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FRANCISCO**

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Commissioner

**David J. Sanchez, Jr., Ph.D.**  
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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, June 27, 2017, 3:00 p.m.**

**1001 Potrero Avenue, Building 25, 7<sup>th</sup> 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:          Roland Pickens, Susan Ehrlich MD, Terry Dentoni, Troy Williams, Todd May MD,  
                  Jeff Critchfield MD, Tosan Boyo, Valerie Inouye, Jim Marks MD, Kim Nguyen, Susan  
                  Brajkovic, Dave Woods, Jeff Critchfield, Ronald Weigelt, Arleen Lum, Greg Wagner, Sara Lin,  
                  Nisha Anand, Leslie Safier, Jay Kloo, Celia Purdy, Bob Ivory

This meeting was called to order at 3:10 PM.

**2) APPROVAL OF THE MINUTES OF THE MAY 23, 2017 ZUCKERBERG 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 Mr. Williams to share further information on small findings from the Triannual Joint Commission survey. Ms. Brajkovic stated that ZSFG had a total of 29 findings. She also shared that the lead surveyor stated that for the hospital size, this was a successful survey. Ms. Brajkovic added that there are well over 3,000 conditions to cite on, therefore, 29 findings represent less than 0.1%. The surveyors were impressed with the level of engagement from all types of staff and the commitment our staff has for patient care.

Commissioner Pating stated that he participated in the exit interview and noted that the Joint Commission was impressed with the hospital's Lean and multidisciplinary quality improvement work.

Dr. Ehrlich thanked Mr. Williams and Jay Kloo for the extensive preparation. She also thanked Susan Brajkovic for addressing immediate concerns with lead surveyors around suicide risk by creating policies and for ensuring that staff on night and day shifts were trained on the new process.

Mr. Pickens stated that the Surveyors will come back to ZSFG in 30-45 days to see progress and improvement work. He will send the findings report/ information summary from Mr. Williams to Commissioners.

The Commissioners congratulated the team and recognized their great work.

**4) STRATEGIC GOAL: IMPROVING VALUE AND PATIENT OUTCOMES THROUGH SAFER CARE**

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

Commissioner Comments:

Commissioner Chow asked if the hospital layout was difficult from a nursing standpoint. Ms. Dentoni commented that it is challenging with the new physical plant, but the team has developed interventions to mitigate problems.

**5) HOSPITAL ADMINISTRATOR'S REPORT**

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

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**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) OUTPATIENT CLINICS SURVEY**

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On June 8th, 2017, two surveyors from the California Department of Public Health (CDPH) arrived on campus to conduct a visit of the outpatient clinics.

During the visit, surveyors toured the following areas, reviewed medical records, and conducted staff interviews:

- 1M Adult General Medicine Clinic
- 3D GI Clinic
- 3M Surgical Sub-Specialty Clinic
- 4C Ambulatory Infusion Center and Wound Clinic
- 4J Anesthesia Preop and Pain Clinic
- 4M Medical Sub-Specialty Clinic
- 5M/6G Women's Health Center
- 6M Children's Health Center
- Avon Comprehensive Breast Center
- Family Health Center
- Urgent Care Center
- Ward 86 Hematology and Oncology Clinic, Positive Health Clinic
- Ward 92 Adult Medical Specialty Clinic

The surveyors exited and shared findings that were minor in scope. Congratulations to all outpatient clinic managers and front line staff for a successful survey.

## Re-Certification Outpatient Hemodialysis Center Licensing Survey

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On June 12<sup>th</sup>, the California Department of Public Health (CDPH) arrived in the outpatient hemodialysis unit (Ward 17), to conduct a four-day CMS Recertification Survey. The surveyor conducted multiple patient interviews; the patients were appreciative of the staff and the care they received in the Hemodialysis Center.

The surveyors were complimentary of the team. They exited and shared improvement opportunities that were minor in scope.

Congratulations to the staff and leadership team on another successful survey!

## CHEARS at 2017 San Francisco Chinese New Year Parade

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On Saturday, February 11, 2017, ZSFG's CHEARS (Care & Hospital Employee's Activities, Recognition, & Service) committee members participated in the annual San Francisco Chinese New Parade. ZSFG's CHEARS group was awarded the 1st place Community Organizations award for their participation in the San Francisco Chinese New Year Parade!

Participation in the parade is by invitation only. The parade has been a tradition since 1860 as a way to educate Bay Area residents about Chinese culture. This year's parade was sponsored by Southwest Airlines and featured extravagant floats, dancers and a 268 foot long Golden Dragon. The parade route began at Second & Market and snaked through the streets, ending at Columbus Avenue. The San Francisco Chinese New Year Parade is one of the largest celebrations of Asian culture in the United States. Spectators at this year's parade were estimated to be over 1.2 million.

CHEARS is an employee-directed organization that facilitates access for individual staff and groups of employees to recreational, cultural, and entertainment resources and recognition of excellence in service and care. CHEARS organizes and supports events that contribute to the enhancement of employee morale, while aligning to ZSFG's mission, vision, and values.  
Many thanks to our CHEARS members!



## WORLD HYPERTENSION DAY

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On May 17<sup>th</sup>, DPH's Healthy Hearts SF in collaboration with the Richard Fine Clinic & the Community Wellness Center at ZSFG hosted an event to bring awareness about hypertension for our patients and community with uncontrolled blood pressure.

Heart disease is the number one killer of Americans and most people do not know they are at risk for heart disease.

Many thanks to staff who ensured this event happened.

## EMERGENCY DEPARTMENT'S CONSULTATIVE SERVICES

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During the week of May 22<sup>nd</sup>, the Emergency Department conducted a week-long improvement event focused on the Emergency Department's Consultative Services.

Orthopedic, Neurology and Emergency Services worked together to expedite the ED consultations process by reducing the time a patient waits for a consultation. The team also standardized the ED consultative services request for anticipated discharge patients. This improvement directly impacts the Strategic Flow metric of reducing ED Length of Stay.

During the workshop, the lead time from consultative page to consultative arrival was positively improved by 60% (baseline of 22 minutes to 7 minutes).

Many thanks to the improvement team for a successful workshop!

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#### Patient Flow Report for June 2017

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Attached please find a series of charts depicting changes in the average daily census.

#### **Medical/Surgical**

Average Daily Census was 214.23 which is 106% of budgeted staffed beds level and 85% of physical capacity of the hospital. 15.36% of the Medical/Surgical days were lower level of care days: 2.07% administrative and 13.29% decertified/non-reimbursed days.

#### **Acute Psychiatry**

Average Daily Census for Psychiatry beds, **excluding 7L**, was 41.26, which is 93.8% of budgeted staffed beds and 61.6% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 4.94, which is 70.5% of budgeted staffed beds (n=7) and 41.16% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 63.80% non-acute days (58.41% lower level of care and 5.39% non-reimbursed).

#### **4A Skilled Nursing Unit**

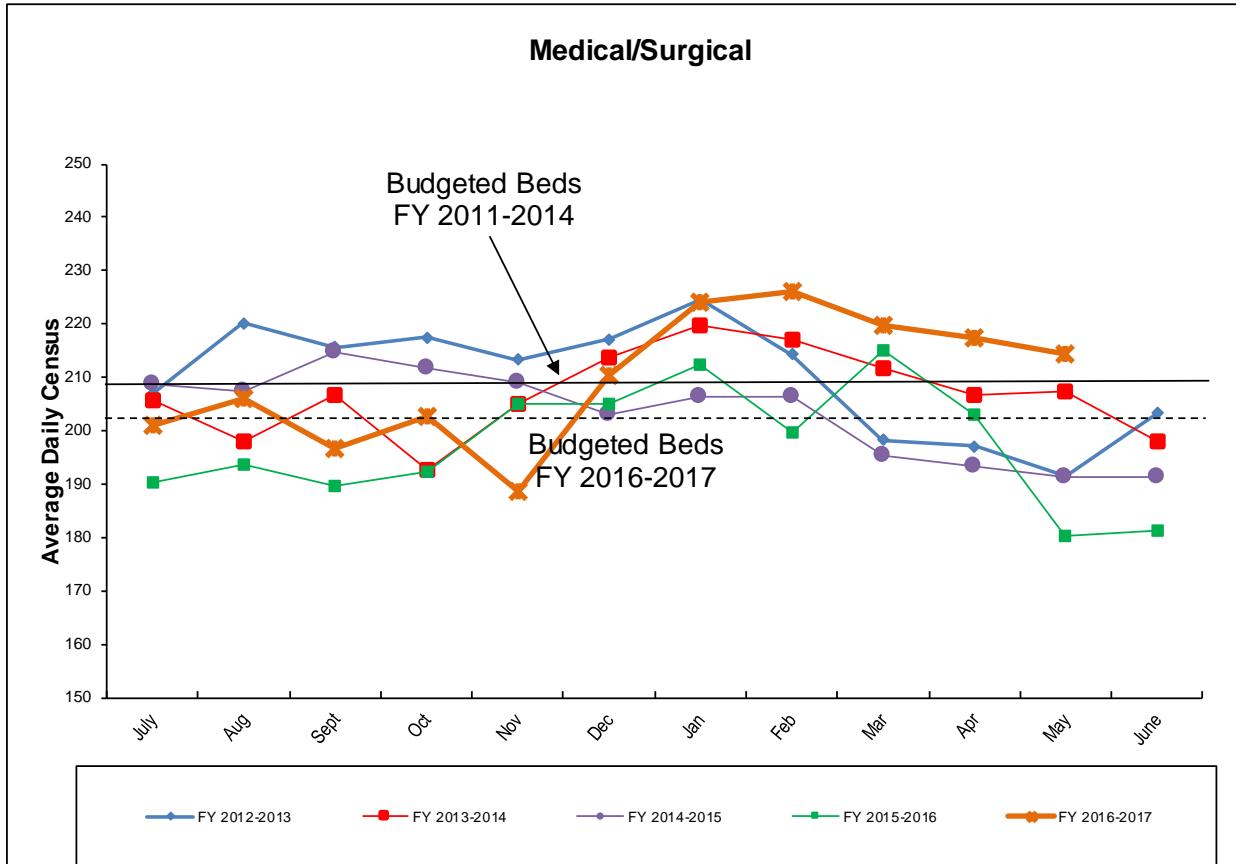
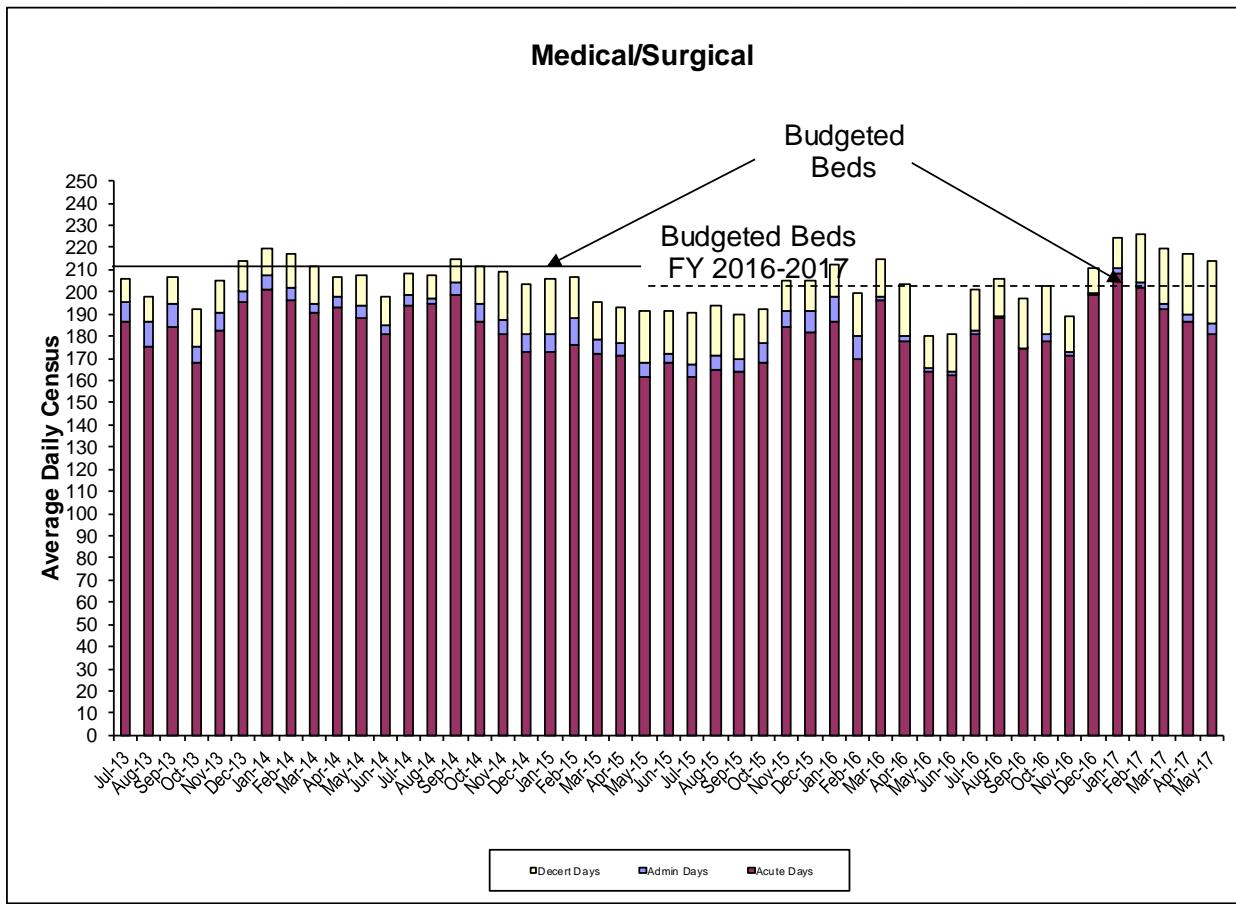
ADC for our skilled nursing unit was 29.16, which is 104% of our budgeted staffed beds and 97.2% of physical capacity.

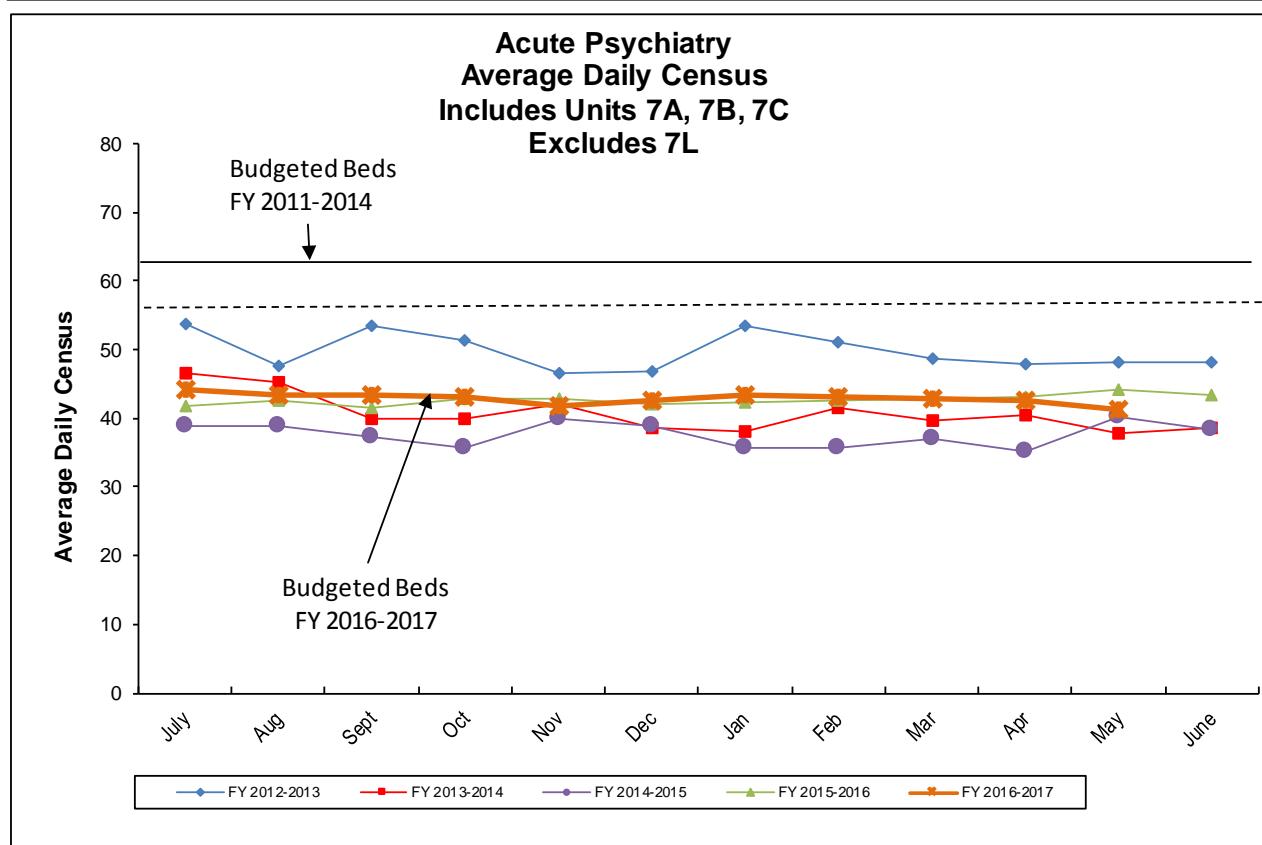
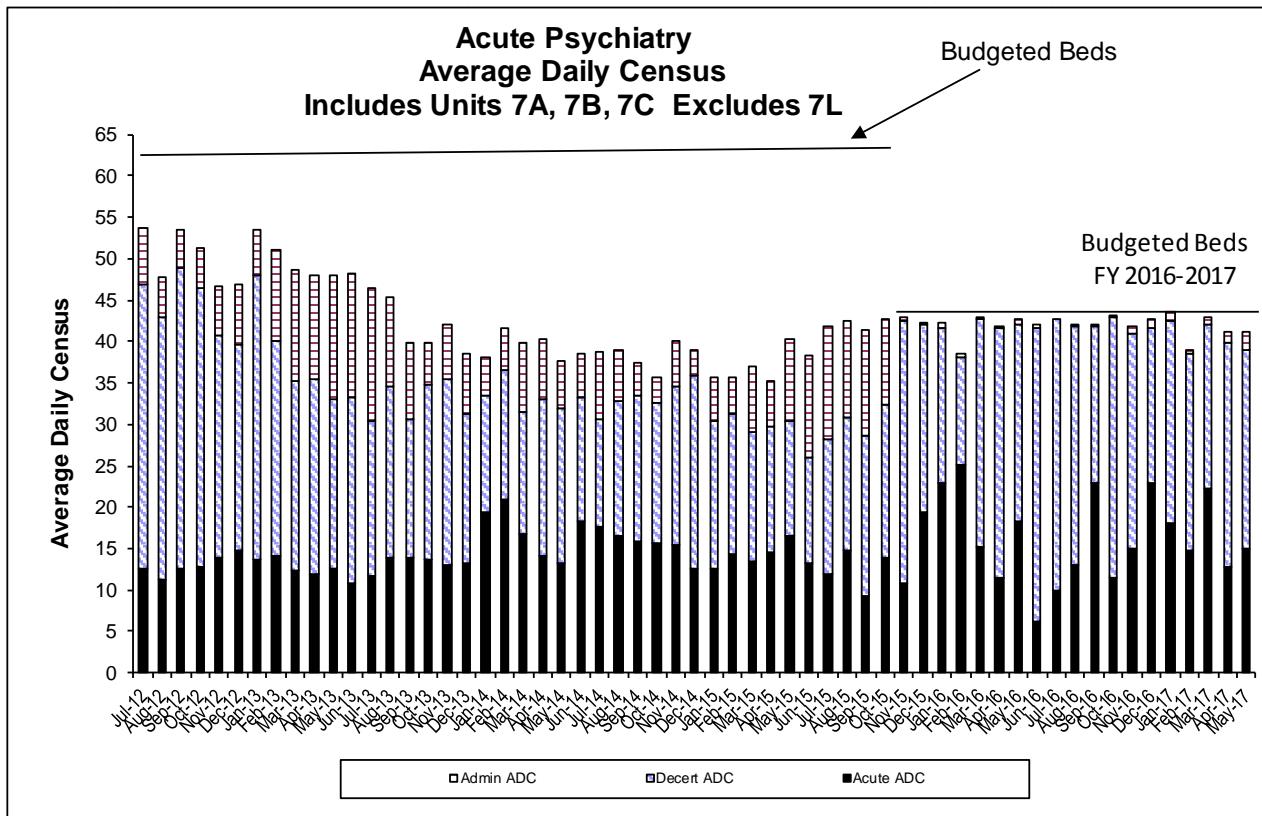
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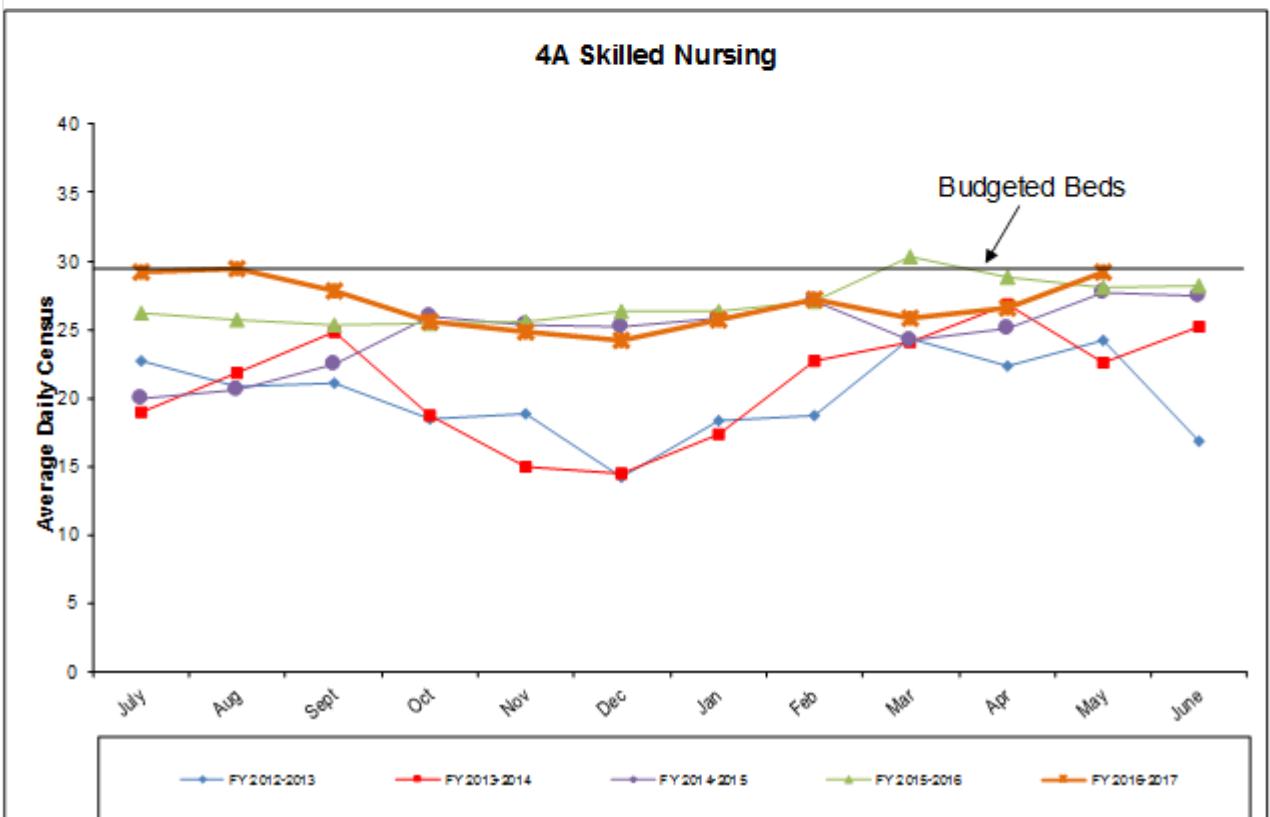
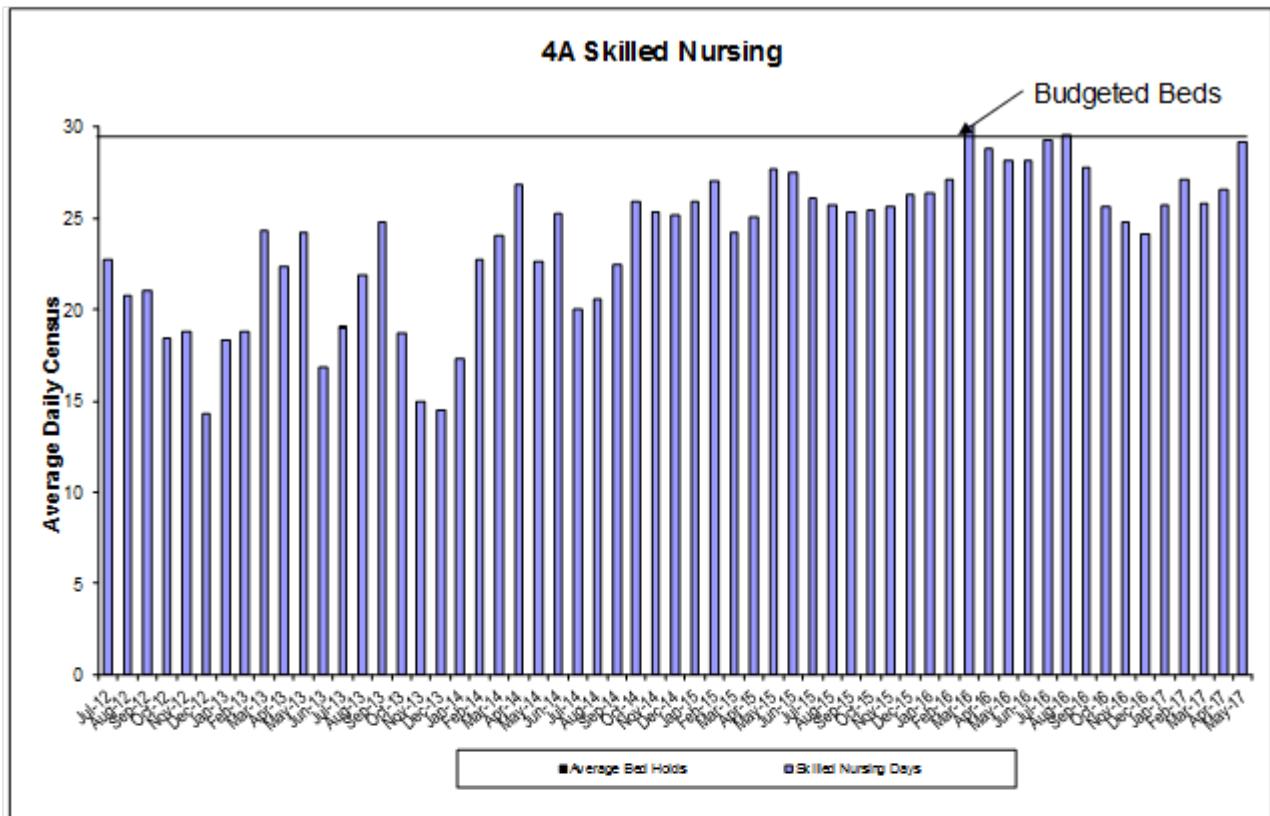
#### Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017

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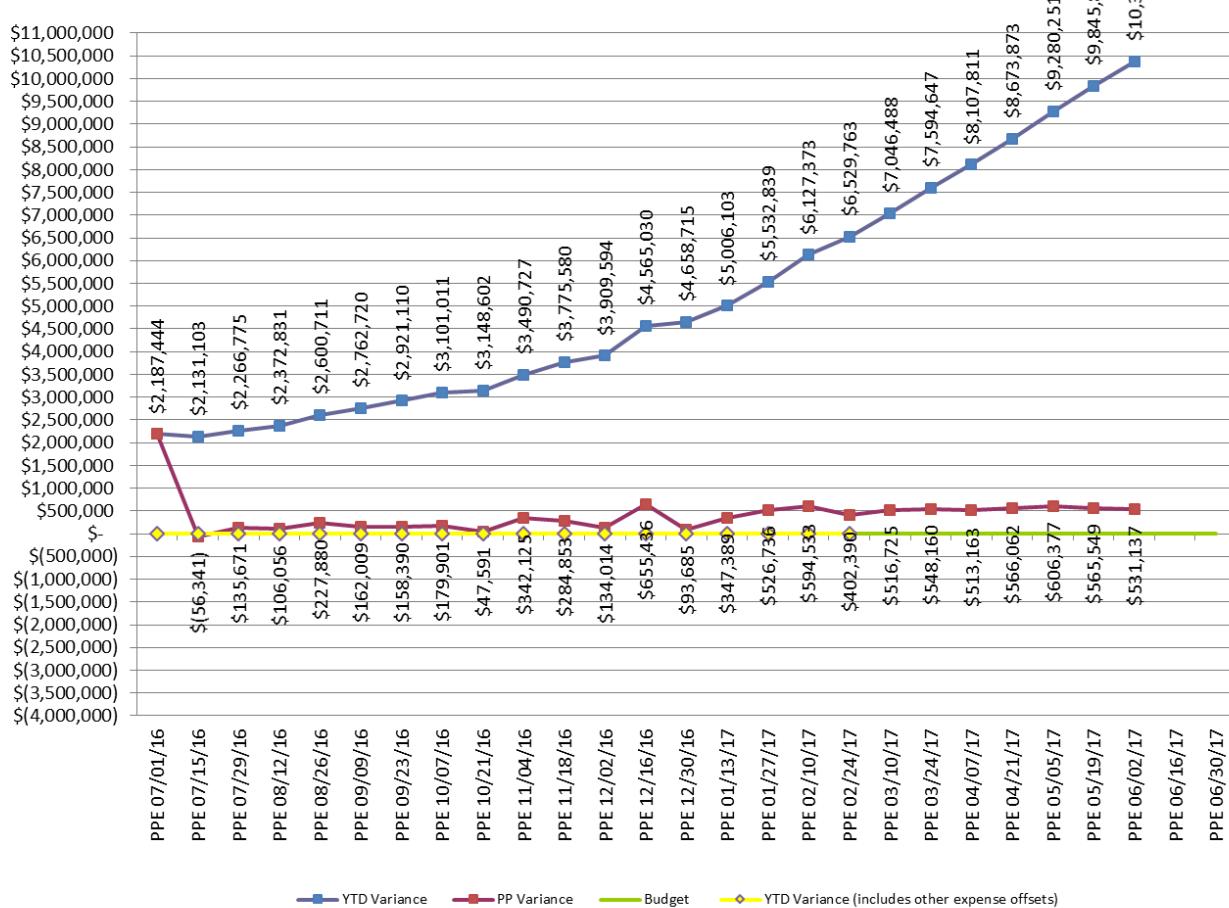
For Pay Period ending June 2, 2017, Zuckerberg San Francisco General recorded a 3.71% variance between Actual and Budgeted salary cost – actuals were \$531,137 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$10,376,937/3.2%.







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



#### Commissioner Comments:

Commissioner Chow asked for more information regarding assumptions regarding Medicare revenue when developing the ZSFG and SDFPH budgets. Mr. Wagner explained that SDFPH does not make a direct assumption, but incentive payments are indexed according to current performance. He added that if ZSFG underperforms, there will likely be an approximate \$1M loss.

## 6) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report

### Professional Nursing for the Month of May 2017

#### **Nursing Professional Development**

The last week of May, the ED held a week-long Kaizen improvement event focused on the Emergency Department's Consultative Services. The event directly impacts our hospital's Strategic Flow metric to reduce ED patient's length of stay. During the week the Orthopedic, Neurology and Emergency Services worked together to expedite the consultation process and reduce the time a patient waits for a consultation.

Mary McLaughlin, SICU staff nurse, presented an organ donation patient case study June 1<sup>st</sup> at the Organ Donation Symposium. The ZSFG Donor Committee and the Donor Network West sponsored this educational course.

Critical Care nursing has two staff nurses who just graduated from their Nurse Practitioner programs: Emily Uphoff and Brooke Carpenter. Alek Kersten just passed his CCRN certification exam.

Rachel Perry Limon RN, MS, CNS, CEN is presenting the Pediatric Trauma course at this year's San Francisco Emergency Nursing Association annual education conference held at ZSFG on June 12, 2017.

Rich Nepomuceno, RN, MS, CNS, CEN taught the Stroke/Neurologic course along with Christine Martin, RN, CNS stroke program coordinator and Dr. Claude Hemphil at the SF Paramedic reach for stroke training this month.

John Fazio, RN, CNS taught a segment at the Emergency Neurologic Life Support (ENLS) training course that prepares the multidisciplinary team to manage neurologic patient emergencies with standardized protocols, checklists and suggested communication to use during patient management.

### **Nursing Recruitment and Retention**

Nurse hiring managers teamed up with Tina Hinnant and Human Resources staff to host a targeted four hour on-site ZSFG Career Fair Saturday, June 17<sup>th</sup>. Recruiting had been reaching out to experienced RN candidates as well as other as MEA, Imaging Techs and Surgical Techs. The managers had a chance to assess the applicants experience and skills in a more relaxed way.

**Medical-Surgical** - nursing division started a new 8 week training program for 22 nurses on June 1st.

**Psychiatry** – nothing to add

**Emergency Nursing** - has 8 new nurses in the last phase of their 6 month department training program. There are another 8 nurses that are in the middle of their didactic portion of their training. They will be orienting to working in Pods A, B and C through July.

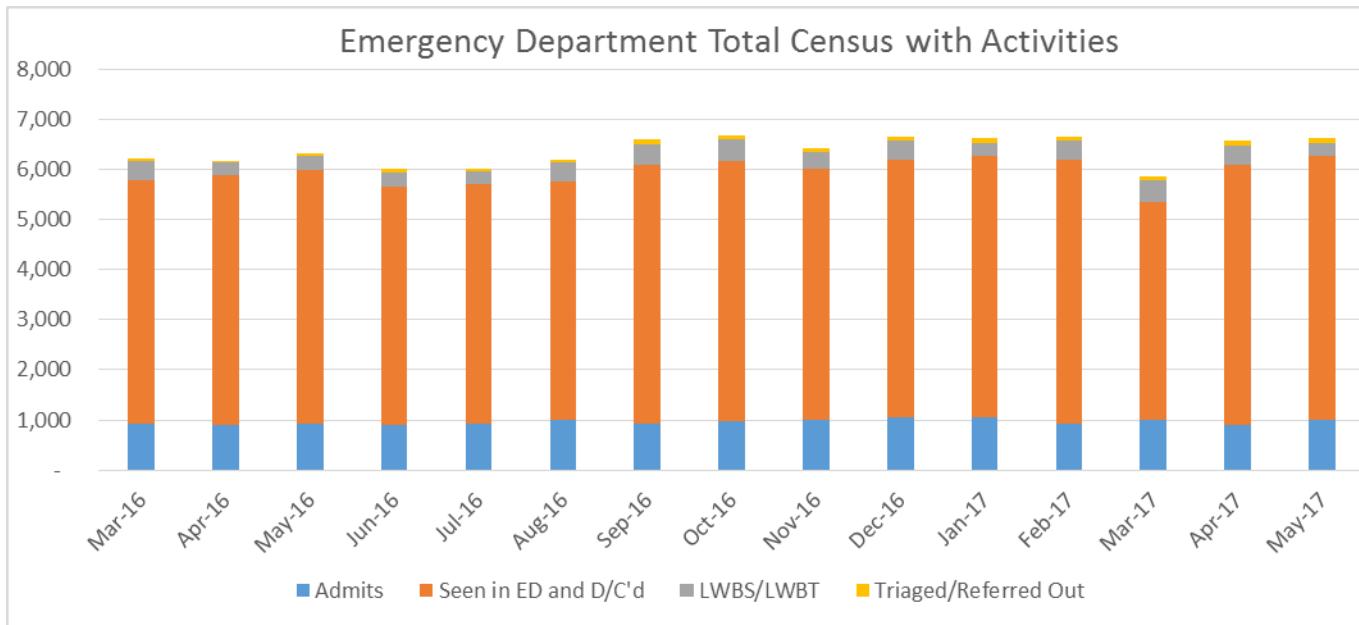
**Maternal Child Health** - Three staff have completed their orientation to Labor and Delivery while another 2 have completed orientation to the post-partum nursing care delivery area. Additionally, two new 2320 and three P103 staff were hired and are in orientation.

**Peri-Operative** - The operating room just completed interviews for 4 positions for their training program that will begin in July.

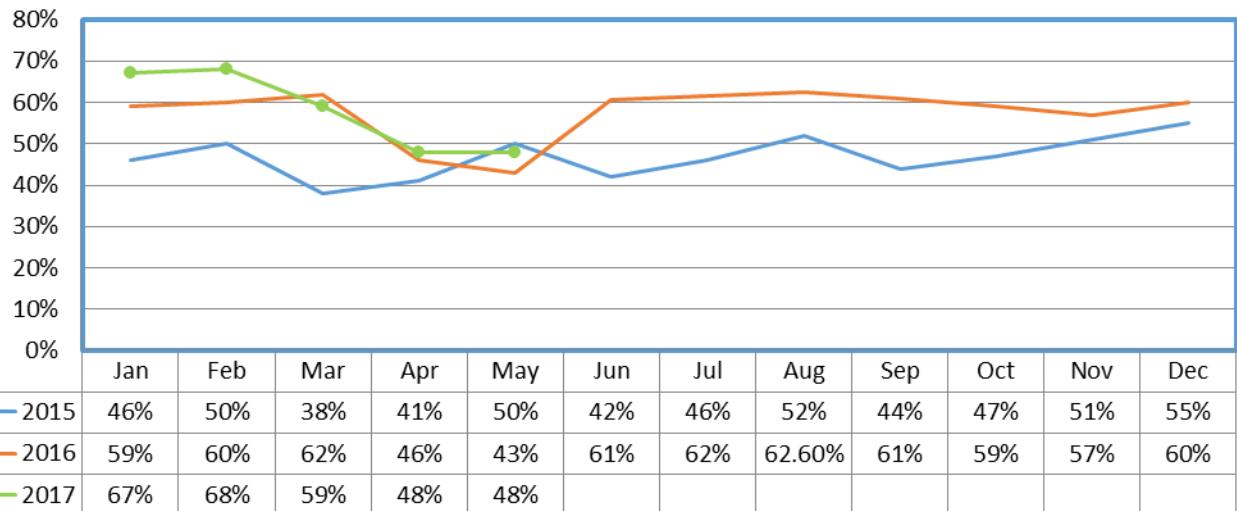
**Critical Care training program begins** - June 12<sup>th</sup> for 2 nurses in the SICU and 2 new nurses for the MICU.

**Social Services** - We welcomed Glen McClintock, MSW, LCSW to ZSFG June 12<sup>th</sup> as the new Director of Social Services overseeing Social Services throughout ZSFG including the Emergency Department, Acute Psychiatry, Inpatient areas, Outpatient clinics and programs.

### **Emergency Department (ED) Data for the Month of May 2017**



## JCC Diversion Report 2017



**Diversion Rate: 48%**

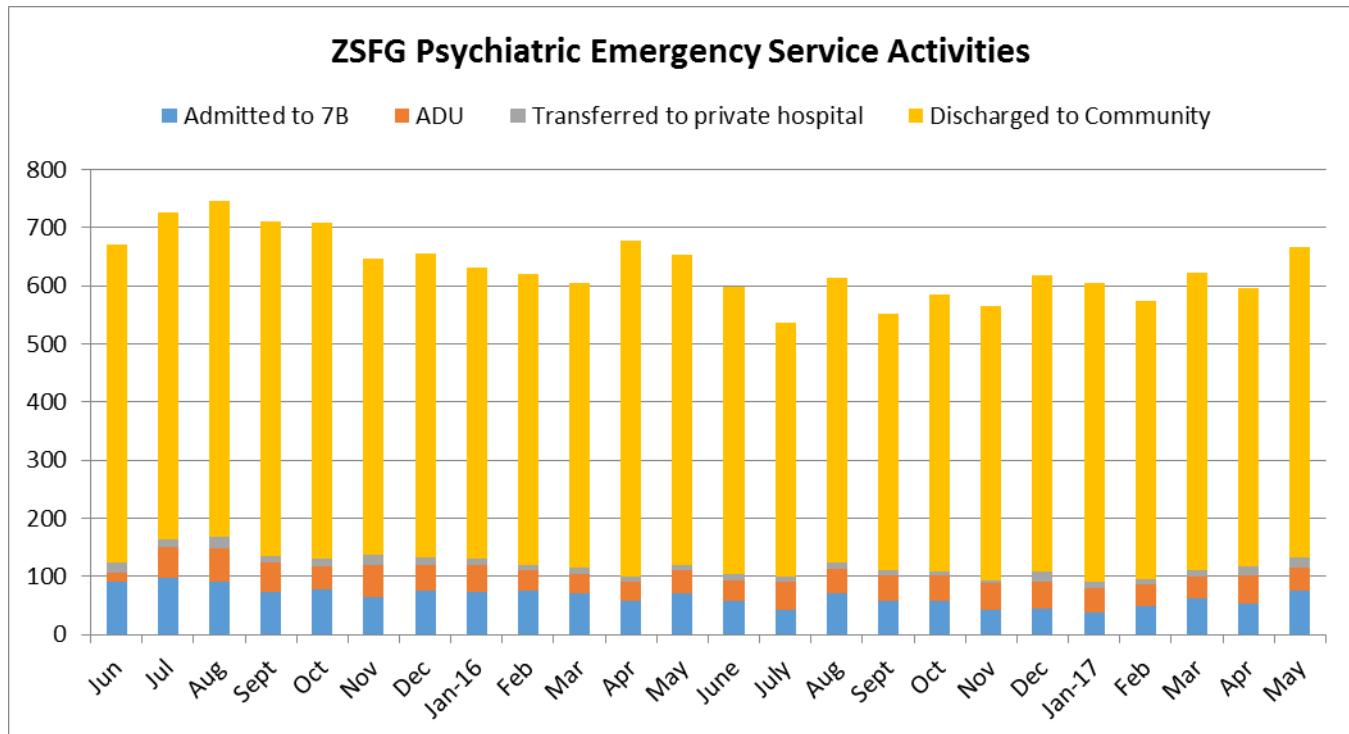
*ED Diversion = 298 hours (40%) + Trauma Override = 58 hours (8%)*

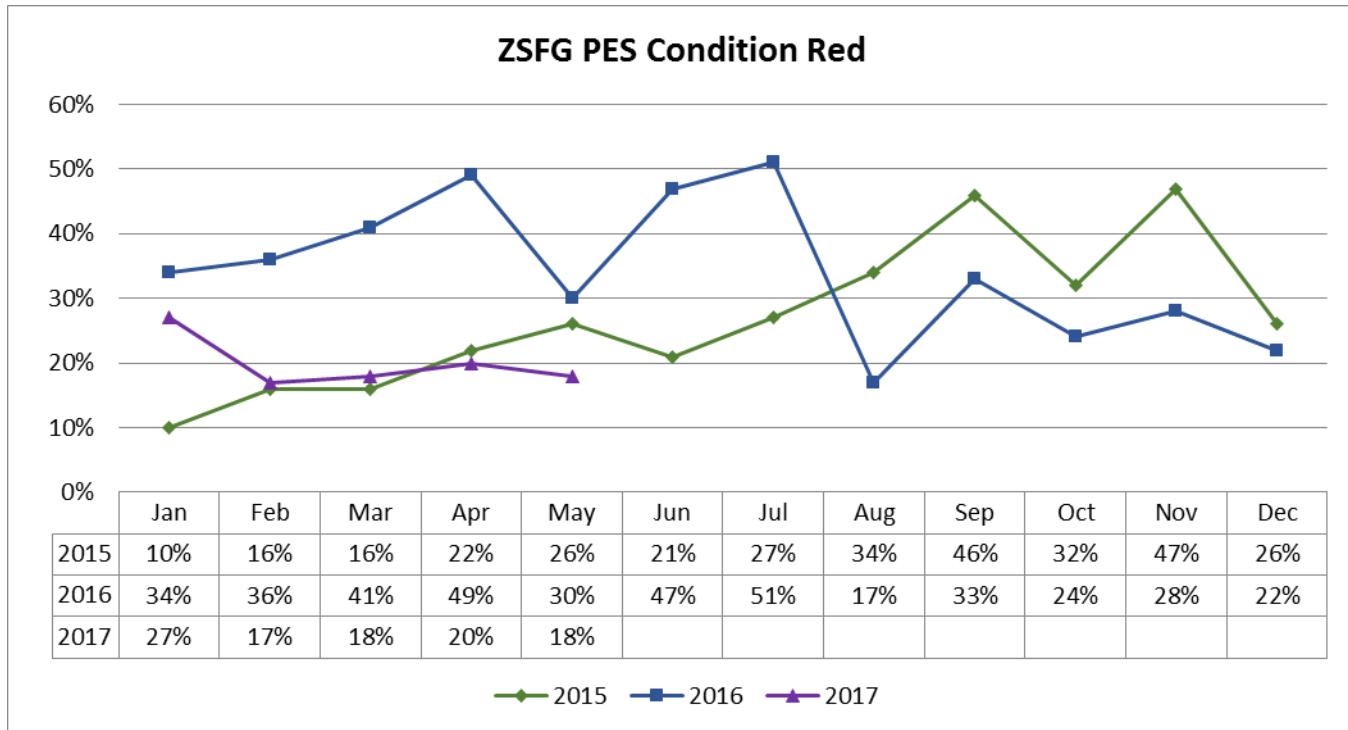
**Total Ed Encounters: 6373**

**ED Admissions: 1001**

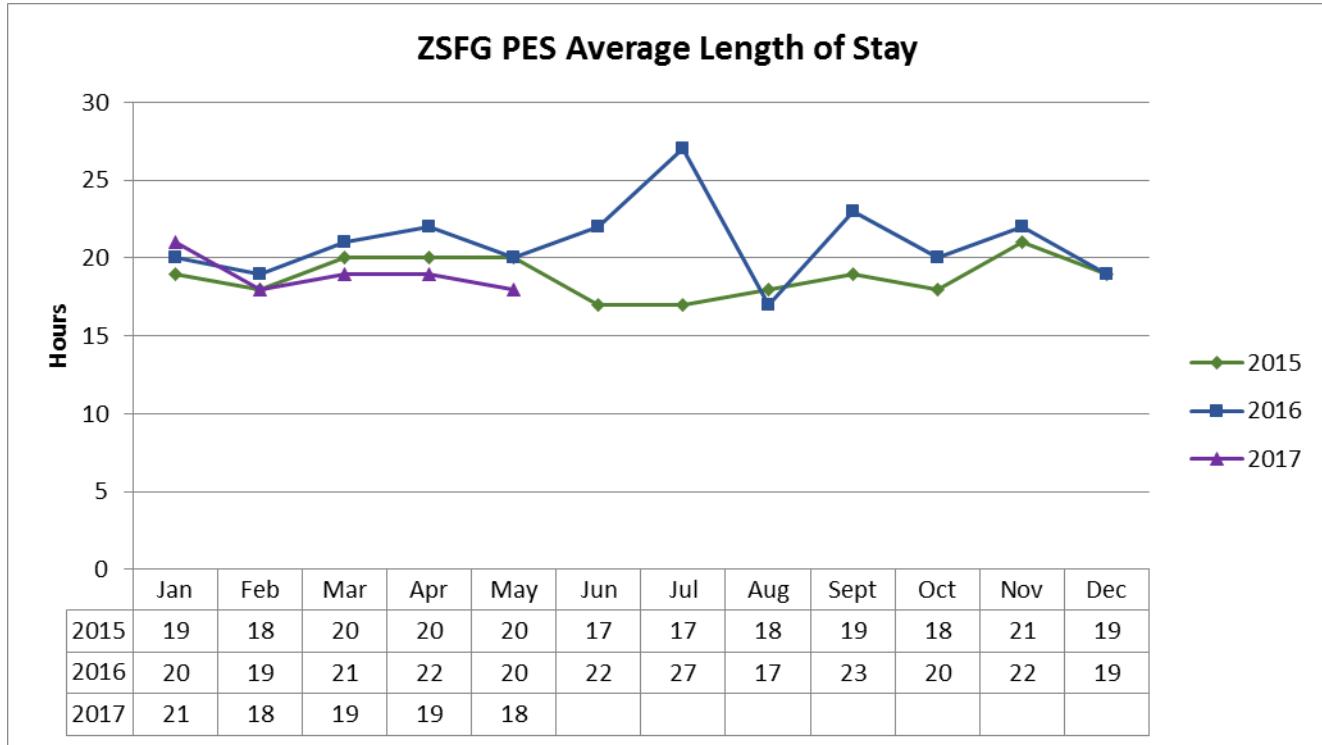
**ED Admission Rate: 15.71%**

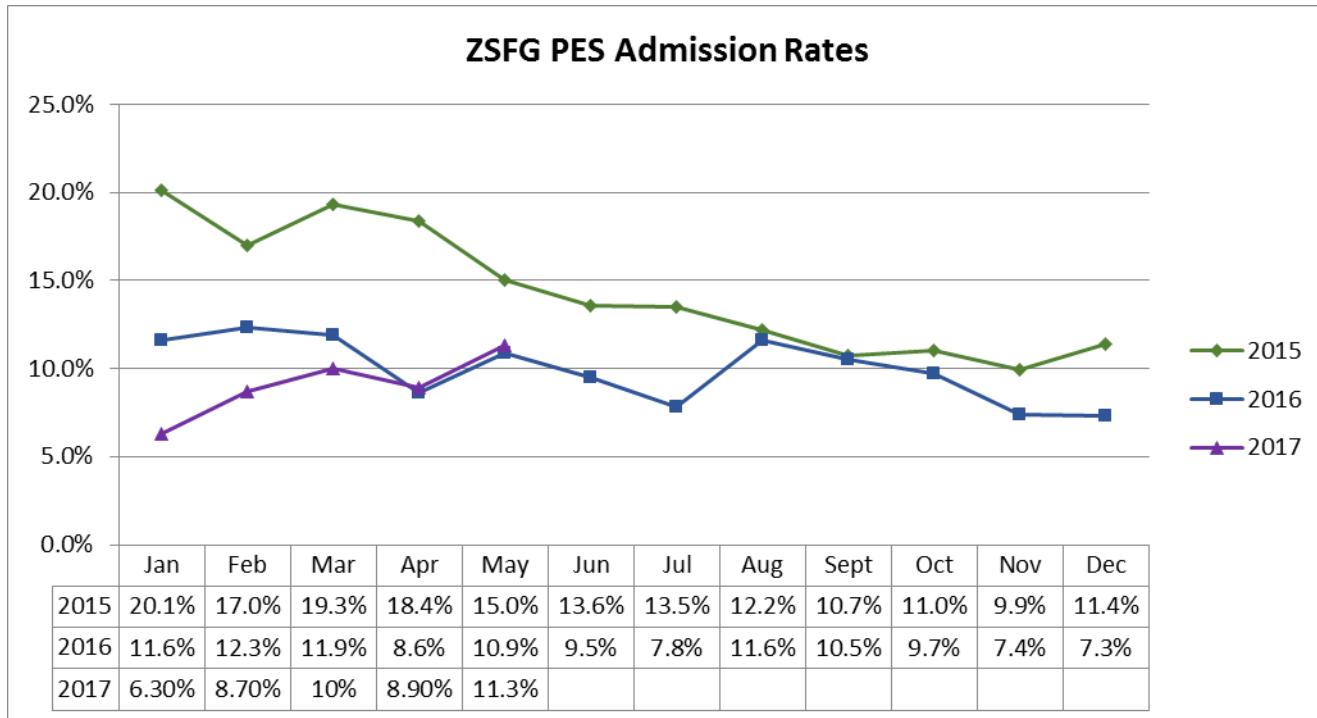
### Psychiatric Emergency Service (PES) Data for the Month of May 2017





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





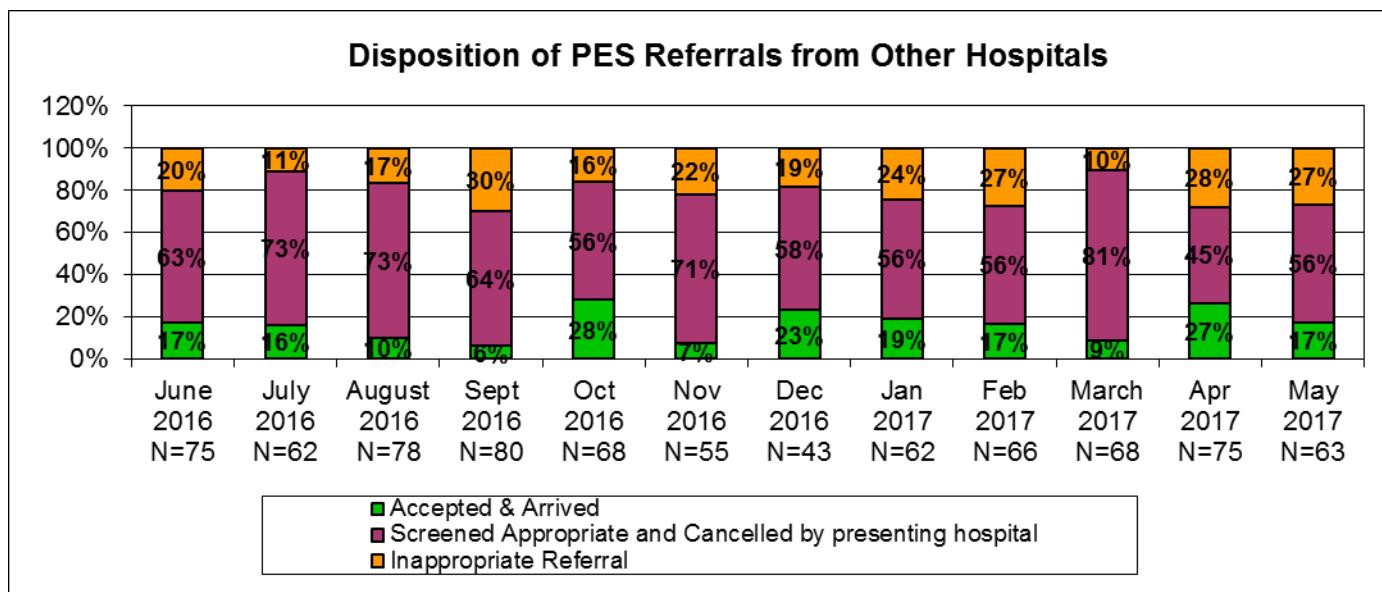
### **Request for Inter-Facility Transfer to PES from other Hospitals**

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 decreased this month. The percentage of patients who were screened as appropriate by PES and later cancelled by the presenting hospital had a small increase, from 45% to 56%.

### **Commissioner Comments:**

Commissioner Pating congratulated the team on improvements in the diversion rate.

Commissioner Chow commented on Psychiatric Emergency length of stay (LOS) and noted it is down to 18 days; he noted that this rate has continue to decrease below previous years' rates.

Commissioner Chow requested more information regarding improvement efforts in this area. Ms. Dentoni attributed the improvement to the new Medical Director who started three months ago. Ms. Dentoni stated the new Medical Director implemented improvement ideas while keeping staff motivated to do improvement work.

Commissioner Pating asked when the new psychiatric unit will open. Mr. Pickens stated that the Mayor's overall plan is for expansion of mental health. Mr. Pickens stated that there will be a 47 bed respite unit move from the MHRP to the 7<sup>th</sup> floor. Dr. Ehrlich stated that the first project is to move the Urgent Care Center in the first week of October. Then, the Chronic Dialysis, Rehab, and Public Health Lab, are the next set of projects to be moved with the goal of having modern design, better visibility, and better treatment and environment. The 7<sup>th</sup> floor psychiatric project will take 2-3 years.

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

Arleen Lum, ZSFG Human Resources, gave the report.

### Commissioner Comments:

Commissioner Chow requested that the Human Resource vacancy reports be sorted by highest vacancy rates at the top of the page. Mr. Weigelt stated that he will add a vacancy column and will put the higher percentage on top of the page and will continue to report monthly.

Commissioner Sanchez shared the importance of these monthly reports. He explained that there was a great deal of information that will follow on a monthly basis.

## **8) MEDICAL STAFF REPORT**

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

### ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

Presentations – Members were given updates on the following:

- Capital Programs Overview – “Building our Future” – presented by Mr. Tosan Boyo, COO
- DPH FY 2017-2019 Budget Update –presented by Ms. Barbara Garcia and Mr. Greg Wagner

ED Workshop Results – Members were briefed about the recent weeklong (May 22-26, 2017) Kaizen Improvement Event focused on Emergency Medicine Consultative Services. Dr. Marks stated that the purpose of this workshop aligns with the hospital’s quality True North Pillar on improving access and flow throughout the organization, specifically around reducing the mean ED length of stay to reduce diversion and the LWBS (Left Without Being Seen) rate.

Dr. Mary Mercer (ED), along with Dr. John Betjemann (Neurology) and Dr. Meir Marmor (Orthopaedic Surgery), presented the results of the workshop. The work of the week started out with observing the consultation process and reviewing existing data. Orthopaedic and Neurology are two of the Clinical Services with the highest number of consultation services in ED. Orthopaedic Neurology, and Emergency Medicine worked together to map the process and identify defects and wastes. The goal is to expedite the ED consultations process by reducing the time a patient waits for a consultation. Improvement ideas include:

- Standard process for paging and communicating a consult (including time-based component for procedures to move forward)

- Improving outpatient scheduling process for follow up appointments for patients with phone numbers (Ortho to start)
- Standardized “external set-up” for ED procedures including ortho carts
- Implement “Mission Stroke Protocol”: external set-up for Stroke activation and CT prep (direct to CT scan from ambulance for stroke)

The next steps will include work to develop and coach standard processes with ED staff and consultation services, test and adjust the new processes, improve data collection on consultation processes, systems factors (diagnostics) and Length of Stay, and Spread (Work to extend the Orthopaedic and Neurology improvement model cells to other Clinical Services will follow).

#### SERVICE REPORT:

##### Emergency Medicine Service Report

Dr. Chris Colwell has been the ZSFG ED Service Chief for a year now, and presented the Emergency Medicine’s biennial report. The report outlined the following:

- Mission Statement – To provide quality healthcare and trauma services with compassion and respect 24/7 in the only Level 1 Trauma Center in all of San Francisco and surrounding counties for anyone who comes in through its doors. In 2016, ZSFG ED had a patient volume of 72,241 and had the highest ambulance volume in the city.
- Faculty – 46 Total Faculty with 29 FTE and 17 half time/per diem faculty. Of the new hires that will be starting mostly in July 2017, half are minority, and 60% are women.
- Residency, Fellowships, Medical Students 60– The ED residency four year program at ZSFG started in 2008. The program now has 14 residents in a year. 71 graduates to date, with 30 % involved in academics.
- Hospital Committees Participation to Medical Staff and Hospital Leadership
- Staff Communication – Monthly faculty meetings, weekly ED Executive meetings with physician and nursing leadership, biannual departmental faculty retreats, annual performance evaluations, biennial OPPE evaluations, email.
- Volume Statistics – ED Triage Census 2016-2017, ED Total Admitted Patients 2016-2017, ED Census by Diagnosis, 2016-2017 LWBS/LWBT patients, Division Status-System Wide, SF 911 Ambulance Volume, Care for Trauma Patients (Activations, Types of Admissions from ED, Top Ten Mechanism of Injury)
- Improvement Efforts, True North Alignment – ED Lean work (Fast Track LOS, LWBT Rate Reduction, ED Diversion, ED Information Exchange EDIE), Airway Management, Pediatric Emergency Medicine, Sepsis, Stroke Care (Implementation of Mission Protocol which is a pre-hospital to CT pathway for stroke patients), Current Projects Initiated in June (PDSA ED to Urgent Care), PDSA ED to PES, Mission Protocol, and CDU Planning), Flow Initiatives

- Patient Satisfaction Data –NRC Picker Survey to discharged patients from the ED has been in place since 07/2014. Return rate is very low. Best scores are in emotional support, patient safety, access to care and information/education. Lowest scores in involvement of family/friends, physical comfort, continuity/transition, and discharge instructions.
- UCSF-ZSFG EMS/Disaster Medicine – ED faculty are heavily involved in the San Francisco EMS leadership.
- Finance - Revenue, Expenses, Pro-Fee Collections
- Faculty Evaluations – In addition to OPPE, ED providers have annual evaluations which include the following parameters: Patients seen per hour and RVUs per hour.
- Research – 21 faculty with 30 separate awards/collaborations from 23 different funding sources; 91% increase in funded faculty from 2008; collaborations in research with over 12 UCSF departments and specialties and entities outside US and CA; WHO Collaborative Center.
- Faculty Awards – Awards at different levels, ZSFG, UCSF, regional, and national.
- Strengths – Faculty and staff who are mission driven and devoted to patients; new facility; the community served (diverse patient population).
- Challenges – Boarding; Divert; Undifferentiated patient population; 24/7 services; Dependency on different staffing resources; ED flow is hospital and campus dependent; Lack of an enterprise EMR; Limited follow up for patients; Adapting to the new space and technology.
- Goals for 2017-18 - Help streamline work flow algorithms for processes that can be controlled (Provider in triage, Provider to patient times, work-up and evaluations , Dispositions); Improve ED flow; Increase patient satisfaction (Patient centered care – LEAN, communication); Increase patient safety (Continue work in other PI projects, Improve communication among care team, Improve multi-disciplinary education); Change culture.

Members thanked Dr. Colwell for his excellent report.

Commissioner Comments:

Commissioners congratulated Dr. Marks on being chosen for another year as Chief of Staff.

Dr. Marks announced that Claire Horton is the next Chief of Medical Staff.

Dr. Ehrlich shared that she helped kick off an A3 thinking class, a 2-day class on how to use the A3 in your areas as a team to improve

Commissioner Chow referred to page 30 of the report and asked if a patient elopes from the ED prior to being interviewed by attending physician, should the patient be restrained until an interview can be conducted. Mr. Williams said that staff will make an assessment to determine if the patient is competent to make decisions. Commissioner Chow requested Mr. Williams to update the language in the Emergency Medicine Clinical Service Rules and Regulations prior to the Committee voting on the issue.

Commissioner Chow asked for clarification regarding areas in which students are allowed to eat. Dr. Ehrlich stated that ZSFG limit where students/interns eat due to infection control.

Commissioner Chow noticed that there is a list number of specialties that are noted as Emergency Department criteria, but other specialties are not mentioned. Commissioner Chow asked if there are criteria. Dr. Marks stated that some specialties do not consult in ED.

Action Taken: The Adult Medicine Clinic RN Standardized Protocols were unanimously approved.

**9) OTHER BUSINESS**

This issue was not discussed.

**10) PUBLIC COMMENT**

There was no public comment.

**11) 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 item)*

**12) ADJOURNMENT**

The meeting was adjourned at 5:32pm.