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MINUTES

JOINT CONFERENCE COMMITTEE FOR  
SAN FRANCISCO GENERAL HOSPITAL  
Tuesday, July 8, 2014 3:00 p.m.  
1001 Potrero Avenue, Conference Room 7M30  
San Francisco, CA 94110

1) CALL TO ORDER

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

Staff: Sue Carlisle, M.D., Pat Carr, Lillian Chan, Sue Currin, Terry Dentoni, Capt. Ken Ferrigno, Reginald Hortinela, William Huen, M.D., Valerie Inouye, Shermineh Jafarieh, Kathy Jung, Jay Kloo, Elaine Lee, James Marks, M.D., Todd May, M.D., Anson Moon, Iman Nazeeri-Simmons, Marcellina Ogbu, Roland Pickens, Dan Schwager, Dave Staconis, Shannon Thyne, M.D., Greg Wagner, Ron Weigelt, Troy Williams, David Woods

The meeting was called to order at 3:08pm. Commissioner Chow chaired the meeting.

2) APPROVAL OF THE MINUTES OF THE JUNE 10, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Corrections:

Under SFGH Rebuild Update, Commissioner Comments/Follow-Up  
"Mr. Currin stated that of the \$170M needed, the Mayor has pledged \$105M and ~~plans are in place for~~ the SFGH Foundation **were asked to help** raise the remaining \$65M; ~~current commitments are over \$40M."~~

Commissioner Comments/Follow-Up:

As a reminder, Commissioner Chow restated his request for Mr. Morewitz to gather information and documents from Laguna Honda Hospital and other SFDPH areas regarding the Health Commission

oversight responsibilities – to be discussed at the August 19, 2014 Health Commission Planning meeting.

Action Taken: With the aforementioned correction, the minutes of the June 10, 2014 SFGH JCC meeting were unanimously approved.

### **3) SFGH OPERATIONAL REDESIGN AND TRANSITION UPDATE**

Iman Nazeeri-Simmons, Interim Chief Operating Officer, and Lillian Chan, Transition Director, gave an update presentation on the SFGH 3P workflow redesign.

#### Public Comments

There was no public comment.

#### Commissioner Comments/Follow-Up:

Commissioner Singer asked when equipment and furnishings are ordered, whether any ordering deadlines have been missed. Ms. Currin responded that the initial list of equipment and furnishings was developed as part of the original bond (2008). Since then, there have been changes to the list due to reasons such as items no longer being made and development of new technologies. No critical ordering deadlines have been missed but some deadlines are getting close. Much has to do with increased complexity of ordering equipment, especially in the area of Information Technology. Staff is monitoring these deadlines.

Commissioner Singer asked whether the lack of an integrated information system will affect the mission and vision of the new hospital building. Ms. Currin replied that it will be more difficult without it but that we are continuing to build the infrastructure to help us to reach our goal.

Commissioner Singer asked what are the risks related to the current Information system for SFGH and what is the plan to acquire an integrated information system. Commissioner Chow opined that this is a DPH-wide issue and should be discussed at that level. Mr. Pickens stated that Bill Kim, Chief Information Officer for DPH, is working on an analysis that will help determine what system we should go with. Commissioner Singer thinks it is important that more people understand this critical need. Commissioner Sanchez agrees that this is an important issue but there will always be others and it will be staff's due diligence that will allow us to reach our goals.

Commissioner Chow requested a supplemental presentation – from the eyes of patients, what they will experience as they go through the system. Dr. May commented that the workflow redesign, from when the patient arrives to when the patient is discharged, has service excellence and patient centered care as its focus.

### **4) SUMMARY OF EMERGENCY DEPARTMENT STAFFING, DIVERSION AND ZONES**

Terry Dentoni, Interim Chief Nursing Officer, presented an overview of how the SFGH Emergency Department is divided into zones and how each zone is staffed.

#### Public Comments:

David Fleming, SFGH nurse and SEIU Representative, states that patients, often of high acuity, in the hallway are at risk when nurses are pulled into rooms. He requested this issue be address as well as

how the care of these patients is maintained. He request that staffing ratio be maintained throughout the shift.

Amber Quelvog, SFGH ED nurse, stated that to be fully staffed, the number of nurses per shift in the ED should be 20 or 21, instead of 17. Staff to trauma patient ratio is not 1:1 but 3:1. In addition, Zone 1 nurses must be specially trained.

Julie Molitor, SFGH ED nurse, stated that things have gotten worse, with patient acuity rising, but staffing level remaining the same, the last 12-18 months. Staff are not always getting their breaks and this is not being discussed.

Melissa Pitts, SFGH ED nurse, stated that she wants patients to have a good experience. The presentation was accurate as how thing are but the current situation is challenging and changes day to day with sick calls, trauma calls, and high acuity patients.

#### Commissioner Comments/Follow-Up:

Commissioner Singer stated that the practice is that Commissioners do not engage with people giving Public Comments at meetings. He asked how the Commission can respond to these issues. Dr. Chow responded that the full Health Commission can call for hearings and the Joint Conference Committee can request agenda items.

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

Susan A. Currin, Chief Executive Officer, gave the report.

#### **1. Asiana Anniversary Event**

A special event was held at San Francisco General Hospital last Monday, to commemorate the Asiana Airlines accident anniversary. The event included a panel discussion featuring Dr. Peggy Knudson (Trauma Surgeon). Terry Dentoni (SFGH Chief Nursing Officer), Dr. Malini Singh (Medical Director of Emergency Department) and Edwin Batongbacal (Director of Adult and Older Adult Systems of Care for the Behavioral Health Services), who discussed their experiences that day and how the Department, with the new hospital building, will be even more prepared to respond next time there is a disaster or multi-casualty incident.

The media took tours of mock-ups of the new hospital and saw a presentation on the new emergency department. It was a great way to combine looking back, at the accident, with looking forward, to the new hospital.

Links to some of the news stories:

- San Francisco Chronicle - [S.F. General staff recalls Asiana crash, anticipates new hospital](#)
- San Francisco Examiner - [SF hospital reflects on Asiana crash while looking ahead to new facilities](#)
- ABC 7 - [SFGH doctors, nurses reflect on Asiana tragedy](#)

#### **2. Jackie Speier at SFGH to Announce Introduction of SMOKE Act Regulating E-Cigarettes**

Congresswoman Jackie Speier held a press conference at SFGH on June 20, 2014 to announce the introduction of her Stop Selling and Marketing to Our Kids E-Cigarettes (SMOKE) Act. This legislation will extend the same Food and Drug Administration regulations of tobacco products to electronic

cigarettes and address gaps in the current FDA proposal. Congresswoman Speier was joined by San Francisco Supervisor Eric Mar, Dr. Tomas Aragon, Director of the Population Health Division at SFDPH, and Dr. Neal Benowitz, Associate Medical Director of the San Francisco Division of the California Poison Control System.

3. SFGH Staff Present at America's Essential Hospitals' Vital 2014 Conference

Dr. Anne Kinderman, Director of Supportive and Palliative Care Service and Thomas Holton, Director of Patient Safety, presented at the America's Essential Hospitals' Vital 2014 Conference. Dr. Kinderman discussed how hospital-based and community-based palliative care services can improve patient care and lower cost; how health care organizations can assess the development of their own palliative care program; and how systems with limited resources can develop and action plan for growing palliative care services. Tom Holton presented Patient Safety dashboards developed at SFGH, to display and inform front-line staff and hospital leaders the number of people (vs. rate) affected by preventable hospital acquired conditions.

4. Hospital Safety and Security Improvements Update

A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached to the meeting materials of the July 8, 2014 SFGH JCC Open Session. The listing is a compilation of findings and recommendations from the Center of Medicare and Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff's Department Corrective Action Plan (November 2013).

5. Patient Flow Reports for June 2014

A series of charts depicting changes in the average daily census is attached to the meeting materials of the July 8, 2014 SFGH JCC Open Session.

6. Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the meeting materials of the July 8, 2014 SFGH JCC Open Session.

Public Comments

There was no public comment.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that the number of decertified days appears to be decreasing. Ms. Currin indicated that the number of budgeted beds will change with the new fiscal year.

Commissioner Singer asked if there were any progress in hiring the Security Manager. Mr. Weigelt and Ms. Lee stated that the position is going through the Mayor's Office this week, and that it is funded starting July 1, 2014. The position will be posted by early next week. Position will be posted for two to four weeks. Interviews will take approximately 2 weeks and it will take another three weeks to process the candidate once selected. An aggressive target date to have this person on board is September 15. Commissioner Singer expressed amazement that even though this is a high priority position, that it would take so long to hire.

Commissioner Sanchez commented that there have been many improvements – still frustrating but progress. Ms. Currin stated that DPH is working on all other recommendations and absence this manager, is moving forward.

## **6) PATIENT CARE SERVICES REPORT**

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

### 2320 RN Vacancy Rates for the Month of June 2013

The overall 2320 RN vacancy rate for areas reported is 14.3%.

### Retention/Professional Development:

As recommended by the Interdisciplinary Team 3P workshop held in May, work continues on 5D on interdisciplinary team rounding. 5D Nursing staff and medical staff from the Family Medicine Inpatient Service are piloting the process for daily rounds at the patient's bedside. The focus of the rounds is to exchange four pieces of information: the plan of care for the day, the anticipated date of discharge, where the patient will go at discharge and any barriers to discharge. Secondly, when the provider and RN talk with the patient the focus of the communication will be insuring the patient has an understanding of why they are in the hospital, when they will be discharged, what the discharge plan is and what the team can do for the patient at that time. Nurses and the providers have been adjusting the daily rounding process for 3 weeks.

On Friday June 6 a workshop for SFGH nurse leaders was facilitated by Wanda Borges RN, PhD, USF Associate Dean of the School of Nursing. The workshop focused on Patient Centered Care Delivery and the future of Nursing Shared Governance. Recommendations from the workshop include: define the attributes of patient centered care at SFGH and integrate all disciplines into this model of care delivery, discuss the restructuring of Shared Governance with the Coordinating Council, integrate the Nursing Professional Practice Model into the Patient/Family Centered Model of Care at SFGH.

In order to address the need for new preceptors due to hiring new RNs, Preceptor Training classes will be offered in August for RNs in the medical-surgical and critical care areas. Additionally, Clinical Educators and leadership staff involved in preceptor development are engaged in a process to standardize preceptor selection and performance criteria throughout Nursing.

### Emergency Department (ED) Data for the Month of June 2014

The Emergency Department (ED) had a Diversion rate of 35% (ED Diversion: 227 hours/32%, Trauma Override: 24 hours/3%). ED Encounters totaled 5,296, of which 796/15% were admitted.

### Psychiatric Emergency Service (PES) Data for the Month of March 2013

PES had 631 patient encounters during May 2014 and 617 in June 2014. PES admitted a total of 138 patients to SFGH inpatient psychiatric units in June, an increase from 136 patient admissions in May. In May, a total of 479 patients were discharged from PES: 23 to ADUs, 17 to other psychiatric hospitals, and 439 to community/home.

There was an increase in Condition Red hours from May to June. PES was on Condition Red for 98.8 hours during 13 episodes in June. The average length of Condition Red was 7.75 hours. In May, PES was on condition Red for 52.4 hours, during 14 episodes, averaging 4.54 hours.

The average length of stay in PES was 17.1 hours in the month of June. This was a small decrease from the May's average length of stay of 17.6 hours.

### 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 admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between May 2014 and June 2014, the percentage of which the patient was accepted and was admitted to PES increased from 53% to 64%, the percentage of which the referral was accepted but cancelled decreased from 26% to 6%. This month, 30% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of transfer requests decreased from 89 in May to 77 in June.

### Public Comments

There was no public comment.

### Commissioner Comments/Follow-Up:

Commissioner Singer asked Ms. Dentoni when she thinks staff will feel comfortable with staffing level. Ms. Dentoni responded that more of the staff are permanent and on-call staff are used primarily for support. Ms. Dentoni added that it takes six-eight months of training before a nurse can work in Zone 1.

## **7) MEDICAL STAFF REPORT**

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

### Administration/Leadership

- Approval of 2014 Medication Error Reduction Plan –MEC reviewed and approved the 2014 Medication Error Reduction Plan presented by Dr. Neal Benowitz for the P&T Committee. The plan included initiatives and goals in the following areas: Prescribing, Prescription Order Communication, Product Labeling, Compounding, Education, and Use. Dr. Benowitz discussed each of these procedures/systems, their evaluation/assessment and plan modifications.
- Medical Staff Orientation – The hospital's Department of Education and Training (DET) alerted MEC about the low attendance rate for new medical staff members in employee orientation. Attendance to hospital orientation is a Joint Commission requirement for all employees, including Active, Courtesy and Affiliated staff. Following discussion, MEC approved DET's recommendation that new active medical staff members complete a half day on-site orientation prior to start of clinical activities. New Courtesy and Volunteer staff will be required to complete orientation in Moodle, an online module already in place. MEC also approved the compliance monitoring plan

developed by the Credentials Committee with the orientation requirement. Plans for implementation are ongoing, with a targeted start date on August 1, 2014.

- Glucose Measurement in Critical Settings – Dr. Eberhard Fiebig alerted MEC that CMS and FDA are currently looking into the concern that point of care fingerstick glucose testing may yield unreliable results in critically ill patients. Glucose testing in these patients should therefore be performed in the central laboratory. Which patients fall in the “critically ill” category has not been established. Dr. Fiebig is in discussion with UCSF and SFVA Med Center laboratories on coming up with a consensus approach to this issue among the UCSF teaching hospitals. He is reaching out to SFGH critical care providers to participate in the discussions

New Emergency Medicine Interim Chief:

MEC approved the appointment of Dr. Malini Singh as Interim Service Chief of Emergency Medicine effective July 1, 2014, while the Service conducts a national search.

Approved Privilege/Form Revisions:

- Revised Dermatology Privileges List– A correction was made in the Medicine Privilege List revision approved at the June 10, 2014 JCC meeting. The new procedure “Punch Biopsy Normal Skin will be added to the Dermatology Privilege list, not in Medicine. The May JCC Action List has been corrected. (Copy of proposed revision attached).
- Revised Anesthesia Privileges List – The list was revised to combine Transthoracic Echocardiography (TTE) and Transesophageal Echocardiography (TEE) into one privilege. The Committee approved the revision, but recommended that a minimum of one case each, TEE/TTE, be required for proctoring and reappointment to ensure competence in both procedures. (Copy of the proposed revision is attached)

Public Comments

There was no public comment.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Appointment of Dr. Malini Singh as Interim Service Chief of Emergency Medicine
- Revised Dermatology Privileges List
- Revised anesthesia Privileges List

**8) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS**

Quality Council Minutes

Troy Williams, Interim Chief Quality Officer, presented the minutes of the June 17, 2014 Quality Council.

Public Comments

There was no public comment.

Action Taken: The SFGH JCC unanimously approved the Quality Council Report.

Regulatory Affairs Report

Reginald Hortinela, Interim Director of Regulatory Affairs, presented the June 2014 Regulatory Affairs Status Report.

## Public Comments

There was no public comment.

## Commissioner Comments/Follow-Up:

Commissioner Chow asked whether the State has accepted the Prospective Payment System Plan of Correction. Ms. Currin responded that the Plan of Correction was submitted a month ago. We have not received notification of acceptance or non-acceptance. We will continue to provide updates on improvements and whether expectations are being met.

### **9) PUBLIC COMMENT**

There was no general public comment.

### **10) 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.

## **APPROVAL OF CLOSED SESSION MINUTES OF JUNE 10, 2014**

## **CONSIDERATION OF CREDENTIALING MATTERS**

## **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**

### **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 the June 10, 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the June Credentials Report. The Committee voted not to disclose any discussions held in closed session.

## Commissioner Comments/Follow-Up:

Commissioner Singer commented that the demographics for this catchment area will change over the next decade. He questioned what it will mean to the Department. Commissioner Singer suggested that this be discussed in the next couple of years. Commissioner Chow commented that this fits well with discussions related to the CPG, the strategic plans for the Department, for the Health Network and for the Hospital. It was agreed that this will come out of the Department and not SFGH.

### **11) ADJOURNMENT**

The meeting was adjourned at 5:45pm