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

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MINUTES

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

Tuesday, July 25, 2017 2:30 p.m.

**1001 Potrero Avenue, Building 25, 7th Floor Conference Room H7124, H7125 and H7126
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David Pating, M.D. Vice President
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Barbara Garcia, Susan Ehrlich MD, Roland Pickens, Terry Dentoni, Troy Williams, Todd May MD, Jeff Critchfield MD, Ron Weigelt, Tara Stevens, Dave Woods, Brent Costa, Aldon Mendez, Dan Schwager, Virginia Dario Elizondo, Leslie Safier, Jay Kloo, Chuck Lamb, Kim Nguyen, Susan Brajkovic, James Marks MD, and Alice Chen MD, Tosan Boyo

The meeting was called to order at 2:31pm. Commissioner Chow called a recess of the meeting at 2:32pm so those in attendance could take a tour of the Emergency Department. The meeting resumed at 3:16pm.

2) EMERGENCY DEPARTMENT TOUR

Susan Ehrlich, M.D., Chief Executive Officer, led the tour.

Commissioner Comments:

Commissioner Chow thanked Dr. Ehrlich for the tour and added that he was very impressed with the unit.

Commissioner Sanchez stated that it is interesting to watch the new hospital building come to life and see the details of the inner workings of such an important unit at ZSFG.

3) APPROVAL OF THE MINUTES OF THE JUNE 27, 2017 ZUCKERBERG SAN FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes.

3) REGULATORY AFFAIRS REPORT

Troy Williams, Chief Quality Officer, gave the report.

Commissioner Comments:

Commissioner Chow asked for clarification on the process by which the surveyors of the Triennial Accreditation Survey will follow-up. Mr. Kloo stated that ZSFG submits a plan of correction within 60 days and the surveyors do not physically return to check on the status of the implementation of the plan.

Commissioner Chow asked for an update on the status of the Outpatient Hemodialysis survey. Mr. Kloo stated that the plan of correction for this survey is already in progress.

Commissioner Chow asked for more information regarding the status of the dialysis chair repair or replacement. Mr. Kloo stated that the cleaning process wears down the fabric on the chairs. Therefore some of the chairs need to be replaced each year. Dr. Ehrlich reminded the Committee that the Outpatient Hemodialysis unit will be moved to the 3rd floor in the new hospital.

4) TRUE NORTH AND CORE MEASURE SCORECARDS

Leslie Safier, Performance Improvement, Director, presented the item.

Commissioner Comments:

Commissioner Chow asked how the ZSFG goals compare to metrics CMS uses to award star ratings. Dr. Ehrlich stated that when compared to Vizient mean measures, ZSFG Emergency Department data is much higher. She noted that more recent ZSFG data shows that there is improvement in this area but that there is still room for growth.

Commissioner Pating requested that the PRIME, CMS Star Rating, and Value Based Purchasing metrics be presented together to highlight overlaps and differences.

Commissioner Chow noted that the statement in the legend indicating that there are no financial ramifications is misleading because there are financial consequences to the CMS Star Rating and the Value Based Purchasing data.

Commissioner Chow asked for an explanation of the ICARE paradigm. Dr. Critchfield stated that ICARE is used by ZSFG staff to create a welcoming warm environment:

- I-Introducing oneself
- C-Connect with patient/family
- A-Ask "How can I be helpful?"
- R-Respond to the patient request
- E-Exiting to bring closure to the moment with the patient

Dr. Ehrlich added that staff are trained and audited on the ICARE behaviors.

Director Garcia noted that dealing with placement of lower-level-of-care patients is a city-wide issue. The SFDPH is attempting to add beds to the San Francisco service system to assist with this process. Dr. Ehrlich stated that ZSFG is attempting to categorize patients early so discharge plans can begin sooner. She added that there not be enough of these type of beds in the community. Therefore, ZSFG is undertaking two initiatives:

- Addressing patients; social needs to help keep them safe at their home
- Establishing a clinical decision unit to help rapidly bring resources to the Emergency Department to assist in making decisions to admit patients or send them to other facilities.

Commissioner Chow noted that during the tour of the Emergency Department, there were a number of patients being boarded because there was no room to admit them to the hospital due to the number of lower-level-of-care patients at ZSFG.

Commissioner Pating stated that continuous quality improvement is necessary to work on these issues. He noted that ZSFG has done a good job in developing systems to deal with these ongoing issues.

Commissioner Chow suggested quarterly updates on this topic to enable the Commissioners to continue to monitor these issues.

5) ROOT CAUSE ANALYSIS REDESIGN

Susan Brajkovic, Director of Risk Management & Jeff Critchfield, Medical Director, Risk Management, presented the item.

Commissioner Comments:

Commissioner Pating asked for clarification of the differences in the Root Cause Analysis and Lean processes. Dr. Ehrlich stated that there are similarities in both approaches but that the Root Cause Analysis process is organized differently.

Commissioner Chow asked for information regarding the timeline for ZSFG to improve Root Cause Analysis processes to meet its goals. Dr. Ehrlich that standard work is being developed and all action plans are now tracked for each Root Cause Analysis. Scorecards are reported to the PIPS Committee until systemic changes have been cemented.

6) HOSPITAL ADMINISTRATOR'S REPORT

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

SUMMER FEST 2017

This year the Community Wellness Program (CWP) hosted its annual Summer Fest: Connecting People to Wellness & Community on Friday, June 16, 2017 at the hospital cafeteria and Community Wellness Center (CWC). The Summer Fest theme, "Connecting," celebrated the diverse backgrounds of ZSFG's community members, staff and patients while promoting Wellness and providing access to free health services.

Summer Fest was organized into the eight regions of the world to represent diversity and connection. Within these regions, attendees were able to connect with participating organizations through interactive activities. Summer Fest also offered a variety of entertainment, free health screenings, a children's cooking demonstration, a farmer's market and raffle prizes.

The ZSFG Community Wellness program (CWP) is committed to providing wellness programs and services that build upon participants' strengths, abilities, and are linguistically and culturally accessible, relevant and fun.

AMERICA'S ESSENTIAL HOSPITAL: THE GAGE AWARDS

America's Essential Hospitals (AEH) is a national organization that has represented and advocated for safety net hospitals (including ZSFG) for more than three decades (AEH was previously known as the National Association of Public Hospitals, or NAPH). AEH represents about 130 hospitals nationwide that mainly provide services to those who are low-income, from diverse backgrounds, and who are on Medicaid or who are uninsured.

At the annual conference in June, it presents the Gage Awards to honor the innovative and outstanding work of its members. This year, ZSFG won one of the Quality awards for our submission: "Improving Specialty Care Access through Assessment, Engagement and Innovation." This award recognized the specialty care team's three year effort to decrease the time to third next available appointment (TNAA), a measure for the length of time between requesting an appointment and actually getting one.

In 2013, almost half of specialty care clinics had a TNAA of more than 60 days. Three years later, in 2016, more than 90% of specialty care clinics had a TNAA of less than 15 days! Even better, the clinics are sustaining their improvements.

Congratulations to our specialty care team: a great example of patient-focused, team-based, data-driven improvement.

ORGANIZATIONAL ANNOUNCEMENT: DR. JIM MARKS

ZSFG is pleased to announce that Dr. Jim Marks will be stepping into a new position on the ZSFG executive team: the Chief of Performance Excellence (CPE). In this critical role, Jim will be the executive leading our Kaizen Promotion Office, and for ensuring that our entire team at ZSFG is poised and well-supported to achieve our True North goals of equity, patient experience, safety, quality, workforce care and experience and financial stewardship. He will begin his duties on October 1, 2017.

Dr. Marks is currently Professor and Vice-Chairman of the Department of Anesthesia and Perioperative Care at the University of California, San Francisco (UCSF) and Chief of the Medical Staff and Chief of Anesthesia at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG).

ZSFG is delighted that Dr. Marks has agreed to step into the CPE role. Congratulations and welcome, Dr. Marks!

Patient Flow Report for June 2017

Attached please find a series of charts depicting changes in the average daily census attached to the original minutes. .

Medical/Surgical

Average Daily Census was 214.60 which is 106% of budgeted staffed beds level and 85% of physical capacity of the hospital. 12.16% of the Medical/Surgical days were lower level of care days: 1.23% administrative and 10.94% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 41.80, which is 95% of budgeted staffed beds and 62.4% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 4.73, which is 67.6% of budgeted staffed beds (n=7) and 39.4% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 79.9% non-acute days (76.40% lower level of care and 3.51% non-reimbursed).

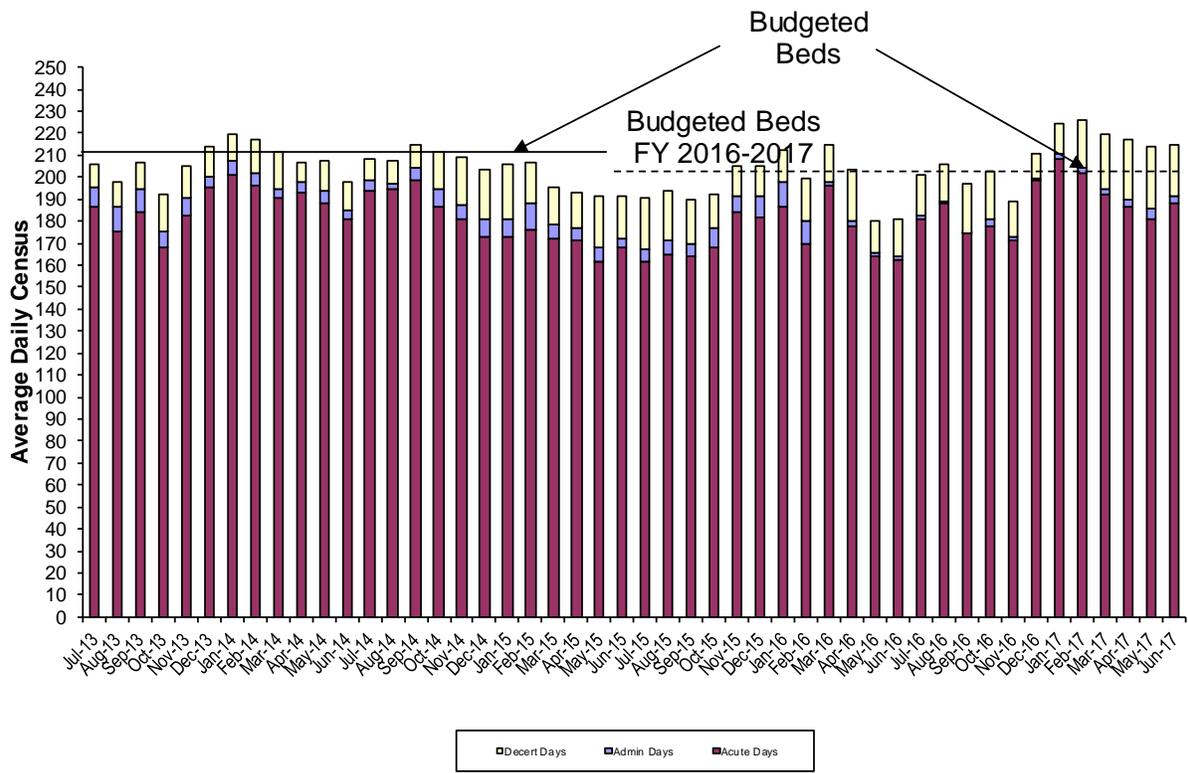
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 29.23, which is 104% of our budgeted staffed beds and 97.4% of physical capacity.

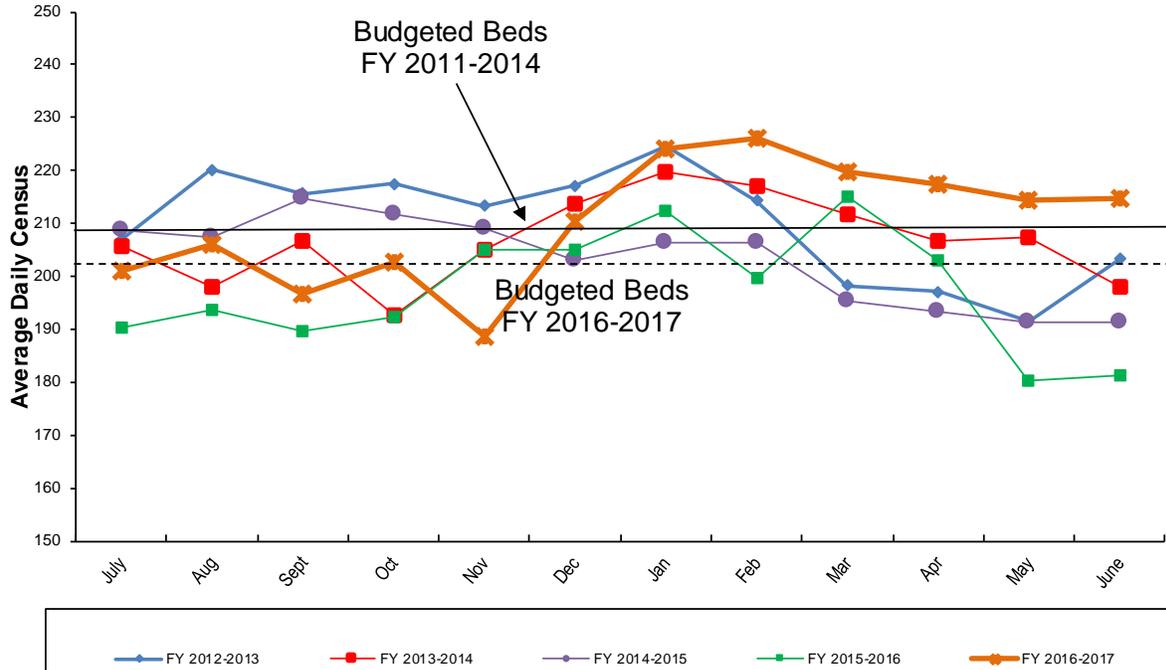
Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017

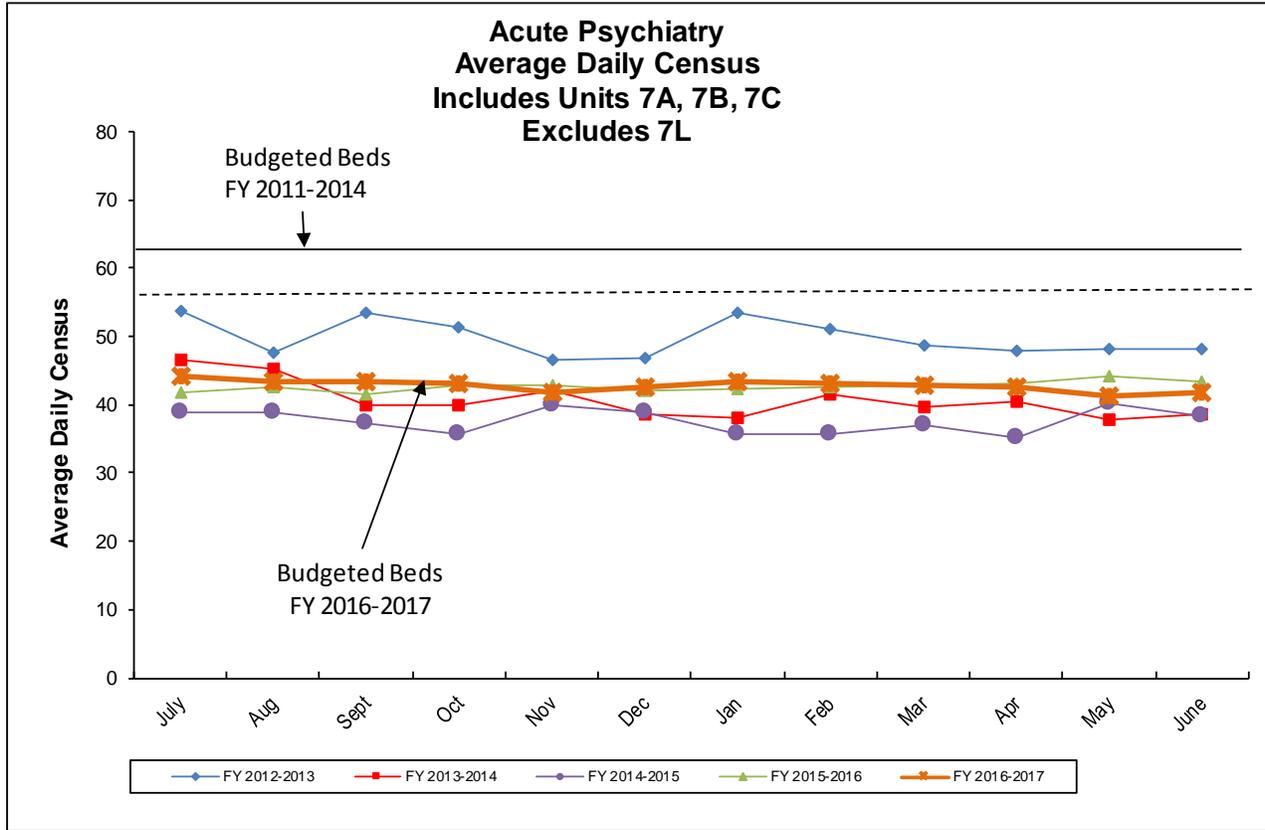
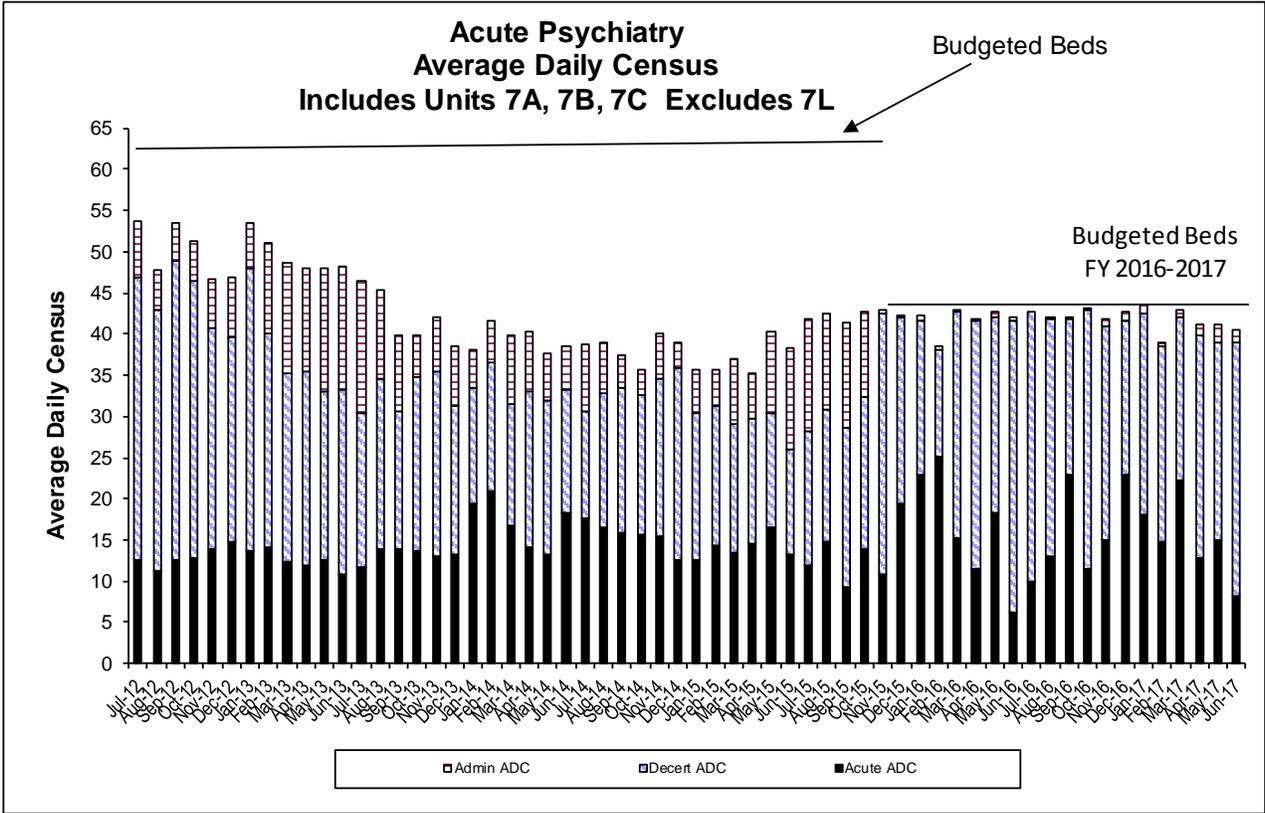
For Pay Period ending June 30, 2017, Zuckerberg San Francisco General recorded a 4.22% variance between Actual and Budgeted salary cost – actuals were \$589,361 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$7,586,215 /2.1%.

Medical/Surgical

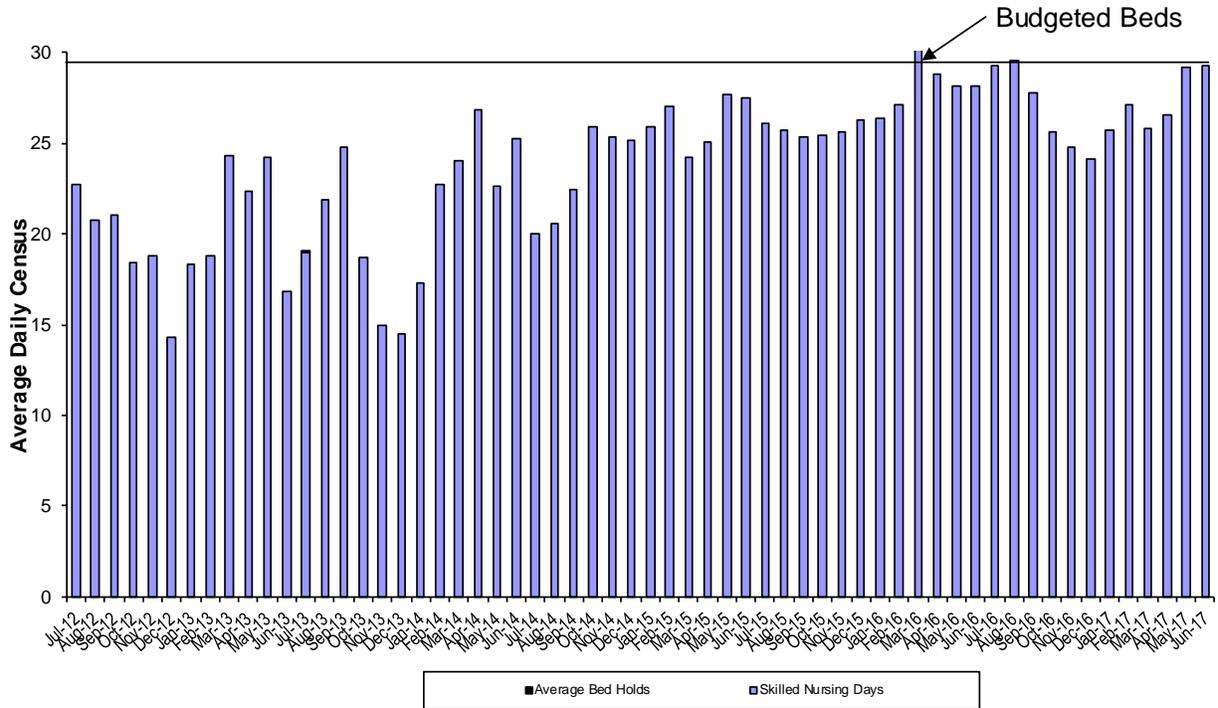


Medical/Surgical

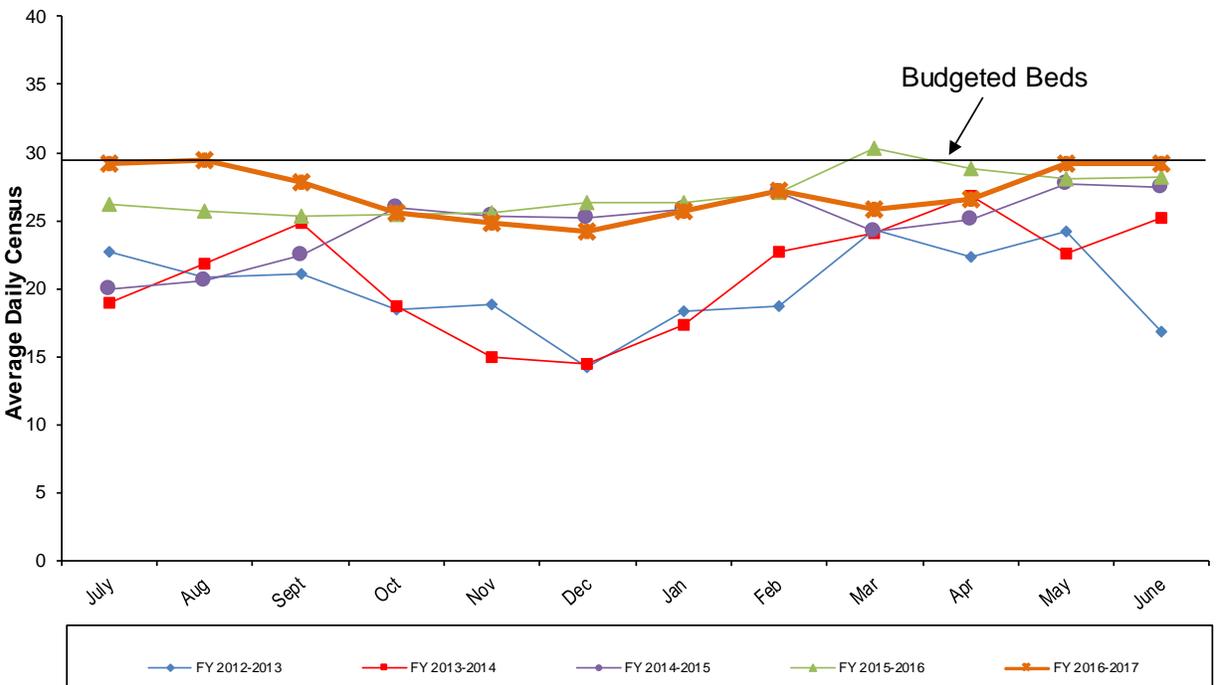




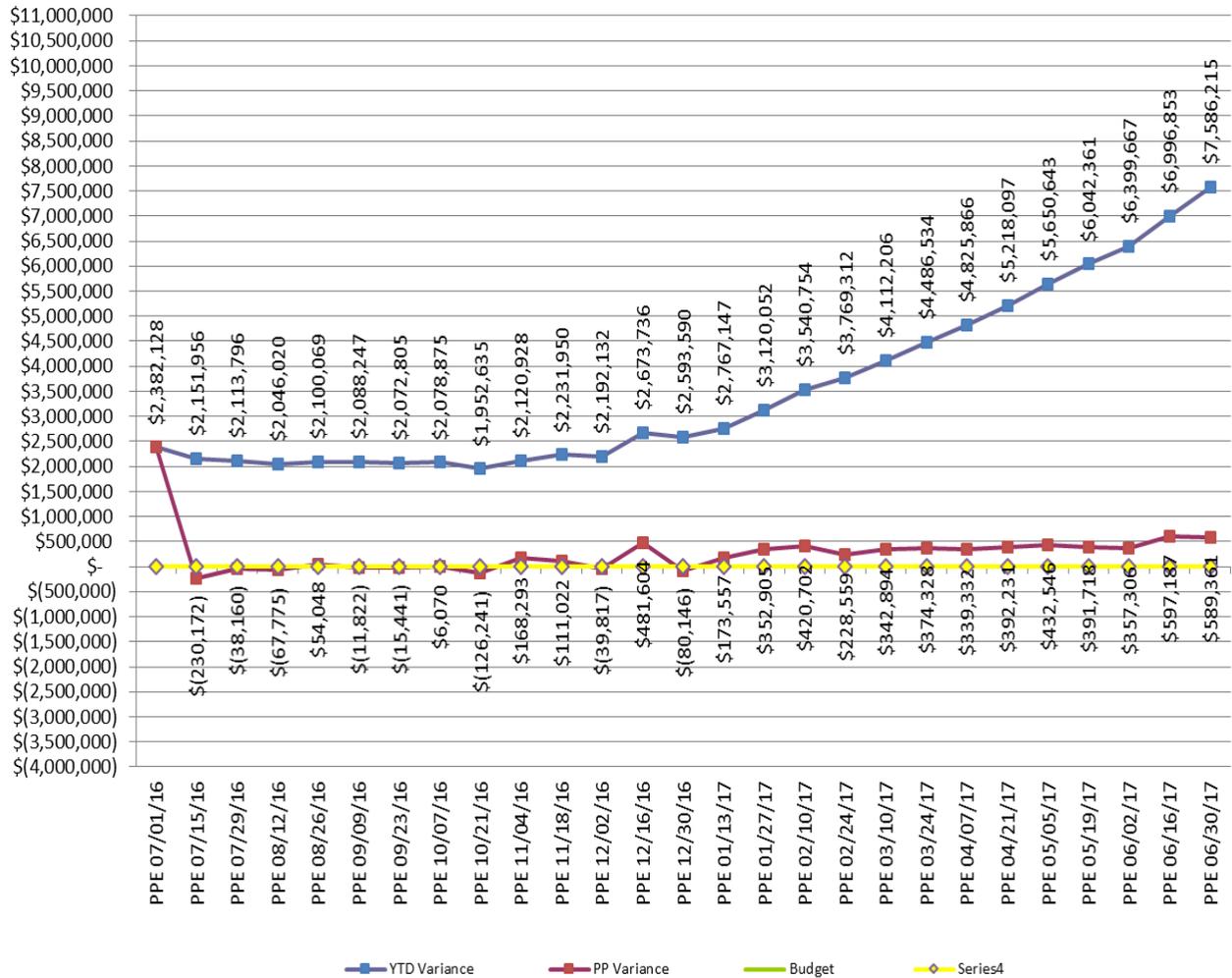
4A Skilled Nursing



4A Skilled Nursing



Variance Between Salary Expenditure and Budget by Pay Period (PP) and Year To Date (YTD)



Commissioner Comments:

Commissioner Chow asked if St. Luke’s Hospital has any impact on the flow of patients to ZSFG. Dr. Ehrlich stated that she is unsure of the impact. She added that the Emergency Medical Services (EMS) Unit is being moved to SFDPH which may help in ensuring the flow of ambulances is more consistent and evenly distributed. Director Garcia stated that a new EMS Director has been hired and she expects that during the next several years, the infrastructure of this unit will strengthen.

Commissioner Sanchez stated that since the paramedics were moved to the Fire Department, there has been a totally different culture. He noted that moving EMS to SFDPH should be an improvement.

7) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of June 2017

Nursing Professional Development

- MICU Critical Care nurse, Roshanne Aveojust, just passed her CCRN certification exam.
- Justin Dauterman transitioned to the Nurse Manager position for Nursing Workforce Development & Clinical Education.
- Outpatient Services is looking forward to welcoming Alena Mauder as the 4M/1M Nurse Manager on her tentative start date of July 24th.

Nursing Recruitment and Retention

- **Medical-Surgical** nursing division had 2 RNs and 4 PCAs start their orientation and training this month. There are an additional 20 Med-Surg nurses in their 8 week training program who are set to be successfully completed by July 18th.
- **Emergency Nursing** Eight new nurse staff are orienting to working in ED Pods A, B and C. This portion of their training to the ED will end at the end of this month.
- **Maternal Child Health** Our Birth Center manager will be starting on July 24th – Jessica Tollefson. Registered nursing staff training update includes two new staff that had completed their orientation to post-partum nursing care last month are being oriented to the Labor and delivery care area this month. The three new P103 staff are in the process of orienting to the postpartum care area. And finally, a new graduate nurse hire has successfully completed her training to postpartum care.
- **Peri-Operative** The operating room is having a training program with 4 new nurses.
- The **Critical Care training program** is continuing this month with 4 nurses. Additionally a new experienced P103 and a new experienced RN have started their Critical Care orientation.

Professional Nursing for the Month of June 2017...continued

Nursing Recognition

- Patient Safety has implemented the Zero Hero Awards. Quarterly they will bestow nursing units with a Zero Hero Award when they have had none of the 4 harm events that include falls with injury, catheter associated urinary tract infection, hospital acquired pressure injuries and surgical site infections. Psychiatry units are recognized for only the Falls with injury measure because the other 3 indicators are not applicable to their patients.

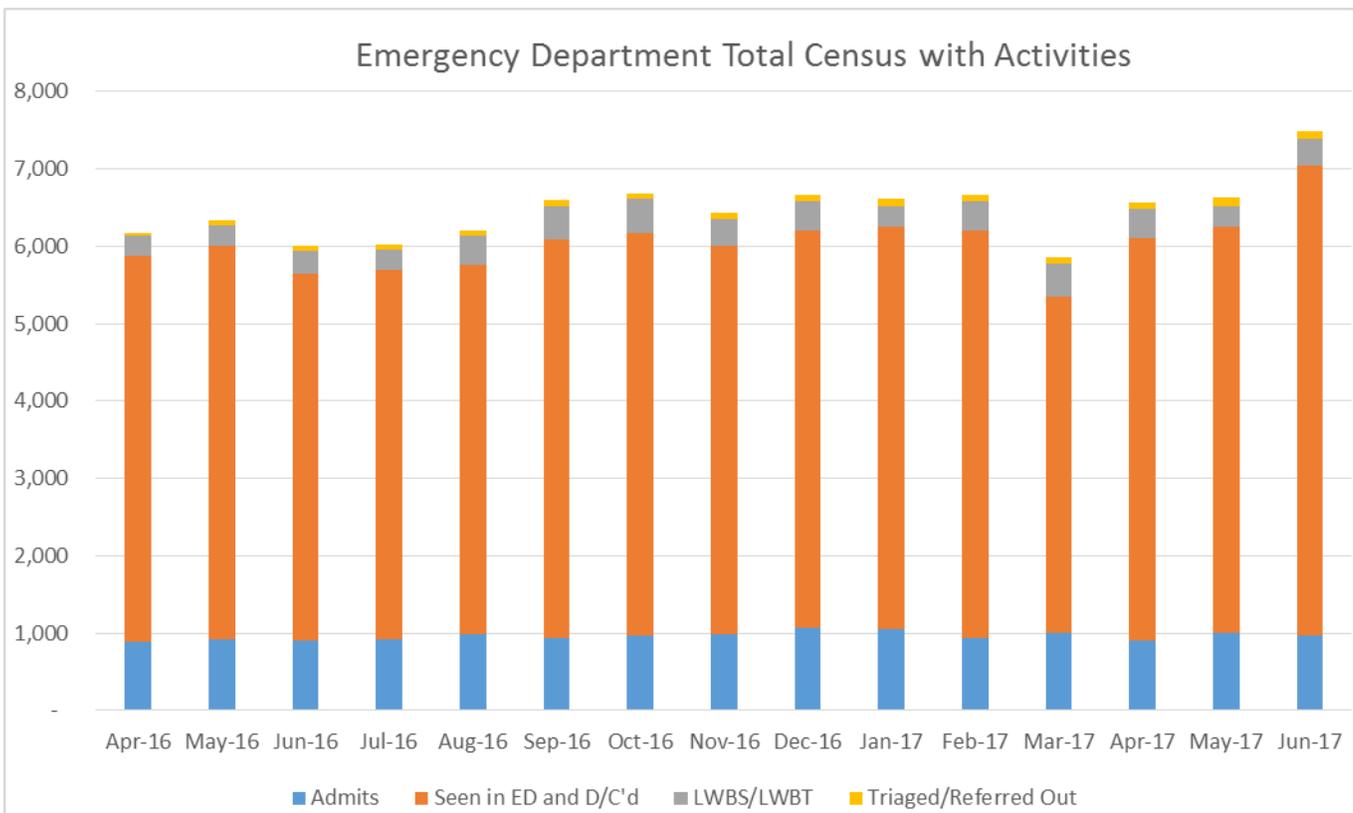
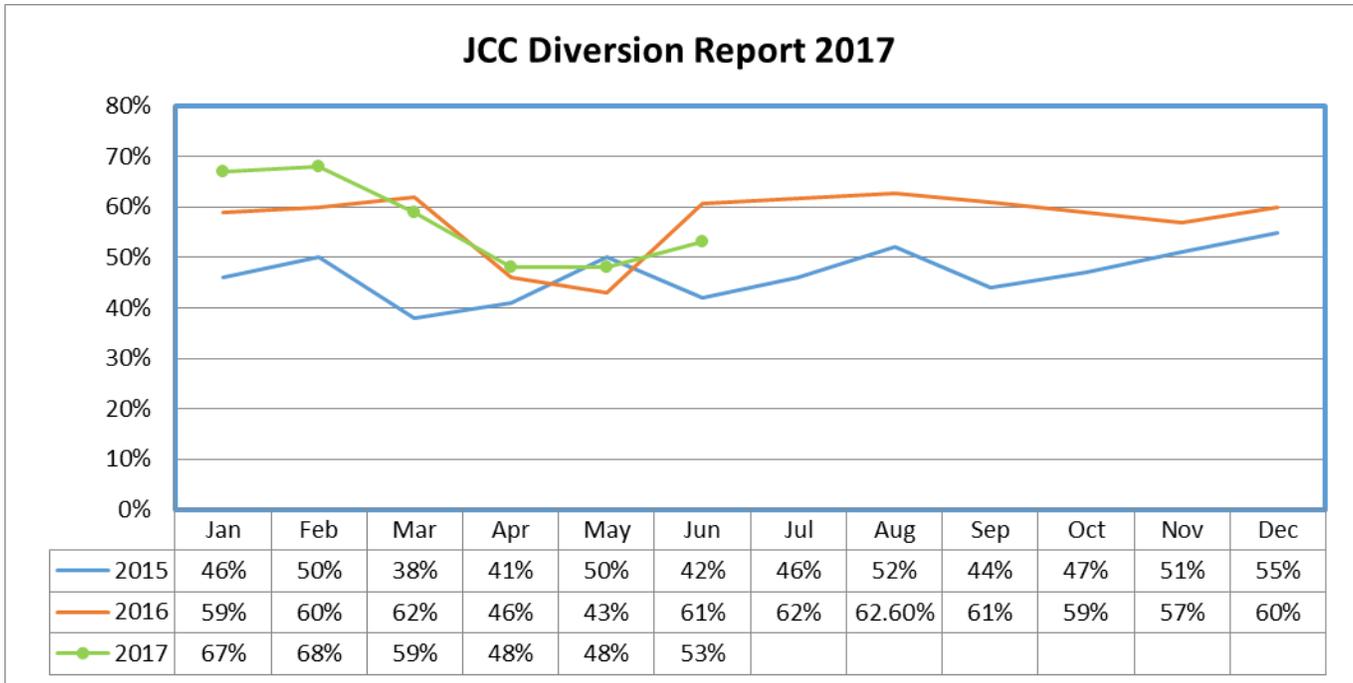
Gold = Zero harm for the quarter

Silver = Zero harm for two of the months in the quarter

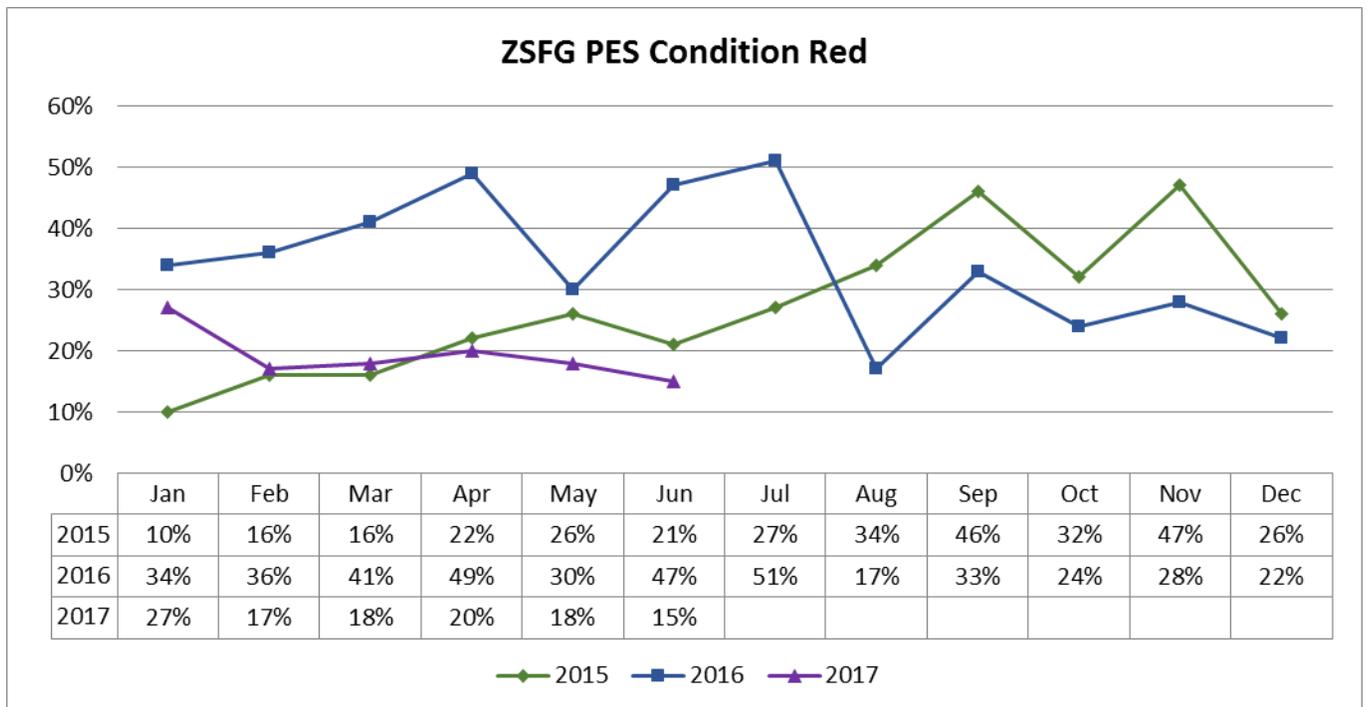
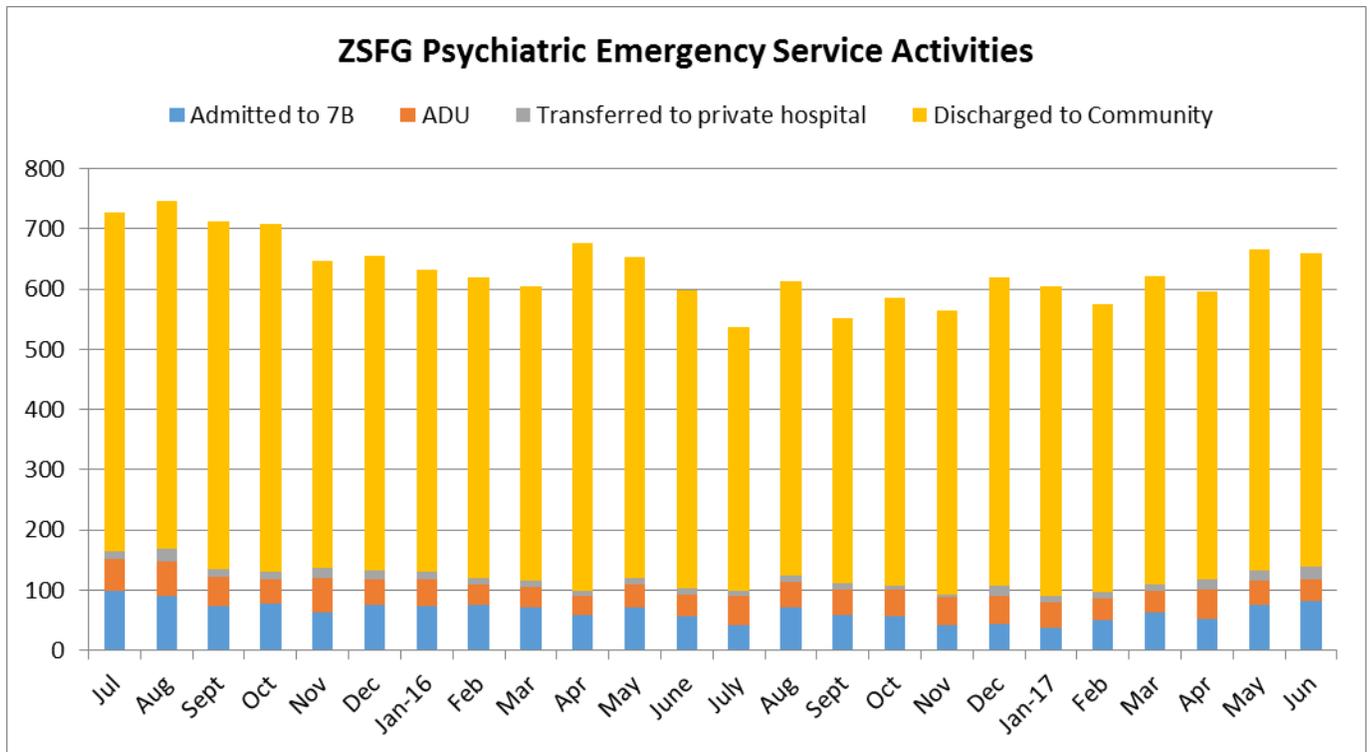
Bronze = Zero harm for one of the months in the quarter

- Quarter 1, 2017 Zero Hero Awards were announced this month for the following:
 - H32/38 Critical Care - **Silver**
 - H34/36 Critical Care - **Bronze**
 - H42/44 Med/Surg - **Bronze**
 - H54/56/58 Med/Surg - **Silver**
 - H62/64 Med/Surg - **Gold**
 - H66/68 Med/Surg - **Bronze**
 - 7B, 7C, 7L, and PES Psych (Quarterly) – **Gold** No falls with injury for the Quarter

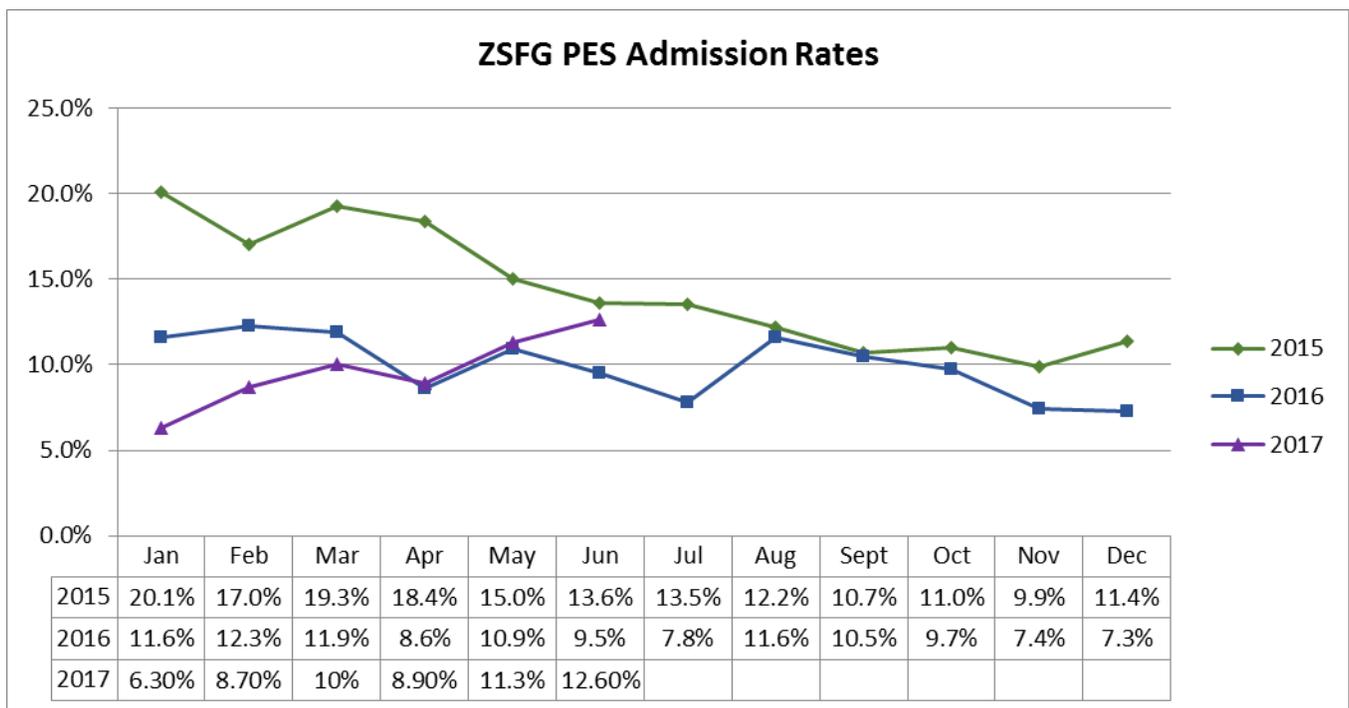
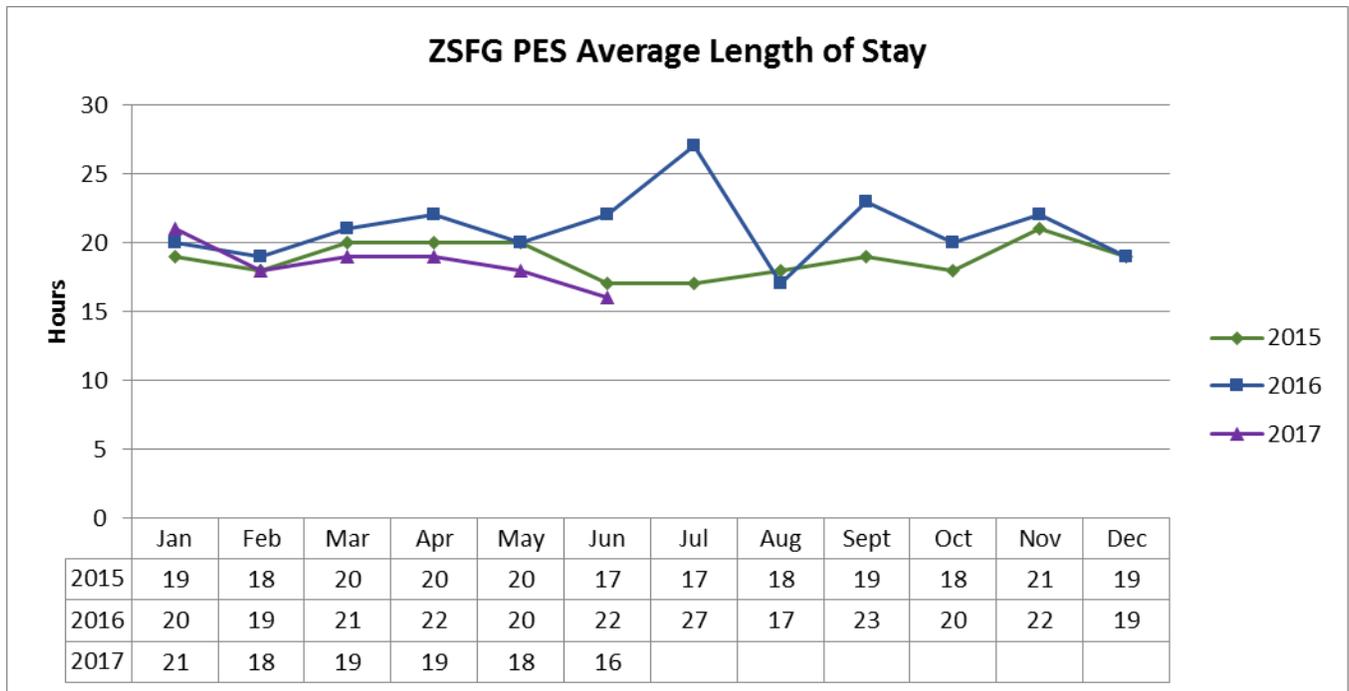
Emergency Department (ED) Data for the Month of June 2017



Psychiatric Emergency Service (PES) Data for the Month of June 2017



Psychiatric Emergency Service (PES) Data for the Month of June 2017...continued



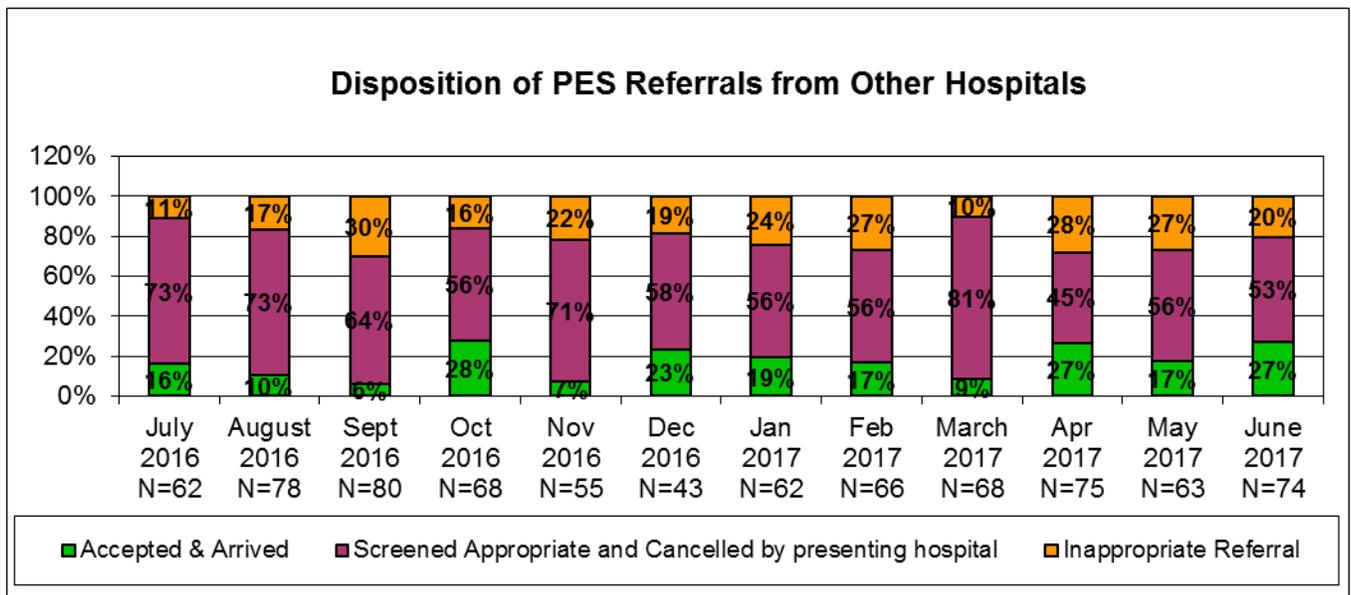
Request for Inter-Facility Transfer to PES from other Hospitals

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).



The percentage of patients who were accepted and arrived to PES from other hospitals increased this month. Percentage of time on Condition Red and Average Length of Stay decreased. This may be in part due to increased availability of inpatient beds.

Commissioner Comments:

Commissioner Pating asked for clarification on the improvement in data for PES. Ms. Detoni stated that there a new Director was recently hired.

Commissioner Chow asked if nursing recognition awards impact staff behavior change. Ms. Dentoni stated that the awards bring a sense of pride and recognition, which can impact work.

8) ZSFG RN HIRING AND VACANCY REPORT

Tara Stevens, ZSFG Human Resources, gave the report.

Commissioner Comments:

Commissioner Chow requested data on the SFDPH and ZSFG workforce diversity. Mr. Weigelt stated that the SFDPH Human Resources Department has data on race, gender, and ethnicity based on information voluntarily collected. He added that the SFDPH uses census data for the geographic area of a clinic/hospital and attempts to match its workforce.

Commissioner Pating asked how a meaningful report regarding diversity could be created. Dr. Ehrlich stated that Mr. Boyo is leading the Diversity A3 effort. Mr. Boyo stated that the A3 is studying how well the ZSFG workforce is taking care of its patients in addition to how closely the ZSFG workforce reflects the patient population.

Commissioner Pating requested that a similar Human Resources report be presented to the LHH JCC.

Commissioner Chow added that it is important that best practices are shared throughout the SFHN.

9) MEDICAL STAFF REPORT

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

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

Interim Surgery Service Chief:

Dr. Hobart Harris has stepped down as Interim Chief of ZSFG Surgery Service. Dr. Shant Vartanian will be the Interim Chief effective July 2017.

A3 Review:

Mr. Troy Williams, Chief Quality Officer, presented to MEC the A3 entitled "Improving Value and Patient Outcomes Through Safer Care", one of the tactical A3s under the hospital's True North Goal of Safety. Highlights include:

- Background: The national landscape for payment is shifting to support value-based programs that reimburse based on quality and cost of care provided to patients across the care continuum. Within this environment, ZSFG is struggling in its mission to provide quality health care and trauma services with compassion and respect. Adverse outcomes, including infections, falls, and pressure ulcers, increase the costs of health care and decrease value to patient.
- Current conditions were outlined. Problem Statement: In FY 15-16, ZSFG failed to meet internal safety goals and fell below national safety and value-based benchmarks.
- Target, goals and countermeasures are focused on harm events most prevalent, performed at or below the median of US Academic Medical Centers and/or are tied to CMS value-based quality programs. These include:

-Reduce the number of Falls with Injury, Colon SSI, CAUTI and HAPI from 164 FY 15-16 to 123 FT 17-18.

-Increase the number of CJR patients discharged safely to home from 23% to 60%/

- Improvements continue to be noted in most areas to include a 30% improvement from baseline falls with injury, decrease in CAUTI and Colon SSI rates, and a 20% baseline improvement in CJR safe patient discharges.
- Next Steps:
 - Continue to work closely with A3 owners in the gemba to move improvement work forward.
 - Continue to engage front line staff in the improvement work
 - Continue bi-monthly countermeasure summary presentations with A3 owners to ensure active leadership engagement and cross sharing and learning between improvement teams

Mr. Troy Williams thanked MEC members for their support to the hospital's improvement activities. Mr. Williams stated that physician engagement was very evident to Joint Commission surveyors at the recent triennial survey. Members thanked Mr. Williams for the excellent presentation.

SERVICE REPORT:

None

Commissioner Comments:

Commissioner Pating asked which staff approves of emergency and temporary privileges. Mr. Schwager stated that the Chief of Staff can approve emergency privileges based on a patient's need. He added that the Medical Staff Bylaws describes this authority.

Commissioner Chow asked why the hiring process was so long for Dr. Nishimura. Dr. Carlisle stated that the UCSF hiring process is arduous.

Action Taken: The following were unanimously approved:

- NEW OTOLARYNGOLOGY SERVICE CHIEF
- NEW ANATOMIC PATHOLOGY SERVICE CHIEF
- CREDENTIALS COMMITTEE MANUAL AND APPENDIX
- CREDENTIALS COMMITTEE MEMBERS ANNUAL ATTESTATION OF NON-DISCRIMINATION
- EMERGENCY MEDICINE PRIVILEGES LIST FOR TRAUMA RESUSCITATIVE THORACOTOMY

10) OTHER BUSINESS

This issue 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 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 July 2017 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 6:32pm.