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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, March 24, 2015 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 Currin, Barbara Garcia, Sue Carlisle MD, Roland Pickens, Iman Nazeeri-Simmons, Terry Dentoni, Todd May MD, Dave Woods, Basil Price, Sue Schwartz, Troy Williams, Jeff Critchfield MD, Ted Yamasaki, Ron Weigelt, Lillian Chan, Alice Chen MD, Greg Wagner, Dan Schwager, Jay Kloo, Yvonne Lowe, Valerie Inouye, Maxwell Bunnan, Aaron Cramer, Alberto Meijio, Reginald Hortinela, James Alexander, Shermineh Jafarieh, Laure Marshall, Karen Hill, Yunice Kim, Virginia Deutsch, Chris Dunne, Anson Moon

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

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 24, 2015 SANFRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The SFGH JCC unanimously approved the February 24, 2015 SFGH JCC meeting minutes.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Regarding the February 17, 2015 Quality Council Minutes EOC/Safety Security Quarterly Update, SFSD Assistance with AWOL At-Risk-Patients, Commissioner Chow asked if the one AWOL patient who did not return was found. Dr. May stated that this patient was found by police in Alameda. Commissioner Chow requested that the Quality Council minutes be revised to include this information.

Regarding the Quality Council Minutes Annual Privacy Report, Commissioner Chow asked for the rationale to continue to study the white-board issues when the situation seems to call for proposing solutions to the situation. Ms. Currin stated that SFGH has received conflicting information from different surveyors; therefore SFGH has requested written guidance on this issue from the surveyors.

Commissioner Singer stated that the format of the Regulatory Affairs Report makes it difficult to understand what issues should be prioritized for attention.

Commissioner Chow asked if there is an update on security procedures related to visitors. Ms. Currin stated that Basil Price, SFDPH Security Director, will be providing a security update later in the meeting that will include information related SFGH visitor procedures; she added that SFGH will identify high-risk areas where visitors will be required to wear badges.

Action Taken: The Committee approved the February 17, 2015 Quality Council Meeting minutes.

4) CMS DSRIP UPDATE

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for an explanation of the "DY10 Potential Incentive Payment" column in the report. Laure Marshall, Director of QM Data Center, stated that this column shows the reimbursement amount SFGH is expecting to receive based on current data. Ms. Marshall also stated that SFGH must put up half of the expected incentive payment amount in order to receive the remainder.

Commissioner Singer asked if nursing staff understand that there is a financial connection between categories of infection and the amount of reimbursement SFGH will receive. Commissioner Chow stated that medical staff understand the impact of an infection on patient's health but it is important that they understand the financial impact on SFGH and the San Francisco Health Network. Mr. Williams stated that staff understand the connection between quality of care and reimbursement levels. Ms. Nazeeri-Simmons stated that SFGH continues efforts to educate staff on these issues.

Commissioner Singer asked for an update on DSRIP when the relevant waiver is negotiated. Mr. Pickens stated that it will likely be in the fall of 2015 that information about the waiver will be available.

5) **QUALITY MEASURES**

Laure Marshall, Director of QM Data Center, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked which measures are required for SFGH. Ms. Currin stated all the measures listed are required; future presentations will indicate which measures SFGH has prioritized.

Commissioner Chow stated that the Health Commission needs to understand the priorities and goals for each measure and the rationale for each priority.

Commissioner Singer encouraged SFGH to strive for the highest goals. Ms. Marshall stated that SFGH uses incremental goals that lead to overall goals on these measures. Ms. Currin stated that although documentation is a weak area for SFGH, the hospital will achieve many of the quality outcomes. Dr. Chen stated that the San Francisco Health Network is strengthening its system to create reliable standardization that will improve documentation procedures to best capture the high quality of care provided to patients.

SFHN OUT OF NETWORK COST UPDATE

Alice Chen, SFHN Chief Medical Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked how often new repatriation data is available. Dr. Chen stated that this data is available daily.

Commissioner Chow asked for clarification regarding the source of this data. Ms. Currin stated that the San Francisco Health Network partners with the San Francisco Health Plan to access this data.

Commissioner Singer asked if the San Francisco Health Network earns revenue when a patient with other insurance coverage accesses Network services. Dr. Chen stated that the San Francisco Health Network does earn revenue in this scenario.

Commissioner Chow requested an update this summer in six months.

6) **SECURITY UPDATE**

Basil Price, DPH Director of Security, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for an update on the relationship between the SFDPH and the San Francisco Sheriff's Department. Mr. Price stated that the relationship is good and productive; he acknowledged the work Director Garcia initiated on this effort prior to his hire.

Commissioner Singer asked Mr. Price if there are serious security issues that remain problematic. Mr. Price stated that control of access to the SFGH buildings remains an issue; he added that he is working towards making sure that unauthorized individuals cannot access to SFGH buildings.

Commissioner Singer asked if nurses are feeling safe. Ms. Dentoni stated that nurses are feeling safer. This is due to changes in Sheriff's procedures and through the joint efforts of the SFDPH and the Sheriff's Department.

HOSPITAL ADMINISTRATOR'S REPORT

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

Patient Safety Awareness Week

March 8th to March 14th, 2015 is Patient Safety Awareness Week, an annual education and awareness campaign for health care safety led by the National Patient Safety Foundation (NPSF). Each year, health care organizations around the globe take part promoting patient safety within their organizations. The theme for 2015 is "United in Safety" – that everyone in the health care process plays a role in the delivery of safe care and by uniting together and sharing that common goal, can make a difference in patient safety.

Throughout the year, SFGH recognizes units and individuals with patient safety hero awards for going that extra mile for patient safety. In celebration of Patient Safety Awareness Week, SFGH is recognizing those individuals and teams who were recognized with a Patient Safety Hero award this past year. These included Unit 4B Nursing, Unit 5C Nursing, Unit 5D Nursing and Unit ^A Nursing. An Individual Patient Safety Hero Award went to Michael Beaudreau, Anesthesia Services.

The 5D Nursing staff were awarded with the Patient Safety Hero Award in July 2014. They were the first unit to record no preventable harm (Central Line Associated Blood Stream Infections, Ventilator Associated Pneumonia, Catheter Related Urinary Tract Infections, C-Diff Infections, Hospital Associated Pressure Ulcer, Falls with Injury, Medication Errors, Surgical Site Infections and preventable serious events) in a month.



Michael Beaudreau from Anesthesia was recognized for his heroic action in responding to a fire - using R.A.C.E. instructions of responding to and extinguishing a fire.

7th Annual Give Kids a Smile Day at SFGH

Margret Fisher with DPH Child Health & Disability Prevention (CHDP)

Program coordinated the seventh annual *Give Kids a Smile Day* at SFGH in Building 9 and Building 30 on Feb. 20th. With the assistance of over 50 dental and non-dental volunteers, they were able to serve 153 children – of whom 75% were affiliated with the Women, Infants and Children (WIC) Food and Nutrition Program. Of the 153 children served,

- 34% presented with dental problems
- 1 child, with a swollen jaw, needed urgent care. Child was escorted to the 6M Children's Health Center where she received antibiotics.
- 40% of the children did not have a dental home.
- 87% received Fluoride Varnish.
- All children will be provided a follow-up call(s) to link them to dental care

In addition to the dental and non-dental volunteers, the event was supported by the Hospital's Environmental Services staff, the Learning Center staff, the SFGH WIC staff, the Family Health Center and the Children's Health Center staff.

Trauma Recovery Center Update

I am happy to report that the Trauma Recovery Center continues to operate – treating more than 720 victims of violent crime a year. Last year a Bill was passed that resulted in the UCSF/SFGH Trauma Recovery Center model being replicated in Long Beach and Los Angeles. In addition, Proposition 47 passed in November. This is the measure that decriminalizes certain nonviolent offenses, and the savings from decreasing prison time will go into a number of new programs/initiatives. Ten percent of these funds will go into replicating the UCSF/SFGH model throughout California. These monies will not be available for distribution until late 2016.

The authors of Prop 47 (Californians for Safety and Justice) and Senator Leno want to insure that it is the UCSF/SFGH model that gets replicated. To this end SB 518 was just introduced in the Senate. If it passes, it would require that new Centers being created are based on the UCSF/SFGH model. It would also establish the Trauma Recovery Center as being a Center for Excellence and would put the Center in a position to provide technical assistance to new TRC's. This would allow the Trauma Recovery Center to become more self-sufficient and less reliant on General Fund.

SFGH Budget Initiatives for FY 15-16 and FY 16-17

The SFGH Budget Initiatives were presented at last month's SFGH-Joint Conference Committee and Health Commission meetings. Below is the cumulative impact of the SFGH budget initiatives that were discussed and approved by the Health Commission. They result in a net savings of \$11.7 million, which is applied toward the funding of an integrated EMR.

	(Cost)
	Savings
	<u>(in millions)</u>
New Initiatives for FY 15-16 and 16-17	\$(4.4)
Baseline Revenues	\$ 9.1
RX One time savings FY 14-15	<u>\$ 7.0</u>
Total	\$11.7

Patient Flow Reports for February 2015

A series of charts depicting changes in the average daily census is attached the original minutes.

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.

Commissioner Comments/Follow-Up:

Commissioner Chow thanked Ms. Currin for the report.

7) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of February 2015

Retention/Professional Development:

Nursing Grand Rounds was held on March 18, 2015. The topic, *Preparing for the Future: Patient Centered Care and the Acuity Adaptable Model at SFGH* was presented to nursing staff in order to provide current information on the concepts behind the changes in the nursing care delivery model which will occur in Building 25. Planning processes were described and descriptions of the patient care environment were provided by Terry Dentoni, CNO.

A job fair is planned for Saturday March 28, 2015 at Laguna Honda Hospital. This job fair is being coordinated by Willie Ramirez of Human Resources and will be conducted by the nurse managers and nursing directors of all SFGH nursing specialties and LHH and Primary Care.

Transition Initiatives:

The Model Cell teams of 5D and the OR/PACU have initiated the "homework" which was assigned to them (at the Thedacare Center for Healthcare Value) from Module I in order to implement the SFGH Management System. The homework assigned includes: creating and practicing the utilization of a Stat Sheet, establishing a unit leadership team, the creation of a monthly scorecard and conducting three scorecard meetings.

The Nurse Managers for the three units have successfully implemented daily Stat sheet reports with the units' Charge RNs. The Stat sheet is a communication tool which promotes open ended questioning regarding the work of the unit and focuses on the areas of safety, quality, patient experience, developing people and financial stewardship. Promotion of problem solving at the front line level is a goal of the stat sheets. Within the next month, the Surgical Services and Medical-surgical Nursing Directors will implement stat sheets with the model cell unit managers. This facilitates the flow of information upward through the organization to insure that daily work is consistent with the True North metrics (strategic objectives) of the organization.

Ethel Roque, RN, Nurse Manager on 5D has established her unit leadership team which consists of ten individuals. These individuals are day and night shift charge nurses and direct care RNs and Dana Frieser, Medical-surgical Performance Improvement Coordinator. KPO staff are providing support and facilitation for the team's meetings. The first meeting was held on March 18, 2015. Ethel provided an overview of the SFGH Management System and the tools to be utilized in the Management system. The team began discussions on the unit scorecard.

The unit scorecard documents the unit's performance on improvement measures which are being watched and those measures which are "drivers". The drivers are measures which a unit chooses to

focus on for problem solving and improvements. Ethel completed the first step in engaging front line staff in the improvement PDSA cycle.

The 5D team will continue discussions in two additional leadership meetings to occur before April 15 in order to finalize the 5D scorecard. The Surgical Services leadership team is currently being established and will also meet to create the scorecard prior to April 15.

Emergency Department (ED) Data for the Month of February 2015

February | 2015

Diversion Rate: 50%
ED diversion – 222 hours (33%) + Trauma override -119 hours (17%)

ED Encounters: 3971

ED Admissions: 859

ED Admission Rate: 22%

Psychiatric Emergency Service (PES) Data for the February 2015

PES had 556 patient encounters in January 2015 and 542 in February 2015. PES admitted a total of 92 patients to SFGH inpatient psychiatric units in February, a decrease from 110 inpatient admissions in January. In February a total of 450 patients were discharged from PES: 33 to ADUs, 17 to other psychiatric hospitals, and 400 to community/home.

There was an increase in Condition Red hours from January to February. PES was on Condition Red for 108.67 hours during 20 episodes in February. The average length of Condition Red was 5.43 hours. In January, PES was on Condition Red for 74.7 hours, during 16 episodes, averaging 4.66 hours.

The average length of stay in PES was 18.07 hours in the month of February. This was a decrease from the January LOS of 18.81 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 January and February 2015, the percentage of which the patient was accepted and was admitted to PES decreased slightly from 63% to 60%. The percentage of which the referral was accepted but cancelled remained the same- 15% in January, 15% in February. 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 increased from 86 in January to 87 in February.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that Diversion rates are now around 50% and asked when improvements in the rates can be expected. Ms. Dentoni stated that as new staff are hired, existing staff must be pulled from their regular duties to assist in training. As this cohort of new staff are trained, Diversion rates are expected to improve. She estimated that mid-summer will likely show some improvements.

8) SFGH RN HIRING AND VACANCY REPORT

Ron Weigelt, Director of Human Resources, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer thanked Mr. Weigelt, Director Garcia and all those involved in making improvements to the hiring process. He asked whether it is realistic to expect the new SFGH hospital to open in December. Ms. Currin stated that the new hospital will open in December 2015.

Commissioner Chow thanked the City's Department of Human Resources and the Mayor's Office for their assistance with improvements to the Human Resource hiring process.

9) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Risk Management Medical Director, gave the report.

ADMINISTRATION/LEADERSHIP:

Delinquent Medical Charts – Significant improvements in the rate of delinquent medical records were noted. Service Chiefs continue to receive reports on delinquent medical records on a weekly basis and are asked to ensure timely completion.

Blackout Dates for Vacations – MEC members were advised that the memo sent out on Feb 3, 2015 regarding blackout dates for vacation time approval apply to all hospital staff, including the medical staff. This is in recognition of the preparation time required to open the new hospital facility at SFGH and the need to schedule the mandatory training prior to moving into the facility in December 2015.

CLINICAL SERVICE REPORTS:

Anatomic Pathology Service Report– Steven Nishimura, MD (for Walter Finkbeiner, MD, Chief)
The report outlined the following:

- Vision, Mission and Goals – State-of-the art pathologic diagnostic service, education/research/collaboration, and Dependable/Efficient/Collegial
- SFGH Pathology Scope of Clinical Services – Surgical Pathology, Cytology, and Autopsy. Statistics on the total case volume for cytology and surgical, selected trends in case load, Paraffin Blocks, Special Stains, Offsite Laboratory Testing, and Costs for Anatomic Pathology.
- Pathology Organization – Faculty and Staff
- SFGH Pathology Residency Program – UCSF Pathology Residency ranked #9 in the latest U.S. News & World Report (2015).
- PIPS – Projects in three areas: Efficiency, Diagnostic Accuracy/Peer Review, and Reporting (Required data items)
- Research – Clinical/Translational Research, Basic/Translational Research and SFGH Research Effort.
- Financial Report
- Strengths and Weaknesses – Strengths include the core group of experienced faculty and staff, and partnership with UCSF to provide expertise in all pathology subspecialties. Challenges include workload/staffing, multiple faculty with other appointments at Parnassus or Mt Zion, communication of results to the appropriate provider, and the compatibility of current pathology reporting system with EMR.

To address workload issues, 2015-2016 goals include hiring a PA to help with specimen/dissection/teaching, a new faculty member clinician/researcher, and updating of pathology information system (reporting system). Long term goals in 2017 include relocation of the Pathology Service closer to OR and other sites of patient care, FNA clinic-increase faculty productivity and modernizing histology and immunohistochemistry laboratories.

Action Taken: The SFGH JCC unanimously approved the following:

- Hematology/Clinical Pharmacist Standardized Procedures
- Anatomic Pathology Reference Laboratories Rules and Regulations
- MEC approved list of approved outside laboratories for use by anatomic pathology

10) PUBLIC COMMENT

There was no 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 FEBRUARY 24, 2015

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 February 24, 2015 Closed Session minutes; the March 2015 Credentialing Report; and the Performance Improvement and Patient Safety Reports. The Committee voted not to disclose other discussions held in closed session

12) ADJOURNMENT

The meeting was adjourned at 5:23pm.