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FRANCISCO**

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Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, July 28, 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: Roland Pickens, Iman Nazeeri-Simmons, Troy Williams, David Woods, Basil Price, Ron Weigelt, Brent Andrew, Jeff Critchfield MD, Terry Dentoni, Todd May MD, Sue Carlisle MD, Valerie Inouye, Yvonne Lowe, Margaret Damiano, Jay Kloo, Lillian Chan, Greg Wagner, Swati Kumar, Andrea Swann, Yunice Kim, Alice Chen MD, Dan Schwager, Kim Van Nguyen, Anson Moon

The meeting was called to order at 3:04pm. Commissioner Chow noted that Sue Currin recently retired as CEO and thanked her for her service. He welcomed Mr. Pickens as interim CEO.

2) APPROVAL OF THE MINUTES OF THE JUNE 23, 2015 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Commissioner Comments/Follow-Up:

Commissioner Singer stated that on page 7, item 8, "SFGH RN Hiring and Vacancy Report," his name should be added to the second comment to clarify who asked the question.

Action Taken: The SFGH JCC unanimously approved the June 23, 2015 minutes.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer, reviewed the reports.

Commissioner Comments/Follow-Up:

Commissioner Chow thanked Mr. Williams for the informative reports.

Commissioner Singer asked whether the penalty relevant to the Hospital Acquired Conditions will change from 1% of SFGH's Medicare reimbursement amount. Mr. Williams stated that SFGH will not be fined this year. He noted that SFGH must continue to improve in this area to avoid fines next year; he added that the penalty rate will increase in the next year.

Action Taken: The Committee approved the June 16, 2015 Quality Council meeting minutes.

4) UCSF EDUCATION AND RESEARCH PROGRAM AT SFGH

Sue Carlisle, Vice Dean, UCSF at SFGH, gave the presentation

Commissioner Comments/Follow-Up:

Commissioner Singer asked for more information on the planned use for the older brick buildings once they are emptied by SFGH/UCSF programs/projects. Dr. Carlisle stated that the buildings, built in 1915, need substantial work to make them seismically sound and to add necessary HVAC systems. She added that a proposal to rent out the buildings to vendors that would lease the buildings to private labs has not received approval.

Commissioner Chow thanked Dr. Carlisle for the presentation. He asked what percentage of UCSF students will rotate through SFGH as part of their training. Dr. Carlisle stated that almost all of UCSF students rotate through SFGH as part of their education and training.

Commissioner Chow asked there will be changes to the location of the Poison Control Center. Dr. Carlisle stated that the program is a mix of local and state funds and that it will move into SFGH building 5.

Commissioner Sanchez thanked Dr. Carlisle for the excellent report. He noted that beside formal medical student rotations, there are undergraduate, pharmacy, and nursing students who train at SFGH.

Mr. Pickens stated Dr. Carlisle's presentation fulfills a Joint Commission requirement for the SFGH Governing Body to be involved in graduate education activities at the hospital.

Commissioner Chow asked Mr. Morewitz to send the presentation to all the Health Commissioners.

5) OVERSIGHT OF COMMUNITY PRIMARY ORIENTED CARE AT SFGH

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

Commissioner Comments/Follow-Up:

Commissioner Chow asked how quality issues of the clinics are reviewed. Dr. Chen stated that quality issues within the San Francisco Health Network (SFHN) primary care clinics are reviewed at the SFGH Performance Improvement and Patient Safety Committee and the Medical Executive Committee. She noted that the San Francisco Primary Care section has its own quality reports and measures developed with the input from SFHN health center directors.

Commissioner Singer asked how quality data is gathered for analysis since there is no centralized electronic health record (EHR). Dr. Chen noted that UCSF has only recently been able to access data from EPIC, its EHR. Mr. Pickens stated that on September 9, 2015 the San Francisco Health Network will hold a planning session to develop new performance metrics.

6) REBUILD/TRANSITION UPDATE

Iman Nazeeri-Simmons, SFGH COO, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for the date of the move into the new hospital building. Ms. Nazeeri-Simmons stated that the target date for the move is May 21, 2016. She added that there will be a regulatory survey which will impact the target date; she noted by December, 2015, the move in date should be clarified.

Commissioner Chow requested that future reports include a break-out of components so the Health Commission can best understand the project timeline. Commissioner Singer stated that the Health Commission needs to understand the critical path related to progress on the move-in. Commissioner Chow suggested using a scorecard to show the critical items.

Commissioner Sanchez commended the SFGH team for accomplishing so much on the Rebuild timeline already. He reminded the JCC members that survey results vary depending on the individuals making up the survey team.

Commissioner Singer asked for information on the next important steps to complete the catheterization lab. Terry Saltz, SFGH Rebuild, stated that getting the room ready for a September delivery of equipment is the next phase.

7) HOSPITAL ADMINISTRATOR'S REPORT

Roland Pickens, Interim Chief Executive Officer, gave the report.

Sue Currin, Chief Executive Officer Retires after 34 Years

Sue Currin, Chief Executive Officer (CEO) of San Francisco General Hospital and Trauma Center, announced her retirement after 34 years of service.

Sue was appointed CEO in 2009 after serving as the hospital's Chief Nursing Officer and Chief Operating Officer for many years. During her tenure, Sue led the hospital through tremendous

progress. The clinical quality is nationally recognized, with standout performances in obstetrics, pediatrics, geriatrics, palliative care, cancer, trauma, and HIV/AIDS care and research. Sue has also been instrumental in guiding the construction and upcoming completion of The General's new acute care and trauma center.

Roland Pickens, Director of the San Francisco Health Network and former Chief Operating Officer at The General, will be serving as interim CEO. We look forward to beginning this exciting new chapter together.

Brent Andrew, new SFGH Chief of Communications

Brent comes to us with a wealth of professional experience that includes great depth that includes crisis communications, events, media relations, internal communications, and providing strategic communications counsel. He comes to us most recently from Chevron, where he has served as chief communications strategist and company spokesman. He managed executive communications during the Hurricane Katrina disaster. Brent's background in diverse, complex organizations and his experience with high-profile situations will be a great asset.

Security Operations Center Opening

San Francisco General Hospital celebrated the opening of its new Security Operations Center (SOC) on Thursday, July 9, 2015. Staffed 24 hours a day and outfitted with CCTV cameras of all high risk areas, SOC staff will provide timely security and law enforcement service to patients, visitors and staff of San Francisco General Hospital. They are responsible for supporting the Incident Command Center during any activation of the disaster response plan and continue to provide timely security and law enforcement service to San Francisco General Hospital's customers. The SOC will also operate as the dispatch and security call center for all Department of Public Health facilities.

Salar TeamNotes

SFGH is currently rolling out an electronic documentation platform for inpatient providers called Salar TeamNotes™. TeamNotes™ is a bolt-on, web-based application that overlays our core EMR and makes it possible for providers to customize note templates and capture discrete structured data.

The platform allows for global governance of content, with respect to the coming ICD10 transition, and logic run in the background ensures that notes meet billing criteria as well as JC performance standards.

The following Services are currently piloting TeamNotes™ in the inpatient arena:

- Medicine (Faculty Inpatient Services, Resident Inpatient Services)
- Family Medicine Inpatient Services
- Gastroenterology
- Infectious Disease
- HIV/Positive Health
- Hematology
- Oncology
- Rheumatology

Patient Flow Reports for June 2015

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

Commissioner Comments/Follow-Up:

Commissioner Chow asked if the Salar TeamNotes system is used for progress notes. Dr. May stated that this system is used for electronic progress notes.

Commissioner Singer asked if medical staff are transcribing handwritten notes or typing notes directly onto the Salar system. Dr. Critchfield stated that medical staff may use handwritten notes to help them stay organized and then type them directly into the Salar system.

Commissioner Singer asked for more information on the salary savings note in the report. Greg Wagner, SFDPH CFO, stated that this savings is due to the phased-in hiring process for the Rebuild and is not expected to repeat next year.

8) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of June 2015

Transition Initiatives:

- Meeting held with Philips for work on the new vital signs and monitoring equipment in the medical-surgical area. Automated vital sign equipment and use of MEWS (Medical early warning scores) will be new clinical tools in building 25 medical surgical units.
- As part of the SFGH's Security Plan, 6C Birth Center will now be a locked and secure unit. A cadet will be stationed outside of the 6C and 6H doors to greet and check in all visitors 24/7. The cadet will allow all visitors/patients into the unit immediately that may be in distress and require medical assistance. For others - the Cadet will greet each visitor and request ID. The visitor's ID will be scanned and a customized photo ID visitor's pass will be automatically printed. This new level of security will provide a safer environment for our youngest and most vulnerable patients.

Professional Development:

- Sasha Cuttler, RN PhD, CALNOC Coordinator, presented the poster, *Sounding the Alarm on Inpatient Falls: Decreased Falls and Injuries with Icons and Videos* at the America's Essential Hospital's conference in San Diego last month.
- In June, the ICU unit 5E/R and Medical-surgical units 5A and 6A were celebrated for having no patient safety harm events in the month of March 2015. Harm events include: falls with injury, hospital acquired pressure ulcers (HAPU), central line infections, c-diff, ventilator associated pneumonia, medication errors associated with harm, catheter associated UTI and sentinel events.

- Basil Price, DPH Director of Security, initiated the first in a series of Crisis Prevention Institutes (CPI) Non-violent Crisis Intervention course trainings in the Emergency Department. The course was well attended by a mix of ED nursing, ancillary and medical staff. The staff were engaged throughout the session and more staff are excited to attend the next three additional training sessions.
- Eight critical care nurses attended the American Association of Critical Care Nurses National Teaching Institute four day conference in May. They attended multiple educational sessions designed to educate, motivate and inspire bedside nurses working in high acuity ICUs all over the US. They are excited to share what they learned with their home team.

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

June | 2015

Diversion Rate: 42%

ED diversion – 174 hours (24%) + Trauma override -130 hours (18%)

ED Encounters: 5589

ED Admissions: 901

ED Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the June 2015

PES had 599 patient encounters in May 2015 and 671 in June 2015. PES admitted a total of 91 patients to SFGH inpatient psychiatric units in June, an increase from 90 inpatient admissions in May. In June a total of 580 patients were discharged from PES: 15 to ADUs, 18 to other psychiatric hospitals, and 547 to community/home.

There was a decrease in Condition Red hours from May to June. PES was on Condition Red for 152.2 hours during 25 episodes in June. The average length of Condition Red was 6.13 hours. In May, PES was on Condition Red for 195.9 hours, during 26 episodes, averaging 7.56 hours.

The average length of stay in PES was 16.96 hours in the month of June. This was a decrease from the May LOS of 20.41 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 May and June 2015, the percentage of which the patient was accepted and was admitted to PES decreased from 63% to 48%. The percentage of which the referral was accepted but cancelled increased from 22% in May to 27% in June. 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 May to 88 in June.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if the Sheriff's staff been receptive to SFGH training for the Emergency Department. Basil Price, SFDPH Security Director, stated that the trainings have been well received by Sheriff's staff.

Commissioner Chow stated that the "Disposition of PES Referrals from Other Hospitals" graph does not effectively show whether referrals from specific hospitals are appropriate. Mr. Pickens stated that he will work with SFGH staff to improve the manner in which this data is presented.

9) SFGH RN HIRING AND VACANCY REPORT

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

Commissioner Comments/Follow-Up:

Commissioner Singer stated that previous reports showed a chart of monthly targets to compare the current month's data. Mr. Weigelt stated that those charts used projected targets which were found not to be accurate over time; he added that a new report format will be presented in January with specific targets.

Commissioner Singer requested that the new targets be added to future reports beginning in August, 2015. He added that it is important for the Health Commission to compare actual data to projected targets to understand issues related to hiring staff for the new hospital.

10) MEDICAL STAFF REPORT

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

LEAN Management and A3 Thinking

In continuation of the discussion about the SFGH Strategic Plan, its True North Metrics, Lean Leadership, and the Lean Management System that is being rolled out, and the tangible action plans MEC will need to implement to manage change and expectations, members started a series of LEAN Management education and presentations of the SFGH tactical A3's at the July Leadership MEC Meeting. These 30 min training sessions and A3 reviews will continue at every Leadership MEC, with

an A3 Thinking workshop for Service Chiefs planned in October 2015 and a UCSF@SFGH Strategic Planning session targeted in January 2016.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information regarding the plan to encourage the remaining 30% of SFGH Service Chiefs to participate in Lean training. Dr. Marks stated that additional Lean trainings are being scheduled so the remainder of the Service Chiefs may participate.

Regarding the “Standardized Procedure: Nurse Practitioner/Physician Assistant in the Emergency Department and Clinical Decision Unit,” Commissioner Chow requested that Dr. Marks review page 15 section “E: Initiation or adjustment of medication other than those in the formularies.” He noted that he is willing to pass the revision as long as Dr. Marks thoroughly reviews this and other related changes. Dr. Marks stated that he would thoroughly review the revision.

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

- Interim Service Chief, Laboratory Medicine-Dr. Barbara Haller.
- Credentials Standardized Procedure: ED CDU 2015 NP/PA

11) PUBLIC COMMENT

There was no public comment.

12) 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 23, 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 June 23, 2015 Closed Session minutes; the July 2015 Credentialing Report; and the Performance Improvement and Patient Safety Reports. The Committee voted not to disclose other discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 6:12pm.