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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
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER**

Tuesday, March 22, 2016 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: Barbara Garcia, Roland Pickens, Todd May MD, Troy Williams, Leslie Safier, Karen Hill, Terry Dentoni, Sherminah Jafarieh, Jeff Critchfield MD, Iman Nazeeri-Simmons, Sue Carlisle MD, Kim Nguyen, Alice Chen MD, Will Huen MD, Ron Weigelt, Virginia Dario Elizondo, Dan Schwager

The meeting was called to order at 3:09pm.

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 23, 2016 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes of the February 23, 2016 ZSFG JCC meeting.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Regarding the Quality Council "Occupational Health Services" item, Commissioner Chow asked for clarification on how this issue has been dealt with historically. Mr. Williams stated that the issue has been one of access to health records for UCSF employees working on the ZSFG campus. Dr. Carlisle stated that the issue is record

keeping and systems are being put into place to better deal with the situation. Commissioner Chow requested an update on this issue at the July 2016 ZSFG JCC meeting.

Commissioner Singer asked for more information on the changes being made which will help the situation. Mr. Williams stated that an electronic system will be used that bridges the DPH and UCSF human resource systems.

Commissioner Singer asked for clarification of the issues regarding patient flow from Psychiatric Emergency Services (PES) to the Emergency Department (ED). Mr. Williams stated that PES has psychiatric and medical care but does not offer the wide range of specialty care and medical monitoring that is part of ED services. He noted that the estimate of patient transfers from PES to the ED is approximately four or five per day; he noted that the route in the new hospital building takes approximately 8 minutes.

Commissioner Singer asked if it would be feasible to have a medical provider stationed at PES. Mr. Pickens stated that there is not enough volume of medical specialty need at PES to justify housing a medical provider and that there is already ample consultation between PES and ED providers.

Commissioner Chow asked for an update on this issue as possible solutions are proposed. Mr. Williams stated that work on this issue has been in process since April 2015. Dr. Carlisle noted that there were plans to move and expand PES so it would be closer to the new ED; however budget constraints have delayed this potential plan.

Commissioner Singer asked that future reports on this issue include details of the patient simulation flow work including anticipated resources expended.

Regarding the Regulatory Affairs Status Report Joint Commission Primary Stroke Program Certification Survey item, Commissioner Chow asked for clarification on whether procedures have changed in regard to certifying stroke assessments. Mr. Williams stated that the previous surveyors found that stroke assessments were not be consistently documented.

Regarding the Long Term Fire Life Safety Survey item regarding the emergency generators, Commissioner Singer asked for clarification of the situation. Mr. Bunuan, ZSFG Facilities, stated that a previous surveyor approved the existing ZSFG standard. However, the most recent surveyor used a different interpretation of the regulation.

Action Taken: The Committee unanimously approved the summary of the February 16, 2016 Quality Council Meeting minutes.

4) QUALITY MEASURE UPDATE

Leslie Safier, Director of Performance Improvement, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for clarification on the reason ZSFG switched to the CMS National Rate as comparison data for the Hospital Based Psychiatry measures. Ms. Safier stated that the CMS National Rate is a new benchmark and ZSFG wanted to try it a comparison data. Commissioner Singer requested that both sets of comparison data be used in future reports.

Commissioner Singer asked if it is feasible to use the CMS National Rate as comparative data for each ZSFG measure. Ms. Safier stated that CMS National Rates are not available for all measures but that she would check on this for future reports.

Commissioner Singer requested that the “Emergency Department Throughput” data be presented in a distribution, including the median.

Commissioner Chow stated that the report format is clear and the information easy to understand.

5) FOOD AND NUTRITION SERVICES A3

Sylvia Shih, Director, Food & Nutrition Service, gave the update.

Commissioner Comments/Follow-Up:

Director Garcia asked if the vendor, previously contracted to manage Food and Nutrition Services left any protocols for ZSFG to use. Ms. Nazeeri-Simmons stated that the vendor’s protocols and policies were proprietary and therefore could not be used after the vendor’s contract ended.

Commissioner Chow asked for a brief history of the situation that led to the use of vendors. Ms. Nazeeri-Simmons stated that during a 2008 CMS survey, ZSFG was facing immediate jeopardy and hired Sodexo as a vendor to assist with making immediate corrective actions.

Commissioner Singer asked if all the staff are new. Ms. Shih stated that several supervisors, management and some line staff have been hired in the last year. She added that the management and staff are working on rebuilding a trusting relationship. She also stated that the Lean process has enabled staff of all levels to participate in planning necessary changes.

Commissioner Sanchez thanked Ms. Shih for the report and noted that food service divisions have also been difficult to operate for institutions. He noted that Frank Curry, a former DPH Director, used to work in a cafeteria and used that experience throughout his career.

Commissioner Singer noted that San Francisco is a culinary hub and encouraged ZSFG to reach out to this community to partner in innovative ways to bring high quality food to the ZSFG campus for ongoing collaboration or special events.

6) DAILY MANAGEMENT SYSTEM A3 STATUS REPORT

Iman Nazeeri-Simmons, Chief Operating Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked how ZSFG balances theory with practicality when attempting to solve problems. Mr. Pickens stated that ZSFG uses a Just Culture model which focuses on whether lack of desired results is caused by a process issue or a performance issue. He also noted that it often takes time for changes to take effect. Ms. Dentoni stated that the model also looks at accountability in leadership when reviewing a problem or issue.

Commissioner Chow asked what will be done for the goals not yet achieved. Ms. Nazeeri-Simmons stated that leadership is responsible for leading the group to determine what is not working and to run Plan Do Study Act (PDSA) cycles to find the best solutions. She added that leaders must change how they lead and all staff must be disciplined to follow standard work processes.

Commissioner Singer stated that the change process has greatly improved but noted that some of the goals do not seem far-reaching enough.

Commissioner Chow requested a 90 day update on the True North Scorecard.

Director Garcia asked if performance appraisals are used as part of the feedback process to staff. Ms. Nazeeri-Simmons stated that most often the issue is a bad process, not bad staff; the current focus of change is in ZSFG processes.

Commissioner Sanchez stated that culturally appropriate pathways are a priority. He also stated that the ZSFG patient population is diverse and a high need safety net population. Many of these individuals have been isolated and marginalized; they may view encounters as negative even though staff's intention is to help.

Dr. Critchfield stated that all staff are now aligned to the same outcomes; service chiefs are accountable for moving the shared mission forward. He noted that these are new and effective paradigms.

Commissioner Chow noted that both DPH and UCSF employees must work together in the Lean process implementation. Dr. Carlisle stated that the UCSF Dean of the Medical School has continued to closely observe the Lean process being implemented at ZSFG.

7) REBUILD/TRANSITION UPDATE

Iman Nazeeri-Simmons, Chief Operating Officer, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if there are two issues that Ms. Nazeeri-Simmons is most concerned about. Ms. Nazeeri-Simmons stated that she had been concerned the day before with water testing for the dialysis but that this issue has been resolved; she is not concerned at this time with any specific issue.

Commissioner Chow asked if the renovation for building 5 is covered by the existing bond funding the new building. Ms. Nazeeri-Simmons stated that some of the costs for the renovation will be covered by the existing bond.

8) HOSPITAL ADMINISTRATOR'S REPORT

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

Emergency Department 3P Disaster Management Improvement Workshop during week of Feb 29th

During the week of February 29th, the Emergency Department focused on disaster management and how to adequately prepare for a mass casualty incident in Building 25. There were over 20 participants from the ED, as well as several stakeholders from various departments who play critical roles such as Anesthesia, Trauma, Imaging, Security and EVS.

The team has learned a lot from the Asiana incident and have continued to improve with this workshop. In the near future, the team will simulate an actual drill in the new ED using the improvement work from this week. Congratulations to the ED team for a week well done.

Wayfinder Volunteers Exemplify CARE

ZSFG's Volunteer Department started the Wayfinder Patient Experience Ambassador program in 2013. Wayfinder Ambassadors are a group of volunteers who aim to provide positive first impressions; Wayfinders are the first to interact with patients as patients enter the main lobby.

Wayfinders assist patients with directions, provide wheelchair and escort assistance, support patients with non-clinical needs (registration, pharmacy, lost and found), work with patients in waiting areas to ensure their questions are answered, and most importantly, support patients by listening, addressing needs, and presenting an open, friendly, and caring attitude. These volunteer Wayfinders help improve patient experience and enhance patient satisfaction every day.

In an effort to quantify the Wayfinder Volunteer Program's efforts, volunteers began tallying and documenting their patient interactions. I am happy to share that in December 2015, there were 3,003 interactions. In January 2016, Wayfinders helped 4,016 patients, visitors and staff. This is a significant increase of 1,013 patient interaction within one month. Imagine the amount of lives our volunteers have touched. Wayfinder volunteers truly exemplify CARE.

Many thanks to Aiyana Johnson, Liliana Cabrera, Bruce Johnson, and Tracie Floyd, for their commitment towards helping patients and embodying the CARE experience.

Black History Celebration

On February 19th, ZSFG celebrated Black History Month in the main cafeteria. Roland Pickens, Interim Chief Executive Officer, made opening remarks to recognize this celebration. We had over 100 staff members join the event to honor the accomplishments of African Americans, while enjoying the wonderful soul food prepared by our Food and Nutrition staff. It was a wonderful time to reflect and recognize the many contributions that African Americans have made throughout U.S. History. I really want to thank and acknowledge staff who planned the amazing event: Brenda Barros, Byron Decuire, Floyd Trammell, Mary Cobbins, Michael King, Donna Harrison, Brandi Fraizer, and Jo Elias-Jackson.

To honor the great contributions being made at the San Francisco Health Network and ZSFG, Roland shared activities of the Black/African American Health Initiative (BAAHI). This group was launched in 2014 and is responsible for identifying issues and strategies within our system to address health disparities in the African American community. Staff from our very own ZSFG are a part of this wonderful group.

Along with opening remarks from Roland, Barbara Garcia, Director of Health, also shared meaningful experiences and efforts DPH takes to promote diversity and acknowledged the historic and ongoing contributions of African Americans.

Lunar New Year Celebration

On February 25th, ZSFG celebrated Lunar New Year in the main cafeteria.

Lunar New Years is an important time celebrated at the turn of the traditional lunisolar calendar.

Iman Nazeeri-Simmons kicked off the celebration with opening remarks, then introduced the San Francisco Police Department Lion Dancing team. The cafeteria became a lively place as two lions danced throughout the cafeteria to the beat of the drums and cymbals.

Many thanks to our Food and Nutrition staff for preparing the Chinese food. Additionally, ZSFG thanks and acknowledges the Zuckerberg San Francisco General Hospital Chinese Employee Association for planning the amazing event.

Stage 2 of Meaningful Use

Stage 2 of Meaningful Use is driven by an Affordable Care Act mandate to share and integrate data in order to promote better coordination of care, necessitating further improvements in IT infrastructure, workflow, and data management. The program mandates compliance with 19 distinct objectives related to meaningfully using electronic health records, including improvements around provider order entry, electronic access for patients to data associated with their stay, and protecting electronic health information created or maintained by hospital personnel.

The implementation effort at ZFG began in early 2013 and was a complex, multidisciplinary intervention involving providers, nursing, Quality Management, Clinical Informatics, and vendor partners across the acute-care continuum. I am happy to share that on February 25th, the implementation was capped by successful completion of all 19 objectives. The Implementation Working Group will continue to monitor hospital compliance with stage 2 for calendar year 2016. Many thanks to Jim Genevro, Winona Mindolovich, Tina Lee, Cesli Galan, Jenson Wong, Seth Goldman, and Matt Sur, for completing a very successful implementation on February 25th, 2016.

Patient Flow Reports for February 2016

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 to the original minutes.

Commissioner Comments/Follow-Up:

Commissioner Singer asked the amount of funds saved through Stage 2 of Meaningful Use activities. Greg Wagner, DPH CFO, stated that approximately \$1 million was saved. Mr. Wagner also stated that the DPH has been actively participating in Meaningful Use activities and collecting relevant funds but that the challenge is keeping up with the requirement changes.

Commissioner Chow asked for an explanation of the decreasing "Decert ADC" data from the "Acute Psychiatry Average Daily Census" chart. Ms. Pickens stated that these rates have decreased due to the utilization management work and following through on the work of Mary Thorton, the consultant hired to improve the quality and performance of ZSFG inpatient psychiatry last year. He noted that many of the patients can now be moved to an "Administrative ADC" classification.

Commissioner Singer requested that the agenda for the next ZSFG JCC meeting have fewer items to make room for a robust review of Inpatient Psychiatric issues.

9) TRUE NORTH SCORECARD

Roland Pickens, Interim Chief Executive Officer & Iman Nazeeri-Simmons, Chief Operating Officer, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if there is significance with the colors assigned to the items. Ms. Nazeeri-Simmons stated that there is no significance to the colors assigned.

Commissioner Singer noted that discharging patients earlier in the day greatly improves patient flow. Dr. May stated that discharging patients from inpatient beds is helpful but the overall length of stay is also very important to patient flow issues.

10) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of March 2016

Transition Initiatives:

Nursing department staff education commenced this month in Phase II of our transition education plan. Super user nursing staff are now training their nursing department colleagues within each nursing division on the essential elements in their work areas in the new hospital building.

Nursing department staff participated with over 25 other hospital departments in our second "Day in the Life" scenario on March 16, 2016. The exercise helped validate workflows, verified protocols and system integration, helped point any patient safety issues that could be addressed prior to the actual move in day and opened channels of communication among all participants.

Emergency Department (ED) Data for the Month of March 2016

March | 2016

Diversion Rate: 60%

ED diversion – hours 190 (27%) + Trauma override - hours (33%)

ED Encounters: 5806

ED Admissions: 914

ED Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the Month of March 2016

PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. February 2016 had 620 patient encounters, which is average for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In February a total of 544 patients were discharged from PES: 34 to ADUs, 10 to other psychiatric hospitals, and 500 to community/home.

PES admitted a total of 76 patients to the SFGH inpatient psychiatric unit in February, a small increase from 73 patients in January 2016, continuing the trend over the past 6 months of historically low inpatient bed availability. This limited inpatient bed availability related to difficulty placing lower level of care patients continues to negatively impact PES Condition Red, PES average length of stay, and PES inter-facility transfer acceptance rates.

The average length of stay (ALOS) in PES decreased to 18.69 hours in the month of February (down from 19.69 hours in January).

There was an increase in Condition Red hours from January to February. The total number of hours was fewer, but there were fewer days in February so the percentage of time on Condition Red increased. PES was on Condition Red for 247.3 hours (35.5%) during 26 episodes in February. The average length of Condition Red was 9.64 hours. In January, PES was on Condition Red for 252.2 hours (33.9%) during 30 episodes, averaging 8.84 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 based on EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

Screened Appropriate but Cancelled Prior to Acceptance refers to patients that have been screened by a triage nurse and have preliminary approval, but the paperwork has not been reviewed by a physician. Their transfer was then 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 for PES 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:

- No significant change over the past 12 months in the number of requests for transfer from other hospitals to PES.
- February showed an increase in patients which were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), rising to 41% (from 24%).
- This month showed a decrease in proportion of requests which were “Accepted and Arrived”, 30%.
- There was a decrease in “Inappropriate Referrals” in February 2016 to 29%. These are requests for transfer of patients that are found to be medically unstable for transfer, or who are not residents of San Francisco. The factors causing this change are not clear.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that the opening of new hospitals at the St. Luke’s, CPMC, and ZSFG campuses may inherently help with city-wide diversion rates and issues. Director Garcia stated that the Hospital Council is working on a report of city-wide diversion issues; this report will be shared with the ZSFG JCC.

Commissioner Singer requested that future reports include longitudinal data on ZSFG emergency department and admission rates. He added that he is very concerned that the diversion rate has continued to rise. He called upon the ZSFG leadership to be creative and disciplined in their approach to improving this issue.

Commissioner Chow requested that diversion be a separate item on the next ZSFG JCC meeting agenda. Director Garcia noted that a complex set of issues contribute to the diversion rates; adding resources without making changes in the ZSFG culture may not solve the issues.

Commissioner Singer asked if there are observable cycles for the “Inappropriate Referral” data on the “Disposition of PES Referrals from Other Hospitals” chart. Ms. Dentoni stated that the rate of this type of referral is not cyclical and fluctuates.

11) ZSFG RN HIRING AND VACANCY REPORT

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

Commissioner Comments/Follow-Up:

Commissioner Singer asked how recruitment for positions throughout the DPH is going. Mr. Weigelt stated that hiring is going well throughout all DPH divisions.

Commissioner Chow noted that nursing students will soon graduate. Ms. Dentoni stated that hiring new graduates has not been a problem; she added that it has been more difficult to hire more seasoned nursing staff.

12) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief Medical Experience Officer, gave the report.

AWARDS/RECOGNITIONS

Kirsten Bibbins-Domingo Ph.D, MD, M.A.S – Dr. Bibbins-Domingo, SFGH Medicine Service, was appointed Chair of the U.S. Preventive Services Task Force on March 14, 2016. She has been a member of the Task Force since July 2010, and was previously appointed as Vice Chair in March 2014. The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

“Values in Action” Award – The “Values in Action” Award recognizes a Zuckerberg San Francisco General Hospital leader who demonstrates the hospital values of learn, improve, engage and care. For this month, the “Values in Action” Award was presented by prior recipient, Dr. Benjamin Breyer, Chief of Urology, to Dr. Jens Krombach, Associate Professor, Anesthesia and Perioperative Care. Dr. Krombach constantly seeks to develop, expand and share his lean training. His leadership in the OR and Executive Committees have been instrumental in improving OR efficiency, as well as the implementation of the OR computer system, SIS, and the transition to Building 25 OR rooms. Dr. Krombach is a strong patient advocate, and continues to work hard to promote efficiency and patient flow. Dr. Krombach thanked members for the recognition.

Transitions Taskforce – The Taskforce, led by Dr. Michelle Schneidermann, received Honorable Mention for the “Gage Award for Quality of America’s Essential Hospital”.

New ED Service Chief- Dr. Christopher Colwell MD, currently Chief of Emergency Medicine at Denver Health Medical Center, has accepted the offer as ZSFG Emergency Medicine Service Chief and will start at end of June 2016.

BUILDING 25 LICENSING SURVEY:

MEC was informed that ZSFG successfully passed the licensing survey conducted Feb 22-28, 2016 by a team of 8 surveyors from the California Department of Public Health. The survey went smoothly with two findings that prevented licensing:

- No Board of Pharmacy License – CDPH is unable to issue license without medications in Building 25. This was no surprise because the Board of Pharmacy was not able to schedule its survey before the CDPH licensing survey. Since then, the hospital has successfully passed the Board of Pharmacy Survey on March 8, 2016.
- Six Dialysis Machines - The machines must be set up and tested for 30 days. This is targeted to be completed by April, before CDPH returns tentatively on May 2-6, 2016 to survey to assess if the corrective action plans were undertaken and issue the license.

Dr. Marks stated that surveyors were very impressed with the stunning new building, and complimentary of the staff’s knowledge of their clinical settings and their ability to speak about their workflow. Dr. Marks acknowledged the work of Nursing Directors, Managers and Hospital Administration, Mr. Troy Williams, Director of Quality Management, and Mr. Jay Kloo, Director of Regulatory Affairs who led the survey process, Mr. Terry Saltz and the Rebuild Team, physician leaders including Dr. Todd May (CMO), Dr. Lukejohn Day (GI Division), Dr. Mark Wilson (Radiology), Dr. John Macgregor (Cardiology Division), Dr. Art Hill (Surgery), Dr. Robin Stackhouse (Anesthesia) and Dr. Krishna Parekh (Anesthesia). Dr. Marks also acknowledged the outstanding credentialing work of the Medical Staff Office, led by Mr. Troy Williams and Mr. Dan Schwager, Director of Medical Staff Office.

LEAN MANAGEMENT/A3 REVIEW

Laboratory Medicine’s Participation in ED Workshop

Dr. Barbara Haller, Interim Chief of Laboratory Medicine and her leadership team participated in the recent second ED Kaizen workshop (held in Feb 2016) that focused on improving workflow in the ED for ESI 3 (middle severity) patients. Dr. Haller discussed their findings based on tracking activities undertaken during the workshop (when patients are seen, when patients were triaged, when specimens were drawn, when specimens arrived in the lab, when testing was done, when results were posted in computer, when the provider actually saw results). Workshop findings challenged the laboratory to increase vigilance for ED specimens, and decrease turnaround time for ED specimens. Dr. Haller discussed improvement work that has been implemented, including the use of pink bags (instead of the clear plastic) for immediate identification and prioritized processing of ED specimens. In addition, the lab will use new centrifuges that spin down tubes faster. The laboratory is also looking at developing standard work in the management of STAT lab requests from all areas in the hospital. As a result, significant improvements were noted in turnaround time for

chemistry and hematology (CBC) results. Dr. Haller expressed appreciation for ED colleagues and the opportunity to participate in this workshop and indicated commitment by the laboratory to participate in future improvement activities.

SERVICE REPORT:

Family and Community Medicine Service Report

The report provided updates on the following:

- Hospital Based Clinical Services – Family Medicine Inpatient Service, Skilled Nursing Facility, Prenatal Partnership Program.
- Ambulatory Clinical Services – Family Health Center (FHC), Urgent Care Center (UCC).
- Educational Programs- NP Students, Family Medicine Residents, Educational Programs for the Community (Summer Urban Health and Leadership Academy).
- Research and Scholarships – Transformation of the delivery or primary care (Center for Excellence in Primary Care), Disparities in reproductive health and family planning, Community-based participatory research focusing on the social determinants of health including CTSI Community Engagement and Health Policy Program, Clinical consultation warm-line.
- Financial Reports – SFGH Affiliation, Pro Fees, Contracts & Grants, 19900.

The report included updates on scope of services, faculty and staff, volume statistics (admission data, clinic visits) and performance improvement activities both in the inpatient and ambulatory FCM services. Among the highlights are the successful CDPH Licensing survey in January 2016 of the 4A-Skilled Nursing Facility with no clinical deficiencies, the integration of Behavioral Health into Family Health Center, ongoing A3 Reviews focusing on patient access for both FHC and UCC, educational programs including the FCM Residency Program which is based at ZSFH and the SFGH/UCSF Summer Urban Health and Leadership Academy which is a three-week health and leadership academy for high school and undergraduate students in the Mission District, the Healthy Mothers Workforce Silver Award received last September, 2015, and the Service's Clinician Consultation Warm-Line which actively provides consultation and education about HIV care and other diseases to practicing clinicians all over the country. In summary, Dr. Villela discussed challenges/opportunities that include limitations of Family Health Center space, leadership transitions, and the electronic health record. Dr. Villela highlighted the Service's strengths which included the following: collaborative leaders, mission driven people: staff, faculty, administrators and resident, and patients/families that are diverse and engaged in the Service's Patient Advisory Board.

Members expressed appreciation of the FCM Clinical Service Leadership and the professional, respectful, and responsive services provided by FCM residents to other Clinical Services.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that ZSFG be consistent with its name and abbreviations in all documents.

Action Taken: The following were unanimously approved:

- Family Medicine Clinical Service Rules and Regulations
- 2015 Medication Error Reduction Program Report

13) PUBLIC COMMENT

There was no public comment.

14) 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.

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 March 2016 Credentialing Report; and the Performance Improvement and Patient Safety Reports. The Committee voted not to disclose other discussions held in closed session

15) ADJOURNMENT

The meeting was adjourned at 5:57pm.