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Commissioner

**Judith Karshmer, Ph.D., PMHCNS-BC.**  
Commissioner

**James Loyce, Jr., M.S.**  
Commissioner

**David J. Sanchez, Jr., Ph.D.**  
Commissioner

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FRANCISCO**

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**MINUTES**

**JOINT CONFERENCE COMMITTEE FOR  
ZUCKERBERG SAN FRANCISCO GENERAL  
HOSPITAL AND TRAUMA CENTER**

**Tuesday, January 23, 2018 3:00 p.m.**

**1001 Potrero Avenue, Building 25, 7<sup>th</sup> Floor Conference Room H7124, H7125 and H7126  
San Francisco, CA 94110**

**1) CALL TO ORDER**

**Present:** Commissioner Edward A. Chow, M.D., Chair  
Commissioner David J. Sanchez, Jr., Ph.D.

**Staff:** Roland Pickens, Susan Ehrlich MD, Terry Dentoni, Todd May MD, Troy Williams MD, Jim Marks MD, Leslie Safier, Ron Weigelt, Karen Hill, Alice Chen MD, Tosan Boyo, Sue Carlisle MD, Susan Brajkovic, Jay Kloo, William Huen MD, Dan Schwager JD, Virginia Dario Elizondo, Jeff Critchfield MD, Kim Nguyen

The meeting was called to order at 3:10pm.

**2) APPROVAL OF THE MINUTES OF THE OCTOBER 24, 2017 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING**

**Action Taken:** The Committee unanimously approved the minutes.

**3) REGULATORY AFFAIRS REPORT**

Troy Williams, Chief Quality Officer, gave the report.

**Commissioner Comments:**

Commissioner Chow asked for an update on the lab survey results. Mr. Williams stated that most of the findings were low level issues. He noted that all issues have been corrected and the lab is in full compliance.

#### **4) TRUE NORTH SCORECARD AND QUALITY CORE MEASURES**

Leslie Safier, Performance Improvement, Director, presented the item.

##### Commissioner Comments:

Commissioner Chow asked for more information regarding financial benchmarks. Ms. Safier stated that there are financial consequences for some of the programs; she noted that she will add this information to future reports. Dr. Chen noted that for the PRIME Waiver, the financial measures will result in about \$100,000, which has a very low impact on the SFDPH budget. Dr. Ehrlich stated that the programs being presented in this item are funded through Medicare; ZSFG has a low census of this population.

Commissioner Chow asked for information regarding the consequences for issues that remain “red” on the graphs. Ms. Safier stated that the Joint Commission will accept application for hardship waivers until ZSFG implements EPIC in 2019; in order for the application to be considered, ZSFG needs to show that it is moving towards improvements on the items in “red.”

Commissioner Chow asked if ZSFG is still submitting both paper and electronic chart abstractions. Ms. Safier stated that this practice continues for 2017 chart abstractions but will not be accepted for 2018 data.

Commissioner Sanchez asked if there is a way to coordinate patient arrival times through the new SFDPH Emergency Medical Services (EMS) director. Dr. Ehrlich stated that she has been working with Dr. Brown, the EMS Medical Director, on this issue.

Commissioner Chow requested that EMS patient transport times be added to future iterations of this report.

Regarding the True North Goals, Commissioner Chow asked if the measures in “red” had been expected to be difficult to achieve. Dr. Ehrlich stated that improvement work is a journey and that ZSFG is moving in the right direction. She noted that some of the goals in red were set too high. Mr. Pickens stated that, as part of the Lean process, the “red” measures are embraced. He noted that as there is greater collaboration across the San Francisco Health Network on some of the system-wide issues, there will be improvement.

Action Taken: The Committee unanimously approved the 2018 Joint Commission Core Measure Set Recommendations

#### **5) HOSPITAL ADMINISTRATOR’S REPORT**

Susan Ehrlich M.D., Chief Executive Officer, gave the report.

#### **ANNUAL DUDLEY PERKINS TOY DRIVE AND CHILDREN’S HOLIDAY PARTY**

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Continuing the holiday tradition of the late owner Tom Perkins, who passed away in 2015, Dudley Perkins Co. Harley Davison & Buell in South San Francisco gathered 150 “Harley Rider” friends on Sunday, December 4th to deliver hundreds of toys for our pediatric patients. It was a wonderful act of kindness—both for the staff to be able to hand out toys and for our much-deserving patients to receive them. A heartfelt thank you for the Dudley Perkins Co. for their generosity and support over the past 34 years. In addition to the toy drive, ZSFG held the Annual Children’s Holiday Party on December 14th, with a guest list of over 600 pediatric patients and their families. Guests were treated to a festive holiday menu and live music performed by George Washington High School’s orchestra and choir. They also had the opportunity to participate in arts and crafts and face painting, interact with magicians and of course, take photographs with Santa himself. Many thanks to the team at ZSFG who made this very successful event possible, with a special shout-out to the Sheriff’s Department that provided volunteers and toys that they collected on behalf of our patients.

## **LOWER LEVEL OF CARE COMPLEX DISPOSITION PLANNING WORKSHOP**

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During the week of December 11th, the Lower Level of Care Complex Disposition Planning Team conducted a week-long workshop to develop and test Standard Work to help guide the multidisciplinary care team through the assessment, disposition planning, and disposition plan execution processes for lower level of care patients on our Medical-Surgical inpatient service who experience challenges in medical decision making, cognitive function, and/or independent living.

The goals of this workshop were threefold: to improve care coordination across the multidisciplinary care team, promote a common understanding of best practices in and available resources for safe and effective disposition decision planning, and embed the key values of patient autonomy and patient centeredness into the disposition planning process at ZSFG.

Congratulations to the team for a successful workshop, and especially to the San Francisco Health Network Transitions Division that will be starting a social services consult team in order to start using the standard work developed during the workshop.

## **DRUG ENFORCEMENT AGENCY (DEA) CONDUCTS BIENNIAL INSPECTION OF THE OPIATE TREATMENT OUTPATIENT PROGRAM**

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Two agents from the Drug Enforcement Agency (DEA) arrived unannounced on campus on December 20 to conduct the biennial inspection of the Opiate Treatment Outpatient Program in Ward 93. During the visit, the agents reviewed dispensing logs, alarm logs, visited the mobile methadone van, and tested the security alarms. Additionally, over 8 million milligrams of methadone had to be accounted for, and there was less than a 1% variance in the amount accounted for, which is especially impressive given that this is a liquid substance. The visit concluded without any findings.

Congratulations to the Opiate Treatment Outpatient Program (OTOP) team for a successful survey.

## **WINTER SURGE OF SICK PATIENTS**

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ZSFG has been experiencing an unprecedented surge of patients who arrive at the emergency department (ED), many of whom require admission to the hospital. During the week of January 8<sup>th</sup>, we had a total of 3086 patients in the ED, including 278 on 1/9/18 which is the largest number we've experienced in a single day since moving into Building 25. Influenza is a contributing factor to this volume here as well as at Laguna Honda Hospital (LHH), which has closed several of its units due to flu.

ZSFG has taken a number of steps to manage this surge in sick patients. During the last months of 2017, we have been testing a surge plan designed to help reduce the number patients waiting to be admitted from the ED, which has run as high as the low 20s on certain days. This involved expediting admissions to the inpatient units and boarding some patients in the Post Anesthesia Care Unit (PACU). On January 4th, we opened unit 58, a heretofore closed medical surgical unit. Since it opened, unit 58 has been able to admit up to 12 patients depending on demand and staffing availability. Opening unit 58 has enabled us to reduce the number of medical-surgical patients boarding in the ED, the PACU, and in our intensive care units. Overall, our goals are to ensure the safety of patients and staff and to serve patients at the right level of care in the most cost-effective way possible.

## **PATIENT FLOW REPORT FOR DECEMBER 2017**

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Attached to the original minutes, please find a series of charts depicting changes in the average daily census.

**Medical/Surgical**

Average Daily Census was 224.68 which is 111% of budgeted staffed beds level and 89% of physical capacity of the hospital. 14.28% of the Medical/Surgical days were lower level of care days: 5.50% administrative and 8.78% decertified/non-reimbursed days.

**Acute Psychiatry**

Average Daily Census for Psychiatry beds, **excluding 7L**, was 40.61, which is 92.3% of budgeted staffed beds and 60.6% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.52, which is 78.8% of budgeted staffed beds (n=7) and 46% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 87.53% non-acute days (69.98% lower level of care and 17.55% non-reimbursed).

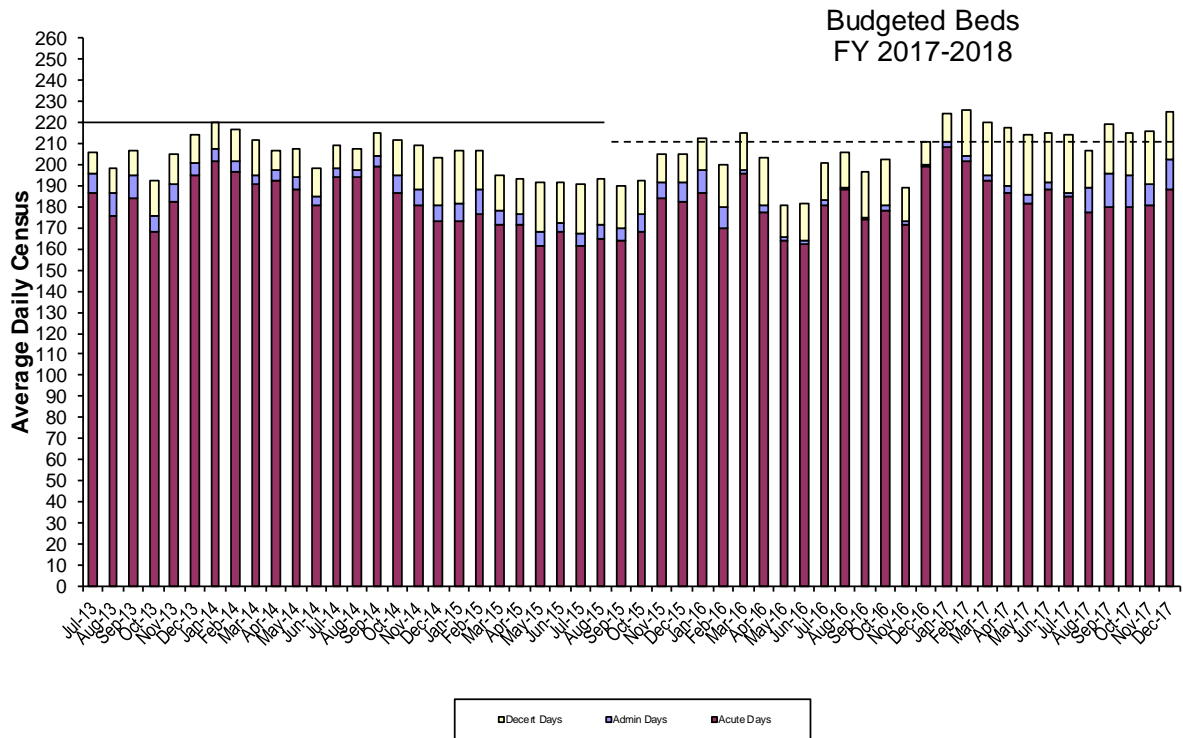
**4A Skilled Nursing Unit**

ADC for our skilled nursing unit was 29.5, which is 105% of our budgeted staffed beds and 98% of physical capacity.

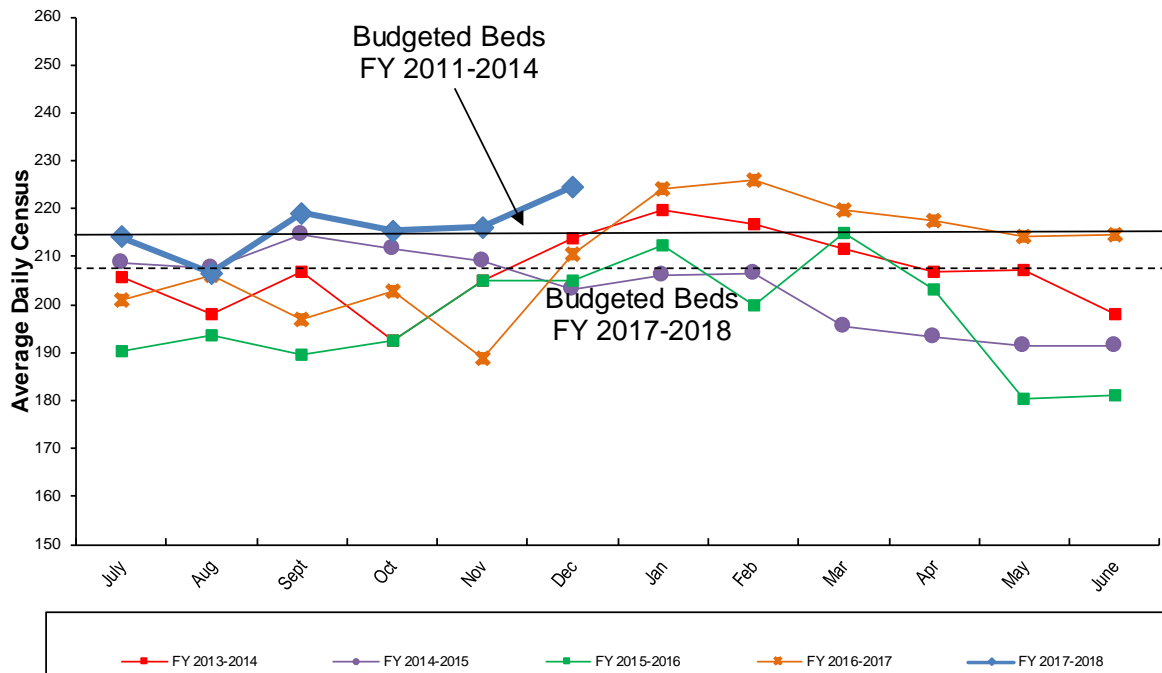
**Salary Variance to Budget by Pay Period Report for Fiscal Year 2017-2018**

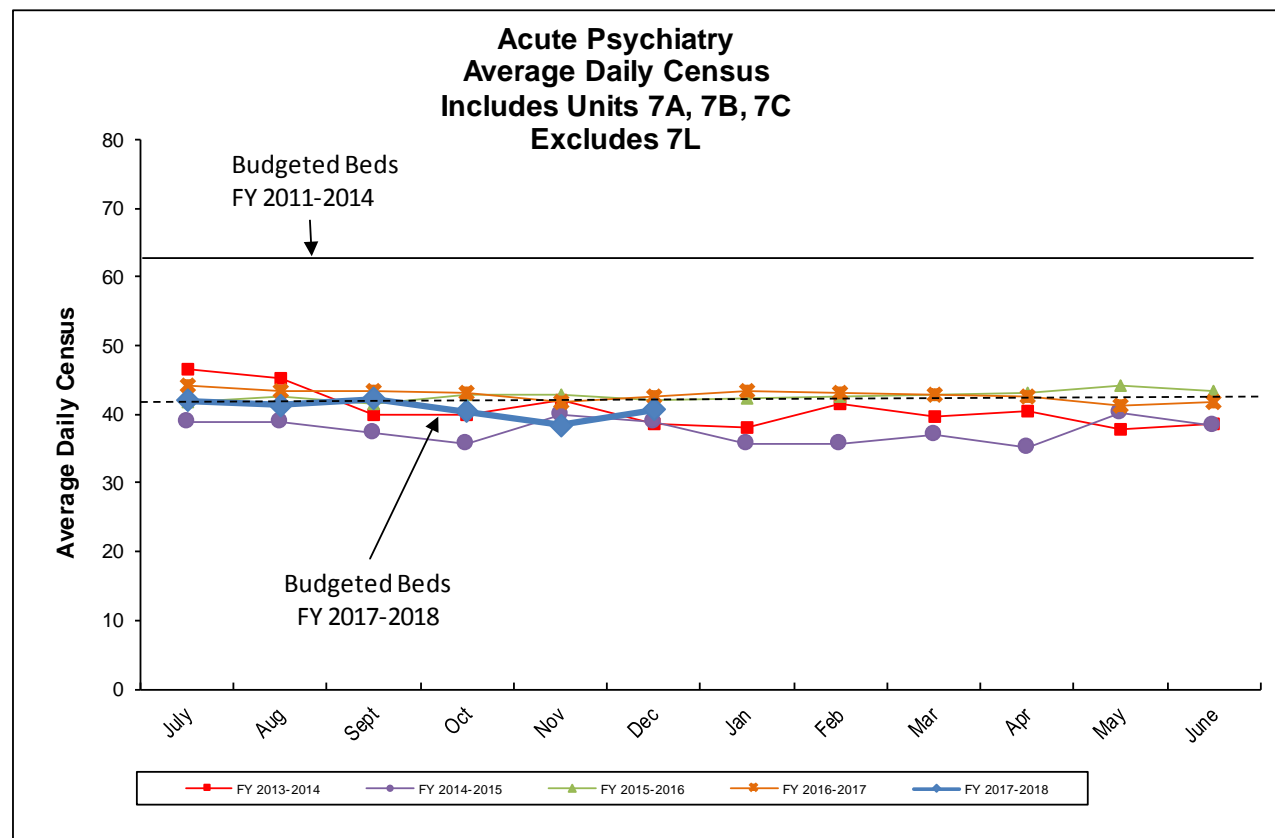
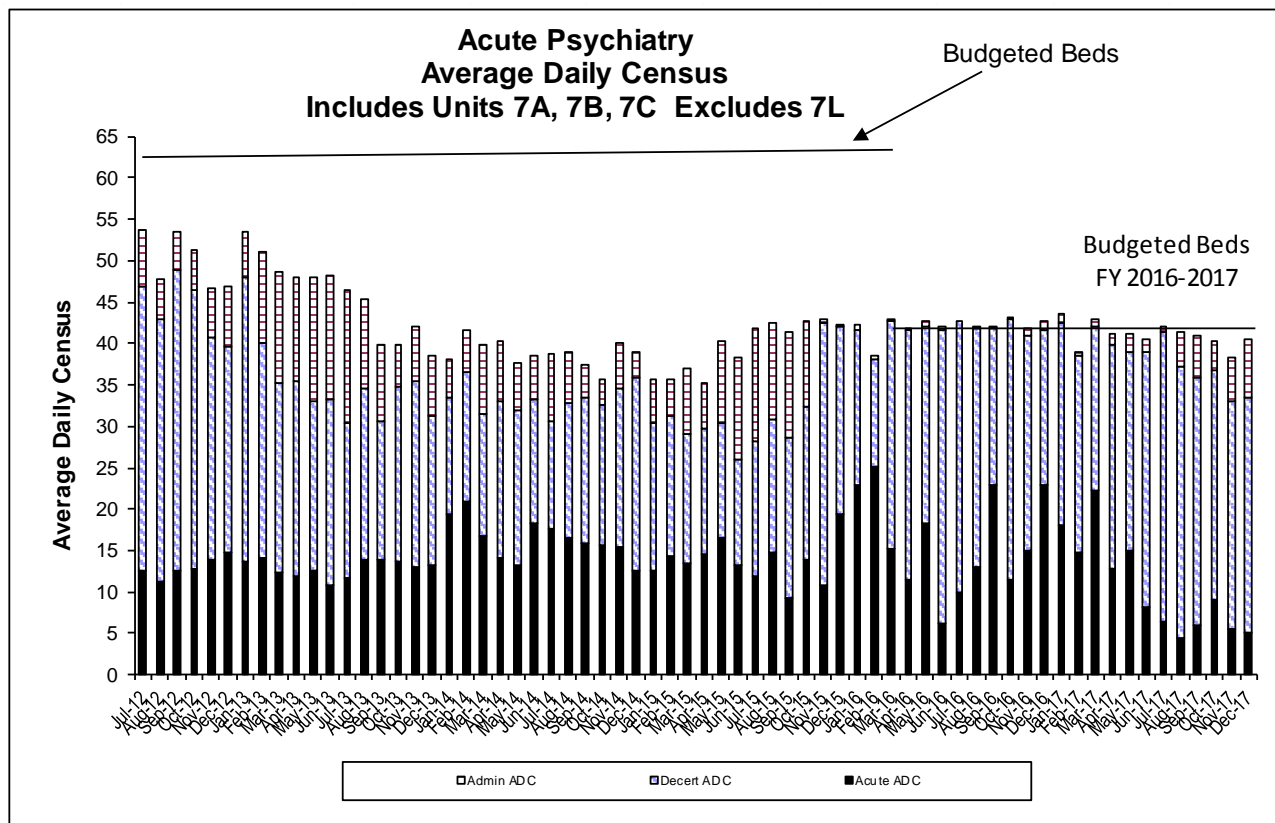
For Pay Period ending December 1, 2017, Zuckerberg San Francisco General recorded a 0.14% variance between Actual and Budgeted salary cost – actuals were \$22,531 over budget. For variance to budget year-to-date, ZSFG has a negative variance of \$5,076,677/3.2%.

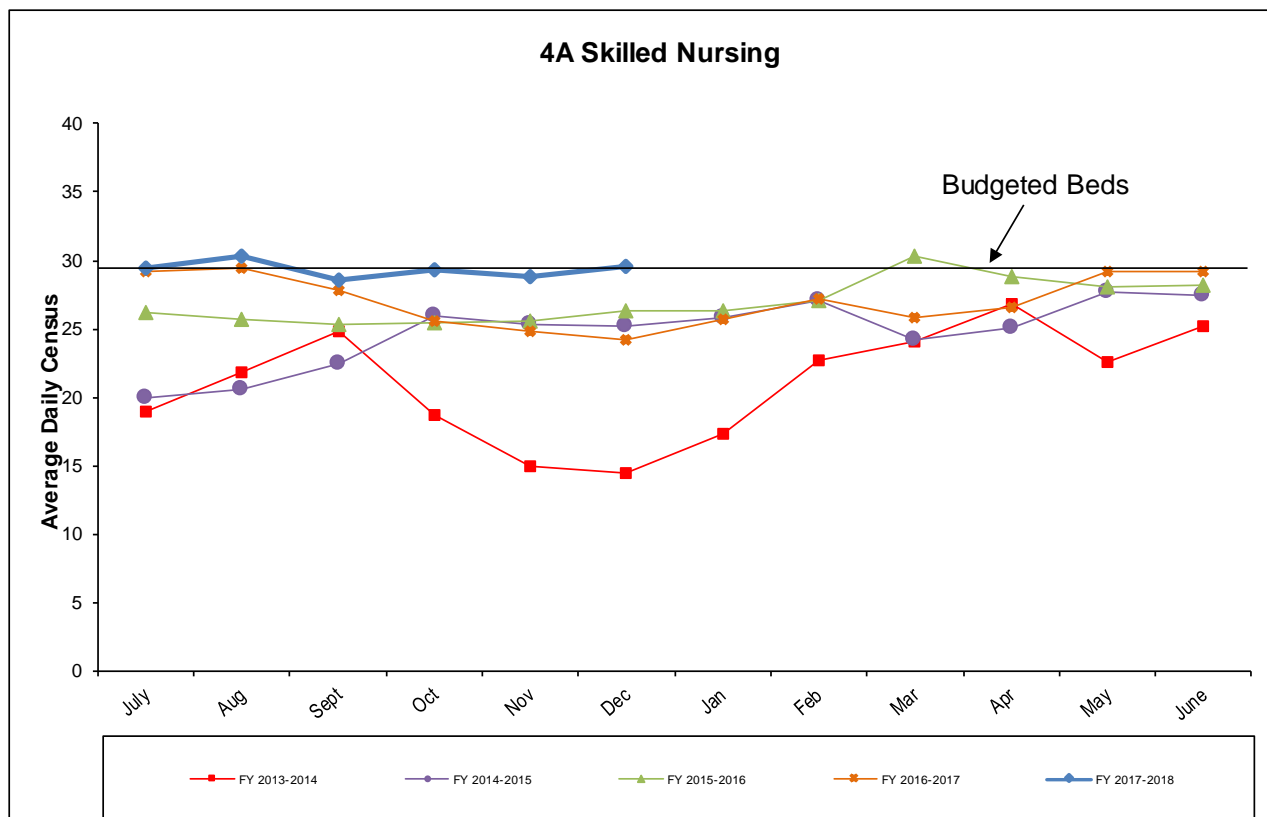
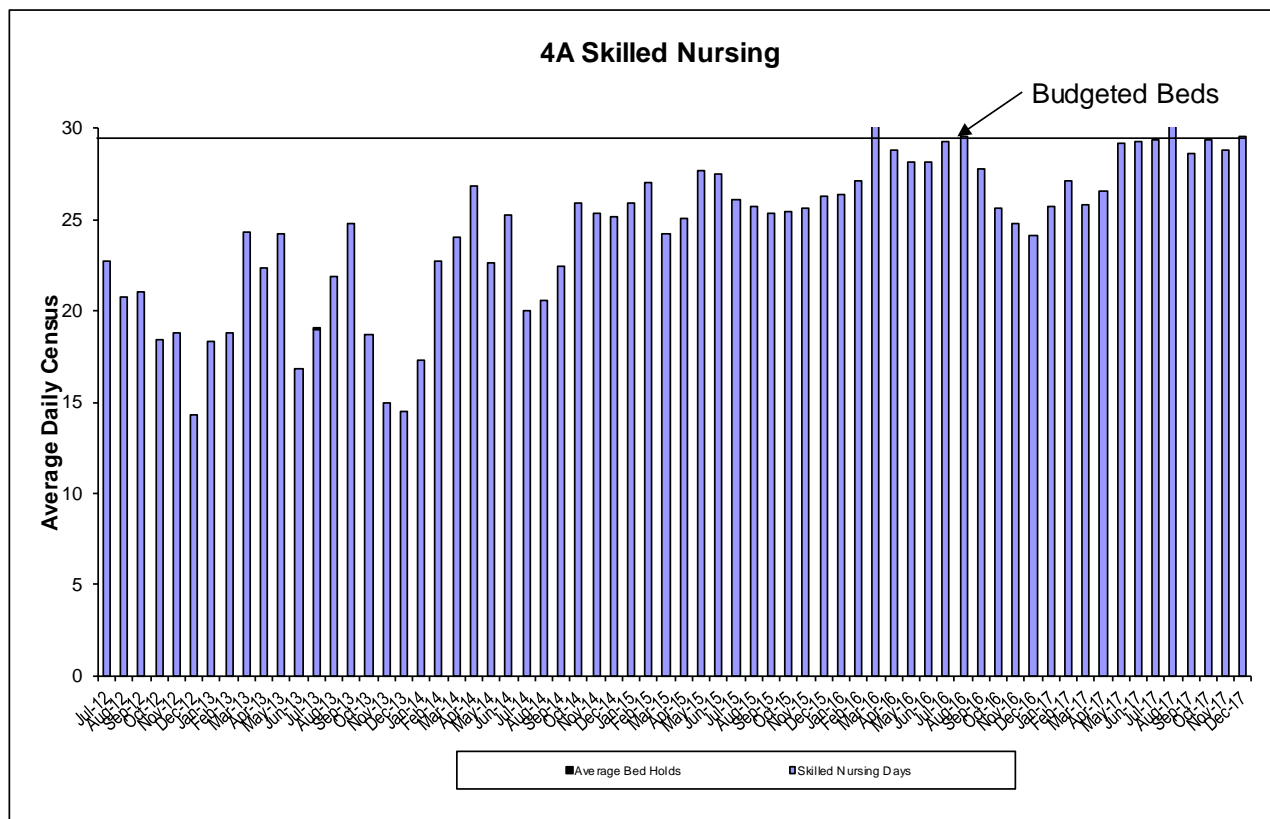
## Medical/Surgical



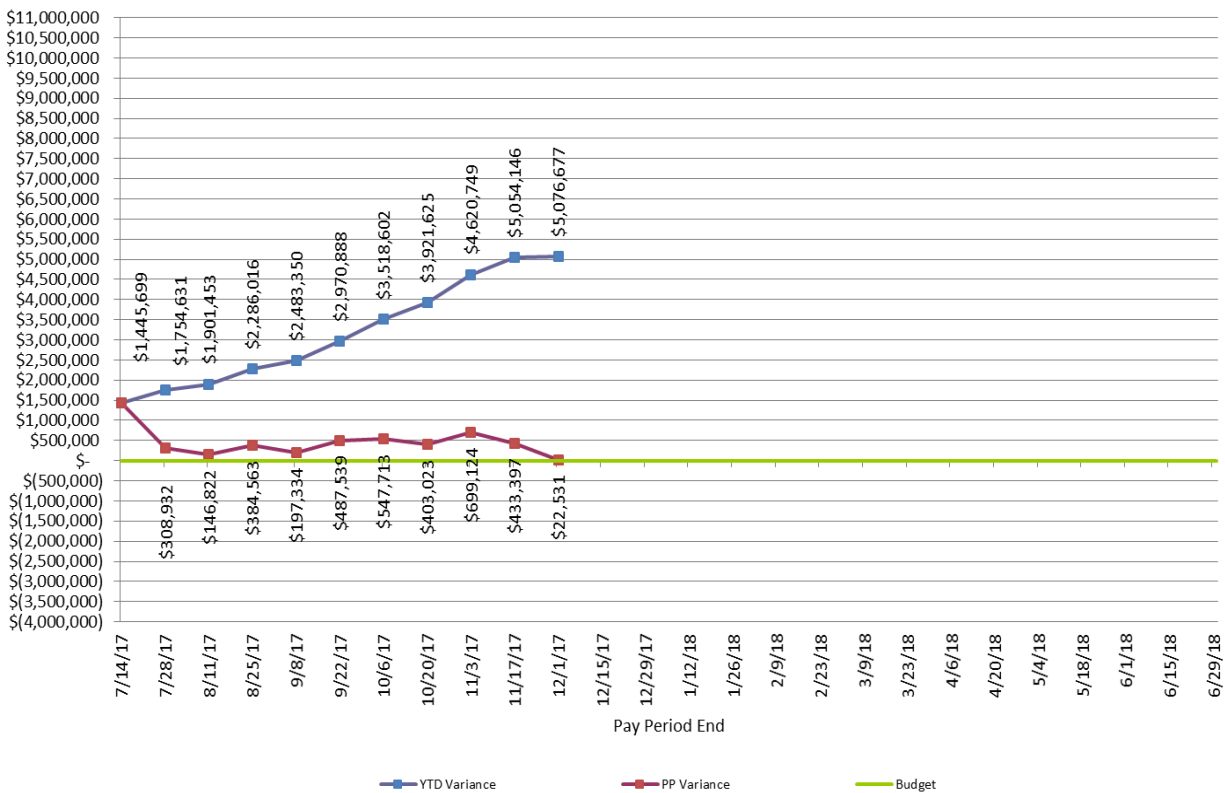
## Medical/Surgical







**Variance Between Salary Expenditure and Budget by  
Pay Period (PP) and Year To Date (YTD)**



**Commissioner Comments:**

Commissioner Chow asked if revenue covers opening up units when there are higher volumes of patients. Dr. Ehlich stated that revenue covers some of these costs but that the salary variance is due to staffing costs related to serving higher volumes of patients. Mr. Pickens stated that the San Francisco Health Network is working within its system to improve flow issues and salary variances.

**6) PATIENT CARE SERVICE REPORT**

Terry Dentoni, Chief Nursing Officer, gave the report.

**Professional Nursing for the Month of October 2017**

**Nursing Professional Development**

Emergency Department Kaizen delving into the development of a clinical decision unit within the department in the new ED took place the second week of the month.

The Emergency Department CNS' implemented a pilot test of a nurse initiated sepsis alert protocol tool that includes strategies to initiate the national standard of care for detecting and treating sepsis patients.

Departmental Training Courses held this month included:

- Annual oncology and palliative care courses for unit H54/56 medical surgical staff
- Wound Care Symposium held November 2<sup>nd</sup>.



- Registered Cardiovascular Invasive Specialist Certification preparation course for Cardiac Cath lab nursing staff and Radiology Technician staff.
- Labor and Delivery nursing staff attended the breast feeding basics course.
- Critical Care nursing held a Pediatric Competency Training Course.
- Workplace Violence Prevention training continues for the Emergency Department, Psychiatric Emergency, Inpatient Psychiatry, and Urgent Care areas.

### **Nursing Recruitment and Retention**

**Emergency Nursing:** Eleven nurses are progressing in the ED training program.

**Maternal Child Health** There are five nurses completing the postpartum training.

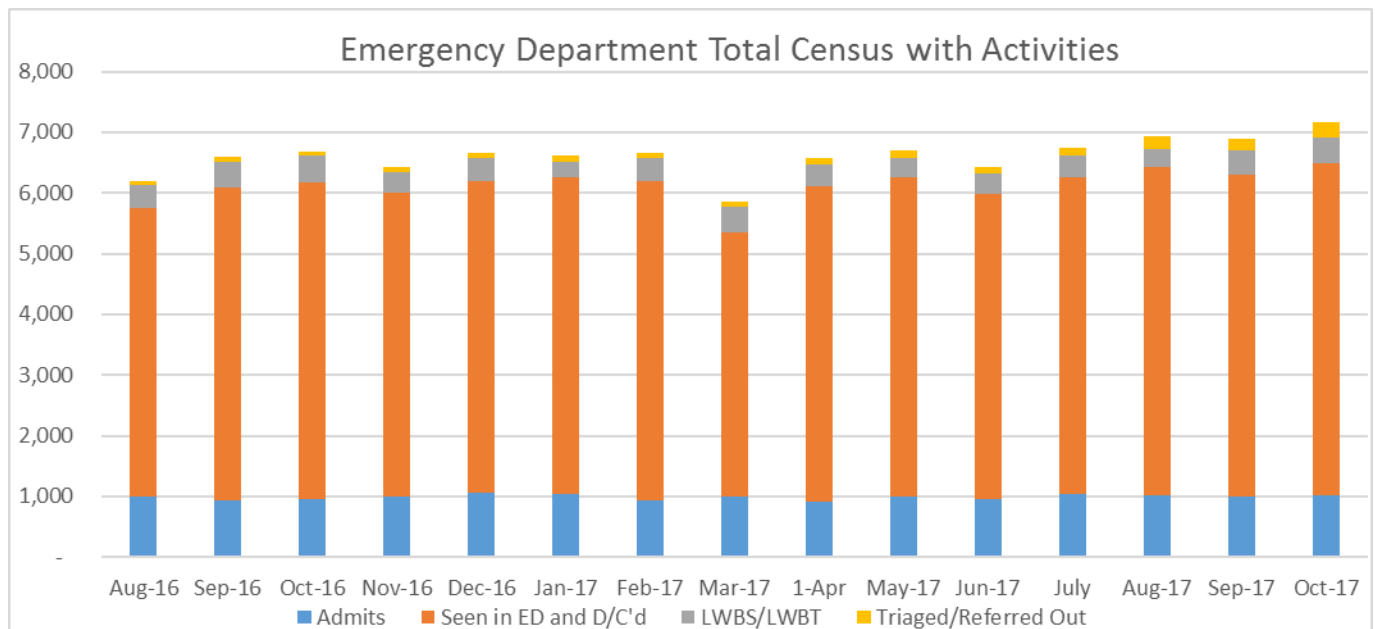
**Peri-Operative.** Four nurses continue in the OR training program.

**Critical Care** Four nurses advancing in their training in the critical care training program.

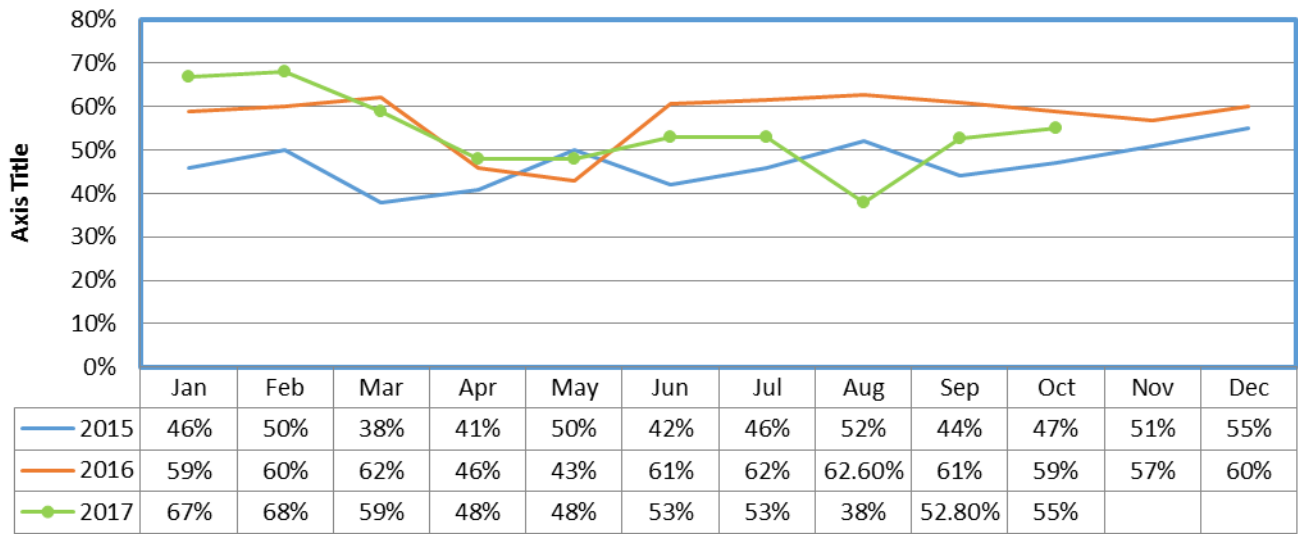
### **Nursing Academic Publications**

Sasha Cuttler, RN, PhD's article "Reducing medical-surgical inpatient falls and injuries with videos, icons and alarms" was published in the British Medical Journal Open Quality Report. ZSFG Nursing and other interdisciplinary fall reduction team member's work resulted in a reduction in falls and fall-related injuries within the medical oncology unit at ZSFG. This reduction was accomplished by initiating a fall prevention agreement with patients and their families upon admission, scoring and communicating fall risk scores, and insuring that all care team members were involved. Fall and fall injuries rates were compared two-quarters prior to implementation of the fall agreement and eight-quarter post implementation. Falls and fall injuries on the medical oncology unit showed an overall reduction of 37 percent and 58.6 percent respectively. This is the first published study to show a statistically significant decrease in falls and injuries on med-surg units. In addition, the team has met and exceeded the ACA's Partnership for Patients goal of a 40 percent reduction in injuries. The complete article can be accessed here: <http://bmjopenquality.bmj.com/content/6/2/e000119>

### **Emergency Department (ED) Data for the Month of October 2017**



## JCC Diversion Report 2017



### OCTOBER 2017

Diversion Rate: 55.8%

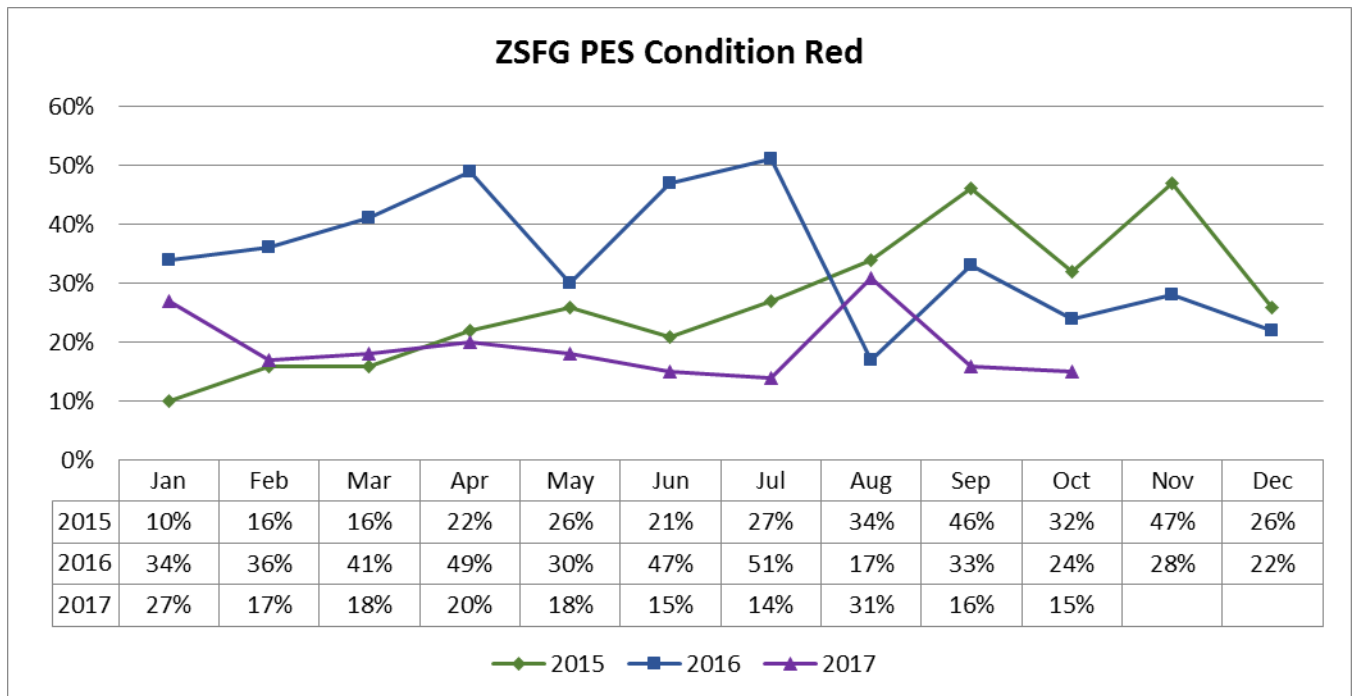
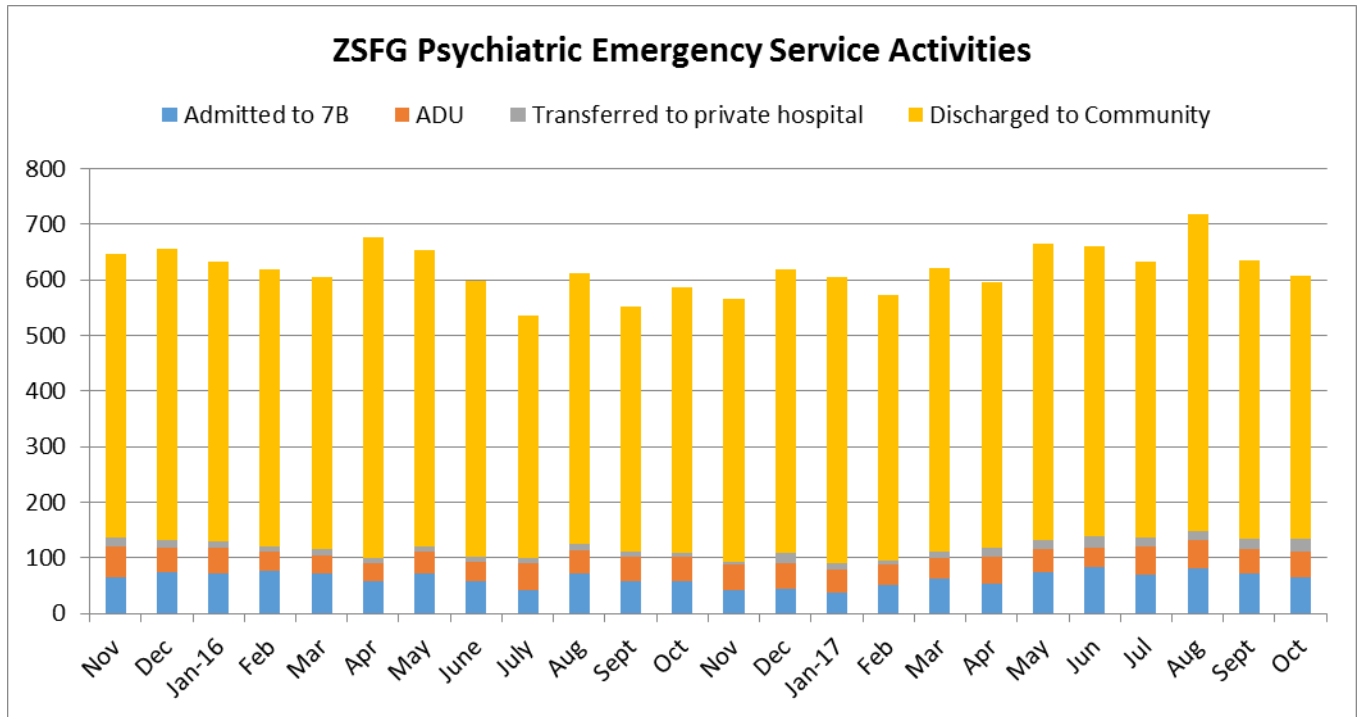
ED Diversion = 301 hours (40.5%) + Trauma Override 108 hours (14.5%)

Total Ed Encounters: 6726

ED Admissions: 1027

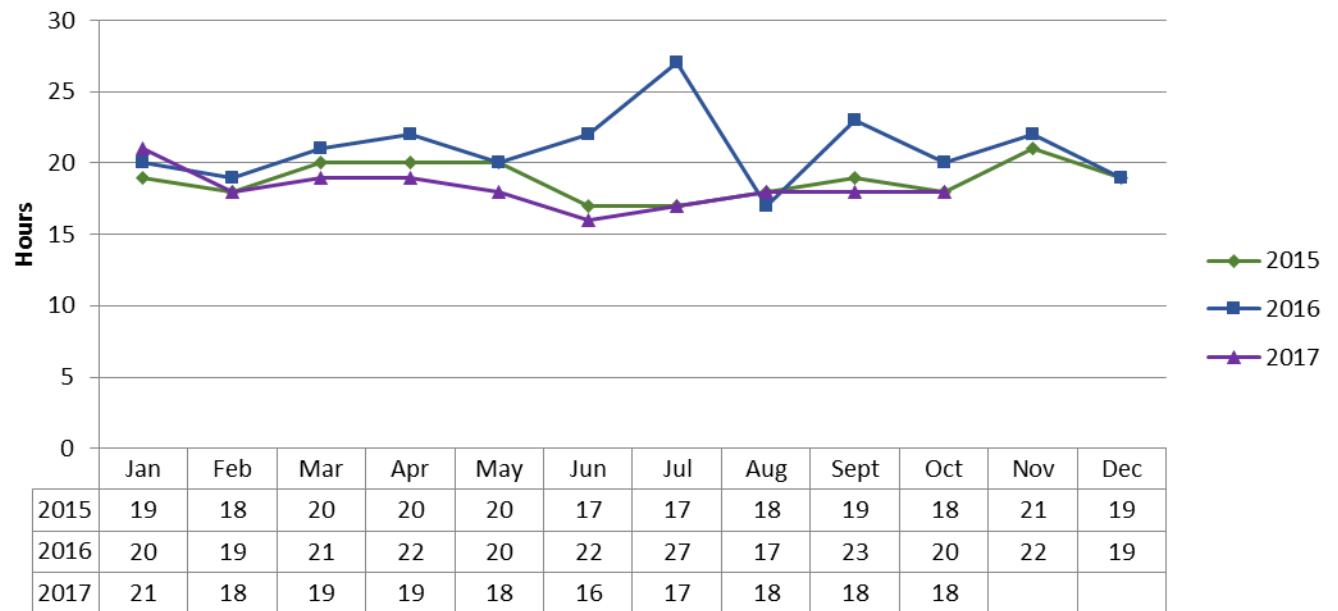
ED Admission Rate: 15.27%

**Psychiatric Emergency Service (PES) Data for the Month of September 2017**

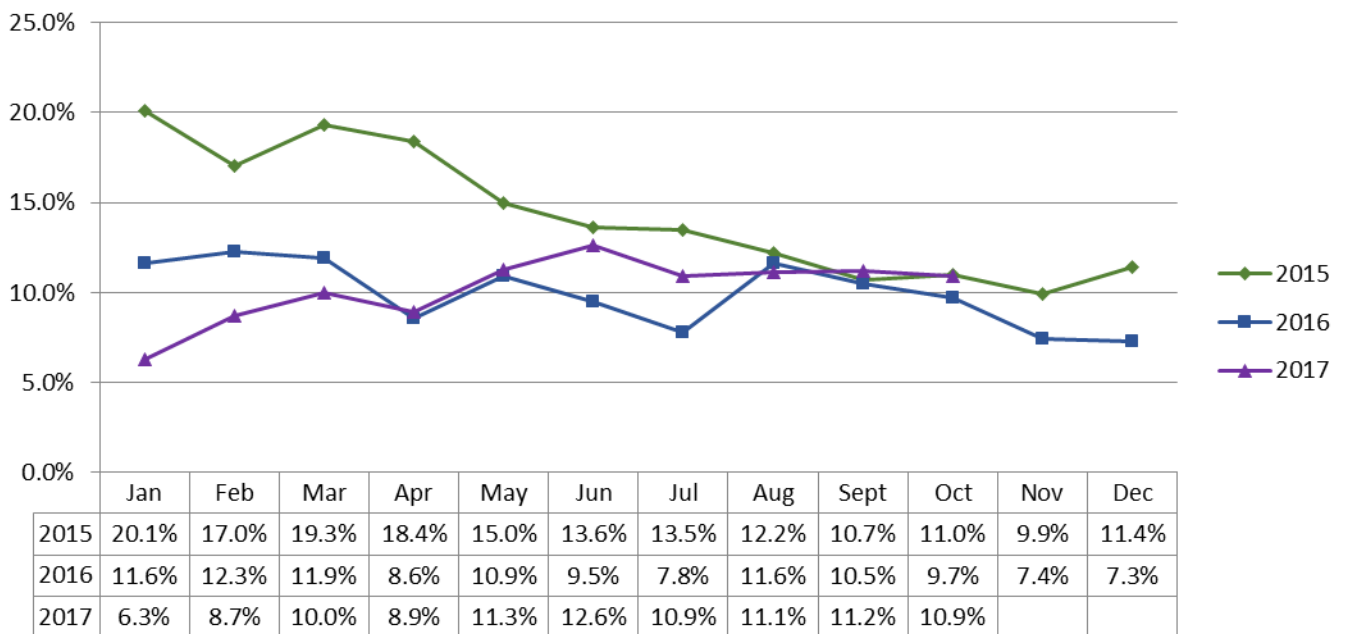


**Psychiatric Emergency Service (PES) Data for the Month of September 2017...continued**

### ZSFG PES Average Length of Stay



### ZSFG PES Admission Rates



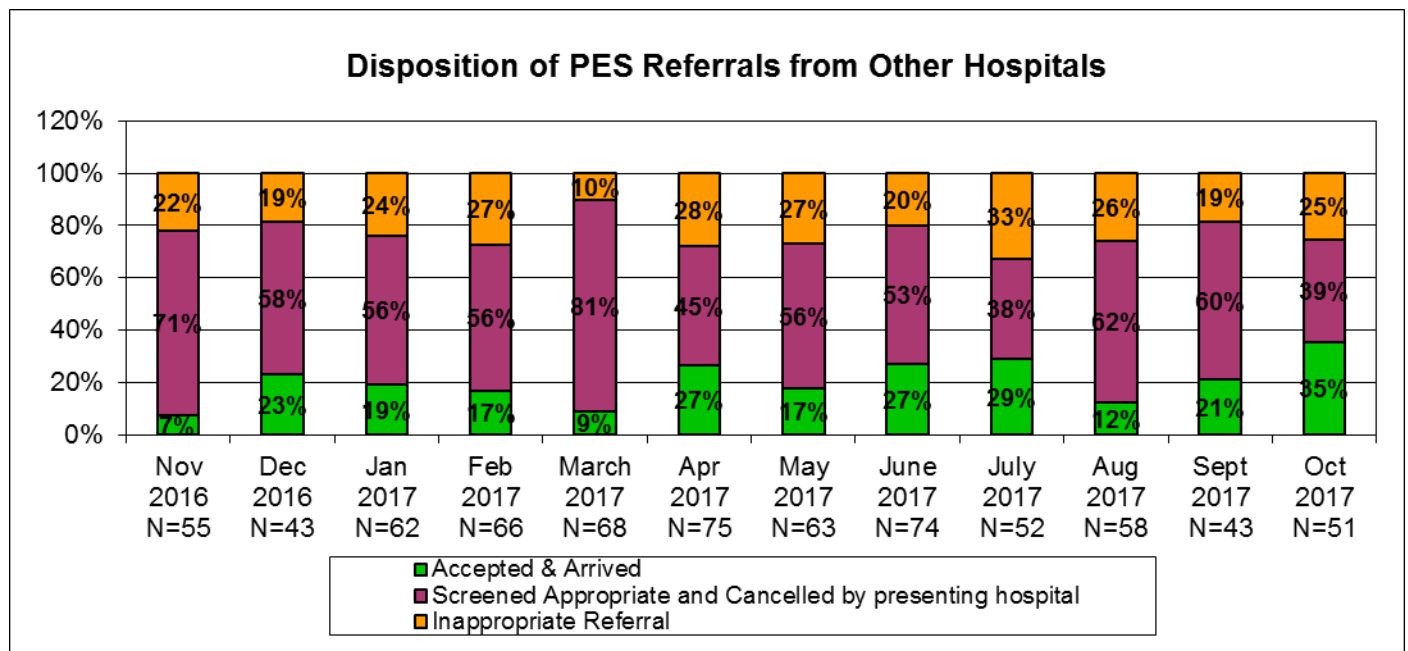
## Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

**Accepted and Arrived Referrals** refer to patients that have been approved by PES for admission and are transferred and admitted to PES. The transfer of these patients has been authorized by PES based on EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

**Screened Appropriate but Cancelled Prior to Acceptance** refers to patients that have been screened by a triage nurse and have preliminary approval, but the paperwork has not been reviewed by a physician. Their transfer was then cancelled by the referring facility. This cancellation could be because the referring hospital has decided to place the patient on their own psychiatric unit or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

**Inappropriate Referrals** refer to patients identified through the PES screening process to be inappropriate for transfer and admission to PES for evaluation and disposition. Common reasons for PES to decline transfer of a patient from a referring hospital are medical status (not medically stable for transfer) and insurance status (e.g., private insurance or out of county Medi-Cal).



In October, there was an increase in the number of patients who were accepted and arrived. This may be in part because PES was on Condition Red fewer hours.

Dr. Marks stated that the ED is one of the many critical hubs of patient flow issues. ZSFG Executive Staff understand flow issues based on analysis of its data. He noted that data from this winter looks different than data from the previous year. He added that ZSFG has significantly lower number of Lower Level of Care days.

Commissioner Comments:

Commissioner Chow stated that he looks forward to reviewing the January flow data.

**7) ZSFG RN HIRING AND VACANCY REPORT**

Karen Hill, ZSFG Human Resources, gave the report.

Commissioner Comments:

Commissioner Chow asked for more information regarding the radiology vacancies. Mr. Boyo stated that the open positions show an increase in the number of full time positions and an increased number of pay step increases. He noted that ZSFG greatly reduced registry use in radiology during the last year. Mr. Weigelt stated that there will be an arbitration in March on this issue. The SFDPH strives to match staffing patterns with patient usage of radiology services and retain well-trained staff.

Commissioner Chow asked for a report on the arbitration to the ZSFG JCC.

Commissioner Sanchez stated that he appreciates the Human Resource staff's creativity on this issue and looks forward to hearing updates.

**8) MEDICAL STAFF REPORT**

James Marks, M.D., Chief of Medical Staff, gave the report.

**ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:**

IMPROVEMENT WORK UPDATE

The "Values in Action" Award recognizes a Zuckerberg San Francisco General Hospital leader who demonstrates the hospital values of learn, improve, engage and care. For January 2018, Dr. Todd May presented the "Values in Action" Award to Dr. Deborah Borne, Transitions Division Medical Director and Mr. Luis Calderon, Director of Placement Targeted Case Management. Dr. May stated that both Dr. Borne and Mr. Calderon have been dedicated team members and contributors to the ED social determinants of health work and invaluable members of the LLOC reduction projects. Dr. Borne brought her expertise and passion directly to ZSFG, often showing up to elicit consultations on patients with complex needs. With her background as both a physician and social worker, she is able to uniquely bridge the complex medical and social needs of many of ZSFG ED patients. Mr. Calderon comes to the ZSFG ED to complete expedited assessments and referrals to community resources that have allowed for multiple averted admissions. Both Dr. Borne and Mr. Calderon demonstrate the hospital values of learn, improve, engage and care on a daily basis and in doing so, support ZSFG physicians, NPs, nurses, social workers, UM staff and others with their incredible reliability.

ED DIVERSION REDUCTION INITIATIVE REVIEW:

MEC members conducted Part 1 discussions about the ED Diversion Reduction Initiative Review (approved by MEC in May 2010), with focus on the ED Haggling issues. The haggle refers to disputes among Clinical Services about who admits the patient in the ED, which traditionally involved residents who have influenced the admission process with limited attending involvement. Even with MEC members' commitment at that time to support the policy and the tools provided to the medical staff, the policy was never completely adopted. To date, ED Haggling continues to adversely affect patient flow and the quality of patient care provided. The discussions are intended to re-orient members with the ED Diversion Reduction Initiative, assess compliance status to date with the policy, and identify key policy areas that need to be addressed in part 2 discussions.

CLINICAL SERVICE REPORT:

***Dental and Oral Maxillofacial Surgery Service Report***– Brian Bast, MD Service Chief

The report highlighted the following:

- Scope of Service – Hospital Based Oral/Maxillofacial Surgery and Ambulatory Oral/Maxillofacial Surgery.  
-Laguna Honda Hospital is now managed by the UCSF Department of Oral and Maxillofacial Care. This contract with LHH has enabled better and coordinated care as well as improved communication for LHH patients transferred to ZSFG.  
-Dr. Bast highlighted improvements in the Ambulatory Service, particularly the overall appearance of clinic rooms. TNAA (Third Next Available Appointment) has gone down drastically through the years, and the Service continues to find ways to further improve the rate.
- Faculty and Residents –Dr. Bast was pleased to note that 70% of the residency training graduates over the last ten years have gone on to complete fellowship trainings, and have remained in academic programs across the country. Dr. Bast also highlighted work with the UCSF Unique Programs Committee on the Bridges Curriculum, which is the most integrated MD and Oral Maxillofacial training in the country.
- Performance Improvement Activities – TNAA, Clinic No Show Rate, and Clinic Patient Volume. The Service continues to engage in small interventions to improve TNAA rate, study and review impacts for a period of time, and if needed, determine other interventions that may provide better impact.

Dr. Bast pointed out the Service's people across the board (students, residents, faculty, and nurse leadership) as the Service's main strength. Everyone in the Service continues to actively engage every single day in work to deliver more efficient, safer, and higher quality care. The challenge, just like what other Clinical Services are facing, is the theme of trying to do more with less resources. The Service aims to keep doing things better.

Members noted the exceptional consultation services provided by the Oral Maxillofacial residents in the ED. Members thanked Dr. Bast for the great presentation, his outstanding leadership, and his unyielding commitment to the SFGH Dental and Oral Maxillofacial Surgery Service.

#### **Medicine Service Report–** Neil Powe, MD Service Chief

The DOM (Department of Medicine) report highlighted the following:

- Organization & People: Dr. Powe highlighted the 14 Divisions, which include 12 Clinical Units and two Laboratory Science organized units, the Experimental Medicine Unit and the Lung Biology Center. The service has a total of 168 full time faculty and a total of 654 faculty and staff as of 10/31/2017.
- Budget and Finance: For Fiscal Year 2017, the Service has a total budget of \$152M. Although clinical activities are large, Medicine is also a research intensive department with 68% of the budget coming from contracts and research grants. The Service is working on addressing financial deficits experienced since 2015.
- Clinical Services & Performance:  
SFGH Medicine Clinical Operations - eConsult has led to effective triage with over 26% of patients not needing to be seen.  
Performance Improvement –  
-*Inpatient* :DOM Inpatient Drivers Dashboard for True North goals in Quality (Preventable Mortality, Reduce Readmissions), Safety (Reduce Patient Harm), Care Experience ( Patient Satisfaction, Post-Building 25 Flow, Access and Flow), and Developing People (Developing Problem Solvers who will help transform the hospital's healthcare).  
-*Outpatient*: Richard H Fine People's Clinic (RFPC): RFPC is the first campus-based primary care clinic to launch LEAN Daily Management System, with 3X weekly improvement huddles and daily management operations huddles. Clinical quality improvement work on Colorectal Cancer Screening and Primary Care Based Hepatitis C Treatment services were highlighted.

- Educational Activities: UCSF was named by US News as the top medical school for Internal Medicine training the county for 2017.
- Research Activities: Research funding for the ZSFG Medicine Service has amounted to close to \$100M in 2017. Research funding is directed at problems seen on the Medicine Service and experienced by ZSFG patients and SF residents. The HIV/AIDS/Global Medicine has a large amount of funding.
- Goals & Challenges:
  - Goals*: Innovate and improve quality, safety, patient-centeredness, integration and efficiency of care, maintain resilience and economic stability that supports the entire mission, improve communication and collaboration within the department and with others, recruit, develop, manage and maintain talent (faculty, trainees and staff) and advance philanthropy.
  - Challenges*: Healthcare uncertainties, financial deficits and new funds flow, sun-setting EHR and preparation for enterprise EHR to support diverse clinical operations, lower level of care patients, generating clinical and operational data in a timely fashion for feedback on performance, space and infrastructure limitations that create obstacles to attract and retain outstanding workforce, and changes in AVON breast cancer grant mechanism (uncertainty on continued Avon funding for the HemOnc Program).
- Future Action Plans:
  - Continue to align goals with SFHN, and parent DOM and UCSF
  - Work collaboratively and foster partnerships with other Services that propel clinical and academic enterprise to excellence.
  - Create a learning health care system by encouraging workforce to problem solve – learning and continuing use of Lean tools.
  - Harness physician engagement to have demonstrable results (improve flow, access, no-show rates, integration and coordination)
  - Work to implement and harness capability of new EHR
  - Recruit Division Chiefs/Directors for Pulmonary and Critical Care Division, ZSFG Primary Care Internal Medicine Residency, Hematology, Occupational Medicine Service, and Division of Experimental Medicine.
  - Solve the Service's deficit problem

Members thanked Dr. Powe for his comprehensive report

***Surgery Service Report*** – Shant Vartanian, MD, Interim Service Chief

Highlights of the report includes:

- Mission Statement – The surgical faculty at ZSFG are dedicated to providing exceptional clinical care to the citizens of San Francisco and the surrounding areas, regardless of their social or financial status. The Service's purpose is to deliver an outstanding training environment to students and residents, to make significant advances in scientific knowledge and clinical practice through basic and clinical research and to produce the next generation of leaders in surgery.
- Scope of Service – Trauma Surgery, Critical Care, Acute Care Surgery, Elective General Surgery, Diagnostic Service (Vascular Lab), SF Injury Prevention Center (Wraparound Program and Pedestrian Injury Prevention), Surgical Subspecialty Care (Plastics, Breast, Surgical Oncology, Minimally Invasive, Vascular, Cardiothoracic, and Colorectal). Volume Statistics – Trauma Surgery, Ambulatory Services and OR Services (Physician Services)
  - 2016 Trauma Surgery Volume (most recent available data) - 4381 trauma activations in 2016 (more than John Muir, Highland and Marin General combined). Of this total, the number of annual trauma admissions was 2353. Dr. Vartanian noted that the average daily inpatient census in 2016 was 32, all complex cases.



- Ambulatory Services (3M Outpatient Encounters) - FY 2017 3M Outpatient Encounters report indicated increases in General Surgery, Vascular Surgery, Plastic Surgery, Hand Clinic and Transgender encounters. The new Vascular Lab (housed in 3M and provides diagnostic services for a variety of vascular diseases) completed 1236 studies in its first reporting year. 3<sup>rd</sup> next Available Routine Appointment for New Patients has shown improvements in all clinics. Biggest outlier is General (Elective) Surgery Clinic which currently is at 92 days. The Service is working on physician recruitment and clinic expansion to resolve the issue.
- Operating Room Block time and productivity (wRVU) – Improved efficiency as noted in the significant increase in wRVU in FY 2017.
- Surgical Education – Residency, Medical Student Rotation, Fellowship and other trainees. Dr. Vartanian pointed out that ZSFG has been the cornerstone of surgical education at UCSF.
- Research – Active awards from DOD and NIH > \$4.3M for DOS faculty.
- Performance Improvement Dashboards – 2 performance initiatives were presented to PIPS in 2017: - Trauma (Preventable Mortality and Possibly Preventable metric goals), and Vascular Surgery (Established prospectively maintained database to evaluate access failures, long term performance and rates of infection, retrospective review of incident HD access rates, with evaluation of system and patient risk factors for catheter use, and bimonthly multidisciplinary conference with IR and Nephrology to review difficult access cases). The implementation of Trauma Quality Improvement Program (TQIP) has been very beneficial in terms of risk-adjusted benchmarking for trauma centers, and identification/sharing of best practices.
- Revenue – Prof fee collections have improved substantially due to a variety of reasons, including expansion of services provided, and improved billing practices. Overall, net financial position has improved.

In Summary, the Service's strengths are the following: Exceptional clinical care; Re-dedication to surgical education (positive feedbacks from residents); and bright motivated, resilient and engaged junior faculty. Challenges are this period of transition, understaffing with distortion of work and education balance. Goals for the coming year include: Recruitment (4 open clinical faculty positions at all levels, and endowed PhD Scientific Director); Match clinical demand to provider availability; and Re-invest in current faculty.

Dr. Vartanian thanked members for their support to the Surgery Service. In the few months he has served as Interim Chief, interactions with other members and staff have been warm, open and receptive. Members applauded Dr. Vartanian for his outstanding work as Interim Chief, and thanked him for the comprehensive Surgery Service biennial report.

Mr. Morewitz noted that the ZSFG Medical Staff Bylaws had been put on the "Action Items" list by mistake and reminded the Committee that it had already voted to recommend to the Health Commission to approve the document.

#### Commissioner Comments:

Commissioner Chow congratulated the San Francisco Health Network in coordinating UCSF dental services at both ZSFGH and LHH campuses. He asked if any other specialty services should be similarly coordinated. Dr. Chen stated that over the past three years, LHH has transitioned its specialty consultant services to match those at ZSFG to ensure consistent care for patients. She noted that staff at both hospitals strive to use telemedicine, when possible, to reduce the need to transport patients.

Commissioner Sanchez stated that he is glad that UCSF is providing dentistry services at both ZSFG and LHH.

Action Taken: The Committee unanimously approved the following:

- Oral and Maxillofacial Surgery Rules and Regulations
- Medicine Rules and Regulations
- Surgery Rules and Regulations
- ED Privilege List and Bylaws

**9) OTHER BUSINESS**

This issue was not discussed.

**10) PUBLIC COMMENT**

Due to the number of speakers for public comment, this item was heard after the approval of the minutes.

Mandana Siyadat, ZSFG Charge Nurse in Radiology, stated that there are issues with staffing levels in the department. The use of registry has doubled. The staff have pushed to reclassify positions for six years to ensure adequate staffing levels. Often registry staff are trained then leave for higher-paying jobs at other hospitals.

Mark Rose, ZSFG radiology staff member, stated that registry radiology techs receive 6-8 months of free training then leave for better paying jobs at other hospitals. Productivity for ZSFG slows down each time a new registry worker needs to be trained. He requested adequate full time staffing levels.

Dianne burden, registry X-ray technician, stated that she works full time at ZSFG without any benefits, including sick time or health insurance. She noted that pay at ZSFG is \$17 per hour less than other area hospitals.

Malcom Quilation, ZSFG radiology technician, stated that he worked for one year as a registry worker and three years as a ZSFG employee. He noted that it is a very hectic work environment. For example, only two technicians were working in the Emergency Department yesterday. He encouraged the group to ensure there are more full-time radiology technicians hired as ZSFG staff.

Yomas Tekle, ZSFG X-ray tech, stated that he worked as an as-needed ZSFG for three years with no benefits. During this time, there was no way to schedule ahead of time for work. ZSFG called when shifts needed to be filled. It is not uncommon to have to stay overnight if someone calls in sick because there are not adequate amount of staff to fill in. Some coworkers have left ZSFG for UCSF or other hospitals to make more money.

Aaron Cramer, Critical Care RN at ZSFG, stated that he is in support of advocating for solutions to increase permanent radiology positions to help deal with the many complex patients at ZSFG.

Emma Gerould, SEIU 1021, advocated on behalf of radiology techs and hoping to resolve issues related to short staffing. She noted that other local hospitals pay \$7-10 more for new recruits. She urged ZSFG to convert registry positions to permanent benefited positions.

David Canham, Director of SEIU 1021, stated that ZSFG radiology staff are frustrated that progress has not been made on this issue. He added that SFDPH Human Resources staff seem not to think there is a problem with registry workers being trained for free then leaving for more lucrative jobs, only to have the cycle continue. He also stated that the registry company is making money instead of the staff doing the work. The union is requesting that the City reclassify these positions with competitive salaries. He added that the union will be approaching the Mayor, Board of Supervisors, and the media, if necessary.

Commissioner Chow thanked all those who spoke and added that the Health Commission will continue to monitor the situation. He noted that it is his understanding that the issue is going into arbitration; the City Charter prohibits the Health Commission from getting directly involved in the operations of the SFPD, including Human Resource issues.

**11) CLOSED SESSION**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

**CONSIDERATION OF CREDENTIALING MATTERS**

**CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORT AND PEER REVIEWS**

**RECONVENE IN OPEN SESSION**

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved January 2018 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

**12) ADJOURNMENT**

The meeting was adjourned at 5:37pm.