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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL
Tuesday, January 26, 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 B. Singer

Excused: Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Barbara Garcia, Roland Pickens, Terry Dentoni, Troy Williams, Todd May MD, Basil Price, Jim Marks MD, Kim Nguyen, Dave Woods, Greg Wagner, Aaron Cramer, Mariel Junio, Terry Saltz, Andrea Swann, Shermineh Jafarieh, Ron Weigelt, Valerie Inouye, Virginia Dario Elizondo, Aiyana Johnson, Colleen Riley MD, Michael McShane MD, Jeff Critchfield MD, Lillian Chan, Dan Schwager, Leslie Safier, Sue Schwartz, Alice Chen MD

The meeting was called to order at 3:06pm.

2) APPROVAL OF THE MINUTES OF THE OCTOBER 27, 2015 ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes of the October 27, 2015 ZSFGH JCC meeting.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer, gave the summary of the October, November, and December 2015 Quality Council Meeting minutes.

Commissioner Comments/Follow-Up:

Regarding the October 20, 2015 minutes:

Commissioner Singer asked for clarification of the meaning of a “preventable late tray.” Mr. Williams stated that if an order arrives before the time cut-off and is then delivered late, it is considered a “preventable late tray;” if the order arrives after the cut-off time then it has a different designation.

Commissioner Chow asked whether ZZSFGH food services is managed by a contractor or DPH staff. Mr. Pickens stated that DPH staff currently manage the ZZSFGH food services; he noted that in the past ZZSFGH used a vendor to manage the hospital’s food services.

Regarding the November 17, 2015 minutes:

Regarding the goal, “Increase the percentage of ‘clean’ claims produced from Invision when compared to fiscal year 14/15 by 8% (minimum) for fiscal year 15/16,” Commissioner Chow asked why the goal is so low when there are financial consequences if claims are not correct. Mr. Williams stated that he would provide more information on this matter at a future ZSFGH JCC meeting. Mr. Pickens stated that there is a 6-month window from the date of service to submit a claim.

Commissioner Singer stated that there seems to be a lag in performance and data which may impact staff performance. He noted that effective fiscal management teaches responsibility to staff. Dr. May stated that ZSFGH strives to work in “real” time as much as possible.

Regarding December 15, 2015 minutes:

Regarding the Environmental Services update, Commissioner Singer stated that the goal of having one in four rooms not being cleaned in a timely manner is not acceptable. Mr. Pickens stated that the San Francisco Health Network is striving to be more data driven and is using Lean as a tool; this allows more data to be available in real time.

Commissioner Chow stated that goals should be set that indicate high quality; there can be interim goals that indicate a lower level of quality but the ultimate goal should always be excellent. He encouraged all ZSFGH staff to strive to be proud of their work.

Commissioner Singer asked for more information on the consequences if a Department does not meet its goals. Mr. Williams stated that the Department reanalyzes the problems and tests new solutions. He noted that the PDSA model lends itself for continuous improvement. Mr. Pickens stated that if the Department achieves 25% or more under its goals, then a plan of correction must be submitted.

Commissioner Singer asked if there is one tool that would be most helpful to increase performance across ZSFGH. Mr. Williams stated that having a timely data stream would greatly impact performance on quality measures. Dr. Marks stated that in addition, accountability of the leadership and developing standards and processes is also important.

Regarding the Regulatory Affairs reports, Commissioner Chow stated that the current format is very helpful.

Action taken: The Committee unanimously approved the summary of the October, November and December 2015 Quality Council Meeting minutes.

4) QUALITY MEASURE UPDATE

Troy Williams, Chief Quality Officer and Sue Schwartz, Director of Performance Improvement, gave the update.

Mr. Williams announced that Ms. Schwartz would retire in February.

Commissioner Comments/Follow-Up:

Commissioners Chow and Singer thanked Ms. Schwartz for her impactful service to ZSFGH and wished her well.

Commissioner Singer asked which core metric has been the most frustrating. Ms. Schwartz stated that the Emergency Department Throughput and inpatient psychiatric services have been challenging. She added that psychiatric services are being provided but there is not an adequate system in place to provide the required documentation to CMS. Commissioner Singer requested a report on inpatient psychiatric services at a future ZSFGH JCC meeting. Dr. Chen stated that there has been significant improvement within inpatient psychiatric services in the last quarter.

Commissioner Chow asked how many core measures are being tracked. Ms. Schwartz stated that 158 measures are being tracked.

5) ACUTE HOSPITAL CARE FOR LHH PATIENTS

Todd May, M.D., Chief Medical Officer and Michael McShane M.D., Laguna Honda Hospital Chief of Staff, presented the item.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if this is a new issue. Dr. McShane stated that this is a historical and ongoing issue.

Director Garcia asked for some data on the total number of San Francisco Health Network patients who were currently in other hospitals due to lack of space at ZSFGH. Dr. May stated that there were currently 60 such patients.

Commissioner Singer suggested the SFDPH purchase an ambulance to use for these types of transfers. Commissioner Chow stated that any licensed ambulance would fall under EMS guidelines and would have to adhere to diversion rules.

Director Garcia asked if LHH has reviewed its protocol for determining when a patient needs to be transferred for acute care. Dr. McShane stated that there is not a defined protocol because each patient situation is different and decisions are based on the clinical expertise of the physician working with the nursing staff.

Director Garcia for the number of physicians employed at LHH. Dr. McShane stated that there are approximately 100 physicians at LHH during the weekdays. He noted that at night and the weekends, there are two physicians.

Commissioner Chow noted that ZSFGH diversion impacts patients throughout San Francisco, including those at LHH. He noted that 60 San Francisco Health Network patients are currently located in hospitals outside of the network because there is not room at ZSFGH; this indicates a larger issue than just solving the LHH acute care needs of its patients. Dr. Marks stated that the issue is not capacity but patient flow: lengths of stay for many patients are too long. Dr. May stated that ZSFGH is working on two value streams to deal with patient flow issues in the Emergency Department. Dr. Chen stated that demand for safety net hospitals is high and this impacts capacity in addition to patient flow. She added that in addition to fiscal impact of having San Francisco Health Network patients being served by hospitals outside of the Network, the issue of care coordination is also important to patient quality of care.

Commissioner Singer requested a follow-up on this issue at future ZSFGH JCC meetings.

6) ED FLOW TACTIC

James Marks, M.D., Chief of Medical Staff, presented the item.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if a model will be developed for less acute patients. Dr. Marks stated that ZSFGH staff is attempting to determine how to develop such a model.

Commissioner Singer asked how the good work is celebrated. Dr. Marks stated that staff celebrates as the data showing improvement is presented.

Commissioner Chow requested an update on this item in approximately 6 months.

7) REBUILD/TRANSITION UPDATE

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

Commissioner Comments/Follow-Up:

Commissioner Singer asked if all the items can be completed before licensing. Mr. Saltz stated that completion of the list is feasible.

Commissioner Singer stated that the temporary solutions are not ideal and encouraged development of permanent solutions.

8) HOSPITAL ADMINISTRATOR'S REPORT

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

35th Annual Employee Recognition Dinner on November 5, 2015

SFGH celebrated the 35th Annual Employee Recognition Dinner on November 5, 2015. Employees who have served 10, 15, 20, 25, 30, or 35 years were invited to attend a milestone recognition reception. This year's Service Awards ceremony honored over 180 employees.

After opening remarks from Health Commissioner David Singer, Health Director Barbara Garcia, and Jim Marks our Chief of the Medical Staff, our very own Elizabeth Carthagena-Meyer and Terry Dentoni recognized each employee in attendance with a service pin.

We are especially proud to recognize Vanda Mendoza Baptista, Admitting & Eligibility Director, Patient Financial Services, as the recipient of the Executive Administrator Award for 2015. Vanda has been exemplary in her years of service at SFGH; she has demonstrated the characteristics and qualities that we value most at San Francisco General Hospital. She is planning to retire in May 2016. We are sad to see her go, but Vanda's commitment to improving patient care services, and her willingness to share her knowledge and experience are what make her such a special member of the SFGH family.

Radiology Technology Week

SFGH celebrated Radiology Technology week November 8-14, 2015. During this special week, we thanked all staff at SFGH who work in Imaging Services and provide care in a professional, kind and safe manner every day. As Radiology Technology Week wrapped up, we were able to share the accomplishment of Wilhelm Conrad Roentgen. It was 120 years ago in November 1895 that the first x-ray was taken of his wife's hand. This celebration takes place every year across the nation to recognize the vital work of Radiology Technologists - and all involved - in providing safe and timely Imaging Services to the patients we serve.

Improving Specialty Care Access

The 2015 California Association of Public Hospitals and Health Systems/Safety Net Institute Annual Conference was held in Napa, CA on December 2-4, 2015. During the conference, the San Francisco Health Network's Specialty Care was recognized for their outstanding effort to build data infrastructure, develop data analytics capacity and leverage data to improve clinical care.

Specialty Care embarked on a two-year project aimed at addressing disparities in access to care and streamline specialty care delivery. The performance improvement work has included the expansion of clinics, the use of non-physicians to evaluate patients, improving efficiencies through workplace organization, the utilization of group classes for patients and collaboration with outside hospitals to perform the backlog of diagnostic procedures. The result of this work on third next available appointment (TNAA) numbers have been impressive. Before the project, almost one quarter of clinics had TNAA of more than 120 days. Now, that number is less than 3%. Many thanks to Luke Day and Rosaly Ferrer for their continued dedication and leadership.

First Kaizen Workshop with the Emergency Department December 7-11, 2015

During the week of December 7th, we affirmed our commitment to improving patient experience and demonstrating respect for our staff by completing the first Kaizen Workshop with the Emergency Department. The team consisted of Emergency Department staff, clinicians, ancillary departments and, most importantly, patient representatives. The focus of the workshop was on the front-end flow for our patients, the time from when a patient is welcomed at the Emergency Department front desk, to the moment when a provider assesses the patient.

The team used time observations to measure progress and the results were breathtaking. For low-acuity patients, the team was able to reduce total time that a patient experiences care from 253

minutes to 63 minutes. The time from welcome through physician assessment was reduced from 59 minutes to 28 minutes. The percentage of patients who left the ED without being seen dropped from 7% to 0%.

We also received feedback from our patients throughout the process. One Emergency Department patient said it took longer to find parking, than it took to be seen.

While the work was very successful, we know we have more work to do. The ED team developed a 30-60-90 day action plan that includes teaching and coaching to over 25 pieces of Standard Work they created. The Emergency Department leadership team is enthusiastic about improving processes so our frontline team is able to provide compassionate care and truly represent the best of us.

Annual Dudley Perkins Toy Drive and Children's Holiday Party

San Francisco General Hospital is keeping its holiday traditions strong. On December 10th, we held our annual Dudley Perkins Toy Drive and Children's Holiday Party.

Since 1975, Tom Perkins, owner of Dudley Perkins Co. Harley-Davidson & Buell in South San Francisco, has gathered some 150 of his "Harley Rider" friends and delivers hundreds of toy for our pediatric patients. Sadly, on December 17th, we learned that Tom passed away. Tom's generous spirit will greatly be missed. SFGH held a very special place in Tom's heart as he was once treated in our trauma center after being involved in a hit-and-run motorcycle accident. Since then, Tom was motivated to give back to the hospital and "shine a little light on someone's life." We are tremendously grateful to Tom, his family and Dudley Perkins Co. for their generosity and support over the past 30 years; they truly embody the spirit of giving.

In addition to the toy drive, we held our 6th Annual Children's Holiday Party, with a guest list of over 500 pediatric patients and their families. Guests had the opportunity to enjoy live music performed by George Washington High School's orchestra and choir, participate in arts and crafts and face painting, interact with a juggler and magicians and, of course, take photographs with Santa himself.

San Francisco General Hospital's Medical Clinic will be named for Dr. Richard H. Fine, prominent S.F. General Physician

San Francisco General Hospital's general medical clinic will be named for Dr. Richard H. Fine. He spent 40 years dedicated to treating the patients who came to San Francisco General and, in 1970, created one of the first outpatient clinics at a public hospital in the U.S.

At San Francisco General Hospital and Trauma Center, Dr. Fine served as chief of the adult health center for 25 years and helped found a primary care residency program to train doctors to work with poor and vulnerable patients. He was known for caring for patients many others didn't want to treat, for his strong sense of moral justice. In August, the city's health commission voted to rename the General Medicine Clinic at San Francisco General the Richard H. Fine People's Clinic. The concept of the outpatient clinic was that if patients had a place to go to seek early treatment, their health would be maintained so they wouldn't have to keep returning to the hospital for overnight stays.

Patient Flow Reports for December 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 to the original minutes.

Commissioner Comments/Follow-Up:

Commissioner Chow thanked Mr. Pickens for the report.

9) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of December 2015

Transition Initiatives:

The Emergency Department conducted two back to back weeks of Kaizen workshops deep diving into the patient flow process from the time the patient is greeted at the ED door to the time the patient is seen by a provider. The team built a mock up ED unit to test workflow and by steadfastly performing rapid cycle plan, do, study, adjust cycles when the implemented the new process in the ED, they improved the low acuity ED patient wait times by 67% and reduced the left without being seen patients from 7% to zero!

The Occupational Health Services department conducted a 5S workshop in their work area in Building 9. They intensely implemented the sort, shine, set in order, standardize, and sustain framework to reorganize their work stations and exam rooms. They shared that their patients, the center of their care, are DPH wide employees will now be greeted by a more organized environment.

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

November | 2015

Diversion Rate: 51%

ED diversion – hours 244 (34%) + Trauma override - hours 124 (17%)

ED Encounters: 5605

ED Admissions: 936

ED Admission Rate: 17%

Psychiatric Emergency Service (PES) Data for the December 2015

PES has had a dramatic increase in encounters over the past six months—June, July, August, September and October 2015 are the five highest volume months in PES history. PES encounters continued high in November.

In November a total of 583 patients were discharged from PES: 56 to ADUs, 17 to other psychiatric hospitals, and 510 to community/home.

PES admitted a total of 64 patients to the SFGH inpatient psychiatric unit in November, a decrease from 78 patients in October 2015. This lowest ever monthly admission total is directly related to decreased inpatient bed capacity resulting from increased waits by SFGH Psychiatry inpatients for discharge, primarily for locked subacute treatment (LSAT) beds. The decreased inpatient bed availability resulted in increased time waiting for inpatient beds by patients being admitted from PES and longer PES ALOS. Longer PES ALOS results in increased PES census levels causing an increased likelihood of Condition Red.

The average length of stay (ALOS) in PES increased to 20.91 hours in the month of November (up from 17.66 hours in October).

There was a significant increase in Condition Red hours from October to November. PES was on Condition Red for 336 hours (46.7%) during 33 episodes in November. The average length of Condition Red was 10.18 hours. In October, PES was on Condition Red for 283 hours (32.1%) during 31 episodes, averaging 7.96 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 based on 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 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 13 months in the number of requests for transfer from other hospitals to PES.
- Significantly higher levels during past five months in the proportion of requests that are “Accepted and Cancelled (by requesting hospital)” —July/August/September/October/November averaged 61% vs. 21% over the prior 8 months. This may be attributed to the increase in PES Condition Red during these months, which is likely the result of the dramatic increase in PES intakes during the past four months, along with decreased inpatient bed availability. The increase

in PES intakes continues to be associated with the change in Medical Screening Exam protocol subsequent to SFGH’s EMTALA survey. It is likely that because of longer waits to get patients to PES, the other hospitals made other arrangements for the patients, or the patients’ clinical condition improved enough that they no longer needed PES services.

- Significant overall decrease during the previous four months in the proportion of requests that were “Accepted and Arrived”—July/August/September/October/November averaged 30% vs. 66% over the prior 8 months. This decrease appears to be accounted for by the increase in “Accepted and Cancelled (by requesting hospital)” described above.
- Significant and progressive decrease during July/August/September/October in the proportion of requests that were “Inappropriate Referrals”—July/August/September/October averaged 10% vs. 25% over the prior 8 months. 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 not clear.

Commissioner Comments/Follow-Up:

Commissioner Singer asked when progress will be made on diversion rates. Ms. Dentoni stated that the work is ongoing.

Commissioner Singer encouraged uniformity throughout all units; he added that there is a tendency to view each unit as a different culture which can impact progress. He also stated that striving for consensus when developing models can also cause delays and impact effectiveness. Ms. Dentoni stated that ZSFGH is striving for one standard of care practice throughout the hospital.

10) ZSFGH RN HIRING AND VACANCY REPORT

Karen Hill, Department Personnel Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that the format of the report is not conducive to understanding the status of ZSFGH hires. He added that previous report formats included a “rolling year” of data to track progress for the past 12 months.

Commissioner Singer stated that he is frustrated that the report format has changed and that it does not include data prior to November 2015.

Commissioner Singer asked for an update on hiring targets. Ms. Hill stated that the remaining target is 69 positions and that 36 new staff are currently being processed.

11) MEDICAL STAFF REPORT

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

INTRODUCTIONS:

The following were introduced to MEC members:

- Dennis McIntyre MD – New Director of Accountable Care for the San Francisco Health Network. Dr. McIntyre will also be spending half of his time at SFGH as Director of UM Medical Director
- Susan Brajkovic, RN, BA, MJ – New Director of Risk Management at SFGH

BUILDING 25 REQUIREMENTS/PROCESSES

Members were reminded of requirements and processes for training physicians for the move into Bldg 25. A two-hour provider specific (tailored to physicians) super user training has been developed and will need to be completed by the Departments' identified DTEC's (Development Training and Education Coordinator) or Superusers.

INCOMPLETE MEDICAL RECORDS

Dr. Marks alerted members about the significant increase in delinquent electronic medical records since the successful close out of 17,000 open medical records during the transition from ICD9 to ICD10 last month. As a corrective action plan, Dr. Marks announced that effective January 2016, the list of physician names with delinquent medical records (meaning unlocked or delinquent electronic or paper records for more than two weeks) will be sent to the Medical Staff Office. The Medical Staff Office will then send the list to Service Chiefs, with a three day deadline for resolution. It will be the Chief's responsibility to notify the Medical Staff Office once the records are completed. The Medical Staff Office will send notices of administrative suspension of privileges for providers whose records remain unresolved after the three day period.

GPP/PRIME

Ms. Valerie Inouye and Mr. Patrick Oh provided members with an overview of the five year Section 1115 extension waiver for California, recently approved by CMS. The waiver program went to effect January 1, 2016. Ms. Inouye and Mr. Patrick Oh presented two components of the waiver, the GPP (Global Payment Program) and PRIME (Public Hospital Redesign and Incentives in Medi-Cal). Members understood that the waiver brings new accountability for Medi-Cal on the question of access to care, and of paying for value rather than volume, and recognize the need to further drive changes and implement new approaches to improve health care services in order to avail of funding from these GPP and PRIME.

MATERNAL AND CHILD HEALTH STATEWIDE METRICS

The metrics have been published and will become public on Cal Hospital Compare. SFGH ranked first in VBAC rates and sixth for episiotomy rates and 14th for C-section rates. Members congratulated Dr. Rebecca Jackson for her outstanding leadership of the SFGH OB-GYN Service.

UCSF@SFGH STRATEGIC PLANNING

On Thursday, Jan 17, the initial UCSF@SFGH strategic planning workshop will be held.

LEAN MANAGEMENT AND A3 REVIEW

- DAILY MANAGEMENT SYSTEM TOOLS (Nov Leadership) - The Daily Management System (DMS) tools used by the Nursing Staff on model cell units (5D, OR and PACU) was presented to members. DMS empowers staff as problem solvers, connect daily work and are drivers to achievement of meaningful organizational goals. DMS tools to include the (1) Status Sheet, (2)

Daily Huddle and Visual Management and (3) Unit Leadership Team. Ms. Iman Nazeeri-Simmons stated that through continuous improvement efforts, SFGH has developed, and is in the process of implementing a leadership system to ensure alignment of the organization's vision and strategy by: (1) creating a True North and a strategic plan, (2) developing a Daily Management System and (3) promoting problem solving. Ms. Nazeeri-Simmons presented an A3 review (v. 11.0) on "Developing a Daily Management System".

- **WORKSHOPS AND A3 THINKING (Dec Leadership)** - The Lean Training session focused on how the various improvement workshops and A3 Thinking activities tie to the larger picture of where SFGH is heading. The five key steps that SFGH, as an organization, must accomplish in its ongoing Lean Journey include: (1) Defining where we are going which is our True North (2) How do we get there which is through the strategic deployment and implementation of A3 thinking (3) How do we sustain the gains which is through the Daily Management System (4) Ownership by C-suite (Lean Leaders) whereby all leaders on a daily basis continue to learn, improve, care and engage, with behaviors that exhibit the values of SFGH. (5) Aligning and engaging the physicians. Members were reminded that the whole concept of Lean Management will only work if all physicians are all going in the same direction and doing the same thing. Presented to members was the strategic deployment, which illustrated how the ten Tactical A3's (organization wide plan), unit level A3 (front line problem solving) and multiple (4-8) Unit driver metrics all align vertically to the SFGH's True North, and improve horizontally at the unit level. Members then engaged in "Catchball", which is a bi-directional process of sharing problem solving and inviting questions, feedback, or shared ownership from others.
- **ED IMPROVEMENT WORK STATUS (Dec Business MEC):** Members were provided updates about the Emergency Medicine Value Stream Map that was presented to members at the October 15, 2015 Combined Leadership and Business MEC meeting. As a continuation of the October Emergency Department's Value Stream Map workshop, back to back workshops were conducted to attack the first part of the future state value stream for ED. These include work on improving:
 - Time from when patients arrive to when they see a provider,
 - Establishing a Fast Track process for the lower acuity (Emergency Severity Index score of 4 and 5 patients, with 1 as the most severe and 5 as the least severe).

A highly functional team wrote an A3 on improving the ED flow. Over these two workshop weeks, the team developed a Fast Track process, and wrote 25 standard work processes for physicians, MEAs, and RNs. Throughout the workshop, the standard work and processes were piloted and refined in the ED. This involved changing triage process, and establishing a Fast Track process in the current ED location during the hours that the pilot is live. Results by the end of the pilot week indicated that for lower acuity patients, the time from patient arrival to discharge from ED went from 4.5 hours to 60 minutes. During the time the pilot was in place in the ED, the rate of patients who left without being seen (LWBS) went from 8% to 0%. The pilot process requires putting resources in the ED, including physician coaches and coaches for nurses and MEAs during the rollout process. For the first two weeks, the pilot is live from 9:00 AM to 3:00 PM, and after the holidays, will increase serially to 9:00 AM to 5:00 PM. Once stable, the pilot will then move to nights. This will be the first of several upcoming workshops to address areas for improvement in the current space, before moving to Building 25. Dr. Marks pointed out that this transformational change occurred because of the

implementation of standard work, processes and accountability, which were not in place before in the ED. The next step listed in the hospital's tactical A3 is a countermeasure aimed to improve patient flow on the hospital inpatient services. Members are called upon to support and engage in the forthcoming Inpatient Flow Value Stream which will be launched the week of January 25, 2016. Value Stream Mapping work will be sponsored by Dr. Todd May and Ms. Terry Dentoni. Parallel improvement work in the inpatient flow will be critical, as ED continues to improve and facilitate a faster rate of patients ready for admissions.

- HOW WE ARE USING LEAN TO IMPROVE HOSPITAL FLOW (Jan 2016 Leadership MEC) - Dr. Marks gave a presentation on how the hospital is using Lean to improve hospital flow to date. Included are the following:
 - Review of how Lean tools have been used to drive hospital flow improvement -
 - Story about an Admitted patient's experience in the ED while waiting for a hospital bed, as told by Dr. Jeff Critchfield
 - Upcoming work to improve hospital flow (Launching of Inpatient Flow Value Stream)
 - Reflection on the importance of this work and members' rolesDr. Marks reviewed the following tactical and operational A3's with members:
 - Optimizing Patient Flow throughout SFGH
 - Roadmap to a Safer, more compassionate and more efficient ED
 - ED Flow
 - ED Kaizen Workshop 1 "Front End Flow" -Focus on "Front end Flow and Lower Acuity Patients (ESI 4 and 5)Changes in the ED that were designed and piloted through a series of Plan, Do, Study Act Problem Solving has resulted in significant and transformational improvements in several measures: Lead Time for ESI 4/5 patients, Time from Greet to Access, and LWBS. ED will continue with the Fast Track process for ESI 4/5 patients, increasing hours to 7PM and then 10PM. Next improvement workshop for ESI 3 patients (which accounts for 50% of patients) is planned for Feb 8-12, 2016.

SERVICE REPORTS:

- ANESTHESIA CLINICAL SERVICE REPORT- Dr. Jim Marks presented the Anesthesia' biennial report to MEC. The report focused on how the Anesthesia Service is using Lean Management and the Daily Management System (DMS) to transform the Service and the care provided to SFGH patients. The report included details on how the DMS tools (Performance Huddle, Leadership Team, Status Sheet) are utilized in the Anesthesia Service, and the positive results achieved to date. Members agreed that Lean Management System is transformational and provocative, and joined Dr. Marks in acknowledging and thanking Ms. Iman Nazeeri-Simmons for bringing Lean Management to SFGH.
- MEDICINE CLINICAL SERVICE REPORT - The Medicine Service report highlighted the following: (1) Mission, Vision and Values (2) Organization and People (3) Budget (4) Clinical Services and Performance (5) Educational Activities (6) Research Activities. Goals include: Innovate and improve quality, safety and efficiency of patient care; Improve communication and collaboration; Ensure economic stability programs; create the best training programs and internists; Recruit/retain best and brightest of faculty trainees and staff; Strengthen research infrastructure and physician scientist, advance philanthropy. Challenges include: Healthcare uncertainties, achieving high performance, integration and efficiency in both outpatient and

inpatient services, generating clinical and operational data in a timely fashion for feedback on performance, lack of enterprise EHR, managing fluctuation, Medicine and ICU Services, maintaining balance of resident service vs education, space and infrastructure, and physician burnout. Future Action Plan include: continue to align goals with SFHN, and parent DOM and UCSF, work collaboratively and foster partnerships with other Services, create a department of 500 problem solvers, moving beyond physician engagement to demonstrable results, improve performance in ambulatory care, work with hospital to improve EHR, data systems and ensure access to available data in specialty and primary care, recruitment (Chief, Division of Hospital Medicine and Hematology Oncology Division), generate funding for physician scientists, clinical and academic space for recruitment and retention of outstanding faculty and staff.

Commissioner Comments/Follow-Up:

Commissioner Chow asked that the abbreviation for ZSFGH be consistent in all JCC documents for future meetings.

Action Taken: The following items were unanimously approved:

- Anesthesia Service Rules and Regulations
- Consent Form Revision
- Credentials:
- Medicine Service Rules and Regulations:
- Credentials:
 - Peer Review Form Revision
 - Anesthesia Privilege List Revision
 - Revised New Application Form Revision
 - Revised Peer Reference Form Revision
 - Revised OHS Requirement
 - Revised Trauma CME Requirements Form
 - Neurology Privilege List Revision 18.80
 - ED Privilege List Revision

12) PUBLIC COMMENT

There was no public comment.

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

14) ADJOURNMENT

The meeting was adjourned at 6:06pm.