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**MINUTES**

**JOINT CONFERENCE COMMITTEE FOR  
ZUCKERBERG SAN FRANCISCO GENERAL  
HOSPITAL AND TRAUMA CENTER**

**Tuesday, April 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 J. Sanchez, Jr., Ph.D.  
Commissioner David B. Singer

**Staff:** Barbara Garcia, Roland Pickens, Susan Ehrlich MD, Todd May MD, Troy Williams, Terry Dentoni, James Dilley MD, Iman Nazeeri-Simmons, James Marks MD, Ron Weigelt, Karen Hill, Marcellina Ogbu, Basil Price, William Huen MD, Alice Chen MD, Sue Carlisle MD, Kim Nguyen, Colleen Chawla, Greg Wagner, Virginia Dario Elizondo, Jeff Critchfield MD, Yvonne Lowe, Mark Leary MD, Dan Schwager, Dave Woods, Terry Saltz, Kathy Ballon, Valerie Inouye, Jeanette Conley, Baljeet Sangha, Lillian Chen, Maxwell Bunuan

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

**2) APPROVAL OF THE MINUTES OF THE MARCH 22, 2016 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING**

**Action Taken:** The Committee unanimously approved the minutes of the March 22, 2016 ZSFG JCC meeting.

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

Troy Williams, Chief Quality Officer, gave the report.

#### Commissioner Comments/Follow-Up:

Commissioner Chow asked for an update on hemodialysis issues. Mr. Williams stated that the ZSFG Dialysis unit will be re-surveyed in the next week. He added that ZSFG is confident that its prior work and testing of the dialysis equipment will have positive results in the survey.

Regarding the Quality Council Minutes, "Financial Stewardship" item, Commission Singer asked if the issue regarding the impact of FMLA leaves similarly impacts all of SFDPH. Mr. Pickens stated that coordinating employee leave requests has been an issue at the SFDPH since Human Resource Department cuts during the recent recession. However, the SFDPH Human Resources Department has recently added additional staff to coordinate the staff leave approval process. This will include staying in communication with staff during their leave.

Action Taken: The Committee unanimously approved the summary of the March 15, 2016 Quality Council Meeting minutes.

### **4) ZSFG PATIENT FLOW: PSYCHIATRIC EMERGENCY SERVICES (PES) TO EMERGENCY DEPARTMENT (ED) WORKFLOW**

Terry Dentoni, Chief Nursing Officer & Troy Williams, Chief Quality Officer gave the presentation.

#### Commissioner Comments/Follow-Up:

Commissioner Singer asked for more information regarding possible issues with the wait for the elevator in building 5. Ms. Dentoni stated that after the move into building 25, it is anticipated that the service elevator in building 5 will be used much less.

Commissioner Sanchez asked for a follow-up on possible changes to the 33 bus line. Colleen Chawla, Deputy Director and Director of Policy and Planning, stated that SFDPH staff are drafting a memo to provide an update on the 33 bus line; SFMTA is delaying its plan to change the route of the bus line.

### **5) INPATIENT PSYCHIATRIC DEPARTMENT CORE MEASURES**

James Dilley, Chief of Psychiatry, ZSFGH, gave the presentation.

#### Commissioner Comments/Follow-Up:

Commissioner Singer stated that the HBIPS-5 benchmark for patients discharged on multiple antipsychotic medications with appropriate justification is 37%. He noted that the 3<sup>rd</sup> quarter data shows 50%. He suggested that ZSFG consider 100% as a benchmark and added that national benchmarks may be useful but he encouraged ZSFG to develop targets that are feasible and meaningful to its own campus. Dr. Dilley stated that the SALAR system will assist ZSFG in achieving this benchmark because it does not allow a chart to close until all documentation is completed. Mary Thorton, a consultant hired to assist with ZSFG In-Patient psychiatric issues, stated that nationally there is not agreement on the appropriate documentation to require for patients on multiple anti-psychotics.

Commissioner Chow asked if the benchmark has implication for reimbursement or licensing issues. Ms. Thorton stated that some benchmarks (e.g. restraint and seclusion rates) have regulatory implications.

Commissioner Singer stated that the compliance system relies heavily on clinical attention to compliance processes. He asked how the clinical teams are being trained to comply with ZSFG requirements. Dr. Dilley stated that as processes are developed, teams are trained and the issues are discussed in regular department meetings. He added that it takes time for culture change to take effect. Dr. Alice Chen, San Francisco Health

Network Chief Medical Officer, stated that the audit tools implemented greatly assist the ZSFG Inpatient Psychiatric teams in monitoring performance and compliance issues.

Commissioner Chow asked Yvonne Lowe, ZSFG Compliance Officer, if she has been satisfied with the ZSFG Inpatient Psychiatric charting as it relates to reimbursement. Ms. Lowe stated that during the last three audit periods, the Inpatient Psychiatric charts have been in 100% of compliance with Medi-Cal billing requirements.

Public Comment:

Janetta Conley, ZSFG Psychiatric nurse, stated that the nurses understand the Psychiatric Emergency Services are overcrowded because there is not enough space to hold the patients which results in some being held in the hallway. She noted that the current system is unsafe for patients and staff. She also stated that there are patients in wards 7B and 7C that cannot be placed into the Inpatient Psychiatric unit for various reasons. Since the skilled nursing facility closed, there are now more patients appropriate for skilled nursing care in these wards. She stated that there are not enough certified nurse assistants (CNA) to support the nursing staff for the high acuity patients. She requested additional CNAs be hired and placed to assist the nurses working in the Inpatient Psychiatric unit.

**6) REBUILD/TRANSITION UPDATE**

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

Commissioner Comments/Follow-Up:

Commissioners Chow, Singer, and Sanchez congratulated the Rebuild team for its hard work in preparing for the upcoming move. They wished ZSFG well on its upcoming licensing surveys.

**7) HOSPITAL ADMINISTRATOR'S REPORT**

Roland Pickens, Director of the San Francisco Health Network, gave the report.

Inaugural Staff Forum on April 13th

On Wednesday, April 13th, ZSFG's Communications team hosted the first monthly Staff Forum. All members of the Zuckerberg San Francisco General Hospital community were invited.

The purpose of the monthly Staff Forum is to present useful and important information to all members of the ZSFG community – to engage, to inform, to connect and to inspire.

At our first staff forum, Roland Pickens opened with a welcome. Additionally, Terry Saltz discussed what staff needs to know about moving into the new acute care and trauma center.

Inpatient Workshop during week of March 28<sup>th</sup>

Inpatient Services held their first Kaizen workshop related to the Inpatient Value Stream mapping event that occurred in January this year. The team focused their improvement efforts around provider decision to discharge, to the discharge order written, with the overall goal of improving patient flow. This aligns to our True North Metric related to Care Experience and is aligned with our Improving Flow Tactic.

Through this workshop, the team has begun to standardize discharge planning, the process for providers to review patient progress, anticipate discharge, and communicate with other members of the care team. Earlier communication improves care and promotes a perfectly timed discharge.

Throughout the week, the team tested several different ideas using Plan-Do-Study-Act cycles to create standard work. The team tested and implemented a new order set using CPOE for communicating anticipated discharges to nurses. Utilization Management and Social Work will now be accessible via Pager Box! In addition, the team studied a "Model Cell" for Multidisciplinary Rounds (MDR), fully leveraging the strengths of all team members.

The Kaizen team demonstrated serious dedication towards improving inpatient and overall hospital flow. San Francisco Business Times: Real Estate Deals of the Year Award on March 23<sup>rd</sup>

On Wednesday, March 23<sup>rd</sup>, Zuckerberg San Francisco General Hospital received a “Real Estate Deal of the Year” award, presented by the San Francisco Business Times.

ZSFG was honored as one of the most creative real estate deals done in the Bay Area in 2016, focusing on our new acute care and trauma center (Building 25). While we may not typically think of ourselves and our work in the context of “real estate” or even “deals”, the award shows that we are increasingly on the radar of the business community and are thought of as a critical element in the city’s infrastructure and identity.

#### Emergency Department Improvement Workshop during week of March 21<sup>st</sup>

The Emergency Department had their final workshop before the move into Building 25. The team focused on modifying existing improvement work to optimize front-end workflows including Fast Track (flow for our low acuity patients) and Provider at Triage.

Throughout the week, the team tested several different models and scenarios in the new ED using Plan-Do-Study-Adjust cycles to create and revise existing standard work. Several stakeholders like Eligibility also provided input as the team developed the future state emergency department workflows. This workshop has allowed the team to finalize all necessary training materials to align with Building 25 ED staff/provider training. The team did inspiring work.

#### Emergency Department Diversion and Related Factors to Patient Flow

Emergency Department Diversion is enacted when a hospital determines it no longer has the resources (typically space and/or staff) to provide safe care to patients transported via ambulance. In the case of ZSFG, the Lack of physical space in the ED to safely care for patients transported via ambulance is the primary casual factor that initiates diversion in our emergency department. The lack of physical space is due to the following contributing factors:

1. Lack of sufficient ED exam rooms and treatment space. We know this will be addressed and ameliorated when we move into the new building on May 21, 2016. However, it’s important to note, the current lack of sufficient ED exam rooms was further compounded by the California Department of Public Health plan of correction that was implemented August 2014 in the ZSFG Emergency Department in response to a patient death in the ED hallway. That plan of correction requires that whenever there are 12 patients or more in ED Zone 1 (8 zone 1 beds + 4 in the hallway), the ZSFG ED will initiate ambulance diversion. Not surprising, the episodes and duration of ZSFG ED Diversion have increased significantly since the implementation of the plan of correction.
2. Excessive numbers (25-35/day over the past 6 months) of Lower Level of Care(LLOC) patients occupying acute medical-surgical beds on the ZSFG inpatients units, thus preventing timely flow of ED patients newly identified for inpatient admission, which end up waiting(boarding) in the ED exam rooms and hallways. Prior to 6 months ago, LLOC medical-surgical patients averaged (12-20/day). Over the past year, the DPH has lost access to several units/beds of Board and Care level of care, which served as a primary discharge destination for many ZSFG LLOC patients.

In search of remedies to the on-going high rates of ZSFG ED ambulance diversion and overall patient flow, I want to share with you some of the immediate, intermediate and longer term solutions that either have been recently implemented or are underway:

- a. Recently Implemented - When ten or more patients are boarding in the ZSFG ED awaiting an inpatient medical-surgical bed, ZSFG Administrative Officer of the Day (AOD) will partner with the SF Health Network Transitions Division to transfer ZSFG medical-surgical LLOC patients out of ZSFG to other institutions or community placements, in order to free up ZSFG acute

inpatient medical-surgical beds to accommodate the ZSFG ED boarding patients and relieve ZSFG overcrowding and ambulance diversion. If the ED overcrowding/boarding patient issue has not been resolved within 48 hours, the ZSFG CEO or designee will escalate to the SFHN Director and DPH Director of Health for resolution.

- b. Underway - Expansion of the DPH Medical Respite Program to provide additional beds for ZSFG discharged patients.
- c. Underway – SF Health Network Transitions Division is identifying new sources for ZSFG LLOC patient discharge to backfill the loss of Board and Care facility units/beds.
- d. Underway - Both ZSFG and SF Health Network have prioritized Patient Flow as a strategic initiative in their respective Strategic Plans utilizing LEAN A-3 development and methodology to develop short-term and long-term countermeasures to achieve ideal patient flow across our integrated delivery system.

We will continue to all necessary and appropriate actions to improve and optimize patient flow throughout our system of care.

#### Patient Flow Reports for March 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 Sanchez asked if there has been progress on working out a solution for transferring LHH patients to ZSFG during diversion. Todd May, ZSFG Chief Medical Officer, stated that ZSFG leadership is meeting with LHH leadership to work on possible solutions. He noted that the issue will be presented at the next ZSFG JCC meeting.

Commissioner Chow stated that increasing the efficiency of the discharge process may assist in reducing ZSFG diversion rates. Dr. Marks stated that discharging patients by noon is a goal. He added that the number of patients coming to ZSFG for services is higher than the number of patients being discharged. He added that patients needing a lower level of care are often not discharged due to lack of appropriate housing or a facility to which these patients can be released.

Commissioner Singer stated that some of the patients who are diverted to other hospitals may be acute. He added that there is an enormous financial burden of having patients that ZSFG is not receiving any reimbursement. He also stated that the Inpatient Psychiatric issues discussed earlier are part of the ZSFG inpatient issues that contribute to the high diversion rates. If patients requiring lower level of care could be reduced, it would allow a substantial reduction in unreimbursed administrative days for some of the Inpatient Psychiatric patients.

Commissioner Singer noted that at the last ZSFG JCC meeting he asked for longitudinal data on ZSFG emergency department and admission rates in addition to the distribution of the median in emergency department length-of-stay data. Ms. Dentoni stated that this data will be included in the next month's Patient Care Services report.

Commissioner Chow stated that he appreciates work done in an effort to improve diversion rates.

## 8) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

### Professional Nursing for the Month of April 2016

#### **Transition Initiatives:**

Nursing department staff education continues on our hospital transition education plan. On Saturday, April 9, 2016 the Nursing department practiced moving patients from building 5 to the new hospital building 25 in our first “Mock Move”. Staff simulated moving 12 patients from different nursing departments into the new hospital. Learning from the exercise included testing patient flow timing and communication.

Our third “Day in the Life” scenario will take place Wednesday, April 20, 2016. Nursing, along with 25 other hospital departments, will enact many different scenarios to test new workflows, verify protocols and system integration.

#### **Nursing Professional Development**

Acute Care for the Elderly (ACE) Clinical Nurse Specialist, Annelie Nilsson, MS, along with two ACE unit staff nurses, Jaleel Arnado, RN and Yvette Marucut, RN are traveling to the 2016 annual NICHE (Nurses Improving Care for Healthsystem Elders) conference in Chicago to present their work on two posters: “Fall Prevention Education for Hospital Staff and ACE Patients with Video and Icons” and “Post Hip Fracture Clinical Pathway in Hospitalized Older Adults”.

At the upcoming UCSF Regional Nursing Research Day conference on April 29, 2016, a newly hired SFGH staff nurse, Uzoma Uwakah, RN, DNP, has been selected for a podium presentation on her DNP research training traditional birth attendants neonatal resuscitation skills to improve outcomes in rural Eastern Nigeria.

Birth Center Designated Transition Education Coordinator, Lillian Tsai, RN MS, published an article “Breastfeeding among Mothers on Opioid Maintenance Treatment: A literature Review” in the Journal of Human Lactation (JHL) a quarterly, peer-reviewed journal publishing original research.

### Emergency Department (ED) Data for the Month of April 2016

April | 2016

Diversion Rate: 62%

*ED diversion – hours 268 (36%) + Trauma override - hours (26%)*

ED Encounters: 5834

ED Admissions: 915

ED Admission Rate: 16%

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

PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. March 2016 had 605 patient encounters, which is average for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In March a total of 533 patients were discharged from PES: 33 to ADUs, 10 to other psychiatric hospitals, and 490 to community/home.

PES admitted a total of 72 patients to the SFGH inpatient psychiatric unit in March, a small decrease from 76 patients in February 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 increased to 21.46 hours in the month of March (up from 18.69 hours in February).

There was an increase in Condition Red hours from February to March. PES was on Condition Red for 303.6 hours (40.8%) during 24 episodes in March. The average length of Condition Red was 12.65 hours. In February, PES was on Condition Red for 247.3 hours (35.5%) during 26 episodes, averaging 9.64 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.
- March showed an increase in patients which were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), rising to 54% (from 41%).
- This month showed a decrease in proportion of requests which were “Accepted and Arrived”, 20%.

There was a decrease in “Inappropriate Referrals” in March 2016 to 26%. 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 recommended that “Trauma Override” data not be added into the total diversion data since this category of data was not added to diversion data in the past. He stated that the addition of this newer type of data may cause the total diversion data to look as though it has increased more than it actually has.

Commissioner Chow encouraged ZSFG to look at other hospitals’ definitions of diversion.

Commissioner Singer stated that there is a city-wide issue with diversion that relates to the entire hospital and Emergency Medical Service system. He noted that in addition in participating in efforts to improve the city-wide issues, he urges ZSFG to focus resources on solving its own patient flow issues which impacts its diversion rates and contributes to the city-wide issues.

Director Garcia stated that the SFDPH will be incorporating Emergency Medical Services into its organization towards the end of 2017. She added that the SFDPH is working with the Hospital Council on diversion issues. She also stated that ZSFG is working to improve its management of patients needing lower levels of care and exploring how to maximize community resources to assist in more efficient discharges. She noted that the issues are complex and that simply purchasing more slots in community facilities will not solve the problem because once those slots are full, there is still a long waiting list of patients in need.

#### **9) ZSFG RN HIRING AND VACANCY REPORT**

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

#### **Commissioner Comments/Follow-Up:**

Commissioner Singer strongly encouraged the Human Resource Department to have a more comprehensive understanding of its data to maximize its efficiency and effectiveness. Mr. Weigelt stated that two analysts have been assigned to work on the Human Resource Department data for better reporting.

#### **10) MEDICAL STAFF REPORT**

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

#### **AWARDS/RECOGNITIONS/APPOINTMENTS**

New Division Chief of Division of Hospital Medicine, Medicine Service – Dr. Neil Powe announced the appointment of the new Division Chief of Hospital Medicine, Dr. Sumant Ranji. Dr. Ranji comes from UCSF, and will start part-time in May and full-time in July 2016 at ZSFG.(CV sent to Commissioners)

#### **SFGH FOUNDATION INTERNAL FUND RAISING ON EPIC**

MEC first took the opportunity to reflect and express gratitude to Ms. Amanda Heier, CEO and Sara Haynes, VP, Development the SFGH Foundation and the entire SFGH Foundation staff for their outstanding work and support to the hospital and the medical staff over the last couple of years. The SFGH Foundation was asked to raise \$65M (by far the largest fundraising effort in the Foundation's history) for the FF&E (Furniture, Fixture and Equipment) campaign, but ended up raising more than \$140M that was used to purchase critical medical equipment and furnishings, with extra funding for future use.

An integral part of the Bldg. 25 FF&E campaign included the successful campus wide fundraising effort. This internal campus giving sparked additional philanthropy, and sent a strong message to the community and outside donors about the support of every hospital staff to the campaign. Ms. Heier and Ms. Haynes briefed members about the logistics around provider and staff fundraising around EPIC, an Enterprise-wide Electronic Health Record for the DPH and ZSFG. The Foundation is in the beginning phases of the campaign planning, and is exploring the use of the same Bldg. 25 FFE campus wide fundraising strategy for EPIC. Ms. Heier emphasized that the Foundation is relying on MEC's expertise and support in formulating the structure of the physician giving part. Plans include the CPG's funding commitment to support the Foundations EPIC fund raising, which will be a great incentive for campus wide giving. Also planned for the next few months is to identify leaders to spearhead the project. Ms. Haynes emphasized that MEC's support and interaction will be crucial. Targeted campaign roll out date will be in August 2016.

#### **ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW**

Inpatient Flow's 1<sup>st</sup> Kaizen and Proposed Countermeasures/PDSA on Hospital Discharge

During the last week of March 2016, the Inpatient Value Stream Team led by Dr. Todd May, held their first Kaizen workshop around discharge planning. This activity was the first improvement workshop on the MedSurg end of the tactical A3 on Improving Patient Flow. Planning for Discharges (DC) was identified at the Inpatient Value Stream conducted in January 2016 as a key factor driving flow. MEC reviewed the A3 titled “Anticipate- Communicate-Complete”, one of the outputs resulting from the 1<sup>st</sup> Kaizen. This A3 Review aims to address the need for earlier and better discharge planning. The A3 review included the following:

- Background –SFGH has wrestled with broken patient flow for years, which negatively influences patient and overall institution across all dimensions of True North, specifically on Patient Care Experience with patients experiencing long delays entering and exiting
- Current Conditions – Improvements are needed on anticipating DC, and the communication around this anticipation. Consistent communication gaps exist because there are no standard work in place around communication between providers and other IDT members.
- Problem Statement – Patients’ expected discharge date is not consistently known or communicated, leading to surprise (>50% unanticipated by nursing) and delayed (16% by noon) discharges.
- Targets and Goals – Improve Baseline % of the Unanticipated DC Rate (5D- 54%, MS – 45% baselines) to 25%; Increase DC Order by 10 AM from 16% to 25% and DC by noon from 13.4% to 25% within one year.
- Analysis – Factors leading to difficulties with DC were discussed, with Structure and Communication Processes identified as major barriers to DC by noon.
- Proposed Countermeasures – Anticipated DC Date Order in CPOE, UM and Social Workers in PagerBox, Role Clarification for UM, Include a DC date on eKardex. These countermeasures were categorized into three teams: (1) An Anticipation Team that will focus on creating electronic DC order that states that the patient will be DC in 24 hours, and getting UM and SW in PagerBox (2) Afternoon Process with Medicine Teams. This process will include a discussion of anticipated DC for the following day (3) MDR FCM ROUNDS - These FCM quick rounds are focused on the facilitation of plans for DC and include a quick review of UM SW and rehab needs to prepare patients for discharge. These FCM Round are a model that other teams could emulate.
- Plan – Rollout/Validate Standard Work, Continue to look at PM Huddle PDSA between residents (Medicine Service), DC Checklist PDSA (5D) and Investigate spread of the MDR Model to Medicine and Cardiology.
- Follow Up – Weekly follow-up on Plan/KAB items at Inpatient Flow Steering Committee, and Q3 week report of status to Executive staff.

Members acknowledged the significant amount of work that needs to be done, but agreed that the targets and goals can be achieved with the support and engagement of all providers. Ms. Terry Dentoni clarified that the issue of LLOC patients is not included in this Kaizen; however, ongoing improvement work on LLOC is currently being aggressively addressed at the ZFSG on the network level.

#### ED Improvement Update (ED FT Run Chart Attached)

Dr. Malini Singh, Emergency Medicine Service Chief, provided MEC an update regarding ED Improvement Work, specifically on the impact of the Fast Track (FT) process in the ED for Lower Acuity Patients, ESI 4 and 5 to date. Dr. Singh reminded members that FT was initiated in December 2015, starting with 8 hours per day, and later expanding to 12 hours/day. The goal is to reduce Fast Track median length of stay (LOS) from a FY14-15 baseline of 187 minutes to 135 minutes or less (this goal was based on the future state map) by June 30, 2016. Since implementation, data shows that ED has been meeting or exceeding the goal of 135 minutes every month since December during the time that FT was running (10A-10P) and that last month exceeded the 135 minute target for the entire 24 hour period.

Dr. Singh informed members that the last ED Kaizen 3 workshop on Front End Care included work on how to move the fast track in the new hospital. Dr. Singh recognized some outliers where LOS (Length of Stay) go

beyond the 135 minutes mark. The next ED workshop scheduled in June 2016 will focus on one of the variables that impacts LOS, consultative services in the ED.

### **SERVICE REPORT:**

#### Radiology Service Report

The report provided the following highlights:

- Scope of Service –New programs to be established in Bldg. 25 include PET/CT and Emergency Radiology. Dr. Wilson stated that PET/CT is the standard of diagnostic care in oncology, and for years, patients have been sent to UCSF and China Basin for this service. Emergency Radiology will also be an important program, with the provision of in-house attending coverage afterhours and weekends. Dr. Wilson discussed all imaging modalities in Building 5, Building 25 and the Avon Center. The new equipment in Bldg. 25 will offer many new opportunities to treat our patients. Imaging services were integrated into the hospital design with the intent of bringing the imaging to the patients. Dr. Wilson also noted that some of the equipment pieces are among the first of their kind to be installed in the U.S.
- Leadership Structure, Faculty, Recruitment, Resignations. Dr. Wilson was proud to report that the majority of the new faculty in the department were hired into research career tracks. The Radiology Service continues to be a strong clinical and teaching department, and the new faculty hires over the last ten years have enhanced the service’s research portfolio.
- Training Programs – Resident Education Activities and Resources, Fellowship Training (Abdominal Imaging, Women’s Imaging, Neuroradiology, Thoracic Imaging) – highly integrated with ML and VAH, Clinical Teaching Conferences.
- PIPS and Patient Satisfaction- Reducing Repeat rates, Reducing wait times, Patient Satisfaction and other PIPS activities, Physician QA activities, Data used in Reappointment Process, Radiology OPPE. Dr. Wilson informed members that the opening of Bldg. 25 is expected to increase capacity and will is expected to improve patient wait time for procedures.
- Communication to Faculty and Staff – Monthly meetings with faculty, residents/fellow, administrative staff, RT staff, IR Staff.
- Research – Major faculty research directions, Radiology Peer-Reviewed Publications,
- Finances – FY 14-15 report; Investments of surplus funds

In summary, Dr. Wilson stated the Radiology Service’s strengths are the skilled faculty in all areas of radiology, exceptional equipment and program opportunities with Bldg. 25, and improving performance in all True North metrics. Challenges include maintaining teaching and research priorities with increasing clinical demands. Goals for next academic year include the establishment of an Emergency Radiology Program and continued improvement in all True North Metrics. Dr. Wilson added that the prospect of reestablishing general Nuclear Medicine in Bldg. 25 has been discussed, and could be supported with the current Bldg. 25 infrastructure. However, if this new program is approved by DPH leadership, it will likely be deferred into the future given the current priorities at ZSFG. Members thanked Dr. Wilson for his excellent report, and his outstanding leadership.

#### Commissioner Comments/Follow-Up:

Commissioner Chow thanked the CPG physicians who committed to participating in a fundraising effort for EPIC, the new electronic medical record system.

Commissioner Singer asked how much of the Emergency Department (ED) patient volume were ESI 4 (lower acuity) and how many were seen through the Fast Track (FT). Dr. Marks submitted in writing the following data for the first 24 days in April in response to this question:

Total number of ESI 4/5 patients = 1428 = 31% of total ED volume

Total number of ESI 4/5 patients seen in FT = 822 = 58% of total ESI4/5 patients

Total number of ESI 4/5 patients during 10am-10pm (FT open) = 964

Total number of patients seen in FT when open = 822 = 85%

Commissioner Singer asked for clarification on Emergency Department best practices of lower acuity patients in other hospitals. Ms. Nazeeri-Simmons stated that the community best practice for lower acuity patients is two hours.

Commissioner Chow stated that on page three of the Committee on Interdisciplinary Practice (CIDP), item "V. Responsibility," the term "Joint Conference Committee" should be changed to "Governing Body" in the sentence, "Any changes must be approved by the CIDP, Credentials, Medical Executive Committee and the Joint Conference Committee." Recommended approval of the item with this correction.

Action Taken: The following items were unanimously approved by the ZSFG JCC:

- Radiology Clinical Service Rules and Regulations, Policies and Procedures
- CIDP P&P
- Controlled Substance Utilization Review and Evaluation Systems (CURES)

**11) PUBLIC COMMENT**

There was no general public comment.

**12) CLOSED SESSION**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

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

**13) ADJOURNMENT**

Commissioner Sanchez stated that Dolores Huerta was the honorary chairperson for the Cesar Chavez parade and noted that decades ago she was a ZSFG patient after being beaten by police during a demonstration.

Dr. Marks thanked Mr. Pickens for this role as interim CEO of ZSFG. Commissioner Singer commended Mr. Pickens for not hesitating to take on the important role in addition to his position as Director of the San Francisco Health Network. Mr. Pickens thanked Marcellina Ogbu, SFHN Deputy Director, and Alice Chen MD, Chief Medical Officer, for their assistance during his tenure as interim CEO.

The meeting was adjourned at 5:07pm.