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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, October 28, 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.

Excused: Commissioner David B. Singer

Staff: Barbara Garcia, Sue Currin, Iman Nazeeri-Simmons, Terry Dentoni, Todd May, Jay Kloof, Jeff Critchfield MD, Sherminah Jafarieh, Kathy Jung, Ron Weigelt, Basic Price, Troy Williams, Roland Pickens, Reginald Hortinela, Lann Wilder, Ken Ferrigno, Karen Hill, Nader Hammond, Maxwell Bunuan, Ron Alameida, Dave Woods, Dan Schwager, Terry Saltz, Marcellina Ogbu, Aiyana Johnson, Anson Moon, Mark Morewitz.

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 23, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes of the September 23, 2014 SFGH JCC meeting.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if patients who do not share their pain level with SFGH staff pose an obstacle to meeting quality measures. Mr. Williams stated that because some patients do not share their pain level when asked, SFGH staff are not able to better help them with their pain. He added that efforts to educate patients on the importance of sharing their pain level are underway.

Regarding the Regulatory Affairs Report, "California Department of Health Care Services (DHCS) MediCal Audit: Acute Psychiatry Plan of Correction," Commissioner Chow asked if the Psychiatry chart review global error rate of 2% meets the goal of the plan of correction. Dr. May stated that the goal was to achieve less than a 4% error rate.

Action Taken: The Committee approved the Quality Management Report and recommended that the full Health Commission approve the following:

- *Policy 8.09 Hospital Plan for Provision of Patient Care*
- *Policy 17.01 Performance Improvement and Patient Safety Program (PIPS)*

4) DRAFT SFGH 2013-2014 ANNUAL REPORT

Anson Moon, Director of Administrative Operations, reviewed the draft report.

Commissioner Comments/Follow-Up:

Commissioner Chow made the following comments about the draft report:

- Use the term "budgeted" beds instead of "physical" beds on page 8.
- Use the term "skilled nursing" instead of "non-acute" on page 9.
- Organize the research articles together on page 12.

Commissioner Sanchez congratulated SFGH on an excellent draft report.

5) ENVIRONMENT OF CARE ANNUAL REPORT

Kathy Jung, Hospital Associate Administrator, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on whether the security data shows improvement. Captain Ferrigno stated that there is improved documentation and a new database for tracking issues. Ms. Currin stated that the database was developed as a temporary solution; a more robust software package will be needed to ensure the most effective coordination and communication between SFGH and the Sheriff's Department.

Commissioner Chow requested that the prepared presentation be given on the accomplishments and challenges of each section in addition to next steps.

Action Taken: The Committee recommended that the full Health Commission approve the report.

6) HOSPITAL REBUILD AND TRANSITION UPDATE

Terry Saltz, Mark Primeau, Ron Alameida, and Lillian Chan, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if the project is funded through the end-target date. Mr. Wagner stated that the rebuild effort is funded through the end of the project.

Commissioner Chow requested that the full Health Commission SFGH Annual update should include a transition and rebuild update.

7) HOSPITAL ADMINISTRATOR'S REPORT

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

SFGH's Response to Ebola

The recent transmission of the Ebola virus to health care workers in Dallas has created considerable concern in the medical community locally and across the nation. Fortunately, we know of no cases of Ebola here in the Bay Area to date. San Francisco General Hospital (SFGH), however, is preparing for the potential arrival of this disease in our community and at SFGH. We are working closely with the San Francisco Department of Public Health, San Francisco Hospital Council, the California Department of Public Health, and the Centers for Disease Control and Prevention to define best practices and coordinate a community wide plan.

Some of the steps taken are:

- Created an Ebola Task Force consisting of the Infection Control Director Lisa Winston and three front line clinical leaders: Malini Singh from the ED, Antonio Gomez from Critical Care, and Marc Steurer from Anesthesia. These individuals are working alongside Administration, Medical Staff, and Nursing leaders to refine and implement our Ebola plan. The team is meeting daily.
- The Task Force is reviewing, evaluating, and acquiring the necessary Personal Protective Equipment (PPE) that will provide our staff with the best known protection.
- We are creating a small cadre of providers who will conduct drills and simulate care for patients with suspected Ebola infection. These providers then will train others in procedures and practices that best ensure staff safety.
- We are establishing and implementing a rapid transition path from triage in the ED and the outpatient clinics to admission to a designated area of the hospital for further care for persons with suspected Ebola infection.
- Unit 5B has been identified as the isolation unit should a suspected Ebola patient present to SFGH. Patients with suspected Ebola admitted to 5B will be cared for by ICU staff.
- All care teams will be staffed with a trained expert to monitor and coach proper PPE application and removal, which are vulnerable points for transmission of the virus.
- Our knowledge and response to this threat is evolving rapidly. We are providing daily updates to staff holding weekly Town Hall meetings.

Permanent Chief Quality Officer

I am pleased to announce Troy Williams RN, MSN, has accepted the permanent position of Chief Quality Officer at San Francisco General Hospital and Trauma Center. Troy Williams has been with the San Francisco General Hospital for 19 years. He served as the Nurse Manager of Psychiatric Emergency Services, Director of Risk Management, and Interim Chief Quality Officer for the past year.

Sue Currin, Course Presenter for ACS Surgeon Leadership Course

The 2014 Clinical Congress of the American College of Surgeons (ACS) convened October 26–30 in San Francisco, California. The ACS and the Armstrong Institute for Patient Safety and Quality piloted a one day surgeon leadership course during this convention, of which SFGH CEO, Sue Currin, was a course presenter. The goal of this course was to provide an introduction to quality improvement and data review, present engagement strategies and quality improvement models and discuss strategies for barriers. First steps for initiating quality improvement in a surgeons practice or hospital were also be emphasized.

Appointment of Mr. Basil Price, DPH Security Manager

I'm so pleased to announce the appointment of Mr. Basil Price to the role of Security Manager for the Department of Public Health. Mr. Price comes to DPH from Kaiser Permanente, East Bay where he was the Director of Security, Parking and Transportation since 2005. Mr. Price brings with him many years of security management experience and is very knowledgeable regarding Joint Commission standards as well as other federal, state and local regulations.

Mr. Price will be a member of the SFGH Executive Leadership Team and will actively participate on numerous other hospital committees relating to our security program. We look forward to working with Mr. Price in his new role.

SFGH Pharmacy and Respiratory Therapy Staff Highlight Vital Role in Improving Patient Safety

Last week was National Hospital and Health System Pharmacy Week and National Respiratory Care Week. The two departments, Pharmacy and Respiratory Care, working together, set up a Jeopardy game in the back of the Cafeteria on Asthma and COPD and had brochures and information handouts. They had placebo inhalers for people to practice with and counseled them on their use.

Pharmacy staff at SFGH, Laguna Honda and Community Behavioral Health Services used the National Hospital and Health-System Pharmacy Week to underscore the many new and vital roles they now play in patient care. The evolution has been especially dramatic in recent years as pharmacists have moved beyond compounding and dispensing medications to become vital members of multidisciplinary patient-care teams. Pharmacists have been able to take on enhanced patient-care roles because of a number of factors, including the deployment of highly trained, certified technicians and new technologies that dispense medications.

2014 Silver SPUR Award Luncheon

The 2014 Silver Spur Award Luncheon will take place on November 18, 2014. The event is sponsored by the San Francisco Section of the Hospital Council of Northern and Central California and will include a presentation on the 2014 San Francisco Health Sector Impact Report.

Lean Activity Update – September – October 2014

Value Streams

3M Surgical Clinic

- Implemented eCW
- Conducting workflow analysis (product quantity analysis) to inform clinic appointment scheduling

Urgent Care Center

- held a second Value Stream Mapping workshop on September 22-26 which focused on linking patients with services throughout the SF Health Network
- preparing for improvement work to test and implement an appointment scheduling system

Operating Room

- launched new electronic system – Surgical Information System (SIS) in early October
- preparing for a workplace organization and patient and staff flow improvement workshops in November

Radiology

- designing and testing an appointment scheduling template for Outpatient MRI appointments

Outpatient Pharmacy

- coaching and auditing standard work for Pharmacist roles, including a Flow Manager role to address day-to-day prescription issues

Human Resources

- Developed standard communication for New Hires to receive electronically
- Created a website to streamline Appointment Processing – informational forms available for review online (outside of the DPH firewall)
- Working toward co-locating services to further streamline the tail-end of the value stream map (referral issued to orientation date, currently 40 day cycle time)

3P Workflow for Building 25

Inpatient Services (Medical/Surgical and Maternal and Child Services)

- Testing and simulating care team roles (flow facilitation nurse) to address patient flow, including admissions, discharges, and changes in acuity to reduce patient transport and bring services to the patient's bedside
- Developing a nursing care model for Maternal and Child Services taking into account mother, child, and dyad (mother-baby) needs pre and post-partum

Surgical and Procedural Services

- Conducted instrumentation set optimization assessment to include recommendations for sterile processing workflow improvements
- Preparing for staff and patient flow improvement workshop

Emergency Services

- Successfully completed a 5S workplace organization workshop of an exam room, nurse station, medication room, and a resuscitation room
- Preparing for a provider workflow workshop in November

Hospital Safety and Security Improvements Update

A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached. 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).

Patient Flow Reports for September 2014

A series of charts depicting changes in the average daily census is attached to the original minutes of the 10/28/14 SFGH JCC meeting.

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 original minutes of the 10/28/14 SFGH JCC meeting.

Commissioner Comments/Follow-Up:

No comments were made during this report.

8) PATIENT CARE SERVICES REPORT

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

September 2014 - 2320 RN VACANCY RATE: three graphs depicting SFGH nursing vacancy rate is attached to the original minutes of the 10/28/14 SFGH JCC meeting.

Professional Nursing for the Month of September 2014

Nursing Excellence:

The annual Research Days conference hosted by the UCSF Center for Research and Innovation will be October 21 & 22 in South San Francisco. SFGH nurses will give five presentations (four poster and one podium):

- Screening for Delirium on a Progressive Care Unit: Melissa Keller
- Pain Management Plan Satisfaction through Patient-Nurse Communication: Susana Cayturo
- Implementation of a HRSA Sponsored Patient Satisfaction at a Federally Qualified Health Center: Ricardo Ballin
- Cardiac Medication Education: Implementing Medication Resources for Nurses and Patients on a Med/Surg Telemetry Unit: Meghan Brown
- Nurse-led Complex Care Management for Low-Income Patients with Multiple Co-Morbidities: Fern Ebeling

Retention/Professional Development:

The four Nursing shared governance councils, Practice, Quality and Safety, Research and Professional Development will join together to hold a monthly joint meeting with all council members in attendance. Over the next year, these joint meetings will focus on the transition to the new hospital building and the role of council members in the preparatory work to be completed prior to the move.

Two Charge RN development days will be held in October and November for the Perinatal Charge RNs of 6C and 6H. The first class will be held on October 22 and will focus on clarification of the duties of the charge RN and how to support staff RNs in this complex role. This class will serve as a pilot to be offered throughout Nursing Services in 2015.

Planning has continued with Jewish Vocational Services (JVS) for a nursing leadership workshop focusing on change management, team building and conflict resolution. The current healthcare environment involves constant change. With the transition to building 25 next year, managers and charge RNs are navigating their own change experiences and coaching and assisting staff to deal with the upcoming changes. JVS will train 140 nursing staff in late November and early December.

An experienced preceptor training day is scheduled in November for RN preceptors throughout Nursing.

Emergency Department (ED) Data for the Month of September 2014

September | 2014

Diversion Rate: 46%

ED diversion – 257.27 hours (37%) + Trauma override 77 hours (11%)

ED Encounters

Total Patients:	5445
ED Admissions:	854
Patients Discharged:	4157
ED Admission Rate:	16%

Psychiatric Emergency Service (PES) Data for the Month of September 2014

PES had 584 patient encounters in August 2014 and 576 in September 2014. PES admitted a total of 130 patients to SFGH inpatient psychiatric units in September, an increase from 127 inpatient admissions in August. In September a total of 446 patients were discharged from PES: 40 to ADUs, 16 to other psychiatric hospitals, and 390 to community/home.

There was a decrease in Condition Red hours from August to September. PES was on Condition Red for 111.47 hours during 21 episodes in September. The average length of Condition Red was 5.31 hours. In August, PES was on Condition Red for 182.65 hours, during 24 episodes, averaging 7.61 hours.

The average length of stay in PES was 18.12 hours in the month of September. This was a decrease from the August LOS of 19.58 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. This 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 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 August and September, the percentage of which the patient was accepted and was admitted to PES stayed steady at 58%. The percentage of which the referral was accepted but cancelled decreased from 19% in August to 17% in September. This month, 25% 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 requests decreased from 93 in August to 84 in September.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that the report shows that despite diversion rates, the SFGH is caring for more patients in its Emergency Department. Ms. Dentoni stated that the diversion rate does not reduce the workload due to trauma patients and patients that walk in.

Commissioner Chow suggested that the interfacility transfer data be reported semi-annually instead of monthly.

Director Garcia suggested that the SFDPH Human Resource Director, Ron Weigelt, report hiring data in the future.

9) MEDICAL STAFF REPORT

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

MEDIA/PRESS RELEASES

- SF Examiner – The new SFGH Trauma Center was featured in the August 27, 2014 edition of “The Examiner”. The article highlighted the new hospital’s base-isolated foundation, which is the first in the city, and the most earthquake-resistant design known today. The article came out days after the Napa earthquake. *(Copy Attached)*
- UCSF in the News 08-2014 – The SFGH Pediatric Asthma Clinic and the Family Health Center at SFGH were featured in an article about the use of a team-based approach to primary care. These SFGH Clinics have used this approach over a decade for their patients and their families. Doctors, nurses, mental health specialists, medical assistants, and pharmacists would huddle before seeing patients to discuss any upcoming needs or issues in context with the treatment of chronic diseases. *(Copy Attached)*
- SF Gate August 25, 2014 – SF Gate published an article entitled “Let San Francisco show how it cares”, which featured the SFGH Pediatric Clinic and the care it provides for Central American refugee children in San Francisco. *(Copy Attached)*
- 2014 Residency Program Rankings – On September 10, 2014, the physician network Doximity, along with US News and World Report, announced the results of the first comprehensive national evaluation of residency programs. UCSF emerged as one of the leaders in medical education programs with Anesthesia, Radiology, and Neurosurgery in first place, Derm, OB and Neurology in 2nd place and Internal Medicine in 3rd place. *(Copy Attached)*

ADMINISTRATION/LEADERSHIP:

Chief of Staff Goals and Expectations, 2014-2016

Dr. Marks outlined his goals and expectations as Chief of the SFGH Medical Staff 2014-2016, and discussed action plans needed to survive health care reform, tangible goals/accomplishments, and the support requested from the Medical Staff Leadership. Tangible goals/accomplishments include establishing working relationship with DPH leadership, ensure on time and on budget New Hospital with optimal workflows and patient experience, maximize probability and shorten time to implementation of Enterprise EMR, and maximize accountability of the Medical Staff. Dr. Marks emphasized that the support and engagement of the medical staff will be a critical factor in the hospital's ability to succeed and be the hospital of choice in San Francisco. Dr. Marks asked members to work with him in changing current practices and to support the following objectives:

- Make patient care the first priority ahead of teaching and research
- Complete the transition from a resident run hospital to an attending run hospital
- Make decisions based on what is best for the patients and the institution, not what is best for individual Departments and Divisions
- Engage faculty in the leadership, governance, management, and participate in LEAN
- Help achieve accountability of the Medical Staff to regulatory requirements and to the Triple Aim (increase the quality of care, improve patients experience, and bend the value curve).

Members expressed their enthusiastic engagement and support to the goals and expectations set by Dr. Marks during his term as Chief of Staff.

Halogen Completion

Dr. Marks reported a 99% compliance rate for UCSF staff, with 100% compliance by the medical staff. Dr. Marks informed members that work is underway to improve the Halogen process, including the appropriate assignment of modules to staff, and availability of pre-test modules.

Temporary Privileges Pending Permanent Medical Staff Membership

Per the SFGH Bylaws, temporary privileges may be granted on a case by case basis to meet important patient care need when an applicant has submitted a complete application, which on face does not suggest any irregularities or concerns, and is awaiting the review and approval of the Credentials Committee, Medical Executive Committee and the Governing Body. Both Chief of Staff and Executive Administrator approvals are required for all temporary privileges. Under Dr. Shannon Thyne's tenure as Chief of Staff, MEC agreed to set nine criteria for applications not eligible for temporary privileges. This was in line with efforts to standardize the definition of a clean application, and to eliminate subjective decision making. However, temporary privilege for files which are not eligible as "Clean Files" continued to be granted on a case by case basis following this approval. MEC approved the Credentials Committee's recommendation to institute a strict enforcement of the set criteria for applications not eligible for temporary privileges. Furthermore, the Medical Staff Office is working on strategies and processes that will expedite the credentialing process to reduce the number of temporary privileges requests. These include the implementation of online applications, and plans to complete committee approvals (Credentials, MEC and Governing Body) within a one month period. Service Chiefs are also asked to plan ahead, and coordinate with the Medical Staff Office regarding timely completion of new applications by new hires. *(Copy of Criteria for Applications Not Eligible for Temporary Privileges is Attached)*

CLINICAL SERVICE REPORTS:

Laboratory Medicine Service – Eberhard Fiebig, MD, Chief

The report included the following:

- Scope of Services – Clinical Services provided, scope of clinical work, hospital based clinical work, ambulatory based clinical work, structure of Department and Leadership (Organizational Chart)
- Faculty and Residents – Number and organization, leadership team, education and training
- Performance Improvement and Patient Safety Initiatives – Current PIPS (Microbiology, Chem/Tox, Blood Bank, Point of Care Testing), Review of NPSG Indicators, Patient Satisfaction Data, Department’s participation in PIPS activities, Department’s involvement in Hospital/Med Staff Committee, OPPE process, Dissemination of Information from Med Staff/Hospital Leadership to Faculty and Staff.
- Research – Clin Lab support of UCSF/SFGH/DPH research projects, Lab Med Faculty research/creative activities
- Financial Report – expenses, charges
- Strengths/Weaknesses – Strengths include experienced, loyal staff, UCSF affiliation, and chemistry/toxicology capabilities. Weaknesses include the challenging infrastructure and resource limitations.
- Challenges – Leadership succession, pre-analytical phase of testing (specimen collection and Accessioning), point of care testing, IT management of Lab/POCT records in multiple EMRs, and modernization of the Lab (Core Lab).
- 2014-2016 Goals – Leadership Transition (Lab Manager, Sr. Supervisor, Spec Collection Management, Director, and other positions), Move of Blood Bank into the New Hospital, Implement Collection Manager System, Upgrade instrumentation and implement new Assays in Micro/Chemistry/Hematology Labs, New POCT (CoaguCheck in FHC, GMC, iStat in Rad and ED), Develop plans for Chemistry/Hematology Core Lab, and Improve Emergency Preparedness.

Dr. Fiebig announced his forthcoming retirement in June 2015, and assured members that he will work on the smooth leadership transition in Laboratory Medicine. Members applauded Dr. Fiebig for his outstanding leadership through the years, and the Laboratory Medicine’s valuable services to the hospital.

Commissioner Comments/Follow-Up:

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

- Standardized procedures for clinical pharmacists
- Updated rules and regulations for laboratory medicine
- List of reference laboratories for lab tests
- List of SFGH clinical lab critical values

10) PUBLIC COMMENT

There was no general public comment.

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.

APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 23, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND 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 the September 23, 2014 Closed Session minutes and the Performance Improvement and Patient Safety Report; and the September Credential Report. The Committee voted not to disclose other discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 4:36pm.