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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, APRIL 25, 2017 3:00 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, MD
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Dan Bernal

Staff: Roland Pickens, Susan Ehrlich MD, Terry Dentoni, Troy Williams, Todd May MD,
Jeff Critchfield MD, Tosan Boyo, Alice Chen MD, Karen Hill, Dan Schwager, Valerie Inouye,
Karen Hill, Jim Marks MD, Will Huen MD, Kim Nguyen, Mary Gray, Virginia Dario Elizondo,
Susan Brajkovic

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

2) APPROVAL OF THE MINUTES OF THE MARCH 28, 2017 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes.

3) REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer gave the report.

Commissioner Comments:

Commissioner Chow asked for a definition of the acronym, "ALCC." Mr. Williams stated that it is the Accreditation License Committee which develops plans of correction and helps prepare for Joint Commission surveys.

Commissioner Bernal asked for more information on the frequency of the various surveys conducted at ZSFG. Mr. Williams stated that each survey has its own timeframe: some are annual and others are longer cycles.

Commissioner Chow stated that he appreciates that the survey results of both ZSFG and LHH are shared at the relevant JCC meeting.

Commissioner Sanchez stated that the cost of preparing for survey can be expensive. Dr. Ehrlich stated that Mr. Williams and his team prepare throughout the year for various surveys. She stated that Mr. Williams requested that the Joint Commission conduct a practice survey prior to the official survey so ZSFG could be best prepared.

4) ZSFG ENSURING FLOW AND ACCESS

James Marks MD, Chief of Staff, and Todd May MD, Chief Medical Officer, gave the presentation.

Commissioner Comments:

Commissioner Pating asked where the flow model originated. Dr. Marks stated that ZSFG developed the model itself to best fit its cycles and needs.

Commissioner Bernal asked why there are excess emergency room beds built into the model. Dr. Ehrlich stated that there is a tremendous variability in numbers of patients at any given time. ZSFG has to be staffed to deal with the various cycles of patients numbers. She added that ZSFG has to meet contractual nursing ratios at all times.

Commissioner Chow stated that he appreciates the work done to develop this model and noted that the model is a comprehensive response that requires incredible coordination of many staff and units in ZSFG and within the SFDPH. He also stated that not all the core issues related to patient flow are within the control of ZSFG. Mr. Pickens stated that the work on developing patient flow models was done in conjunction with Dr. Ehrlich, Mivic Hirose, and Kelly Hiramoto.

Commissioner Chow stated that he appreciates the one year goals. Dr. Ehrlich thanked Dr. Marks and Dr. May for their leadership on these issues. She added that ZSFG Executive staff meet weekly to monitor and problem-solve these issues.

Commissioner Pating encouraged ZSFG leadership to consider publishing a paper on the process to develop the model to assist other hospitals and systems of care develop best practices.

Commissioner Pating suggested expanding the hours of the ZSFG Urgent Care Clinic and to utilize vacant acute beds at LHH.

Commissioner Pating asked if there is a threshold for diversion levels that would require an emergency plan. Dr. Ehrlich stated that ZSFG continues to develop standard work for the emergency department leadership when it is on and off diversion. She noted that every two hours the emergency department leadership checks in to determine if the diversion status needs to be changed. She noted that EMS automatically takes ZSFG off diversion every two hours.

5) HOSPITAL ADMINISTRATOR'S REPORT

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

National Donate Life Month

National Donate Life Month (NDLM) was instituted by Donate Life America. Celebrated in April each year, NDLM features an entire month of local, regional and national activities to help encourage Americans to register as organ, eye and tissue donors and to celebrate those that have saved lives through the gift of donation.

On April 21, ZSFG hosted the launch of the National Donate Life Month in a joint initiative between Donor Network West and the San Francisco Department of Public Health. Later that evening, city hall lit blue and green lights to highlight the launch.

ZSFG wished the community a Happy National Donate Life Month. Thank you to our staff in educating and registering others as organ, eye and tissue donors!

Outpatient Fire Clearance

On March 15th, an inspector conducted ZSFG's outpatient fire clearance. The inspector was pleased with the standardized organization of equipment. Also, the inspector was thrilled to meet our friendly and welcoming staff members who care for our patients. Upon completion, the Inspector will be sending signed copies of the clearance forms.

Congratulations to the Outpatient Care Areas ZSFG's Fire Marshal, Rich Elliot, and the Facilities Team for a successful survey.

Culture of Safety Survey Completion

In March, ZSFG concluded the Culture of Safety Survey. Thanks to 1,601 of ZSFG's team members, ZSFG had a record-breaking response to the Culture of Safety survey this year. The response was 20% higher than when ZSFG first conducted the survey in 2010, and 70% higher than the lowest response rate ZSFG received since then. A high response rate means that more staff care about quality and our culture of safety.

A second positive outcome of our results is in every major category, ZSFG performance better when comparing to 2010 results; in a few cases, substantially higher. For example, overall perceptions of safety have increased as well as non-punitive response to error.

Third, in some categories, ZSFG is at or above the AHRQ Hospital Benchmark.

ZSFG has opportunities to improve. The general plan going forward:

- (1) Share results broadly at exiting forums and staff meetings;
- (2) Get more information at the local level about how results resonate;
- (3) Develop local plans to address data in specific ways; and
- (4) Measure how plans are proceeding

The survey provides invaluable information in order to improve our culture of safety in fundamental ways, and aligns with True north goals of quality, safety, workforce care and experience and care experience.

Coaching for Improvement Training

On April 7th, ZSFG completed a third Coaching for Improvement Training session. In this cohort, ZSFG trained 16 additional staff, which now brings the total ZSFG trained to over 90 leaders.

ThedaCare's Faculty Leaders have partnered with ZSFG to provide leadership training for clinical and nonclinical leaders. The goal is provide leaders in organizations the competencies necessary to help others

grow their problem-solving skills and coach leaders to ask effective questions that support their teams in their growth as lean practitioners.

The ability to effectively coach others is essential to achieving a culture of continuous problem solving at every level of the organization. During the two-day interactive learning experience, ZSFG leaders studied and practiced the art of asking questions in service of others, reflected in order to understand better leadership habits, discussed a framework for coaching engagements, and built a plan for continuous personal improvement.

Congratulations to our leaders who have completed the session!

Patient Flow Report for March 2017

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

Medical/Surgical

Average Daily Census was 219.58 which is 108% of budgeted staffed beds level and 87% of physical capacity of the hospital. 13.79% of the Medical/Surgical days were lower level of care days: 1.15% administrative and 12.64% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 42.87, which is 97.4% of budgeted staffed beds and 64.0% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.13, which is 73.3% of budgeted staffed beds (n=7) and 42.8% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 47.86% non-acute days (45.82% lower level of care and 2.03% non-reimbursed).

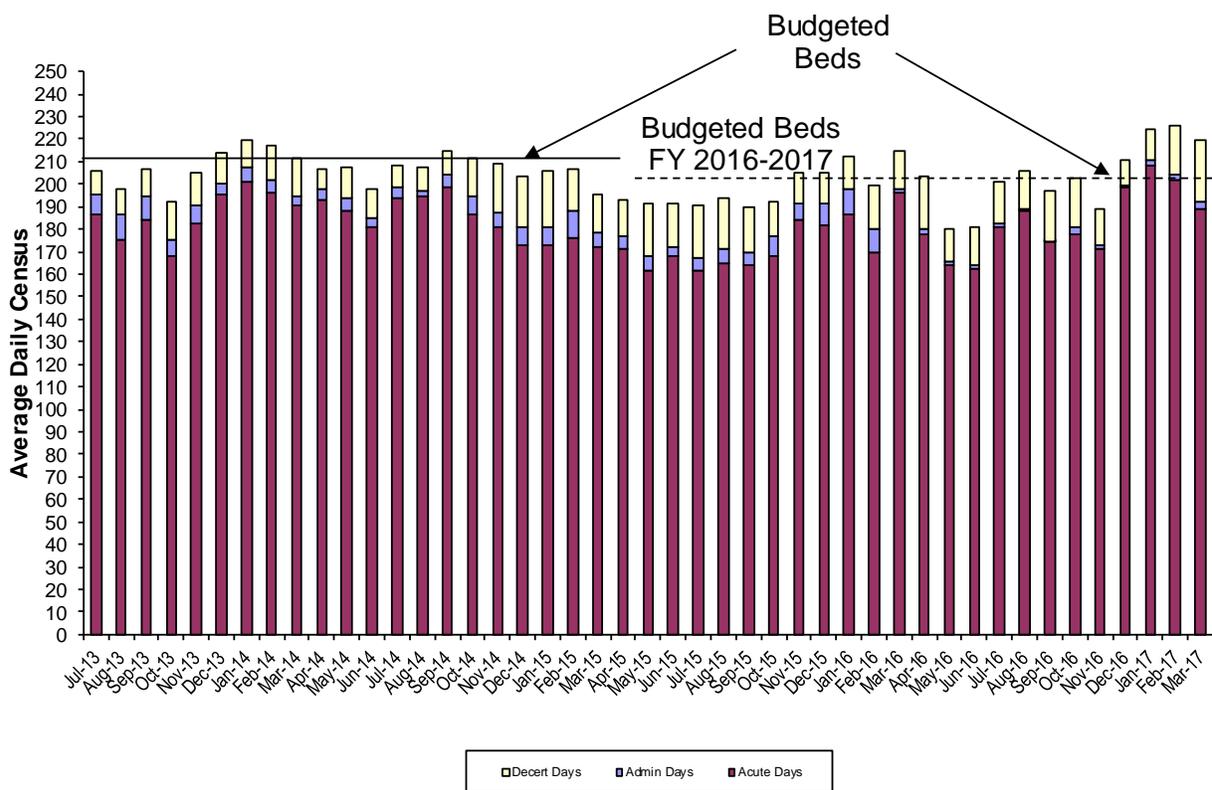
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 25.81, which is 92.1% of our budgeted staffed beds and 86.0% of physical capacity.

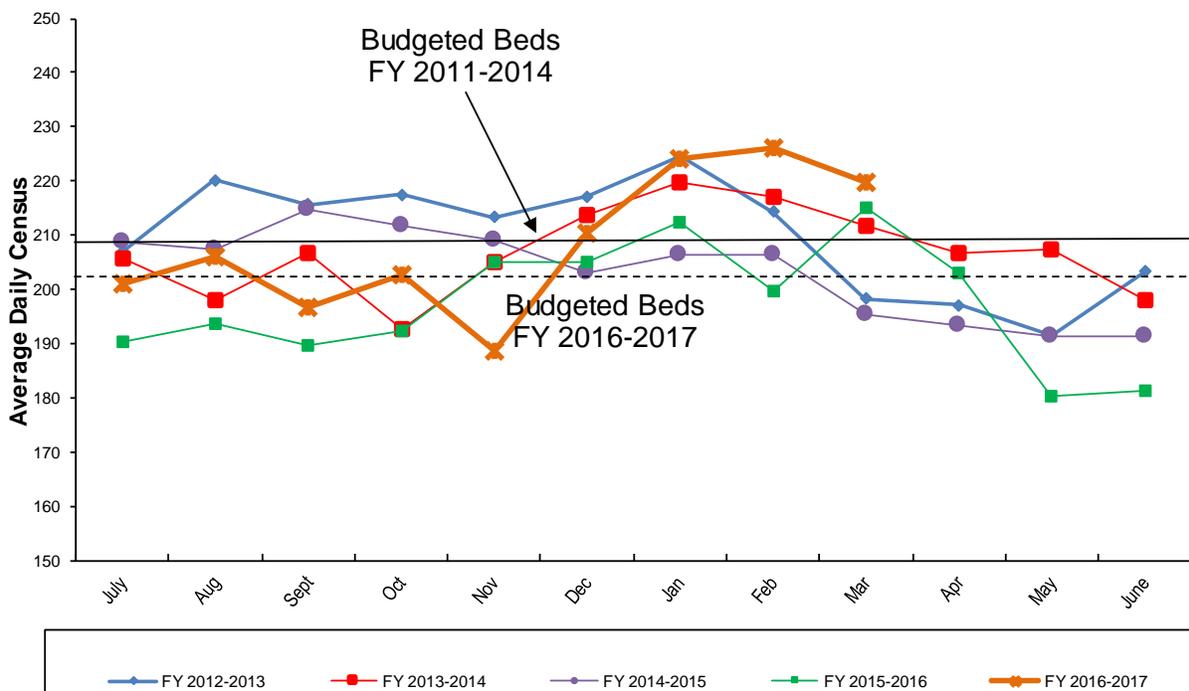
Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017

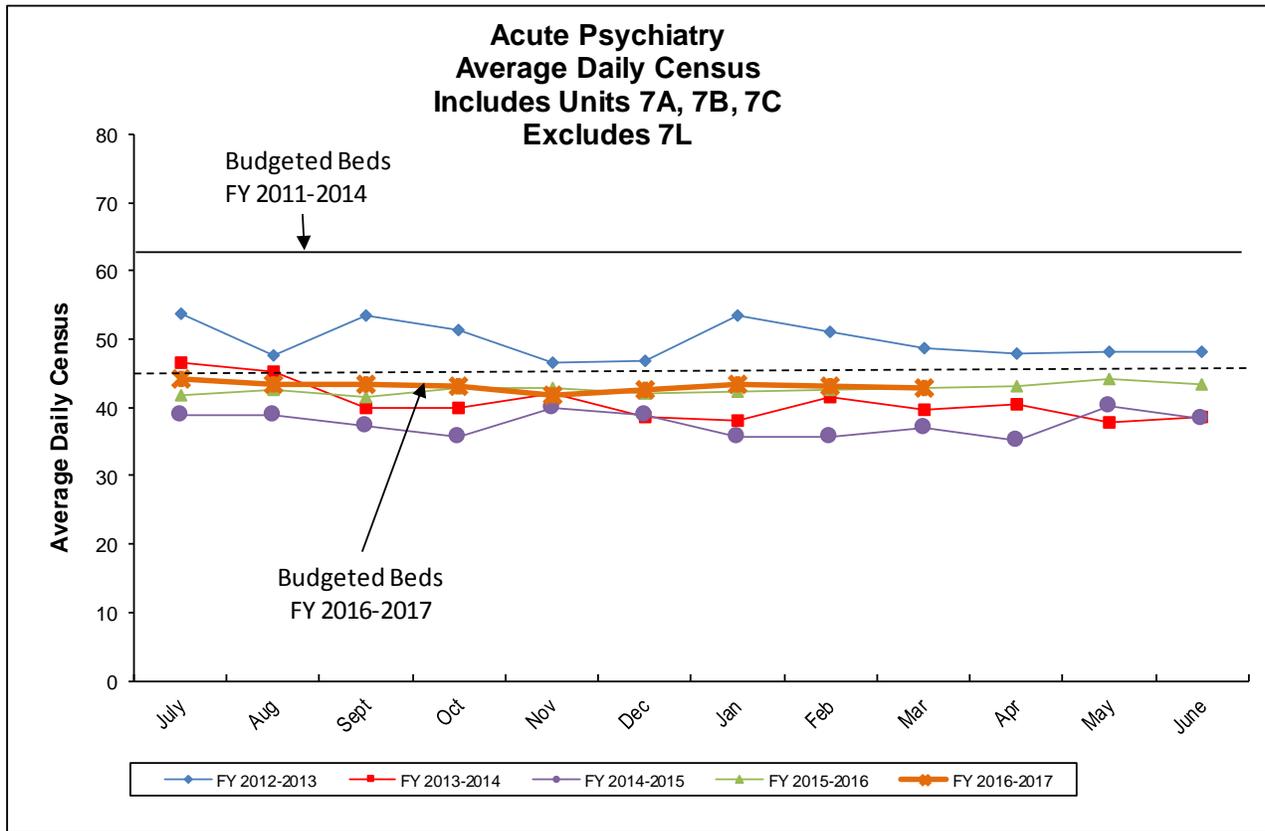
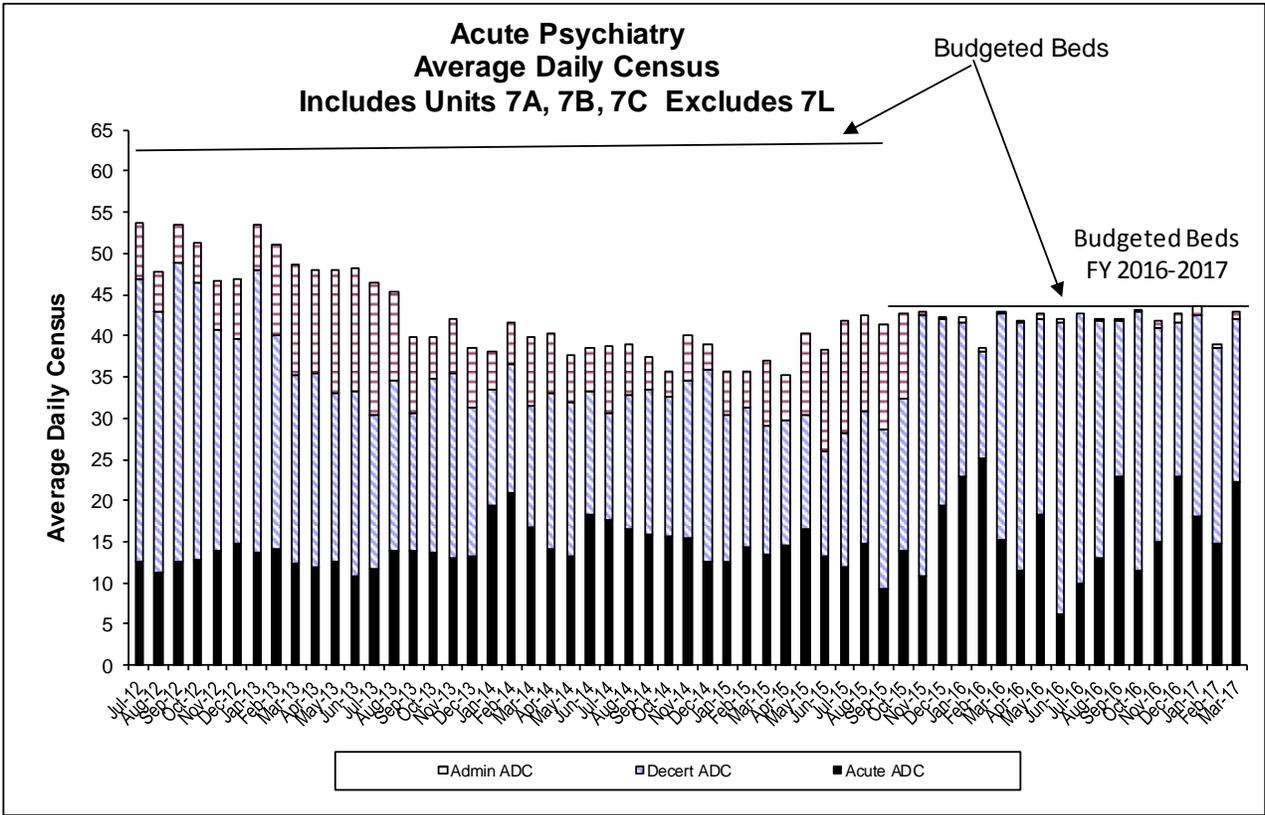
For Pay Period ending March 24, 2017, Zuckerberg San Francisco General recorded a 3.98% variance between Actual and Budgeted salary cost – actuals were \$548,160 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$7,448,206 /2.9%.

Medical/Surgical

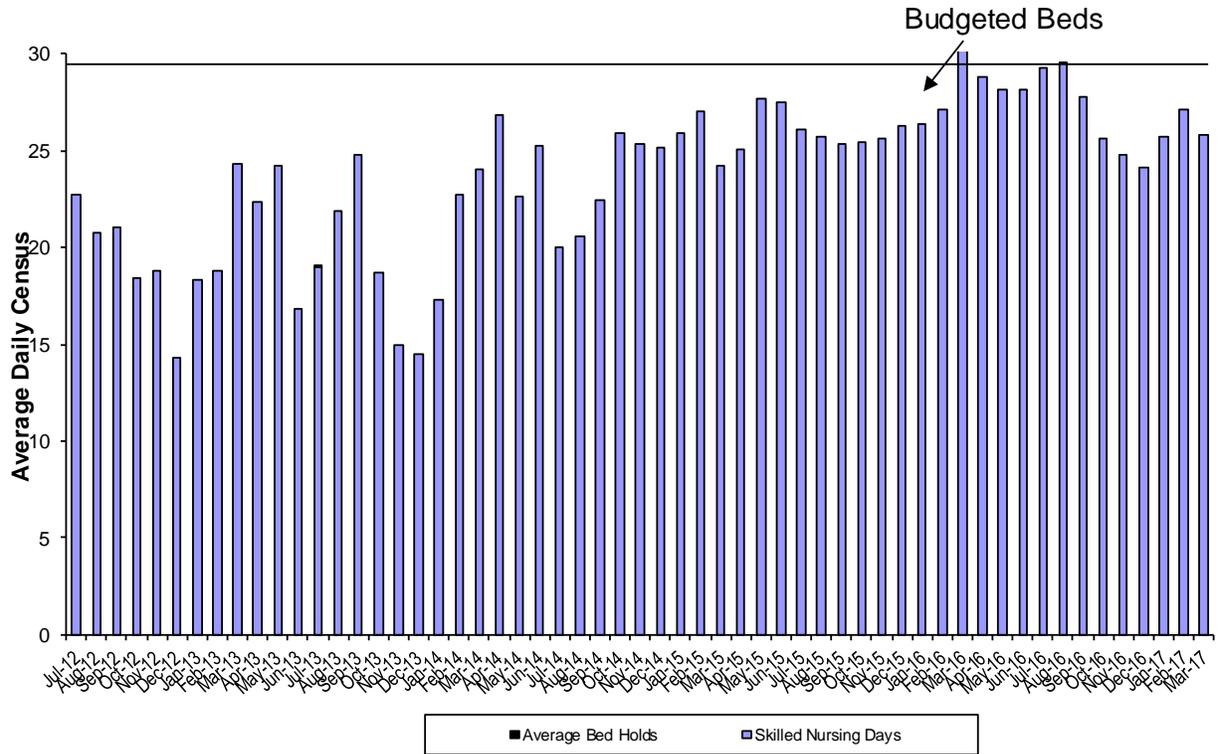


Medical/Surgical

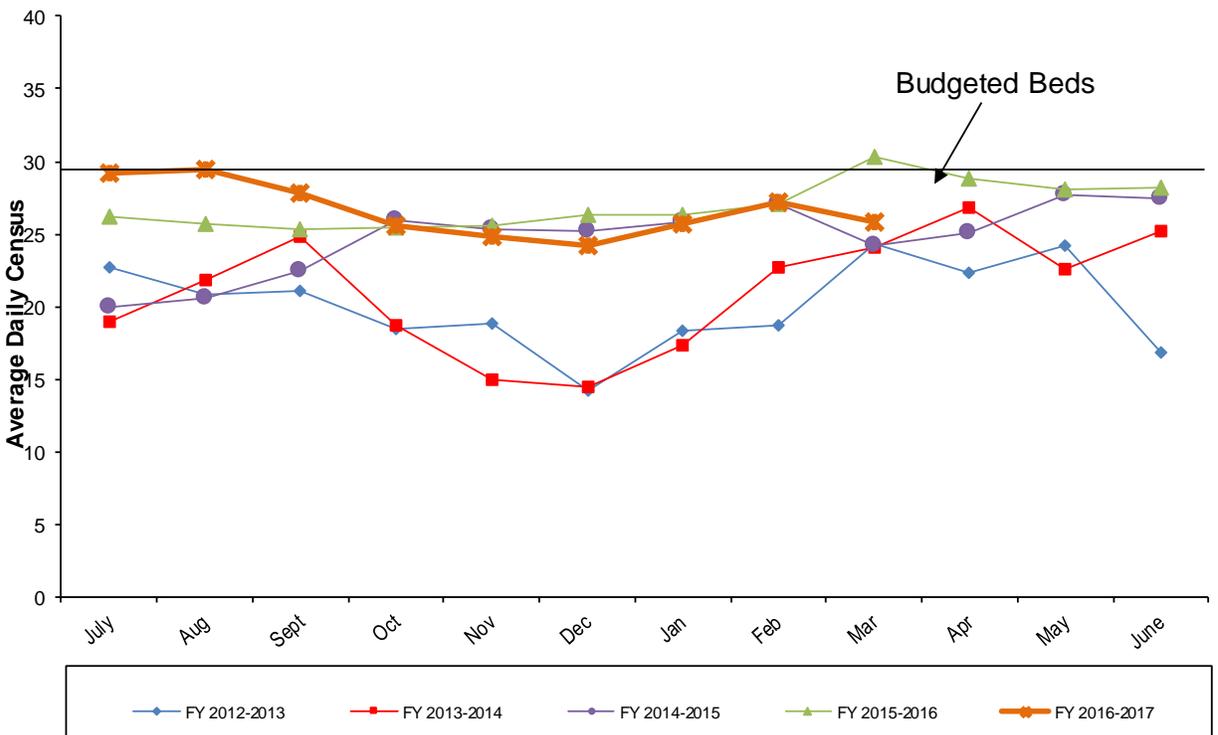


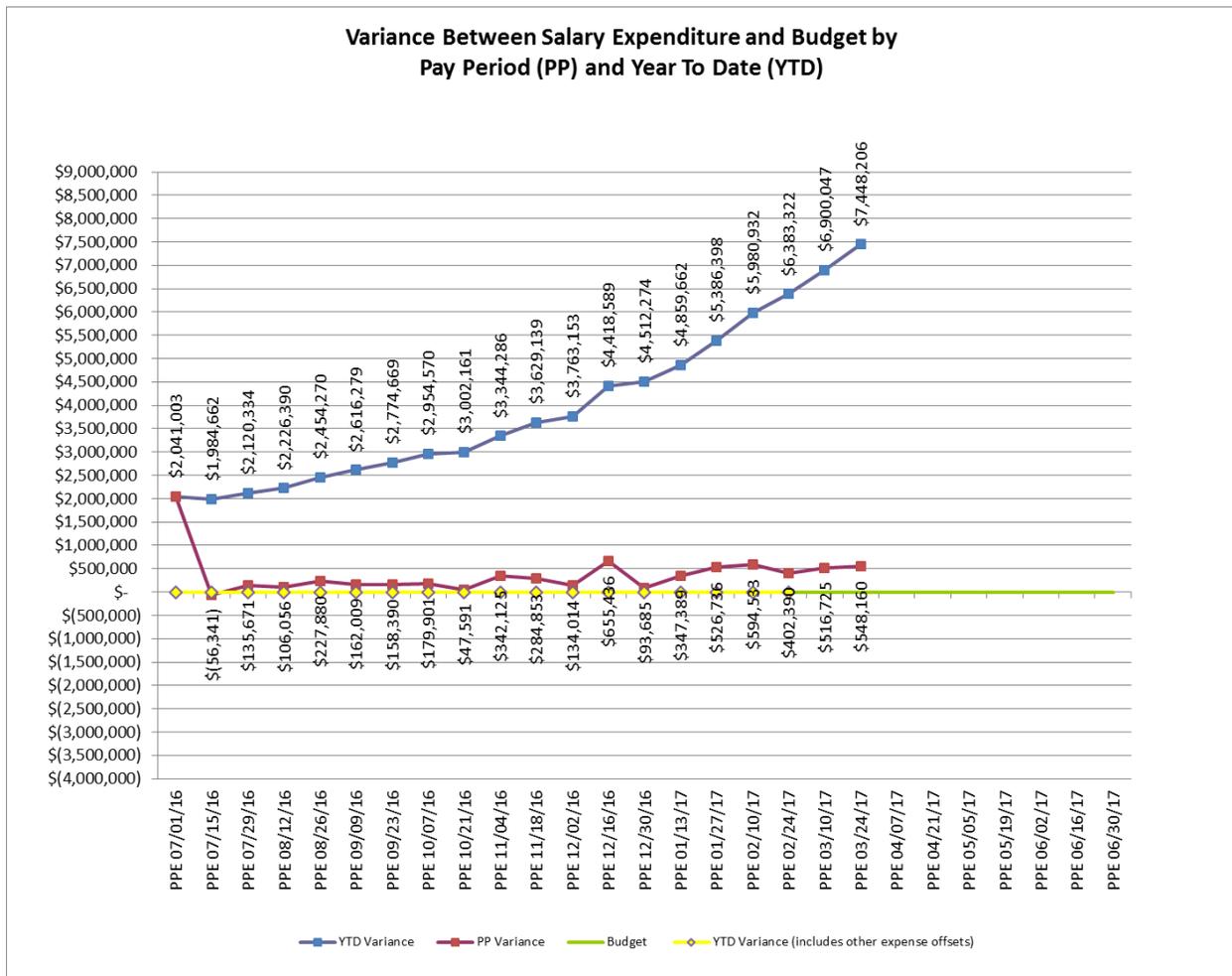


4A Skilled Nursing



4A Skilled Nursing





Commissioner Comments:

Commissioner Chow asked if there are any changes in the culture of safety data responses. Dr. Ehrlich stated that ZSFG staff are not afraid to speak up to people in power which is an important indicator for an organization with a strong culture of safety. She added that staff have raised issues of ZSFG's use of registry workers instead of permanent staff; ZSFG Executive staff is aware of these issues and has been working to resolve them.

Commissioner Chow asked if the salary variances are due to an increase in hospital volume. Dr. Ehrlich noted that because ZSFG could not fill some positions early in the year, the temporary staff costs are more expensive than permanent staff would have been. ZSFG has adjusted this in its budget. Greg Wagner, SFDPH CEO, stated that the SFDPH corrected this in its budget and he does not feel there is a concern for the rest of the year.

Commissioner Chow asked if the version of the budget that the Health Commission approved is still valid. Mr. Wagner stated that the budget approved by the Health Commission is still valid and noted that only small adjustments have been made.

Commissioner Pating asked if ZSFG was over capacity in its Med/Surg beds. Dr. Ehrlich stated that the graph shows a seasonal trend.

6) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of March 2017

Nursing Professional Development

The first week in April a large contingent of ZSFG medical surgical nurses attended the 27th Annual Medical Surgical Nursing conference held over two days April 6th and 7th in South San Francisco.

Roshanne Aveo and Patrick Williams, Medical-Cardiac ICU RN staffs completed the Critical Care RN - CCRN certification.

Nursing Recruitment and Retention

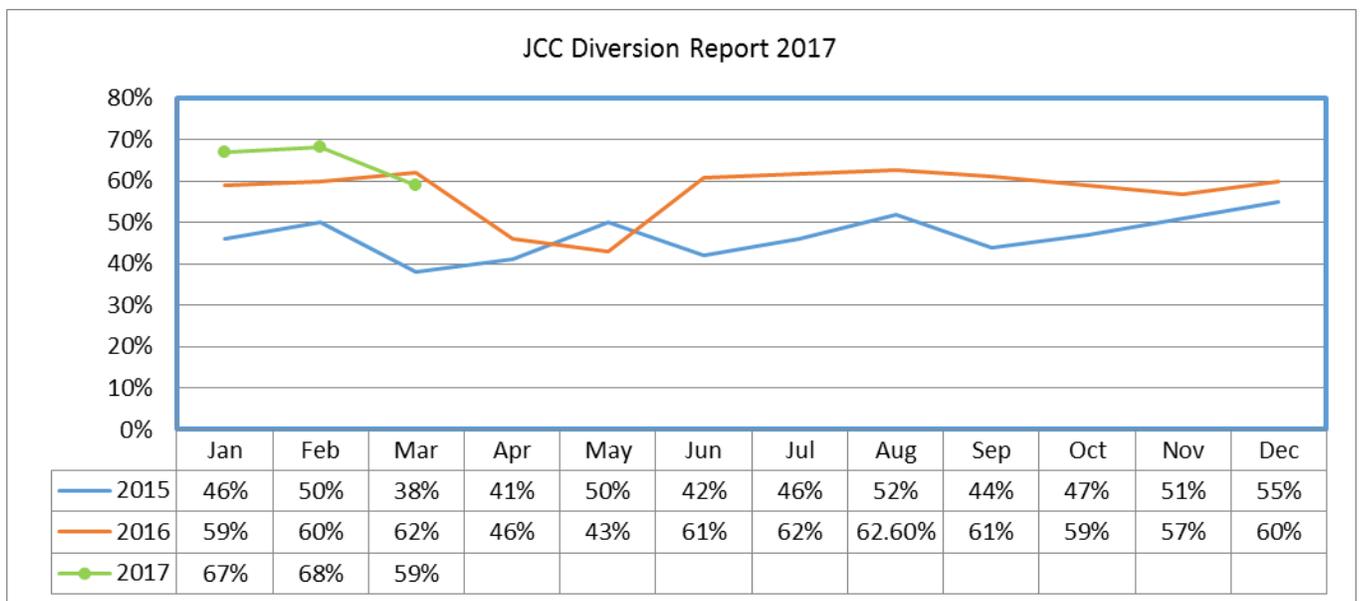
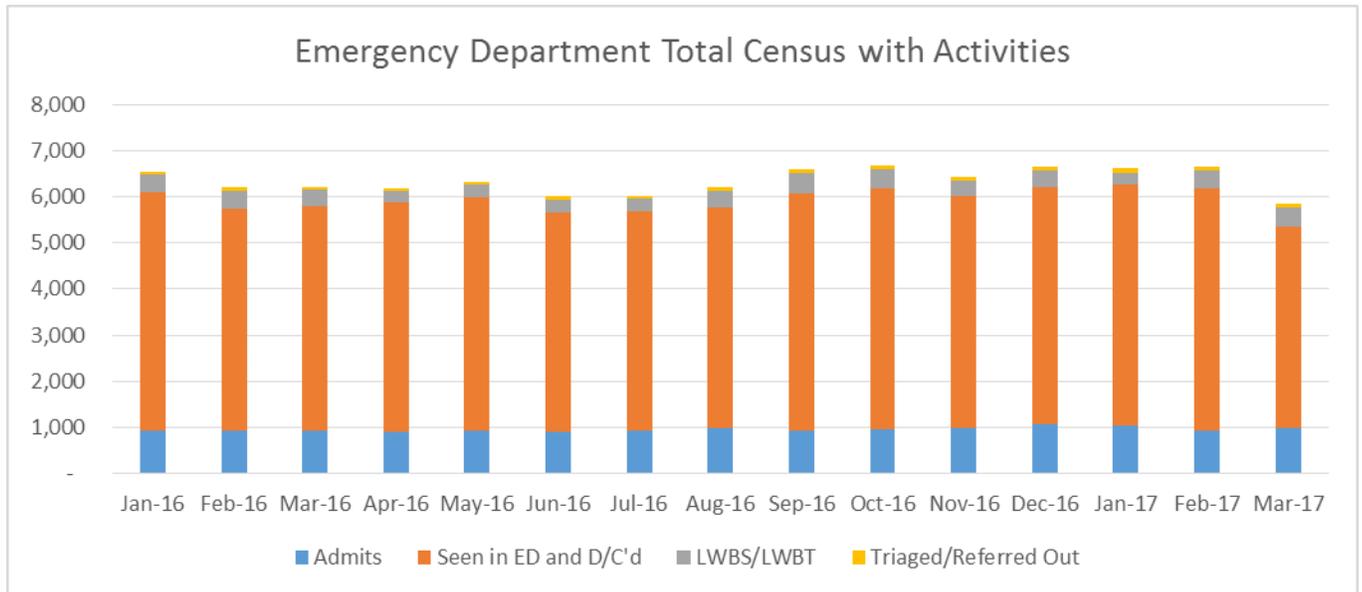
There are currently 5 RNs completing the Critical Care Training Program and another 3 experienced 2320 RNs have just finished their orientation and training. The Operating Room has 5 RNs learning scrubbing and circulating in their orientation right now and another 2 benefited RNs and 1 per diem RN were just hired. Maternal child health division had 2 RNs that finished their L&D training and another 2 have finished the post-partum portion of their training program. Additionally, four current P103 RNs were hired into fulltime positions.

The Emergency Department has a total of 8 new RN enrolled in the ED training program. NICU and Pediatrics have 4 P103 RN staff cross training between the NICU and Pediatric units with ongoing didactic classes as part of their orientation and training. Medical-Surgical nursing has had all trainees complete their orientation and training program last month. There will be a new training program beginning in June.

Nursing Awards

This April the new Patient Safety “Zero Hero” award was given to the following nursing units for having zero patient harm events in all of the 10 patient safety indicators: Medical ICU - H32/38 and Medical-Surgical units: H62/64, H54/56/58 and H66/68 in the months of November and December 2016. The 10 patient safety indicators include: Ventilator associated pneumonia, Central line associated blood stream infections, catheter associated urinary tract infection, c-diff, hospital acquired pressure incidents, fall with injury, MRSA, Surgical site infection and surgical related VTE (venous thromboembolism).

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



March 2017

Diversion Rate: 59 %

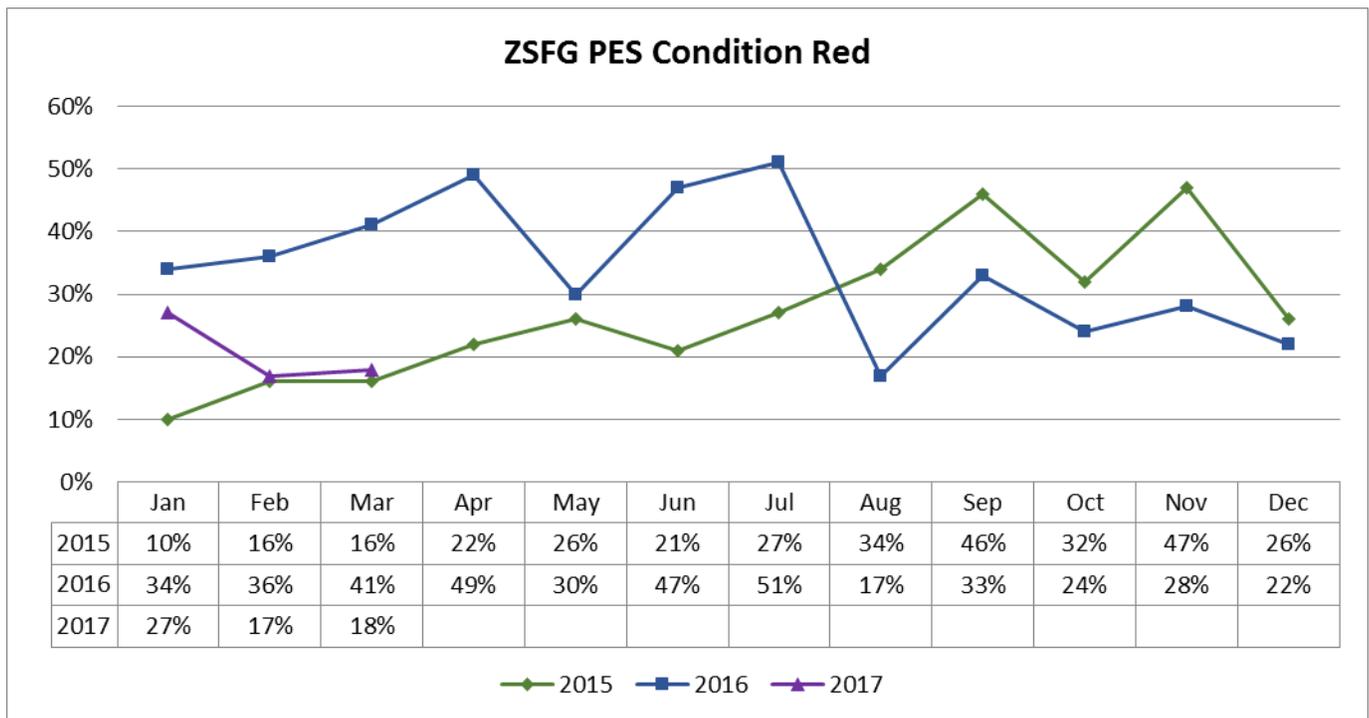
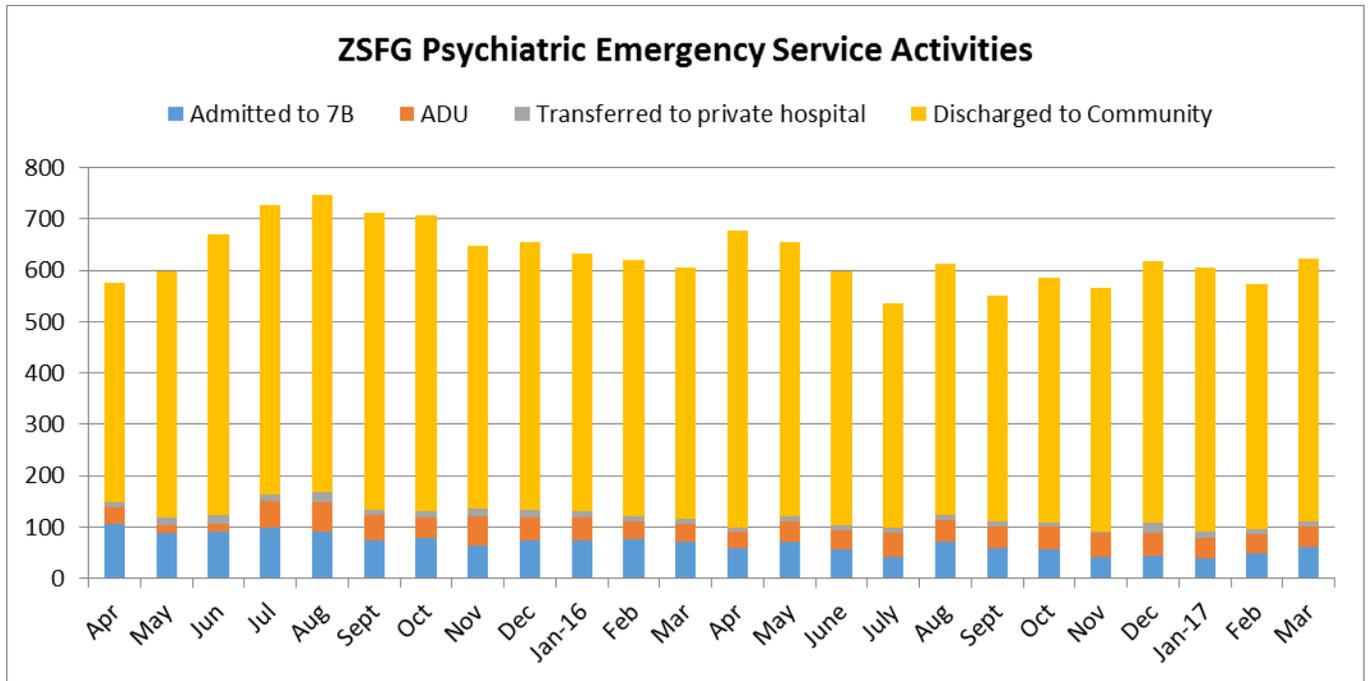
ED diversion – 301 hours (40%) + Trauma override – 142 hours (19%)

Total ED Encounters: 6417

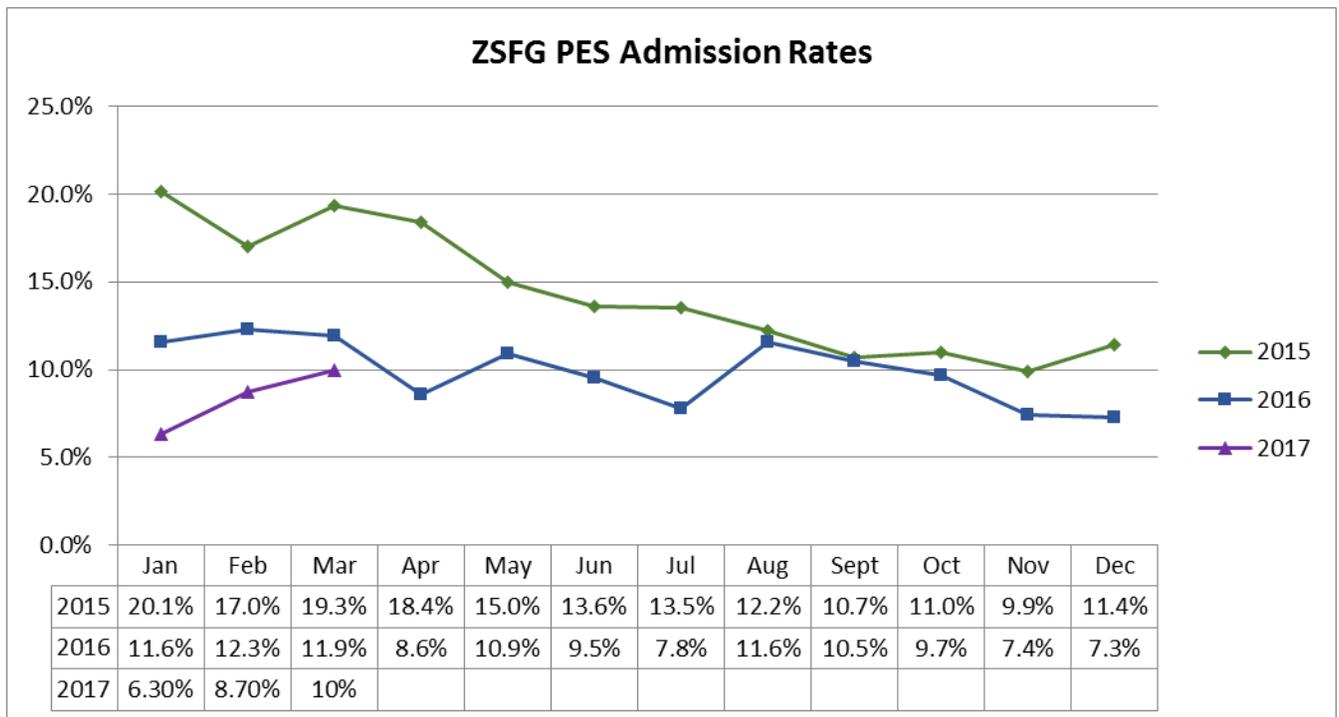
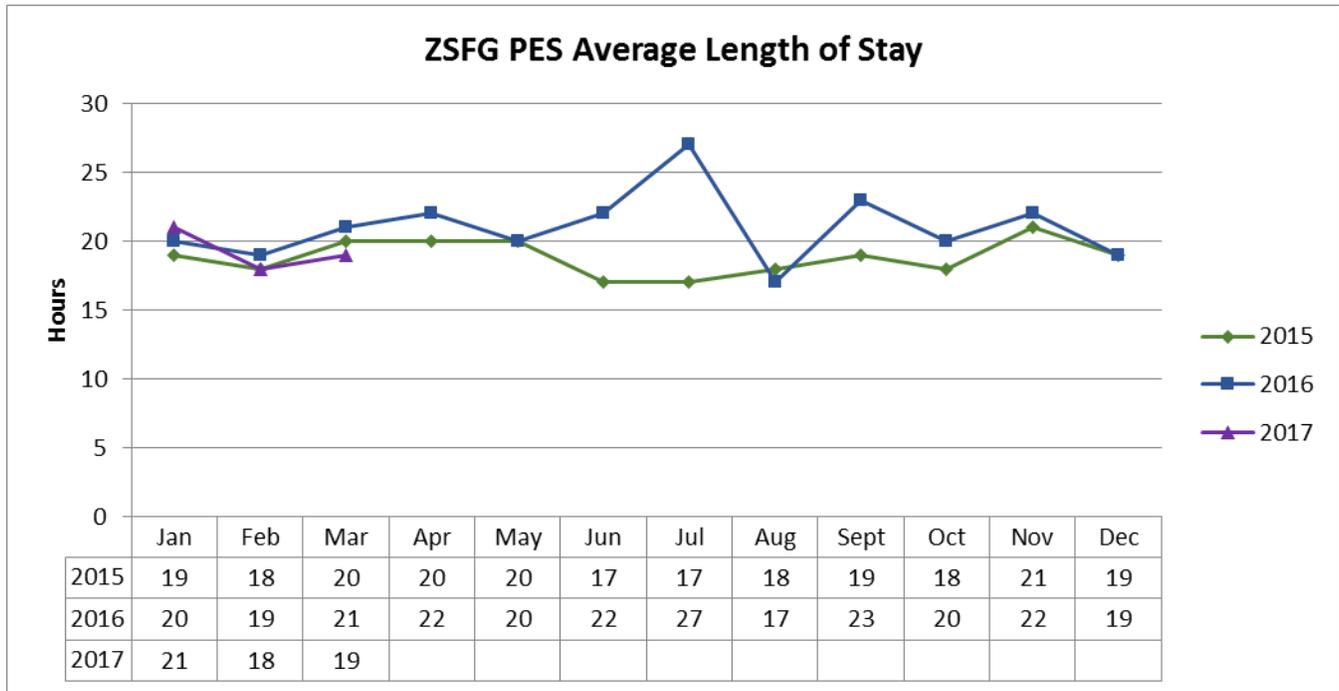
ED Admissions: 995

ED Admission Rate: 16%

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



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



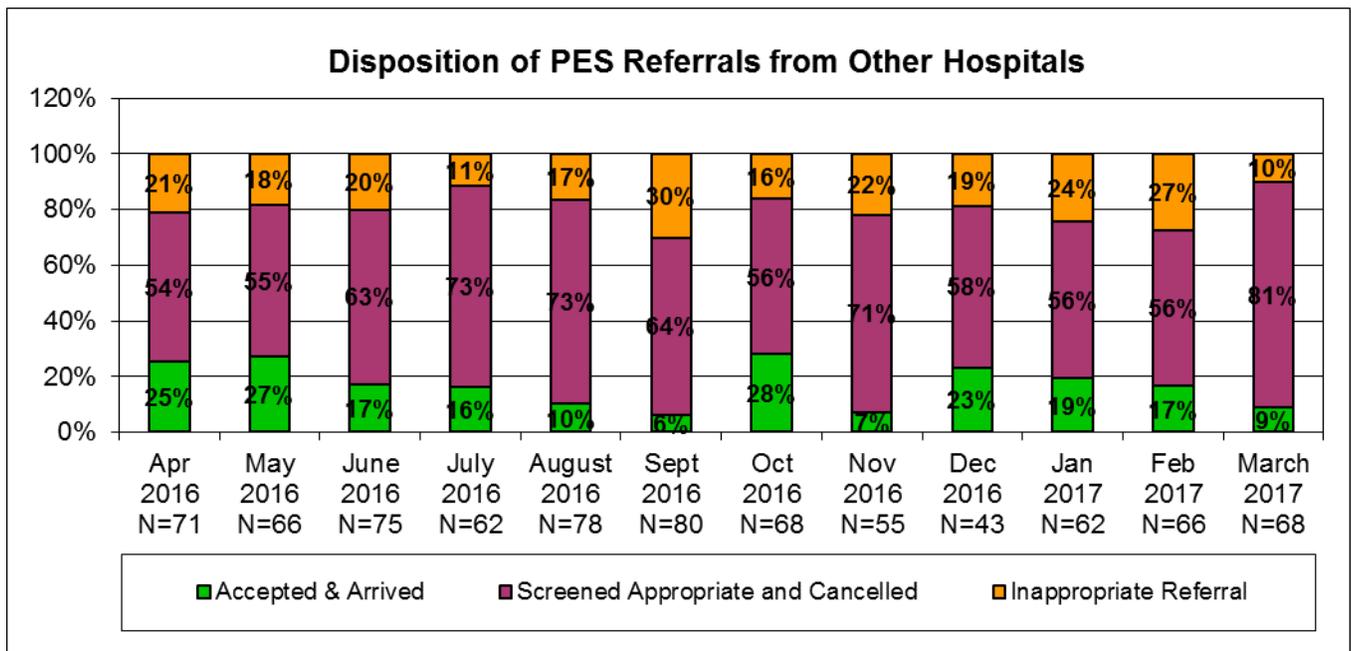
Request for Inter-Facility Transfer to PES from other Hospitals

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).



ANALYSIS:

Numbers of patients accepted and arrived decreased this month. This is due in part to Condition Red, and also due to bed availability in inpatient psychiatry. A lack of community placements continues to cause challenges in inpatient psychiatric flow. This decreases the number of patients accepted from other hospital emergency departments.

Commissioner Comments:

Commissioner Pating commended ZSFG on its work related to patient flow for PES. Dr. Ehrlich stated that there are approximately 5-15 patients at any given time, out of the total 50 PES patients, that need lower level of care. She noted that it is particularly difficult to find lower level of care beds for psychiatric patients in the San Francisco Bay Area.

7) ZSFG RN HIRING AND VACANCY REPORT

Karen Hill, Human Resource Department, gave the report.

Commissioner Comments:

Commissioner Chow asked why a training program date has not yet been established for new hires. Ms. Dentoni stated that new hires are batched together in one training to ensure resources are being utilized efficiently.

8) MEDICAL STAFF REPORT

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

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW:

Tactical A3: Ensuring Flow and Access

Dr. Jim Marks and Dr. Todd May presented to MEC the Tactical A3: Ensuring Flow and Access. Problem statement for the tactical A3 indicted that poor flow of patients throughout ZSFG result in long wait times and poor access to healthcare for our patients negatively impacting all True North Pillars. The tactical A3 included two additional documents, Current State and Future State, as defined by a series of mathematical equations relating capacity need to volume and LOS. An excel spreadsheet model with these parameters and how they are linked was developed. The spreadsheet illustrates the impact to the future state of changes made to any of the parameters. The spreadsheet also allows identification of pressure points that need to be moved in order to achieve patient flow. The executive summary of the tactical A3 included the following:

CURRENT State (based on data in January 2017):

- Inpatient Stays – Capacity of 164 beds, 102 beds Medium Stays in Med-Surg, 54 beds Short stays, and 39 LLOC patients. There were 33% short stay/potentially avoidable admissions on average, and a 28 bed deficit, resulting in admitted patients boarding in the ED and PACU.
- Emergency Department – Capacity of 59 beds. 24-30 beds high and moderate acuity, 10-12 beds low acuity, 19-30 beds occupied by boarding admitted patients. There were 6.6% of patients who LWBS and an overall 13 bed deficit resulting in a 67% diversion rate.
- Point of Entry – 166 Walk-ins, 48 ambulances

Countermeasures: Dr. Marks presented four countermeasures that will be deployed to reach the desired future state:

- Reduce and maintain lower level of care (LLOC) patients to < 10
- Lower short stay Hospital Admits by establishing a CDU/Observation Unit
- Divert 26 ESI 4/5 patients/day from Emergency Department to Urgent Care Center, Primary Care or Telehealth.
- Lower Emergency Department length of stay for non-fast track patients.

FUTURE State: The projected numbers resulting from these countermeasures showed the following Future state projected for January 2018:

- Inpatient Stays – Capacity of 164 beds, 136 beds for Medium Stays, 7 beds for Short Stays, and < 10 Lower Level of Care. Projected 4% Short Stay/Unnecessary Admissions and 11 Bed Excess. ED not backed up. LLOC patients placed and 8 patients in Observation Units.
- Emergency Department – Capacity of 59 beds; 25-27 High and Moderate acuity, 4-5 Low Acuity, and 7-9 Admitted Patients. Projected 3.0% LWBS and 19-23 Bed Excess. Diversion at 30%, Divert 26 ESI 4/5 patients to Urgent Care/Primary Care.
- Point of Entry – 158 Walk-ins, 57 ambulances

Dr. May discussed details of the Executive Summary diagram for the four countermeasures, including root causes, immediate short-term action plan, and targeted milestones for the following periods: 1-3 months, 3 month milestone, 3-6 months, and 6-12 months. Dr. May explained that A3 thinking reviews are being developed for each of the countermeasures. Dr. May pointed out a common theme in the diagram, which is, patients are receiving care at the wrong place resulting in back up of patient flow. Dr. May recognized that the goals are ambitious, and that a lot of work needs to be done in the hospital's internal processes. Additionally, more engagement with the network and the City leadership will be critical to address patient outflow issues. Dr. May informed MEC that the executive team undertaking that A3 reviews is focused, and meets every Monday to review progress on all four countermeasures.

EHR Plan and Clinical Leads

The Enterprise EHR is another tactical A3 of the hospital. Dr. Todd May introduced the clinical informatics leadership team, Dr. Albert Yu, SFDPH Chief Health Information Officer, Dr. Rajiv Pramanik, ACHIO for ZSFG, and Lori Wallace, Project Manager for EHR. Advance planning is being undertaken now even if actual work is expected to commence in 2018 because the academic year 17-18 falls over that time period. Service Chiefs will need to plan ahead on the budget and staffing. The brief overview included the following:

- Best Estimate Timeline- Dr. May explained that this is contingent on contracting and other factors, although work for the rest of this year is primarily on vendor selection and contracting. Once the contract is finalized, work will start January 2018 with design and build phase, followed by validation, training, and go live dates in three waves. The focus now is the first part of 2018 and physician leads for the project will need to be identified.
- Vendor – The vendor is still unknown at this point, and many details are contingent on the specific vendor. However, Dr. May emphasized that planning must start now. Clinical domains are dependent on eventual vendor and are based on assumptions that may change after August when the contracted vendor is announced. Members were reminded not to talk about the vendors, selection committee, etc.
- The Ask – For now, Service Chiefs are asked to identify Clinical Champions, back up Champions, and backfill clinicians. Multidisciplinary areas, like Surgical Specialties, must reach mutual agreement on who those representatives will be.
- Provisional FTE Support – Dr. May explained that the FTE support may seem small, but they are for compressed periods of time, not all year. Experiences at UCSF, Contra Costa and other health systems have carefully been considered. The goal is to install the reference model as best as possible to get everyone onto the system, then allocate resources to optimize. Dr. May pointed out the need to conserve resources for the optimization phase. Champions from all disciplines will work together with informatics as a team. Dr. May stated that this is the best estimate today, and adjustments will be made as needed.
- Champions – Dr. May emphasized that champions must have big picture perspective, not service specific interest. Especially for multi-specialty service lines or domains, the designated Champions must represent all Clinical Services' needs and interests.

SERVICE REPORT:

Dermatology Service Report– Toby Maurer, MD, Service Chief

Dr. Maurer first thanked members for their support throughout her 25 years of service as the Dermatology Service Chief. Dr. Maurer expressed gratitude and pride in the opportunity to work with MEC members and the medical staff who are continuously engaged in innovative programs and quality improvement activities.

The report outlined the following:

- Volume Statistics – 9500 total live encounters per year (21,000 wRVU's), 8650 outpatients, 500 surgeries, 250 inpatient. 5200 teledermatology encounters.
- Scope of Services – Dr. Maurer presented the Service's weekly schedule to include clinical work in the following areas: General Outpatient Clinic, Continuity Clinic, HIV Clinic on Ward 86, Pediatrics Clinic on 6M, LHH, Surgery Clinic, Rheumatology/Dermatology Clinic, Hair/Nail Clinic, Ultraviolet Light Therapy, Inpatient/ER coverage, and Teledermatology. Dr. Maurer was pleased to report that Dermopath is back at ZSFG
- Faculty and Staff – Dr. Maurer highlighted recruitment of the Service 4th faculty, Dr. Aileen Chang. Dr. Chang will lead the work in the development of Dermatology's inpatient services starting in October 2017.
- Teledermatology – All referrals are teletriage consults from CHN and ZSFG clinics. To date, all CHN clinics are on the system, except Jail, Laguna Honda Hospital and PHP. 75 % of consults have been successfully treated by primary providers with derm guidance. 255 were seen in live clinics. Wait time has been reduced to six days from 120 days. Dr. Maurer discussed plans to set up telederm with faculty at AIIMS (All India Institute of Medical Sciences) in New Delhi, and Eldoret, Kenya and their CHN through AMPATH.
- Research – Domestic and International Research programs. Dr. Maurer highlighted a CTSI grant that enabled Laguna Honda MEAs to educate a group in Eldoret Kenya about Kaposi Sarcoma and compression therapy.
- 2 UCSF/ZSFG Dermatology Residency Programs – UCSF/ZSFG Dermatology will be partnering with Markarere University in Uganda and MOI University in Kenya to develop dermatology residency/research programs, and exchange of faculty/residents and medical students. First class will start July 2019.
- Committee Work – Full-time faculty are involved in several committees including the American Academy of Dermatology, SFGH and UCSF.
- Faculty Awards
- PIPS- Follow ups for Melanomas, Reduced wait times through teledermatology, TB monitoring on patient on TNF blockers. Med students are also working in a collaborative QI project with Rheum and Derm- bone densities and prophylaxis, teratogenic info and vaccines in patients on immunosuppressives. Goals are to on-board all CHN to telederm, have follow-up/definitive treatment for all cancers, have primary care follow up and linkage into care for all melanoma patients, and follow up for teratogenic risk, bone density and up to date vaccines for all patients on immunosuppressives.
- OPPE
- Goals for 2017 – Recruitment of inpatient Derm hospitalist, integration of junior faculty member with international operations, consolidate faculty, bring back dermpath to ZSFG, expand telederm to international sites, cement international dermatology residency programs, continue domestic and international research.

Members applauded Dr. Maurer for her excellent report and commended the outstanding services, and interaction provided by the Dermatology Service to other Clinical Services. Members also expressed

appreciation of the teledermatology services, and its positive impact to the delivery of timely and appropriate care to patients.

Action Items: The following items were unanimously approved:

- Dermatology Service Rules and Regulations, Policies and Procedures

9) OTHER BUSINESS

This item 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 Taken: The Committee approved April 2017 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 5:01pm.