the patients' status in order to identify continuing physical, emotional, symptom management, housing, transportation, social, and other needs. Discharge planning involves the patient, family, practitioner primarily responsible for the patient, nursing, social work professionals and, other appropriate staff. Patient and family education prepares the patient for discharge and includes: the conditions that may result in transfer to another organization or level of care; alternatives to transfer, if any; the clinical basis for discharge; and the anticipated need for continued care following discharge.

4. After Discharge

The patient is directly referred to SFGH, DPH, or other practitioners, settings, or organizations based on his/her continuing needs. The hospital provides appropriate patient care and clinical information to assist others in meeting the patient's needs after discharge. Relevant patient information shared with other providers includes reason for transfer, referral, or discharge; the patient's physical and psychosocial status; a summary of the care provided; and community resources or referrals provided to the patient. Referrals and the use of protected health information are governed by HIPAA and the DPH Privacy Policy.

- E. Education of patients and family is consistent with regulatory requirements. Patient education programs and services demonstrate SFGH's commitment to provide coordinated patient education activities. The Department of Education and Training (DET) is responsible for supporting managers, physicians, and other hospital staff in the provision of culturally, linguistically, and educationally appropriate patient education. Patient education programs and services are geared to encourage patients and their families to promote and maintain health, foster self-care, improve health outcomes, and participate in their care and care decisions. Programs and services are tailored to address the patient's physical, cognitive, cultural, social, and economic characteristics.

IV. Medication Management

- A. The Department of Pharmaceutical Services (DPS) is responsible for the acquisition, storage, preparation, distribution, and control of all pharmaceutical agents used in the care of patients at SFGH.
- B. The DPS strives to provide comprehensive pharmaceutical services consistent with all laws, accreditation standards, and the administrative and budgetary resources of the Hospital. The Pharmacy and Therapeutics (P&T) Committee, a committee of the SFGH Medical Staff, is the advisory body to the DPS, and evaluates the services provided and makes appropriate recommendations to the SFGH Executive Committee and Medical Executive Committee.
- C. Medications may only be ordered by practitioners who are lawfully authorized to give such an order. Medication management and patient safety is the responsibility of the entire health care team. Adverse drug events (i.e. "near misses", medication errors, and adverse drug reactions), are reported to the Medication Use and Safety (MUS) Subcommittee of the SFGH P&T Committee for review and investigation, and provide recommendations for appropriate action to be taken.

V. Improving Organization Performance

- A. As a patient focused organization, SFGH is committed to regular evaluation of the care we provide in order to continuously improve the clinical and operational quality of all our patient services. The Performance Improvement and Patient Safety Program outlines a systematic, organization-wide approach to designing, measuring, assessing and improving our performance in support of our mission. All SFGH departments are responsible for adhering to the Performance Improvement and Patient Safety Program. Input and feedback from Unusual Occurrences, Significant (Sentinel) events, Plans of Corrections in response to regulatory reports, surveys from patients, families & staff, the San Francisco community, external health care providers and physicians, guide the improvement process. [See Administrative Policy 17.01 Performance Improvement and Patient Safety Program (PIPS).]
- B. The organizational and functional design of departments, services, and committees are aimed at enabling all areas of the organization to benefit from advances and innovations made in other departments/services. In addition, functional relationships between departments are evidenced by interdepartmental performance improvement activities. Continuous Quality

Improvement Task Forces, management meetings, and collaborative development of policies and procedures. (See *Committee Reporting Structures*.)

- C. The provision of quality patient services is the responsibility of the departments/services and their respective directors, chairpersons or managers. The director or manager is responsible for developing a written scope of services statement which is consistent with the mission and strategic objectives of the hospital and describes the scope of patient care services provided by the department or service. These statements include:
- description of services provided and location; admission/discharge criteria if applicable
 - population served/primary discharged diagnosis
 - goals of treatment
 - care providers and competency/education requirements
 - staffing plan - which may include unit specific nursing staffing plan describing the method for determining the number, skill mix, and competencies of the nursing staff that most appropriately provides the care delivered.
- D. Accountability for improving organizational performance is shared by the Performance Improvement and Patient Safety Committee, Quality Council, Medical Executive Committee, Nursing Executive Committee, Department Managers, and Hospital staff.
- E. The Quality Council is a hospital committee responsible for reviewing and approving the clinical and departmental performance improvement measures and patient safety initiatives of SFGH. The Council identifies, prioritizes, implements, and evaluates opportunities to improve organizational functions and systems, and designates Performance Improvement Task Forces to facilitate interdisciplinary, collaborative approaches to improving the quality of patient care and safety.

The Council, along with the Hospital's governing body, reviews and approves hospital-wide performance measures annually, including the evaluation of performance by patient care services provided through contractual agreement. (See *Administrative Policy 3.28 Contracting: Patient Care Services*.) Departments annually submit Performance Improvement Plans that identify quality and patient safety priorities, selection of performance measures/indicators, intended use of data and use of Performance Logic as a monitoring and reporting tool.

Departments report annually to the Quality Council on their progress. Unfavorable trends are identified and analyzed with expectations for improvement. The Council ensures the integration of the approved performance and safety improvement recommendations into SFGH management accountabilities; and ensures that safety issues have priority status and are taken into account when designing and redesigning processes.

VI. Leadership

- A. SFGH is under the jurisdiction of the City and County of San Francisco (CCSF), as a part of the Department of Public Health (DPH).
- B. Accountability for governance is performed by the Health Commission and Joint Conference Committee. As the SFGH Governing Body, the San Francisco Health Commission is ultimately responsible for maintaining the quality of patient care. This responsibility is executed through the SFGH Joint Conference Committee and Director of Public Health (who also serves as Executive Director of the Health Commission). The Director of Public Health delegates to the SFGH Chief Executive Officer responsibility for Hospital operations, provision of services, and all of its related facilities and programs.

- C. Accountability for leadership at SFGH is collaborative among the SFGH Executive Staff Committee, Medical Executive Committee, and Nursing Executive Committee. The Executive Committee is chaired by the Chief Executive Officer, the Medical Executive Committee is chaired by the Chief of Staff, and the Nursing Executive Committee is chaired by the Chief Nursing Officer.
- D. The SFGH Executive Committee is responsible for the ongoing operation of the Hospital campus. Campus operations include acute care, behavioral health, skilled nursing, ambulatory care, ancillary services, nursing and physician services, facility services with representatives from medical staff, nursing staff, finances, and all support Departments. (See *Appendix D: SFGH Organization Chart.*)
- E. The Quality Council (QC) is a hospital committee responsible for reviewing and approving the clinical and departmental performance improvement measures and patient safety initiatives of SFGH.

The membership of the Quality Council is the hospital's Executive Staff including the Chief Executive Officer, Chief Nursing Officer, Chief of Medical Staff, Chief Medical Officer, the Associate Dean and Hospital Associate Administrators. The Chief Executive Officer and the Chief Medical Officer serve as the co-chairs of the Quality Council.

The Quality Council focuses on performance improvement activities pursuant to the mission, vision, values and strategic goals of SFGH.

Functions of the Quality Council include:

- Identifies, prioritizes, implements, and evaluates opportunities to improve organizational functions and systems, and designates Performance Improvement Task Forces to facilitate interdisciplinary, collaborative approaches to improving the quality of patient care and safety;
- Identifies and prioritizes patient safety initiatives and performance improvement opportunities in accordance with the hospital's mission, vision, care and services provided, and the population served;
- Annually reviewing and approving hospital-wide performance measures, including the evaluation of performance by patient care services provided through contractual agreement; (*See Administrative Policy 3.28 Contracting: Patient Care Services.*)
- Reviews and approves the patient safety plan;
- Develops recommendations for performance improvement activities according to potential impact upon patient outcomes and safety and in accordance with the hospital's mission, vision, care and services provided, and the population served;
- Ensures integration of approved performance and safety improvement recommendations into SFGH management accountabilities;
- Participates in the strategic planning process for patient safety and recommends that performance improvement findings are incorporated into goals and objectives of that process;
- Ensures that safety issues have priority status and are taken into account when designing and redesigning processes; and
- Ensures appropriate review, analysis and follow-up of performance improvement opportunities

F. Budget Review

Budget review is based on the directions from the City to the Department of Public Health. The hospital leaders, representing all areas of the campus, in collaboration with the organized medical staff, develop an annual operating budget and long-term capital expenditure plan, including a strategy to monitor the plan's implementation.

- The annual budget review process includes consideration of the appropriateness of the organization's plan of providing care to meet patient needs and outcomes of care.
- The Budget is submitted to the Health Commission for approval; monitored and reported to the JCC- SFGH, and reviewed by the Medical Executive Committee, Nursing Executive Committee and the SFGH Executive Committee.

G. Evaluation of the Hospital's Provision for Patient Care

The provision of patient care is reviewed annually by SFGH leadership and a report is included in the annual report to the governing body. The provision of patient care is also reviewed and revised:

- a) as patient care needs change;
- b) based on findings from Performance Improvement activities;
- c) during the budgeting process which considers:
 - Information from the organization's strategic planning process;
 - Proposed innovations/improvements;
 - Comparable level of care issues;
 - Performance Improvement activities, Risk Management, Utilization Management and any other evaluation activity;
 - Staffing variance reports;
 - Staffing implications based upon patient requirements;
 - Budget variance information; and
 - Review of other sources that address adequacy of fiscal and other resource allocations.
 - Changes in Regulatory Requirements

VII. Management of the Environment of Care

The SFGH Safety Management Plan has been developed to support and maintain a safe, accessible, effective, and efficient environment that is based on monitoring and evaluation of organizational experiences, applicable laws and regulations, and accepted practices. The primary benefit of maintaining a safety plan is to ensure a safe and healthy environment for all staff, visitors, patients and volunteers. Other desired outcomes include quality patient care, cost effectiveness, accountability to the community at large, and customer satisfaction. The SFGH Safety Management Plan supports SFGH's mission, vision and values. For more information, see the SFGH Environment of Care (EOC) Safety Manual. Accountability for management of the environment of care is shared among Facilities Management Departments, the Safety Officer, the Health & Safety Committee, and Department Managers.

VIII. Management of Human Resources

A. SFGH assures the ongoing competency of all employees and medical staff involved in the delivery of patient care. (*See Administrative Policy 3.07 Performance Appraisal and Competency Assessment.*)

1. Medical staff:

Physician competency validation occurs prior to the granting of medical staff privileges and thereafter at a minimum of every two years. The Chief of Service of the specific clinical department is responsible for competency validation of medical staff.

2. Non-medical staff:

Competency assessment for non-medical staff is carried out initially at the time of hire, during orientation and probationary periods, at time of transfer between a specialty area or department, and on an ongoing basis through the annual competency assessment and performance appraisal process. Department managers are responsible for competency validation of employees.

- B. Human Resources and medical staff leadership are accountable for reporting staff competency to the governing body.
- C. Programs to promote the recruitment, retention, development, and continuing education of all staff members are provided to enhance and promote patient care. Recruitment and retention is the responsibility of the Department Manager and the Human Resources Department. Orientation and education of personnel is also the responsibility of the Department Manager with the support of the Department of Education and Training, Health and Safety, Infection Control and Prevention and other appropriate departments and staff.
 - 1. Training funds are available through the Memorandum of Understanding (MOUs) with represented Labor Unions and also through a separate fund provided by the City.
- D. Accountability for Human Resources is shared between the Human Resources Department, Department of Education and Training, and Departmental Managers. Human Resources for University employees is the responsibility of UCSF and the SFGH Medical Staff Office following Hospital Policies and Medical Staff By-laws.

IX. Management of Information

The goal of the Management of Information Program is to ensure easy access to information and increase collaboration and information sharing among providers of patient care. At SFGH, information management is critical to:

- 1. Coordinate services among providers and settings;
- 2. Supply necessary and complete information to providers, patients, payers, staff, and external regulators;
- 3. Assess the community health status and needs;
- 4. Demonstrate the quality and efficiency of patient care and services;
- 5. Compare SFGH's performance with other comparable organizations; and
- 6. Make decisions about changes in services.

The committees and departments responsible for information management continually strive to:

- 1. Identify information needs based on input from staff, patients, and external regulations;
- 2. Ensure data security and accuracy
- 3. Use aggregate data to improve systems and processes
- 4. Provide support services

Current plans address the integration of many exciting new technologies which will enhance and support the information structure for patient care, management activities, and research throughout the Hospital.

Accountability for Management of Information is shared by the Information Systems Department, Health Information Services, Medical Records Committee and Resource Library with oversight by the Information Systems Steering Committee.

X. Surveillance, Prevention, and Control of Infection

The Infection Control and Prevention Program at SFGH has a long-term plan for surveillance and prevention of healthcare associated infections (HAI). The infection control and prevention surveillance plan includes:

1. The use of surveillance data to develop and evaluate strategies to prevent and control HAI among patients, visitors, and health care providers.
2. The ability to provide hospital units with data on HAI that is used to evaluate and improve their prevention and control efforts.
3. The development of efficient and effective data collection and analysis methods for infection control and prevention, utilizing standard statistical and epidemiological procedures, with the primary goal of reducing nosocomial infections.

For more information on the Infection Control and Prevention Program at SFGH, see the SFGH Infection Control and Prevention Manual.

Accountability for surveillance, prevention, and control of infection is provided through the UCSF Department of Medicine's division of Infectious Disease with oversight provided by the Medical Staff's Infection Control and Prevention Committee.

XI. Medical Staff

- A. The Medical Executive Committee, which is chaired by the Chief of Staff and follows the Medical Staff By-Laws, provides oversight for the provision of quality patient care services. The Performance Improvement and Patient Safety (PIPS) Committee, which is a sub-committee of the Medical Executive Committee, oversees SFGH performance improvement and patient safety activities. It is composed of senior management staff, medical staff leadership and other hospital personnel involved in quality of care activities. The PIPS Committee oversees SFGH performance improvement and patient safety activities.
- B. Accountability for medical staff is shared by the Clinical Service Chiefs and the Medical Executive Committee.

XII. Nursing

- A. Nursing care encompasses all aspects of the nursing process: assessment, planning, intervention, and evaluation. Nursing care is supervised by Registered Nurses with aspects of nursing care delegated to licensed vocational nurses, licensed psychiatric technicians, and unlicensed nursing personnel. Nursing services provide specific aspects of the nursing process.
- B. The Chief Nursing Officer reports directly to the SFGH Chief Executive Officer and actively participates in the organization's leadership functions, collaborates with other organization leaders in designing and providing patient services, and assures nursing service staff participation in implementing the applicable processes. Nursing Operations responsibilities are delegated to the appropriate Hospital Associates, Nursing Directors, Administrators-on-Duty, Head Nurses/Nurse Managers, and Nursing Committees.
- C. The Nursing Executive and Patient Care Services Committee (NEC) provides oversight for the provision of quality nursing care services. The NEC is responsible for ensuring that patients with the same nursing needs receive comparable levels of nursing care throughout the hospital. Nursing care guidelines and related policies and procedures define the practice of nursing throughout the hospital. The NEC membership is composed of nursing leadership from areas where nursing care is provided on the SFGH campus. The Chief Nursing Officer co-chairs the NEC with an elected Nursing Director.
- D. Accountability for nursing services is the responsibility of the Chief Nursing Officer/Senior Hospital Associate Administrator and the Nursing Executive Committee.

E. Nursing care is provided on a continuous basis 24 hours a day 7 days a week to patients in the following departments and are reflected in the Nursing Budget Model.

4A Skilled Nursing Facility	6C Birth Center
4B Progressive Care/Acute Dialysis	6H Infant Care Center
4D General Surgery/Trauma	7A Psychiatric Unit
4E Medical/Surgical ICU	7B Psychiatric Unit
5A AIDS/Oncology Palliative Care	7C Psychiatric Unit
5B Clinical Translational Science Institute	7D Medical/Surgical Forensic
5C General Medicine/Surgical and Medical Behavioral Unit/Acute Care for Elders (ACE)	7L Psychiatric Unit/Forensic Program
5D General Medicine/Cardiology/Chest Pain Observation Unit (CPOU)	Operating Room/SurgiCenter/Interventional Radiology
5E/R Coronary Care/Medical ICU	Post Anesthesia Care Unit (PACU)
5G Cardiac Catheterization	San Francisco Behavioral Health Center
6A Pediatric Orthopedics	
STEMI and Emergent Cardiac Catheterization Laboratory	

The following patient care areas employ nursing personnel based on individual patient requirements and area needs:

<ul style="list-style-type: none"> ■ 1M Adult Medical Center 	<ul style="list-style-type: none"> ■ 5M OB/GYN/Family Planning Clinic Women's Health Center and Antenatal Testing Center
<ul style="list-style-type: none"> ■ 1N Oral Surgery Clinic 	<ul style="list-style-type: none"> ■ 6G Women's Option Center
<ul style="list-style-type: none"> ■ 3D GI Diagnostics Clinic 	<ul style="list-style-type: none"> ■ 6M Children's Health Center
<ul style="list-style-type: none"> ■ 3F4 Surgi Center 	<ul style="list-style-type: none"> ■ WD 81 Urgent Care
<ul style="list-style-type: none"> ■ 3M Surgical Clinic 	<ul style="list-style-type: none"> ■ WD 81 Family Health Center
<ul style="list-style-type: none"> ■ 4C Infusion Center/Burn Wound Clinic 	<ul style="list-style-type: none"> ■ WD 85 Refugee Clinic
<ul style="list-style-type: none"> ■ 4C General Clinical Research Center Outpatient Clinic 	<ul style="list-style-type: none"> ■ WD 86 Positive Health Program/Hematology/Oncology
<ul style="list-style-type: none"> ■ 4C Integrated Soft Tissue Injury Service 	<ul style="list-style-type: none"> ■ WD 92 Adult Medical Center Subspecialty Clinic

■ 4M Neurosurgery/Neurology/Ophthalmology Clinic/Otolaryngology Head and Neck Surgery	■ SFGH Renal Center (Chronic Dialysis)
■ Radiology	

APPENDICES

Appendix A: [2011-2016 SFGH Strategic Goals](#)

Appendix B: Scope of Service Statement (Copy available upon request from the Quality Management Department at ext. 206-5125)

Appendix C: [Committee Reporting Structure](#)

Appendix D: [SFGH Organization Chart](#)

CROSS REFERENCES

SFGH Administrative Policy & Procedures:

- 3.09 [Consent to Medical and Surgical Procedures](#)
- 4.04 [Discharge Planning](#)
- 8.05 [HIPAA Compliance Privacy Policy](#)
- 17.01 [Performance Improvement and Patient Safety Program \(PIPS\)](#)
- 19.08 [Procedural Sedation: Moderate and Deep](#)
- 21.04 [Inpatient Utilization Management Program](#)

Infection Control and Prevention Manual

SFGH Environment of Care (EOC) Safety Manual

SFGH Skilled Nursing Facility Policy and Procedure

Manual **APPROVAL**

Nursing Executive/Patient Care Services Committee	9/15/15 (via email)
Medical Executive Committee	9/17/15
Quality Council	9/15/15
Joint Conference Committee	

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