

## **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 Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). 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 ZSFG and how services complement one another.

#### **STATEMENT OF POLICY**

ZSFG 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 ZSFG 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**

The values of the hospital are:

- Joy in our work
  - Staff satisfaction is related to higher quality of care and outcomes for our patients.
  - What brings us joy may be different from person to person. We honor these difference and seek to cultivate joy for all staff.
- Thirst for learning
  - A learning organization allows for transformation and continuous improvement/
- Compassionate care

- Our deep social justice mission is how we distinguish ourselves.

## Principles

- Align
  - Create value for our patients and staff
  - Think systematically
  - Constancy of purpose
- Enable
  - Lead with humility
  - Respect every individual
  - Transparency through visual management
- Improve
  - Seek perfection
  - Ensure quality at the source
  - Embrace scientific thinking
  - Focus on process

## Goals

1. Care Experience
  - Improve patient and provider communication satisfaction scores
  - Improve food preference satisfaction scores
2. Workforce Care and Development
  - Decrease voluntary turnover
  - Develop problem solvers at ZSFG
  - Ensure adoption of leader standard work
3. Quality
  - Reduce Readmission rates
  - Reduce lower level of care days
  - Reduce emergency department average length of stay
  - Reduce time on diversion
4. Safety
  - Reduce harm events
  - Increase safe discharge home for total joint replacement
5. Financial Stewardship
  - Meet capital building project and budget milestones
  - Meet enterprise-wide Electronic Health Record project and budget milestones
  - Meet monthly financial expenditure targets
6. Equity
  - Reduce disparities

## I. THE COMMUNITY WE SERVE

### A. Race

ZSFG's patient population continues to have a high percentage of ethnic minorities (**7681%**).

- African American, who total **6%** of the City population in 2010, make up **1715%** of the Hospital patients
- Caucasians, who are **42%** of the City's population, make up **2119%** of the hospital's patient population.

- The exception is the Asian/Pacific Islander group, which is **33%** of the City's population, but only **2122%** of the Hospital's patient population.
- **3536%** 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~~Eighty-three percent (**9083%**) of patients resided within San Francisco, **109%** resided outside of San Francisco, and **158%** were homeless on the street at the time of their encounter with ZSFG. The majority of patients ~~continue to beare~~ from the Mission/Bernal Heights and Excelsior/Outer Mission Tenderloin and South of Market areas. ~~Sixty-two~~Fifty-eight percent (**5857%**) of patients resided within the following postal code areas: 94102 (**7%**), 94103 (**6%**), 94110 (**12%**), 94112 (**12%**), 94124 (**1011%**), 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	<b>12%</b>
18-24	<b>8%</b>
25-44	<b>32%</b>
45-64	<b>3433%</b>
Over 64	<b>1415%</b>

**E. Reimbursement**

The financial mix of our visits is as follows:

Outpatient and Non-Admit Emergency	Inpatient Days
▪ <b>5758%</b> Medi-Cal	▪ <b>5047%</b> Medi-Cal
▪ <b>2122%</b> Medicare	▪ <b>2528%</b> Medicare
▪ <b>109%</b> Uninsured MIA, Sliding Scale/Pt. Pay	▪ <b>13%</b> Uninsured MIA, Sliding Scale/Pt. Pay
▪ <b>1%</b> Commercial	▪ <b>30.4%</b> Commercial

▪ **11%** Other government programs, research, jail

▪ **2519%** Other government programs, research, jail, CHN capitated plans, Worker's Compensation, and others

## II. PATIENT RIGHTS AND RESPONSIBILITIES, ETHICS

- A. ZSFG supports patient rights, safety, and security through defined organizational processes. ZSFG 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 ZSFG 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 ZSFG 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
- 5.16 Access to the Ethics Committee
- 5.17 Organizational Ethics
- 8.05 HIPAA Compliance: Privacy Policy
- 15.03 Organ and Tissue Donations
- 16.05 Pharmaceutical Services: Adverse Drug Reaction (ADR) Reporting & Monitoring Program
- 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 ZSFG
- 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 ZSFG 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. ZSFG Scope Of Service

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

##### 1. Scope of Service

ZSFG provides care to low-income uninsured and under-insured residents of San Francisco. ZSFG is also the major health resource for culturally diverse populations, including new immigrants, and can accommodate patients who speak languages other than English. ZSFG 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, ZSFG

- 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 wait times 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)

ZSFG does not provide direct services for Cardiovascular Surgery, Neonatal Surgery, Organ Transplant Surgery or Radiation Therapy. Organ 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~~**3,400** ZSFG/City and County of San Francisco (CCSF) full-time equivalent employees, and approximately **1,900** University ~~employees~~**faculty and staff, including physicians and** ~~and~~ **900** house staff ~~that rotate throughout the year~~. ZSFG 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, ZSFG has over **500** active and over **550** courtesy members of the Medical Staff.

## 2. ZSFG Organization

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

<b>CLINICAL DEPARTMENTS PROVIDING PATIENT CARE</b>		
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"> <li>• Psychiatric Emergency</li> <li>• Medical Emergency</li> </ul>		

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

B. Patient care encompasses the recognition of disease and health, patient/family education, patient advocacy, and research. ZSFG is committed to assuring a single standard of culturally competent care to patients. Patient Services at ZSFG 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. ZSFG 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 ZSFG 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 ZSFG. This may occur during emergency transport to the hospital or when the patient is transferred to the ZSFG. 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 ZSFG 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 ZSFG 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

**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**

ZSFG 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 ZSFG, 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 ZSFG, 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 ZSFG'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 ZSFG.
- 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 ZSFG Medical Staff, is the advisory body to the DPS, ~~and evaluates the services provided and makes appropriate recommendations to the ZSFG Executive Committee and Medical Executive Committee and evaluates medication management services and makes appropriate recommendations to the PIPS 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 ~~Error Reduction Plan Use and Safety (MERPMUS) Subcommittee of the ZSFG P&T Committee for review and investigation, and provide recommendations for appropriate action to be taken. Subcommittee of the~~

ZSFG P&T Committee for review and evaluation. Based on such evaluation, the MERP Subcommittee may provide recommendations for appropriate action(s) to be taken to improve patient safety.

## V. **Improving Organization Performance**

- A. As a patient-focused organization, ZSFG 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 ZSFG 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. ZSFG is committed to patient safety and recognizes that patients, staff, and visitors have the right to a safe environment. It is the policy of ZSFG to establish and maintain an ongoing, systematic, and proactive organization-wide process to measure, assess, and improve patient care and safety based on the organization's True North. Identifying, analyzing, and resolving systems and human behavior risks sets a foundation grounded in patient safety. The Performance Improvement and Patient Safety Program provides the framework to achieve and maintain a safe environment by promoting a culture that encourages error identification, reporting and prevention through education, system redesign and human behavior management.

The Medical Staff, through the Medical Executive Committee, is responsible for the establishment, maintenance and support of an on-going, organization-wide Performance Improvement and Patient Safety Program in accordance with The Joint Commission standards, state and federal regulations, professional regulations, and the ZSFG Medical Staff Bylaws.

Hospital leadership works collaboratively with the medical staff and our governing body to set expectations for performance improvement and manages processes to ensure that the Performance Improvement and Patient Safety Program is meeting the hospital's goals as well as meeting all Joint Commission standards and regulatory requirements.

**The Performance Improvement and Patient Safety Committee is an interdisciplinary executive and medical staff committee, ~~serv~~ing promoting:**

- a) Communication – Cross-functional learning from departmental reflection on problem solving drivers
- b) Alignment – Identify common goals, challenges, opportunities, partners
- c) Accountability – Ensure all levels of organization are driving true north

**2. The PIPS Committee is responsible for implementing the objectives of the organization-wide performance improvement and patient safety program. The PIPS Committee takes an interdisciplinary and proactive approach in the prevention of adverse events, medical errors and near misses, and promotes patient outcomes/safety as a core value in providing quality patient care.**

~~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 ZSFG. 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 ZSFG management accountabilities; and ensures that safety issues have priority status and are taken into account when designing and redesigning processes.~~

## **VI. Leadership**

- A. ZSFG 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 ZSFG Governing Body, the San Francisco Health

Commission is ultimately responsible for maintaining the quality of patient care. This responsibility is executed through the ZSFG 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 ZSFG Chief Executive Officer responsibility for Hospital operations, provision of services, and all of its related facilities and programs.

- C. Accountability for leadership at ZSFG is collaborative among the ZSFG 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 ZSFG 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: ZSFG Organization Chart.*)
- E. The ~~Quality Council~~ Performance Improvement and Patient Safety Program Committee (QCPIPS) is a hospital committee responsible for reviewing and approving the clinical and departmental performance improvement measures and patient safety initiatives of ZSFG.

The membership of the ~~Quality Council~~ Performance Improvement and Patient Safety Program Committee is the hospital's Executive Staff including the Chief Executive Officer, Chief Nursing Officer, Chief of Medical Staff, Chief Medical Officer, the ~~Associate Vice~~ Dean and Hospital Associate Administrators. The Chief Executive Officer and the Chief Medical Officer serve as the co-chairs of the Quality Council.

The ~~Performance Improvement and Patient Safety Program Committee~~ Quality Council focuses on performance improvement activities pursuant to the mission, vision, values and strategic goals of ZSFG.

**Functions of the ~~Performance Improvement and Patient Safety Program Committee~~ Quality Council include:**

- ~~On an annual basis, reviews the effectiveness of the Hospital Performance Improvement and Patient Safety Program in meeting the organization-wide purpose, goals and objectives and revises the program as necessary; 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 organization-wide trends, patterns, and opportunities to improve aspects of patient care and safety through the review and analysis of data obtained from: focused reviews and sentinel events including The Joint Commission Sentinel Event Alerts; patient case reviews; risk management reports; infection prevention and control reports, hospital claims; patient and staff surveys; patient/visitor concerns; clinical service and ancillary/diagnostic department performance improvement reports; ongoing medical record review, and other sources as appropriate; 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;~~

- Formulates and recommends actions for improving patient care and safety to clinical services, ancillary/diagnostic departments, and PI committees as appropriate;
- ~~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.)~~
- Makes recommendations based on an evaluation of the care provided (e.g. efficacy, appropriateness) and how well it is done (e.g., availability, timeliness, effectiveness, continuity with other services/practitioners, safety, efficiency, and respect and caring).
- ~~Reviews and approves the patient safety plan;~~
- Reports and forwards recommendations monthly to the Medical Executive Committee, Joint Conference Committee and the Health Commission (Governing Body) through the Chief Medical Officer and Chief Quality Officer.
- ~~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;~~
- Facilitates a multidisciplinary, interdepartmental collaborative approach to improving the quality of patient care and safety, and appropriate utilization of resources.
- ~~Ensures integration of approved performance and safety improvement recommendations into ZSFG management accountabilities;~~
- Reviews and approves the clinical and departmental performance improvement measures and patient safety initiatives of ZSFG.
- ~~Participates in the strategic planning process for patient safety and recommends that performance improvement findings are incorporated into goals and objectives of that process;~~
- Annually reviews and approves hospital-wide performance measures, including the evaluation of performance by patient care services provided through contractual agreement (Admin: 3.28 Contracting: Patient Care Services).
- ~~Ensures that safety issues have priority status and are taken into account when designing and redesigning processes; and~~
- 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 ZSFG 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, including analyses of staffing adequacy related to undesirable patterns, trends, or variations pertaining to safety or quality.
- Oversees the work of the Care Experience Data Review (CEDR) Committee.
- ~~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- ZSFG, and reviewed by the Medical Executive Committee, Nursing Executive Committee and the ZSFG Executive Committee.

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

The provision of patient care is reviewed annually by ZSFG 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 ZSFG 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 ZSFG Safety Management Plan supports ZSFG's mission, vision and values. For more information, see the ZSFG 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. ZSFG 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 ZSFG 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 ZSFG, 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 ZSFG'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 ZSFG has a long-term plan for surveillance and prevention of healthcare associated infections (HAI). The infection control and prevention surveillance plan includes: The use of surveillance data to develop and evaluate strategies to prevent and control HAI among patients, visitors, and health care providers.

1. The ability to provide hospital units with data on HAI that is used to evaluate and improve their prevention and control efforts.
2. 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 ZSFG, see the ZSFG 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 ZSFG 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 ZSFG 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.
- C. Accountability for nursing services is the responsibility of the Chief Nursing Officer/Senior Hospital Associate Administrator and the Nursing Executive Committee.

B. The Chief Nursing Officer reports directly to the ZSFG 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.

D. 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 ZSFG campus. The Chief Nursing Officer co-chairs the NEC with an elected Nursing Director.

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.

7A, 7B, 7C Psychiatric Unit	Medical ICU
ACE Acute Care for Elders	Neuroscience ICU
Acute Dialysis	Neuroscience Medical Surgical
Baby Nursery	NICU
Cardiac Cath Lab	Oncology
Cardiac ICU	Palliative Care
Emergency Department	Pediatrics
Endoscopy Services	Perioperative Services (Post
Forensic	Anesthesia Care Unit (PACU),
General ICU	Operating
General Medical Surgical	Room/SurgiCenter/Interventional
Interventional Radiology	Radiology)
Labor & Delivery Recovery	Surgical and Trauma ICU
Postpartum	Trauma /General Surgical

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

1M Adult Medical Center  
1N Oral Surgery Clinic  
3D GI Diagnostics Clinic  
~~3F4 Surgi Center~~  
3M Surgical Clinic  
4C General Clinical Research Center  
Outpatient Clinic  
4C Infusion Center/Burn Wound Clinic  
4C Integrated Soft Tissue Injury Service  
4M  
Neurosurgery/Neurology/Ophthalmology  
Clinic/Otolaryngology Head and Neck  
Surgery  
5M OB/GYN/Family Planning Clinic  
Women's Health Center and Antenatal  
Testing Center  
6G Women's Option Center  
6M Children's Health Center  
Program/Hematology/Oncology  
Radiology  
WD 81 Family Health Center  
WD 81 Urgent Care  
WD 85 Refugee Clinic  
WD 86 Positive Health  
WD 92 Adult Medical Center  
Subspecialty Clinic  
ZSFG Renal Center (Chronic Dialysis)

## **APPENDICES**

Appendix A: [True North Pyramid](#)

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: [ZSFG Organizational Chart](#)

## **CROSS REFERENCES**

ZSFG 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

ZSFG Environment of Care (EOC) Safety Manual

ZSFG Skilled Nursing Facility Policy and Procedure Manual

**APPROVAL**

Nursing Executive Committee	
Medical Executive Committee	
PIPS Committee	
Joint Conference Committee	
Health Commission	11/17/16
Executive Committees B-25 Readiness	1/16

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