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**MINUTES**

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

**Tuesday, October 27, 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 B. Singer

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

Staff: Barbara Garcia, Roland Pickens, Todd May MD, Troy Williams, Karen Hill,  
David Woods, William Huen MD, Jim Marks MD, Terry Dentoni, Iman Nazeeri-Simmons,  
Sue Carlisle, Jeff Critchfield MD, Lillian Chan, Jay Kloo, Terry Saltz, Kim Nguyen

The meeting was called to order at 3:11pm. Commissioner Chow announced that Commissioner Singer needed to leave the meeting at approximately 4:45pm and therefore he requested that some agenda items be deferred and for presenters to be brief.

**2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 22, 2015 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes of the September 22, 2015 SFGH JCC meetings.

**3) FOOD AND NUTRITION SERVICE UPDATE**

This item was deferred to a future SFGH JCC meeting.

**4) QUALITY MEASURES REPORT**

Troy Williams, Chief Quality Officer and Jay Kloo, Director of Risk Management, gave the reports.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for clarification regarding when the hiring cycle process begins. Mr. Williams stated that it now takes approximately 28 days between choosing a potential candidate and the new employee's date. He noted this is a vast improvement over past SFDPH hiring cycles.

Commissioner Chow asked for more information regarding the \$250,000 penalty assessed for the 2012 case noted in the report. Mr. Kloo stated that the administrative fine was set at \$25,000 per patient.

**5) PROPOSED DRAFT FY14-15 SFGH ANNUAL REPORT**

Roland Pickens, Interim Chief Operating Officer, presented the report.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that the Health Commissioners and SFGH staff that are members of SFGH JCC be distinguished with an asterisk on page 39 of the report.

Commissioner Singer noted that the volume of patients seen at SFGH is lower than the year before and asked how this number is tied to SFGH's HCAP scores. Mr. Pickens stated that the training period in which primary care clinics began using eClinicalWorks resulted in a dip in patient numbers; he added that this was expected.

Commissioner Singer encouraged SFGH to analyze the dip in patient numbers carefully to best understand the change.

Commissioner Chow noted that the implementation of the Affordable Care Act have shifted usage of SFGH and primary clinics; he requested that this be factored into the analysis. He added that it is interesting that more resources have been added to the San Francisco Health Network during this year but the patient numbers are lower.

Commissioner Chow asked if "Perfect Care Every Time" is a slogan; Mr. Pickens stated it is a goal of the San Francisco Health Network.

**6) ENVIRONMENT OF CARE REPORT**

Max Bunan, Associate Administrator, reviewed the report.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that SFGH look at comparative data of other similar hospitals for data regarding major injuries. Commissioner Singer added that an important quality of a successful organization is the ability to learn from other organizations.

Commissioner Singer congratulated the team for their efforts during the past year; he noted that security has been improved during this time.

**Action Taken:** The Committee recommended that the full Health Commission approve the report.

**7) PERFORMANCE IMPROVEMENT POLICY**

Troy Williams, Chief Quality Officer, reviewed the policy.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that the term biannual means twice a year or every two years. He requested that this term be clarified in the draft policy. He also stated that the terms CEO and Administrator are both used interchangeably and asked for this to be clarified in the draft.

Commissioner Chow stated that the list of committees is very large and asked if the current committee structure is effective. Ms. Nazeeri-Simmons stated that SFGH is reviewing how other high-functioning organizations conduct multidisciplinary work.

**Action Taken:** The Committee recommended that the full Health Commission approve the policy.

**8) PROVISION OF CARE POLICY**

Terry Dentoni, Chief Nursing Officer, reviewed the policy.

**Action Taken:** The Committee recommended that the full Health Commission approve the policy.

**9) REBUILD/TRANSITION UPDATE**

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

**Commissioner Comments/Follow-Up:**

Commissioner Singer asked if there is any indication that the OR #8 room timeline could cause a delay for the overall new building timeline. Ms. Nazeeri-Simmons stated that there is nothing known that could cause a delay in the certificate of occupancy process.

Commissioner Singer noted that the final trim process seems completed. Mr. Saltz stated that additional work was necessary to install a final piece of imaging equipment which required additional work. Ms. Nazeeri-Simmons stated that the report was not updated on this issue. Director Garcia recommended that in the future, presenters should utilize the most updated information.

**10) HOSPITAL ADMINISTRATOR'S REPORT**

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

**SFGH Celebrates Pharmacy Week October 19-23, 2015**

During the week of October 19-23, SFGH celebrated Pharmacy Staff for their dedication and energy in promoting exemplary pharmaceutical care at SFGH.

Pharmacy Week is also a time to ensure that consumers know how to take their medicines safely. SFGH Pharmacy Residents, along with a team from Respiratory Care, educated patients on the asthma, COPD, and medication use in the Hospital Lobby.

**SFGH Celebrates National Healthcare Supply Chain Week October 5-9, 2015**

During the week of October 5-9, SFGH celebrated Materials Management as they work daily to provide the right supplies, to the right place in the most effective manner. Resource and materials managers and supply chain professionals represent an integral role in the hospital setting by supporting quality patient safety and customer service. SFGH honors them for the role they play in delivering safe, high quality care throughout the hospital.

**SFGH Celebrates Healthcare Foodservice Workers Week October 5-9, 2015**

For the past 30 years, the first week of October is the time to recognize the integral role foodservice staff have in helping patients and employees of healthcare facilities stay well-nourished and healthy. Each month at SFGH, twenty-seven thousand meals are served with approximately 4500 meals having therapeutic modifications. Healthcare foodservice workers are an important part of delivering meals to meet specific dietary restrictions and ensuring customer service excellence.

**Emergency Department Value Stream Mapping workshop October 5-9**

The Emergency Department participated in a Value Stream Mapping workshop. Value Stream Mapping allows us to observe and understand flow of care for patients from the beginning to the end of services. During the week, the team mapped the flow for patients in the Emergency Department from the time patients are greeted, until the patients are discharged or admitted. The Value Stream Mapping team consisted of staff and providers from the Emergency Department and throughout the organization. In addition to the staff, we were fortunate to also have a patient, Epee, guide us in our improvement work.

The team mapped the current state through the practice of going to Gemba, the place where the work is done. By going to Gemba, the team was able to “Learn to see” from the patient’s perspective. The team documented observations, reflected on what they saw, and generated ideas for improvement. By doing so, we created a Future State Map, where perfect care is delivered every time in the Emergency Department.

We have established a 6-month improvement plan that will support the necessary redesign and systems improvements. This will be a very collaborative effort across all areas of the hospital and clinics.

#### AVON Breast Center Open House

Prevention, detection, treatment and support. The AVON Breast Center offers patients this full range of services in a warm and welcoming environment, with experience, skill and the best and newest in technology, including its new state-of-the-art digital breast Tomosynthesis 3-D mammography unit, only the 2nd of its kind in San Francisco.

On Friday, October 23rd, from 1:00 – 3:00 pm, the center hosted an open house in its beautiful and restorative garden. I encourage you to stop by and meet the center’s amazing staff and providers.

#### Patient Flow Reports for August 2015

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

#### Salary Variance to Budget by Pay Period Report

A graph depicting SFGH’s salary variance between actual and budgeted by pay period is attached.

There were no comments on this report.

#### **11) PATIENT CARE SERVICE REPORT**

Terry Dentoni, Chief Nursing Officer, gave the report.

#### **Professional Nursing for the Month of October 2015**

##### **Transition Initiatives:**

This past week, the Emergency Department participated in a Value Stream Mapping workshop. Value Stream Mapping allows us to observe and understand the flow of care for patients from the beginning to the end of a service. The team mapped the flow for patients in the Emergency Department from the time they are first greeted, until the patients are discharged or admitted. Nursing staff, providers from the Emergency Department, as well as staff from throughout the organization participated with a patient, Epee, who represented the voice of all of our patients.

During the week, the team mapped the current state through the practice of going to Gemba, the place where the work is done. By going to Gemba, the team was able to “Learn to See” from the patient’s perspective. The team documented observations, reflected on what they saw, and generated ideas for improvement. By doing so, they created a Future State Map, where perfect care is delivered every time in the Emergency Department. ED Nursing, working with all the disciplines and services is focused on implementing the 6-month improvement plan that was established that week to redesign and improve our systems to reach the Future State.

**Professional Development:**

On October 1<sup>st</sup>, a conference was held to recap successes of the Gordon and Betty Moore Foundation Nursing Initiative, an initiative which funded \$160 million dollars of improvements in Bay Area Nursing Schools and Hospitals. SFGH was featured in a video with the University of San Francisco (USF) School of Nursing, noting the success of the *Nursing Transitions Program* which was designed to address the immediate problem of a local surplus of new RN graduates and to help these new graduates bridge the gap between education and practice while increasing their employability.

With the leadership of SFGH Urgent Care Nurse Manager, Ricardo Ballin, SFGH has played a significant role in training new graduate RNs to work in the Ambulatory Care setting. The graduates interviewed in the video expressed that working in the SFGH UCC increased their confidence and competence. This program differs from traditional new graduate bridging programs in that they are offered through a school of nursing, which partners with practice settings to provide clinical experiences.

**Awards:**

SFGH is among a select group of hospitals and transplant centers nationwide recognized by the U.S. Department of Health and Human Services (HHS) for conducting activities that promoted organ donor enrollment in state organ donor registries. The hospitals are part of the national Workplace Partnership for Life (WPFL) Hospital Campaign, sponsored by HHS's Health Resources and Services Administration (HRSA). SFGH's awareness and registry campaigns educated staff, patients, visitors, and community members on the critical need for organ, eye, and tissue donors and thereby increased the number of potential donors on the state's donor registry. The hospital earned points for each activity implemented during Phase IV of the campaign, between August 1, 2014, and April 30, 2015, and was awarded Bronze recognition by HRSA.

**Emergency Department (ED) Data for the Month of October 2015****September | 2015**

**Diversion Rate:** 45%

*ED diversion – 195 hours (27%) + Trauma override -126 hours (18%)*

**ED Encounters:** 5776

**ED Admissions:** 898

**ED Admission Rate:** 16%

**Psychiatric Emergency Service (PES) Data for the October 2015**

PES has had a dramatic increase in encounters over the past four months—June, July, August, and September 2015 are the four highest volume months in PES history. September's intakes were decreased from August likely due to the increased % time PES was on Condition Red.

PES admitted a total of 55 patients to the SFGH inpatient psychiatric unit in September--by far the lowest number admitted in the history of SFGH inpatient psychiatry. This is likely due to lack of open inpatient beds related to the difficulty placing non-acute patients waiting on units 7B and 7C.

In September a total of 639 patients were discharged from PES: 37 to ADUs, 11 to other psychiatric hospitals, and 591 to community/home.

There was an increase in Condition Red hours from August to September. PES was on Condition Red for 322 hours (44.7%) during 28 episodes in August. The average length of Condition Red was 12.17 hours. In August, PES was on Condition Red for 253.7 hours (34%) during 33 episodes, averaging 7.97 hours.

The average length of stay (LOS) in PES was 18.96 hours in the month of September. This was an increase from the August LOS of 17.74 hours. This is likely due to the longer wait for SFGH inpatient psychiatry beds due to difficulty placing non-acute patients on 7B and 7C. This is related, in part, to the significant increase in the number of patients referred to SFGH inpatient psychiatry by mandate from the criminal justice system for placement in scarce treatment beds. Finally, due to the recent limited availability of inpatient beds, PES has been even more reluctant to admit non-acute patients from PES who need a lower level of care that isn't immediately available. This results in some patients having extremely long lengths of stay in PES while a safe non-acute setting can be obtained.

### **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.
- Significant and progressive increase during July/August/September in the proportion of requests that are "Accepted and Cancelled (by requesting hospital)" —July/August/September averaged 56% vs. 17% over the prior 10 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 July/August/September. 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 and progressive decrease during July/August/September in the proportion of requests that were "Accepted and Arrived" —July/August/September averaged 33% vs. 58% over the prior 10 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 in the proportion of requests that were "Inappropriate Referrals" —July/August/September averaged 8% vs. 23% over the prior 10 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.

**Other trends:**

- Patients discharged to the community from PES in September 2015 increased to **591** (most in PES history) from 579 in August 2015, despite a lower number of overall PES encounters in September (694) compared to August (747).
- Patients transferred to ADUs decreased in September (37) compared to August (57). This represents a return to usual baseline after historic highs in July and August. The reason for this fluctuation is not clear.
- Patients transferred to private hospitals in September decreased to 11 from 20 in August.
- The average length of time per episode on Condition Red increased in September to 12.17 hours from 7.97 hours in August. This could be explained by a decrease of inpatient bed availability, decreased ADU bed availability, and/or decreased private hospital bed availability.

Commissioner Comments/Follow-Up:

Ms. Dentoni stated that the Commissioners asked her to explain possible solutions to the number of PES Condition Red situations when the new hospital opens. She stated that UCSF will place two psychiatric nurse practitioners in PES to assist with client flow and conduct intake. She noted that the opening of the new building is not expected to diminish the number of PES clients. She also stated that California has seen a rise of psychiatric emergency cases throughout the state.

Commissioner Singer asked if psychiatrists assist with emergency department patients with mental health issues. Ms. Dentoni stated that psychiatrists consult on emergency department patients and provide recommendations regarding treatment plans.

Commissioner Chow asked for clarification on the timeline of hiring the two new psychiatric nurses. Ms. Dentoni stated that the UCSF hiring process is very quick.

**12) SFGH RN HIRING AND VACANCY REPORT**

Karen Hill, SFGH Human Resources, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that the hiring targets for RNs from February are almost met.

Commissioner Singer asked for clarification on how accurate the projections from February 2015 have been. Ms. Hill stated that staff attrition has slowed down. Ms. Dentoni stated that she expects attrition to increase when the new hospital opens because other hospitals have reported that advanced technology at new hospitals is a deterrent for some staff.

Commissioner Chow asked for more information regarding hiring contingency plans. Ms. Dentoni stated that many staff who had been working per-diem positions have been offered permanent jobs. In addition training programs and aggressive recruitment activities continue.

**13) MEDICAL STAFF REPORT**

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

HALOGEN TRAINING COMPLIANCE: A 100% completion rate was reported for the Medical Staff and 98% for UCSF staff.

ECW NOTE LOCKING – The number of unlocked notes went from 14,400 to 109 by the September 30, 2015 deadline. No privileges were suspended. Dr. Marks thanked all members for their support and efforts, and commended the outstanding work of the following staff:

- Luke John Day MD
- Hali Hammer, MD
- Catherine James, MD
- Teresa Villela MD
- Susan Fisher-Owens, MD
- Neda Ratawangsa, MD
- Shonul Jain, MD
- Monica Ghandi MD
- Judith Sansone RN
- Rosaly Ferrer RN
- Kathryn Horner MS
- Susan David
- Payal Shah
- Mary Grey, MD
- Anne Rosenthal MD

#### EMERGENCY MEDICINE VALUE STREAM MAP PRESENTATION TO MEC

The Emergency Department Value Stream Mapping Workshop that was performed the week of October 5<sup>th</sup> and reported out in CARR Auditorium on October 9<sup>th</sup> was shared with MEC members. Members were reminded that the SFGH strategic plan to achieve True North is via the deployment of eleven tactical A3's. One of these A3's defines a plan to Improve Patient Flow throughout SFGH. This phased plan started in the ED, where most hospital patient flow starts. The Value Stream Mapping (VSM) process was focused on defining the current state and involved a multidisciplinary team of 25 members following and observing patients and staff in the ED, mapping the individual steps from arrival until discharge or admission from the ED and measuring the time at each step and the amount of time patients wait between steps. A total of 6439 minutes of patient time was observed as well as 2100 minutes of staff time. It was determined that it took 5.3 hours on average for walk in patients and 7.25 hours on average for patients arriving by ambulance from arrival until a disposition decision was made. This does not count the many hours that patients wait for their hospital bed after the decision to admit is made. The VSM work also identified on the many reasons for poor flow and barriers to better flow.

As one of the Executive sponsors of the VSM, Dr. Marks shared his observations on the week which included the facts that:

- Flow through the ED is badly broken.
- Patients wait way too long to be evaluated and either discharged or admitted
- Once admitted patients wait way too long for a bed
- We have processes, behaviors and culture that do not benefit our patients or our staff and that contradict the values we profess and the care we seek to deliver

Dr. Critchfield then led the MEC in exploring ways in which each service contributes to the barriers to patient flow and what changes could immediately be put in place to improve ED flow. Immediate steps identified by MEC members included:

- Adhering to policy and guidelines previously approved by MEC around the writing of admission orders within 60 minutes of the decision to admit (see attached)



- The ability of the ED to write holding orders when the team is not responsive or within 10 minutes when we are on diversion
- Not delaying patient admission by haggling over which service the patient should be on
- Providing timely consults for patients waiting in the ED.

Dr. Marks, on behalf of SFGH and MEC Leadership, promised to undertake necessary steps and action plans to make the SFGH ED environment significantly better within a year, and even before the move to the New Hospital. Members expressed their commitment and full support to the plan to improve the conditions in the ED.

Action Taken: The following items were unanimously approved:

- Temporary Privileges
- TB Requirement Form
- Standardized Procedures List Revisions

**14) PUBLIC COMMENT**

There was no public comment.

**15) 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 October 2015 Credentialing Report; and the Performance Improvement and Patient Safety Reports. The Committee voted not to disclose other discussions held in closed session.

**16) ADJOURNMENT**

The meeting was adjourned at 4:37pm.