1) **CALL TO ORDER**

Present: Commissioner David Pating, M.D.
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, Bill Kim, Tim Greer, Terry Saltz, Alice Chen MD, Dan Schwager, Kimvan Nguyen, Anson Moon

The meeting was called to order at 3:05 pm.

2) **APPROVAL OF THE MINUTES OF THE JULY 28, 2015 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**

The approval of the minutes from July 28, 2015 SFGH JCC meeting was deferred until the September 22, 2015 SFGH JCC meeting. The delay is due to the Committee members not receiving the minutes in their packets which prevented adequate time to review the document.

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

Troy Williams, Chief Quality Officer, reviewed the reports.
Commissioner Comments/Follow-Up:
Commissioner Singer asked for more information on the 75% cycle count accuracy rate. Ms. Nazeeri-Simmons stated that all items are bar-coded; however, individual boxes will not be bar-coded. The city audits the cycle count and SFGH is implementing 5S to clean up the workplace and create stabilization in par levels.

Commissioner Singer asked for more information on the tracking of medical supplies. Mr. Woods stated that the SFGH Pharmacy monitors all controlled substances and discrepancies in real-time.

Commissioner Singer asked for more information regarding the focus on food and patient experience deliverables. Mr. Pickens stated that SFGH has hired a new Food and Nutrition Services Director from Stanford and the focus is on new hospital. Commissioner Singer requested that the Director present to the JCC in the future on the challenges in SFGH Food and Nutrition Services.

Director Garcia stated that most of the complaints regarding the quality of food have not been from patients, but from staff as FNS changed leadership personnel from external vendors to DPH staff.

4) **PATIENT EXPERIENCE AND SERVICE EXCELLENCE**
Jeff Critchfield, Chief Medical Experience Officer, gave the presentation.

Commissioner Comments/Follow-Up:
Commissioner Pating thanked Dr. Critchfield for an excellent presentation. He asked for more information on A3 consensus and the level of effort in framing the problem and solution. Dr. Critchfield stated that this is version 12 of the A3. The reason for different versions is Dr. Critchfield has elicited feedback from nurses and staff, which ranged around 200-300 people. Ideally, A3’s are written in pencil with many drafts.

Commissioner Pating asked for more information on accessibility of patients providing yelp comments, as not everyone has a cell phone or computer. Dr. Critchfield stated that Yelp comments help SFGH staff think broadly to expand understanding of the patient population. Commissioner Pating shared that patient experience and service excellence starts at the top of an organization; framing culture at the highest level is important and it does not stop with one iteration. Commissioner Pating commended the team and recommended that the team pilot CI-Care at other SF Health Network divisions.

Director Garcia agreed with Commissioner Pating and stated that SFGH must re-align and embrace this new culture as executives. Dr. Critchfield shared that SFGH created an advisory council that is working across the network to align other organizations and to ensure alignment. The primary care clinics received the National Award for highest improvement for provider communication. Commissioner Signer congratulated SFGH on the achievement.
5) **REBUILD/TRANSITION UPDATE**

Bill Kim, DPH Chief Information Officer, gave the presentation.

Commissioner Comments/Follow-Up:
Commissioner Singer suggested that future presentations illustrate critical risks to the schedule or timeline and provide milestones and sequence of events. He added that the Health Commissioners need to understand the critical path and risks and ensure SFGH can meet the completion date.

6) **HOSPITAL ADMINISTRATOR’S REPORT**

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

**SFGH Hosted 50th Anniversary of Medicare and Medicaid Celebration**

To commemorate the anniversary, CMS, Health and Human Services and San Francisco General Hospital and Trauma Center hosted an event on July 30th, exactly 50 years from the day President Johnson signed the Social Security Amendments of 1965 into law. The event featured remarks from health care experts about how Medicare and Medicaid continue to build a health care system that is better, smarter, and healthier. Roland Pickens, Director of the San Francisco Health Network, and Interim CEO of SFGH made introductory remarks and Dr. Edgar Pierluissi, Medical Director of the hospital’s Acute Care for Elders Unit was a panelist. The keynote speaker was Dr. Sandra Hernandez, President and CEO of the California HealthCare Foundation and former SFDPH Director.

**Racial Humility Courses with Dr. Ken Hardy**

SFGH held the first Racial Humility cohort during the week of August 3rd for Emergency Department and Executive Staff. The four-day courses aim to increase awareness and continually improve the care we provide our patients and their families. DPH leadership has identified an opportunity for all of us to assess, and if needed, improve our ability to live the mission of SFGH, which is to provide care with compassion and respect. SFGH staff found it beneficial in approaching the SFGH mission under a lens of cultural and racial diversity that reflects the SFGH community.

Racial Humility Courses are led by Dr. Ken Hardy. Dr. Hardy is an internationally recognized clinician, author, and trainer. He is also the Director of the Eikenberg Institute for Relationships in New York City where he maintains a private practice specializing in working with traumatized and oppressed populations.

Dr. Hardy, along with a colleague, developed the training manual and curriculum that has been used in New York City to train licensed clinicians in Trauma Based Family Therapy. This program was funded by the September 11th Fund of New York and was co-sponsored with the NYC Mental Health Association. Additionally, he has provided training and consultation to an extensive list of Human Services agencies devoted to providing Trauma-Based, culturally competent care to children, couples and families.

This is an educational and training program that the entire DPH workforce will experience over the next few years.
2015 Hearts Grants Awards Ceremony
On August 13, 2015, San Francisco General Hospital Foundation hosted the 2015 Hearts Grants Awards Ceremony. They awarded over $1 million in support to programs at San Francisco General Hospital & Trauma Center. They proudly provide seed money for innovative hospital projects and initiatives that would otherwise go unfunded at San Francisco General Hospital and Trauma Center. The Hearts Grants Program is supported through unrestricted gifts from our generous donors, including gifts to the Hearts Events, as well as our annual fund.

Patient Flow Reports for August 2015
A series of charts depicting changes in the average daily census is attached to the original minutes of the August 26, 2015 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 August 26, 2015 meeting.

Commissioner Comments/Follow-Up:
Commissioner Pating asked for SFGH staff diversity data. Ron Weigelt, SFDPH Human Resources Director, responded that he will be able to provide a diversity report card that shows the 11 county censuses where SFDPH hires and compare this to staff data.

7) PATIENT CARE SERVICE REPORT
Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of August 2015
Transition Initiatives:
• Nursing department staff have begun the new hospital orientation tours. Each specialty area has also designated super user staff who will begin their tours in September. The Department Transition Education Coordinators (DTEC) are working with nurse managers to identify unit DTEC leads who will help communicate and educate the unit staff on the hospital training modules.
• Our Model cell units 5D, OR and PACU completed their final module in their training on the Lean Management System based on Thedacare's model and are implementing the concept of process observation into their daily workflow.

Professional Development:
• Several nursing training programs are nearing completion including the Birth Center, Critical Care, Medical/Surgical and the Emergency Department. The outpatient clinics are developing a preceptor training module for their staff who will be orienting new employees. Additional training programs in Critical Care are planned in the fall.

• The second in the series of four eight hour Cultural Humility workshops took place this month. Several of the 15 Emergency Department multidisciplinary staff (MEA, RN and MD) participating in the series (with staff from other departments), have expressed gaining personal fulfillment despite the intense emotional work required in the training.
• Acute Care for the Elders (ACE) team leaders Purification Quevedo, Nurse Manager, Annelie Nilsson, CNS, and Dr. Edgar Pierluissi are speaking at the Catalyst conference on ACE: A model for Population Health.

July | 2015

Diversion Rate: 46%

*ED diversion – 241 hours (33%) + Trauma override -104 hours (13%)*

ED Encounters: 5667
ED Admissions: 915
ED Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the August 2015

PES had 727 patient encounters in July 2015 and 671 in June 2015. PES admitted a total of 98 patients to SFGH inpatient psychiatric units in June, an increase from 91 inpatient admissions in June. In July a total of 629 patients were discharged from PES: 53 to ADUs, 13 to other psychiatric hospitals, and 563 to community/home.

There was an increase in Condition Red hours from June to July. PES was on Condition Red for 201.2 hours during 23 episodes in July. The average length of Condition Red was 8.76 hours. In June, PES was on Condition Red for 152.2 hours, during 25 episodes, averaging 6.13 hours.

The average length of stay in PES was 17.16 hours in the month of July. This was an increase from the June LOS of 16.96 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 transferred and admitted to PES. The transfer of these patients has been authorized by PES and EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

*Accepted and Cancelled Referrals* refer to patients that have been approved for transfer and admission to PES but their transfer is 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 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).
Analysis:

- PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between June and July 2015, the percentage of which the patient was Accepted and Admitted to PES decreased from 48% to 40%. The majority of transfer requests come from local hospitals.

- The percentage of which the referral was Accepted but Cancelled increased from 27% in June to 49% in July.

- This month 11% of the referrals were considered to be inappropriate. The Inappropriate Referrals group included medically unstable patients and those patients with private or out of country insurance. The number of requests decreased from 88 in June to 84 in July.

- After reviewing the transfer data, it is noted that the majority of patients in the Accepted and Cancelled referral group are patients who no longer meet 5150 (involuntary hold) criteria.

- The majority of patients in the Inappropriate Referral group were patients who had either out-of-county Medi-Cal or private insurance.

Moving forward, the Utilization Management Department plans to add a UM Nurse to the PES team. This is planned for December 2015 and will provide significant decision making support to PES for the transfer process.

8) **SFGH RN HIRING AND VACANCY REPORT**
Ron Weigelt, Director of Human Resources, DPH, gave the report.

**Commissioner Comments/Follow-Up:**
Commissioner Singer noted that MEAs and Porters have high remaining hiring targets. However, Mr. Weigelt stated that the exams for MEAs and Porter positions will be held on September 4, 2015; he noted the remaining targets should begin to decrease.

9) **MEDICAL STAFF REPORT**
James Marks, M.D., Chief of Medical Staff, gave the report.

**ICD 10 Conversion**
Status updates regrading ICD 10 conversion were provided to MEC. Targeted Go Live date will be on October 1, 2015.

**LEAN Management and A3 Thinking**
Ms. Jenna Bilinski, Director of Kaisen Promotion Office, continued the Lean Management Training for members. Ms. Bilinski focused her presentation on the story of SFGH’s journey to develop a Leadership Model. Members were encouraged to participate in the A3 training on Oct 29-30, 2015.

Dr. Jeff Critchfield presented an A3 review (v. 13 08/06/15) on one of the five True North Metrics, Care Experience, entitled “Compassionate, Respectful Attention – each person, each time”.

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6
Surgery Clinical Service Report
Dr. Peter Muskat, Chief, Surgery Service presented the report which highlighted the following:

- **Scope of Service** – General Surgery (Elective, Acute Care), Trauma, Surgical Critical Care, Surgical Sub-Specialties (colorectal, thoracic, vascular, minimally invasive, surgical oncology, endocrine, cardiac) and Plastics (includes hand and transgender)
- Organizational Chart
- Education
- Volume Statistics – Trauma Volume, Operative Cases, Outpatient Clinic Visits, Clinical Productivity, Payor Mix, Clinical Revenues
- Grant Supported Research
- Accomplishments and Achievements
- Service to Hospital
- Performance Improvement Dashboards
- CGCAHPS
- PI Initiatives

In summary, Dr. Muskat highlighted the increasing volume of patients in hospital, decreasing volume in clinic despite recent gains, strong NP presence for trauma and general surgery, impressive gains in vascular and plastics, strong education and research gains, and the need to improve patient satisfaction scores.

**Action Taken:** The following were unanimously approved by the SFGH JCC:
- Surgery Service Rules and Regulations
- Credentials: Revised Extended Absence from Clinical Activity Document
- Revised ED Privileges List

**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 July 28, 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 item)

Action Taken: The Committee approved the August 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 5:59pm.