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

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Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, August 23, 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: Roland Pickens, Susan Ehrlich MD, Terry Dentoni, Jim Marks, Troy Williams,
Todd May MD, Ron Weigelt, Basil Price, Iman Nazeeri-Simmons, Sue Carlisle MD, Kim
Nguyen, Karen Hill, Zachary Williams, Valerie Inouye, Dan Schwager, Leslie Safier, Will
Huen MD, Jeff Critchfield MD, Alice Chen MD, Kim Nguyen

The meeting was called to order at 3:07pm.

**2) APPROVAL OF THE MINUTES OF THE JULY 26, 2016 ZUCKERBERG FRANCISCO GENERAL
JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

William Huen, M.D., Associate Chief Medical Officer, gave the report.

Commissioner Comments:

Commissioner Chow asked for more information regarding the increase in CDI illness cases. Mr. Williams stated that ZSFG is focusing on this metric to better understand the underlying issues of

hand hygiene and anti-microbial stewardship. He noted that with CDI illnesses, waterless hand sanitizer is not effective; soap and water is necessary.

Commissioner Chow stated that when the metric was set, there was likely a plan to make improvements. Mr. Williams stated that overall hand hygiene is over 99% but they have found that some staff working with CDI illness patients were using the waterless hand sanitizer.

Regarding the issue of decoding errors, Commissioner Singer asked for clarification of what the denominator is for the data in the Quality Council minutes. Mr. Williams stated that he will follow-up to provide that information to the Committee.

Regarding the Regulatory Affairs Report, Commissioner Chow noted that under the American College of Surgeons Trauma Re-verification Survey, there is no indication that a final report is pending. Dr. Ehrlich stated that this is a professional survey rather than a regulatory survey. She noted that the final findings are sent within 14 weeks of the survey.

Action Taken: The Committee unanimously approved the summary of the Quality Council meeting minutes.

4) QUALITY MEASURE UPDATE & TRUE NORTH SCORECARD

William Huen, M.D., Associate Chief Medical Officer, and Leslie Safier, Director, Performance Improvement, gave the presentation.

Commissioner Comments

Commissioner Singer asked for clarification on a preferred length of stay for patients in the Emergency Department. Dr. Marks stated that the goal should be that no patients leave without being seen and that the hospital is not on diversion. He added that the Committee will be presented with a more thorough update on this issue at the next ZSFG JCC meeting.

Commissioner Chow asked if the Hospital Council study will be helpful in regard to this topic. Dr. Ehrlich stated that the study should be of great assistance to understand the upstream issues. Commissioner Sanchez congratulated the staff on the development of the True North Scorecard.

Commissioner Singer asked if there is general confidence in the quality of the data in the scorecard. Dr. Ehrlich stated that the scorecard does not fully reflect what staff understand the data to be; this is because it takes some time to analyze and synthesize the data for the report.

Commissioner Singer asked how staff approaches a situation in which data shows improvements well beyond what was expected. Dr. Ehrlich stated that the scorecard will be revisited annually to reassess the metrics. She added that the vision is always obtaining excellence but there must be milestones along the way to help achieve the ultimate goals.

Commissioner Chow stated that he appreciates the work that has gone into the excellent charts and data. He added that it is important to determine what is realistic and what goals will help achieve the greatest financial consequences. Dr. Ehrlich stated that there are over 155 metrics and it is important

to focus on the most important. She pointed out the graphs at the bottom of the scorecard show the current foci.

Commissioner Singer noted that ZSFG had a \$65,000 penalty for the last fiscal year. He added that earning bonuses should also be a goal, not just avoiding penalties.

Commissioner Singer stated that data shows that goals are not being met. Dr. Ehrlich stated that across ZSFG, everyone is embracing the current situation and understanding that the hospital needs to continue to improve on its quality measures.

5) RESEARCH & EDUCATION BUILDING UPDATE

Sue Carlisle, PhD, MD, Vice Dean ZSFG, gave the update.

Commissioner Comments

Commissioner Singer asked if the size of the UCSF research departments has been a strategic goal for UCSF or has the grown just naturally occurred over time. Dr. Carlisle stated that some of the growth is proportional to the size of the departments and some is based on the level of clinical work being conducted. She also noted that almost all the researchers are scientists and clinicians.

Commissioner Singer asked if all the UCSF researchers are currently on the ZSFG campus. Dr. Carlisle stated that most of the researchers are on campus; there is a small subset on other leased facilities. She added that the UCSF Laurel Heights campus will close in 5 years and those staff will need a place to move.

Commissioner Chow noted that the full Health Commission heard a presentation at its August 16, 2016 meeting on the current negotiations between CCSF and UCSF. He asked Dr. Carlisle her perspective on the negotiation process. Dr. Carlisle stated that it is essential that UCSF continue to be able to offer research opportunities on the ZSFG campus; the retention of service chiefs and prominent research faculty depends on the success of the negotiations. She also stated that UCSF is fully committed to this process; however because it is part of the University of California system, the situation is made more complex.

6) HOSPITAL ADMINISTRATOR'S REPORT

Susan Ehrlich M.D., Chief Executive Officer, gave the report.

Inpatient Flow Team Improvement Workshop

During the week of July 25th, the Inpatient Flow Team held their first Improvement (kaizen) workshop since moving into Building 25. The team focused its improvement efforts in three areas: (1) minimizing unnecessary telemetry use and reducing distracting alarms, (2) identifying early in their admission patients with a high risk of accumulating non-acute days, and (3) cohorting patients by clinical service.

By the end of the week, 30% of patients (up from 0%) were screened for risk of accumulating non-acute days. This early detection and preemptive relocation of non-acute patients ensures that each patient is seen by the right person, at the right time for the right service.

The team was successful in addressing excessive inpatient alarm activation.. Their goal was to reduce the numbers of alarms per hour by 50% (220 alarms to 110). By the end of the week they reduced the rates of alarms to 84 per hour, exceeding their goal. Congratulations to the team on a successful week-long improvement event!

Building 25 Lobby Interactive Wall is Launched

The beautiful interactive donor wall is now complete in our lobby! The donor wall is the result of a year-long effort with Zuckerberg San Francisco General's philanthropic partner, the San Francisco General Hospital Foundation. The wall is a great asset for the Foundation and the hospital. The display is a touch screen, allowing you and our visitors to interact with it by touching the screen. A few highlights to the display include:

Recognizing donors to the campaign: The wall serves as a testament to the more than 2,000 donors, including more than 1,200 of our very own staff, who donated to the Heart of Our City Capital Campaign.

The hospital and the San Francisco General Hospital Foundation remain extremely grateful to the generosity of all ZSFG staff who donated to the Capital Campaign. Donors may visit the wall to search for their name in the display and see a special thank you message. Visitors in the community can also learn more about our donors to the campaign by touching select names that will display a photo, video or quote.

Telling our Story: Prop A, the Building 25 bond, required us to create a historical display to share the rich history of ZSFG, and the many ways the hospital is part of San Francisco's history through photos from the Gold Rush to the AIDS Epidemic. Thank you to our colleagues at the ZSFG Library and Archives for compiling this incredible archive that we can share with staff and visitors alike.

Learning about the many architectural and building features: The wall also features a fascinating description for the features of the new hospital -- from its seismic safety to its environmentally sound building practices.

The wall includes video testimonials from our city and national leaders who describe how important Zuckerberg San Francisco General is to them and the community.

In addition to our partners at the Foundation, special thanks to our Facilities Team, ZSFG Library and Archives and our colleagues at the Department of Public Works for bringing this wall to completion.

Emergency Department Improvement Workshop

During the week of August 1st, the Emergency Department team held their second Improvement (kaizen) workshop since moving into Building 25. The team continued to focus their improvement efforts around acuity-based flow and how to best optimize their new space to provide compassionate care for our patients. Working with our imaging team, they also looked to improving the flow for the Emergency Department's imaging resources.

The team had impressive results: by the end of the week, they reduced lead time from triage to fast track from 48 mins to 2.5 mins, reduced the median fast track lead time from 144 mins to 130 mins, and reduced x-ray order to completion time from 56 mins to 30 mins. Congratulations to the team!

American College of Surgeons Level 1 Trauma Center Re-verification Survey

The American College of Surgeons (ACS) Level I Trauma Center re-verification survey was conducted during the week on August 1st and 2nd. The purpose of the survey is to assist us in the evaluation and improvement of trauma care and validate that we have the necessary resources and personnel to provide optimal care for trauma patients.

Two surgeons, Dr. Sherry Melton and Dr. Fredrick Cole, conducted the survey. Over the course of the two day visit, the surveyors met with administrative and clinical leaders, toured the new hospital, spoke with frontline staff, performed chart reviews, and carefully evaluated the Trauma Program performance improvement activities.

In their preliminary report, the surveyors highlighted numerous strengths, including:

- Strong hospital administration and leadership support of the trauma program
- Excellent clinical care
- Well-designed and well-equipped new facility
- Experienced Trauma Program Leadership and a mature Trauma PI Program
- Dedicated Research and Injury Prevention programs

They noted one minor finding (or single element or deficiency) that needs correction.

ZSFG expects to receive the final report in approximately 14 – 16 weeks. It is highly likely that, when the final report is released, we will be re-verified as a Level I Trauma Center.

Patient Flow Report for July 2016

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

Medical/Surgical

Average Daily Census was 201.03, which is 103% of budgeted staffed beds level and 80% of physical capacity of the hospital. 9.95 % of the Medical/Surgical days were lower level of care days: 0.96% administrative and 8.99% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 44.07, which is 100.2% of budgeted staffed beds and 65.8% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 6.06, which is 86.5% of budgeted staffed beds (n=7) and 50.5% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 76.78% non-acute days (76.78% lower level of care and 0% non-reimbursed).

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 29.25, which is 104% of our budgeted staffed beds and 97.5% of physical capacity.

Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017

For Pay Period ending July 29, 2016, Zuckerberg San Francisco General recorded a 1.54 % variance between Actual and Budgeted salary cost – actuals were \$203,796 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$262,937 /0.9%.

Commissioner Comments

Commissioner Sanchez stated that in the past JCC members were invited to participate in survey exit interviews. Commissioner Chow noted that these surveys were conducted by the Joint Commission and added this survey was done by the American College of Surgeons. Mr. Williams stated that he keeps the Commissioners informed throughout the survey process through email updates. Dr. Carlisle stated that the survey did require a resolution of support from the Health Commission.

Commissioner Chow asked when the next Joint Commission survey is expected at ZSFG. Mr. Williams stated that towards the end of this year or early next year, a consultation survey will likely be conducted.

7) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of July 2016

Transition Initiatives:

Nursing department Optimization staff are continuing to collaborate within Nursing and with other departments, working on the new clinical applications and technologies in Building 25. The Optimizers are providing assistance and support fine tuning workflows and helping with the educators on evaluating staff on the new Building 25 competencies.

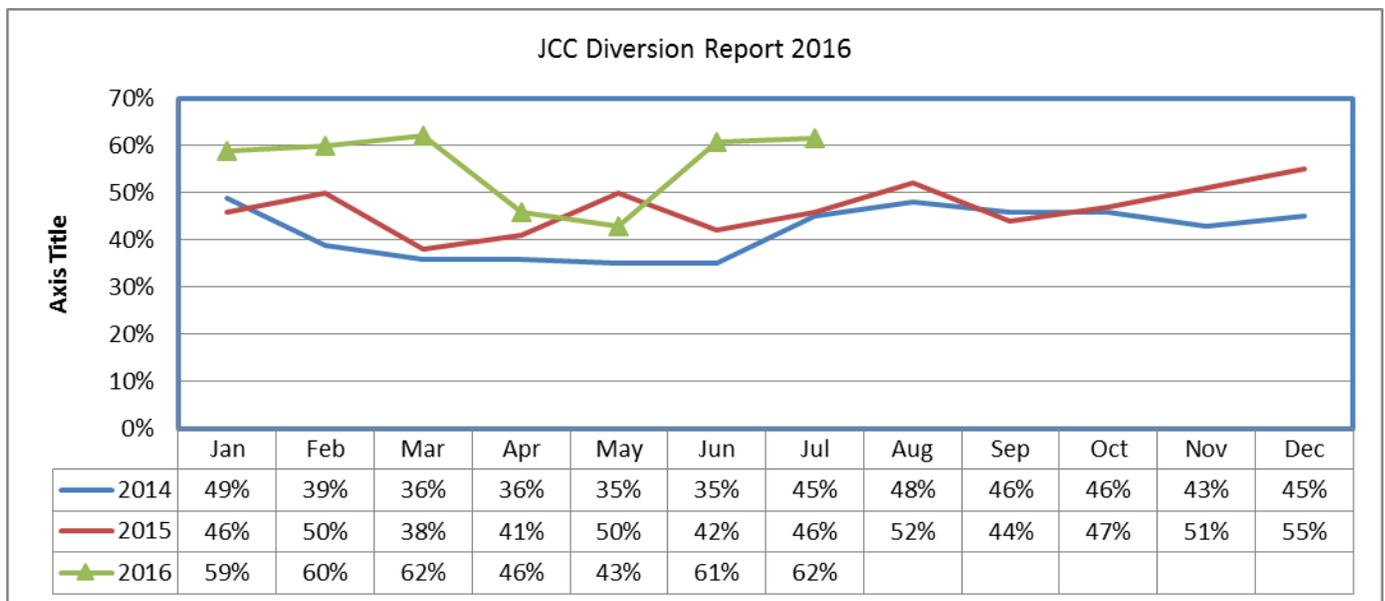
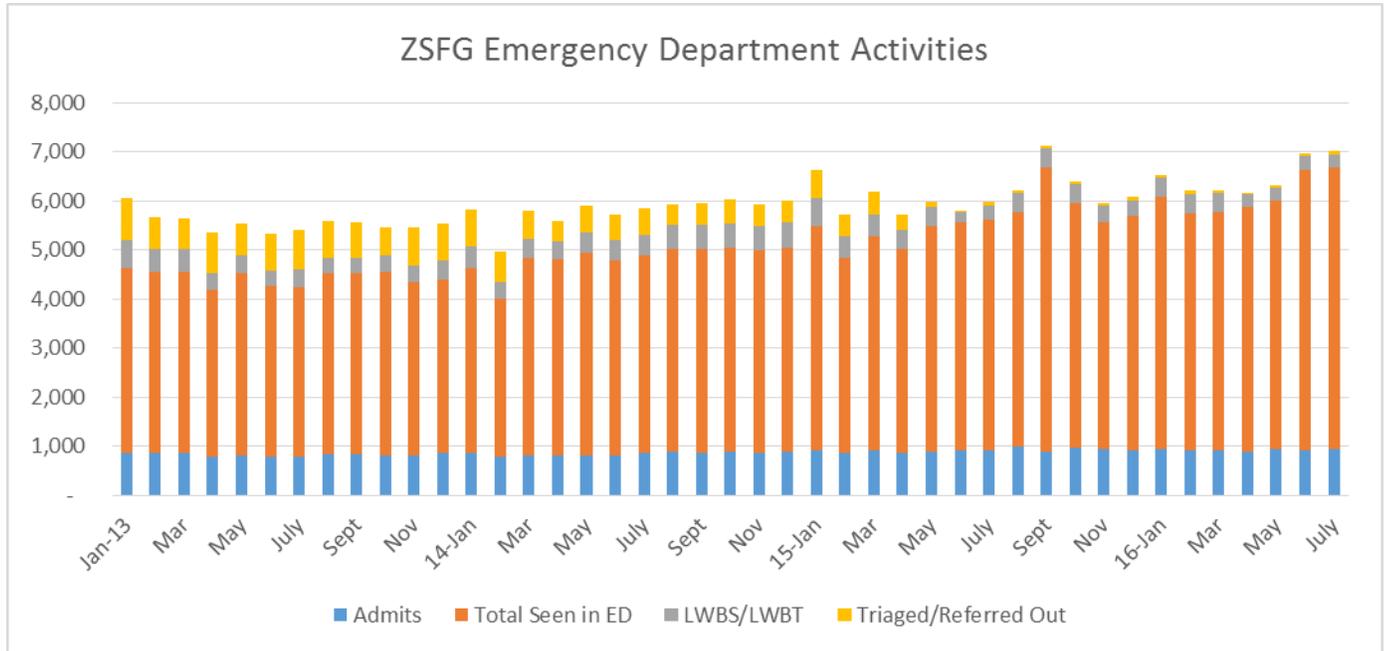
The Emergency Department conducted their second Kaizen workshop focusing on improving the ED flow by removing flow barriers August 1 – 5th.

Nursing Professional Development

Emergency Department nursing staff are becoming certified in the Emergency Nurse Pediatric Course (ENPC) and Pediatric Advanced Life Support (PALS) over the next fiscal year. These certifications signify staff are trained to provide expert emergency care for patients from birth to adolescence. Currently 65% of ED staff hold their ENPC certification and 46% are PALS certified.

Psychiatry inpatient units 7B and 7C will be the first nursing division to participate in the Foresight Staff Activity Study that is being conducted at ZSFG August 8-11. Medical Surgical, Intensive Care, Labor and Delivery and the Emergency Departments units will follow over the next four months. The study will focus on clinical activities of nursing staff and the results will illustrate clinical practice patterns and actual care provided to patients and families. Study findings will be used to enhance care delivery, improve staffing precision and contribute to performance improvement initiatives. The interval sampling observations utilized by the trained Nursing student observers (from the University of San Francisco) are analogous to a CT scan taking numerous image slices to see the whole.

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



July | 2016

Diversion Rate: 61.6%

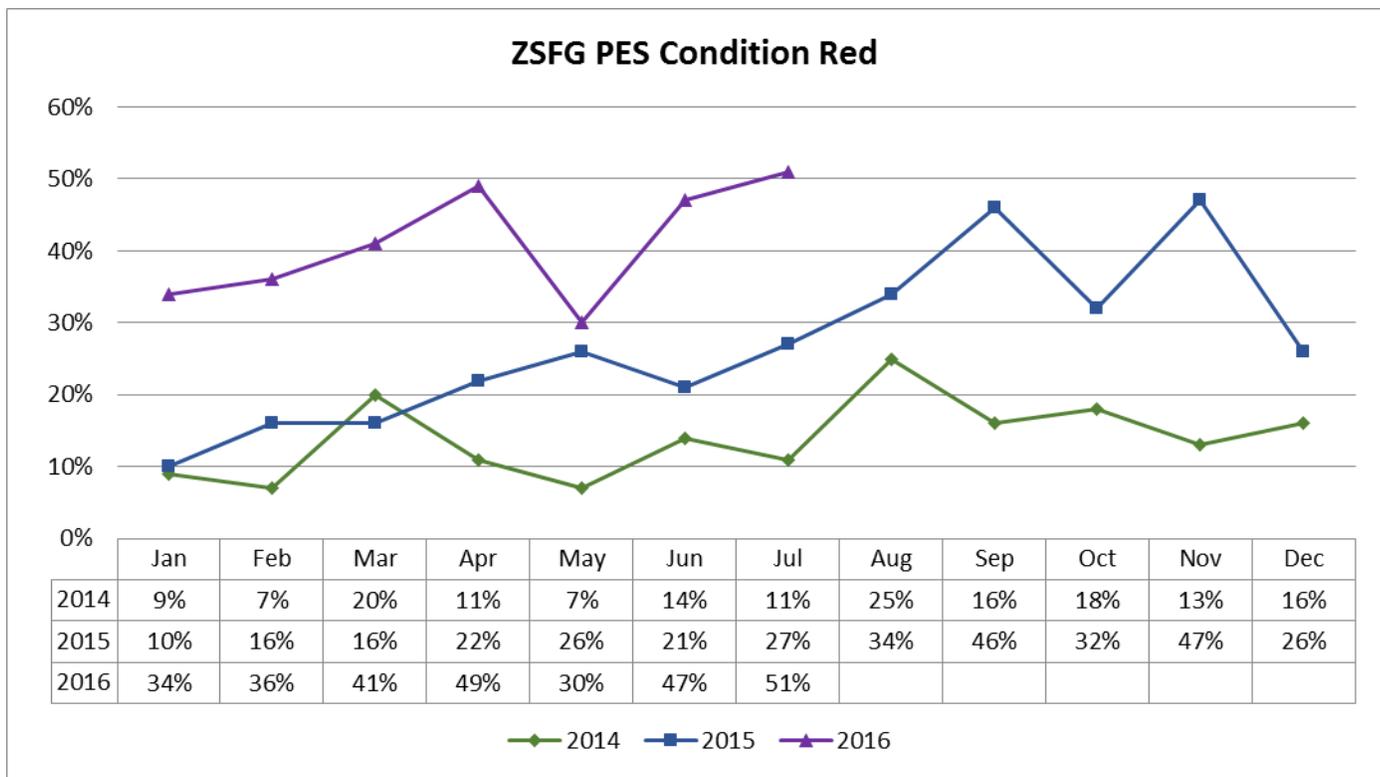
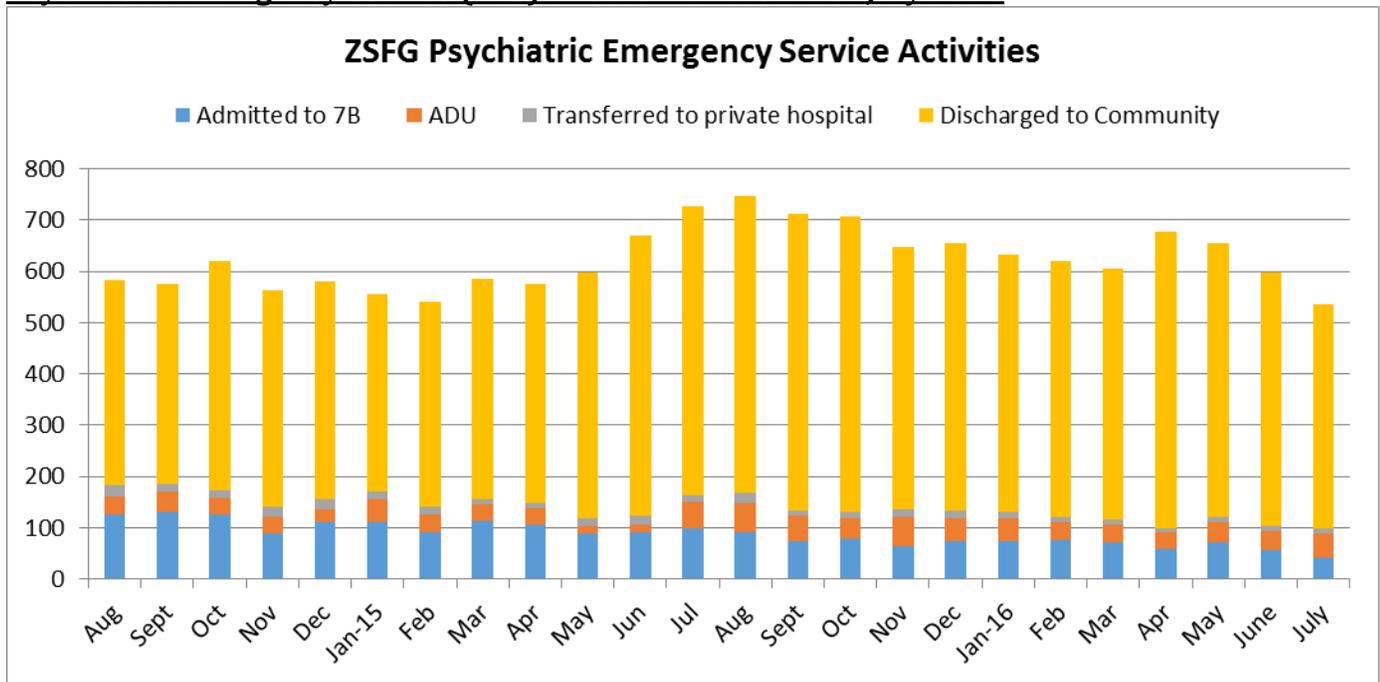
Total Diversion: 322 Hours, 48 Minutes (43.3%) + **Trauma Override:** 136 Hours, 12 Minutes (18.3%)

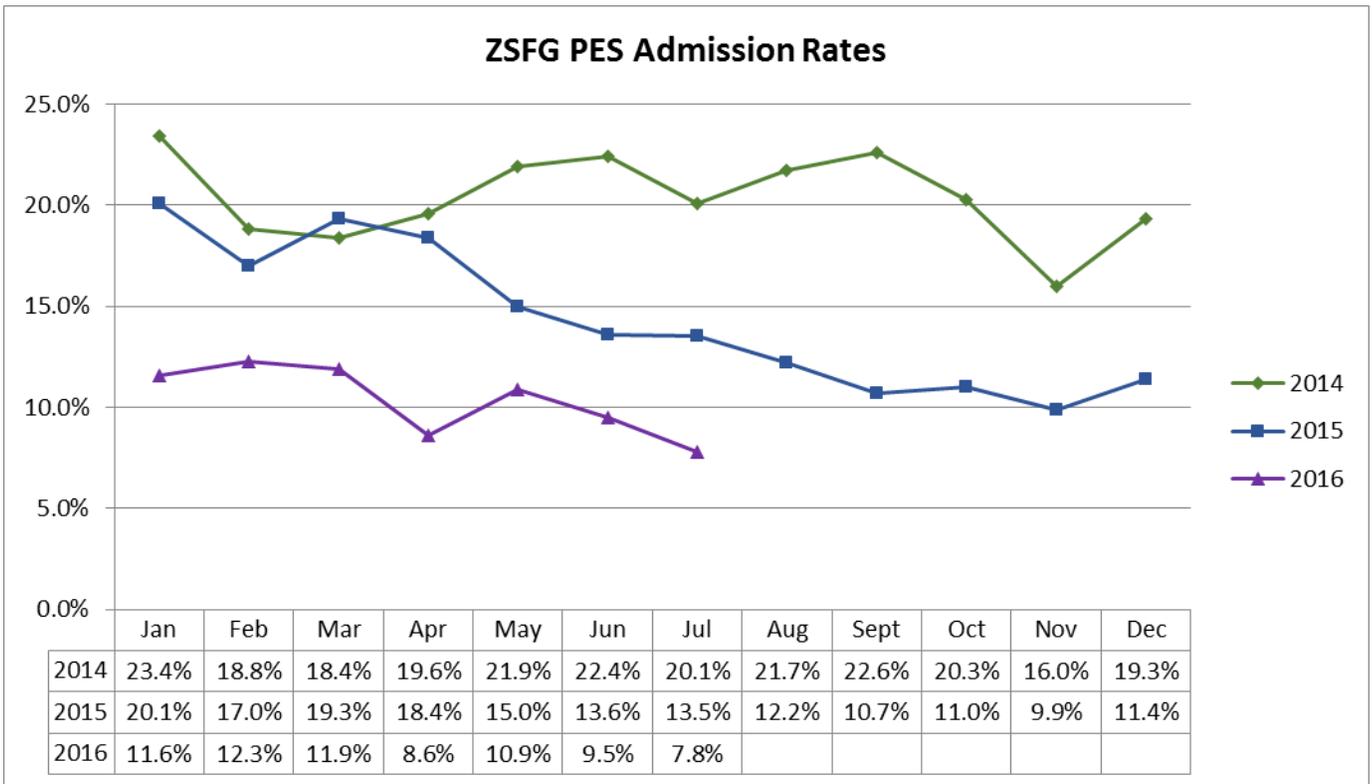
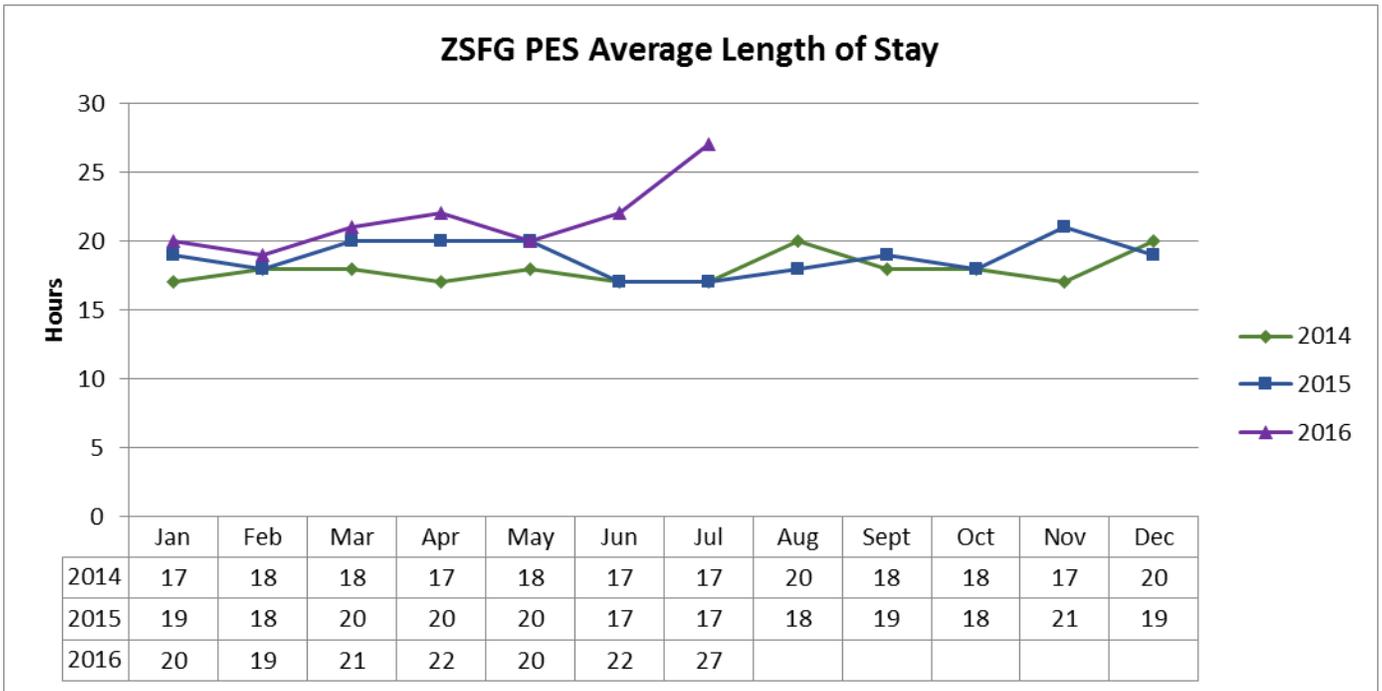
ED Encounters: 5,763

ED Admissions: 925

Admission Rate: 16%

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





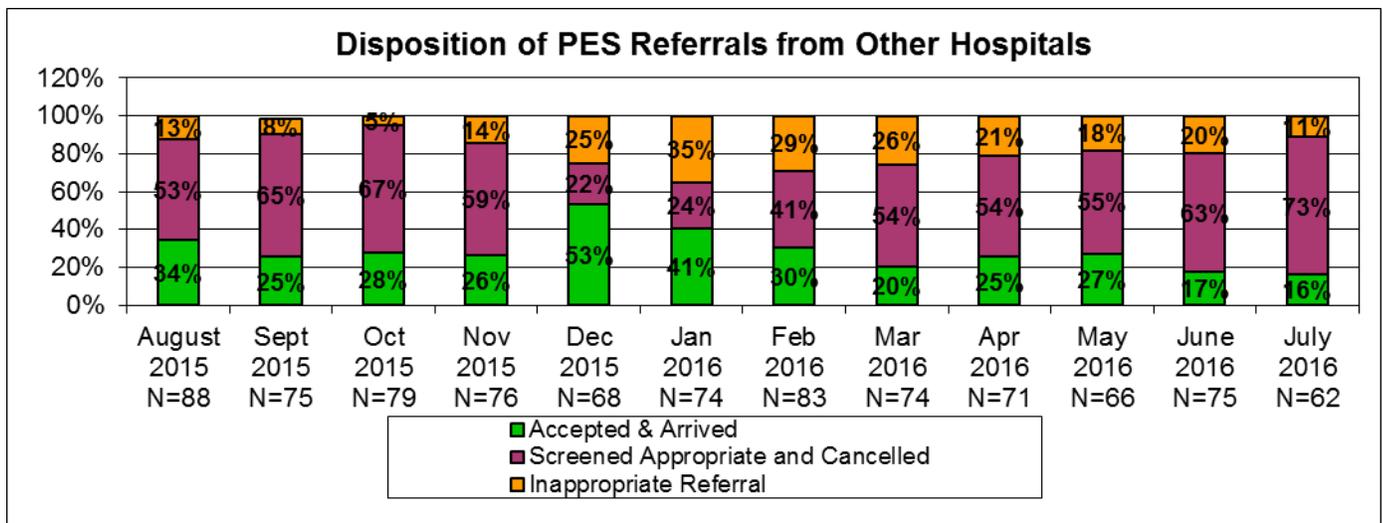
4. Request for Inter-Facility Transfer to PES from other Hospitals

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.
- July showed an increase in patients who were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), up to 73%. This is due primarily to the increase in Condition Red this month.
- There was a significant decrease in admits to unit 7B, due to a dramatic decrease in discharges from 7B and 7C. This led to patient flow issues in PES, with longer average length of stay for patients, a large increase in Condition Red hours, and fewer patients accepted from other hospitals.

Commissioner Comments

Commissioner Chow noted that the diversion rate increased in the last month. Ms. Dentoni stated that patients are being boarded longer because there is not enough room in the acute units. She added that ZSFG has not experienced its normal summer lull in admissions. Dr. Marks noted that the

lower diversion rates in April and May were likely due to ZSFG efforts to reduce overall patient numbers to prepare for the move into the new building.

Commissioner Chow noted that the new building includes an increased number of beds but there is still an increase in diversion. Ms. Dentoni stated that no patients are put in the hallways now which is an improvement. Mr. Pickens stated that the San Francisco Health Network continues to work on placement issues for patients needing lower level of care. This includes attempts to expand the options for board and care facilities and other types of placements. He added that the SFDPH continues to work with the new Director of Homelessness and Supportive Housing to ensure SFDPH patients receive priority for housing resources.

Commissioner Singer stated that it seems that there needs to be a shift in perspective of what is actually needed to make significant changes. Dr. Ehrlich stated that the issues are synonymous with length of stay issues in the ZSFG Emergency Department. She noted that this problem is occurring in all local hospitals.

Commissioner Singer requested data, for the past five years, showing the number of patients who could be discharged but do not have a place to go.

8) ZSFG RN HIRING AND VACANCY REPORT

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

Commissioner Comments

Commissioner Chow stated that it good that there are only nine classification categories still to hire.

Commissioner Singer asked for information regarding the retention of new hires. Mr. Weigelt stated that some of the new employees were released during probation, as expected. However, most new hires have been successful. The overall vacancy is around 10%.

Mr. Weigelt introduced Zachary Williams who will be taking over the report from Karen Hill.

9) MEDICAL STAFF REPORT

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

Commissioner Comments

Commissioner Chow asked why alarms are mentioned in this report. Dr. Marks stated that Medical Executive Staff meetings now include fifteen minutes to discuss quality work being conducted at ZSFG. Dr. May stated that the work done on the alarms reduced unnecessary alarms which improved patient experience and staff workflow.

Commissioner Chow noted that the summary of the changes to the Psychiatry Clinical Service Rules and Regulations does not match the actual changes redlined in the document. Dr. Marks asked that the item be deferred until the next ZSFG JCC meeting.

10) OTHER BUSINESS

This item was not discussed.

11) PUBLIC COMMENT

There was no 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 Taken: The Committee approved the August 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

The meeting was adjourned at 5:08pm.