MINUTES
JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, August 22, 2017 3 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 (arrived 3:30pm)
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Roland Pickens, Susan Ehrlich, Tosan Boyo, Troy Williams, Gillian Otway, Rosaly Ferrer,
Lukejohn Das, William Huen MD, Mary Gray, Steven Tang, Basil Price, Karen Hill, Ron
Weigelt, Greg Wagner, Jim Marks, Dan Schwager, Virginia, Jeff Critchfield MD, Susan B, Kim
Nguyen

The meeting was called to order at 3:11pm.

2) APPROVAL OF THE MINUTES OF THE JULY 25, 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:
Regarding the EC.02.06.01 Hospital Environment of Care finding, Commissioner Chow asked what the
consequences will be if the surveyors do not pass ZSFG on the second visit. Mr. Williams stated that CMS
may take a more active role in the resurvey process. He noted that the Joint Commission is taking an active
role in this process to assist the 79 hospitals that are impacted by this process. Dr. Ehrlich stated that she is
confident that ZSFG has made significant progress in their development of materials.
4) **IMPROVING PATIENT ACCESS TO OUTPATIENT SPECIALTY CARE**

Lukejohn Day MD, Associate Chief Medical Officer for Specialty Care and Diagnostics, and Rosaly Ferrer RN, MSN, Nurse Director for Medical and Surgical Specialties, presented the item.

**Commissioner Comments:**
Commissioner Chow thanked the presenters for their excellent work. He asked for more information regarding solutions that were most effective in the process. Dr. Day stated that obtaining data and sharing it with staff increased staff engagement with the process.

Commissioner Pating asked how incentives were used. Dr. Day stated that a portion of San Francisco Health Plan capitation funds were put towards the improvements in this area; these incentives assisted greatly with motivating staff.

Commissioner Pating asked how the call center is impacted by these improvements. Mr. Pickens stated that the call center has been operating for three years and currently only assists primary care services. The long term plan is to include specialty clinics.

Commissioner Pating asked if each clinic has a receptionist. Ms. Ferrer stated that each clinic has its own call center.

Commissioner Chow encouraged Mr. Pickens to include information from this item in his next San Francisco Network update to the full Health Commission.

Commissioner Sanchez stated that some UCSF specialty clinic wait times are so long that ZSFG specialty clinics may receive some of these referrals.

5) **HOSPITAL ADMINISTRATOR’S REPORT**

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

**THE JOINT COMMISSION MEDICARE SURVEY**

On August 4th, The Joint Commission (TJC) conducted a one-day unannounced Medicare Deficiency survey. The purpose of the survey was to follow-up with the findings from this past June’s Triennial Accreditation Survey of the Hospital Program. Due to the condition level finding, this TJC revisit was required within 45 days of the exit conference.

During the visit, the surveyors toured the following areas:
- Emergency Department
- Psychiatric Emergency
- Acute Psychiatry
- 6G Women’s Options Clinic
- 5M Women’s Health Center
- Outpatient Dialysis (Ward 17)
- Food and Nutrition Services
- Sterile Processing Department (SPD)
- Operating Room

The unit managers and frontline staff worked diligently to implement the various policies and procedures. TJC surveyors congratulated the organization on their accomplishments in a short period of time. TJC confirmed that there were no additional findings, however the TJC will return within 30 days to ensure our ligature points have been corrected. We have purchased and are awaiting delivery of the necessary hardware (e.g. door knobs, faucets etc.) to install.
Many thanks to the team for a successful survey.

AIDS WALK SAN FRANCISCO
On Thursday, July 13, ZSFG hosted the kick-off for AIDS Walk SF. Over 100 people came together on the plaza to build excitement for and enlist participation in the annual AIDS Walk. The program started with music by the San Francisco Lesbian/Gay Freedom Band, and included remarks by Mayor Ed Lee, Supervisor Jeff Sheehy, himself an HIV+ patient here at ZSFG, Health Director Barbara Garcia and Dr. Diane Havlir, chief of HIV medicine. The event centered around an historically important panel from the legendary AIDS quilt, which included Ryan White, an Indiana teenager who became an international symbol of the world’s ignorance about the disease when he was barred from school once being diagnosed with AIDS, and internationally-renowned artist and social activist Keith Haring.
As a tangible recognition of our singular history and connection to HIV/AIDS, ZSFG and the Names Project are in talks at this very moment to arrange for the permanent loan of an AIDS quilt panel to be displayed in our Building 5 lobby.

PRIME UPDATE
Public Hospital Redesign and Incentives in Medi-Cal (PRIME) is California’s Medi-Cal pay-for-performance program to help drive improvement in the services we provide our patients. The objective of PRIME is to improve the quality and value of care provided in California’s safety net hospital systems by: (1) shifting their care delivery models to strengthen patient-centered primary and specialty outpatient care; (2) providing the right care in more appropriate and cost-effective settings; (3) proactively managing their patient populations to achieve better health outcomes; and (4) shifting from volume to value-based payments.

The PRIME program contains scores of metrics on which we must perform in order to be reimbursed: overall about $34 million a year, if we perform. Our PRIME leadership team here at ZSFG has successfully helped us succeed by organizing improvement teams for each metric, each of which developed an improvement charter aligned with our True North goals. In a resounding testament of success, ZSFG just completed year two of PRIME on June 30, 2017, and ZSFG did remarkably well. The organization is on track to earn all of the $34 million.

There are a number of factors that contributed to the teams’ successes: (1) having clear target goals; (2) putting together diverse, interdisciplinary teams to address the work; (3) having the discipline to put together improvement charters and getting feedback; (4) having regular follow-up on successes and barriers; and (5) having leadership engaged to address the barriers.

Congratulations to the improvement team for achieving success in each of the metrics.

SAN FRANCISCO HEALTH NETWORK (SFHN) LAUNCH
On July 31st, ZSFG celebrated the SFHN’s new brand in the cafeteria. The celebration included the sharing of the new branding, large slices of cakes for all staff to enjoy, and color new buttons to show Network pride. The new branding work ensures that our patients and staff know what the Network is, its value and how to use it.
Additionally, the timing of the launch lines up well with the third birthday celebration of the SFHN.
Many thanks to the Network team for setting us on the right path for health care in San Francisco.

PATIENT FLOW REPORT FOR JUNE 2017
Attached to the original minutes, there are a series of charts depicting changes in the average daily census.

Medical/Surgical
Average Daily Census was 214.13 which is 105% of budgeted staffed beds level and 85% of physical capacity of the hospital. 13.32% of the Medical/Surgical days were lower level of care days: 1.58% administrative and 11.74% decertified/non-reimbursed days.

**Acute Psychiatry**
Average Daily Census for Psychiatry beds, excluding 7L, was 41.97, which is 95% of budgeted staffed beds and 62% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.35, which is 76% of budgeted staffed beds (n=7) and 45% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 69% non-acute days (65% lower level of care and 4% non-reimbursed).

**4A Skilled Nursing Unit**
ADC for our skilled nursing unit was 29.39, which is 105% of our budgeted staffed beds and 98% of physical capacity.

**Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017**
For Pay Period ending July 28, 2017, Zuckerberg San Francisco General recorded a 2.4% variance between Actual and Budgeted salary cost – actuals were $345,230 over budget. For variance to budget year-to-date, ZSFG has a negative variance of $773,441 /2.7%.
Dr. Ehrlich stated that ZSFG is undertaking a robust preparation process for the upcoming Patriot Prayer rally scheduled for August 26, 2017. ZSFG will be ready to take any casualties and deal with opposing groups.

Commissioner Comments:
Commissioner Chow asked if ZSFG is coordinating with other hospitals on this effort. Dr. Ehrlich stated that ZSFG has coordinated its preparation with other local hospitals.

Commissioner Pating asked if ZSFG has a flu clinic planned. Dr. Ehrlich stated that there is no flu planned but ZSFG is preparing for an influx in patients due to flu season.

Commissioner Chow asked for more information on how ZSFG is planning to cover personnel for the overflow of beds. Mr. Wagner stated that there is a process in place to manage this issue long-term. Mr. Pickens stated that the San Francisco Health Network is working to add additional beds to the community service system to assist with patient flow issues.

6) **PATIENT CARE SERVICE REPORT**
Gillian Otway, ZSFG Nursing Department, gave the report.

Professional Nursing for the Month of July 2017

Nursing Professional Development
Departmental Safe Patient Handling Plans will be adopted by all in-patient units this month. Safe Patient Handling Committee is coordinating training for identified departmental champions. These six hour classroom
sessions will include education on safe body mechanics, roles and responsibilities, communication and coaching, and hands-on training with device vendors. Additional classes are projected for next year.

The Workplace Violence Prevention Plan education and training has been initiated, focusing on areas with higher risk - the Emergency Department, Psychiatric Emergency Services, Urgent Care, and Psychiatry. This education and training will widen throughout the year to encompass all ZSFG staff.

The Clinical Education Collective will have their premier meeting August 24. The purpose of these monthly meetings, attended by Clinical Nurse Specialists, Nurse Educators, and Performance Improvement Coordinators, is to share knowledge, expertise, and resources across nursing disciplines to contribute to department-wide professional development and educational initiatives in a manner that is collaborative and fosters teambuilding.

Nursing Recruitment and Retention

Medical-Surgical Six nurses are scheduled to begin orientation next week. The next Med-Surg Training Program is scheduled to begin in September.
Emergency Nursing Eight nurses are completing their training to the department. Fourteen float pool patient care assistants have been on-boarded.
Maternal Child Health Two nurses are successfully completing their training to Labor and Delivery. Three nurses to begin general orientation next week.
Peri-Operative The operating room is awaiting the training program start date for four nurses. One nurse begins general orientation next week.
Critical Care The Critical Care Training Program is currently underway with four nurses advancing in their training. One nurse to begin orientation next week.
Psychiatry One nurse begins orientation next week.
Outpatient Services Two nurses begin orientation next week.

Nursing Recognition
Patient Safety Zero Hero Awards will be announced next month. These quarterly awards are presented to nursing units with zero rates of falls with injury, catheter associated urinary tract infection, hospital acquired pressure injuries, and surgical site infections.
Emergency Department (ED) Data for the Month of July 2017

July | 2017
Diversion Rate: 53%

ED Diversion = 311 hours (42%) + Trauma Override = 81 hours (11%)
Total Ed Encounters: 6379
ED Admissions: 1034
ED Admission Rate: 16.2%
Psychiatric Emergency Service (PES) Data for the Month of July 2017

ZSFG Psychiatric Emergency Service Activities

- Admitted to 7B
- ADU
- Transferred to private hospital
- Discharged to Community

ZSFG PES Condition Red

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

**ZSFG PES Average Length of Stay**

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**ZSFG PES Admission Rates**

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<td>20.1%</td>
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<td>9.9%</td>
<td>11.4%</td>
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<td>2016</td>
<td>11.6%</td>
<td>12.3%</td>
<td>11.9%</td>
<td>8.6%</td>
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<td>11.6%</td>
<td>10.5%</td>
<td>9.7%</td>
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<td>2017</td>
<td>6.3%</td>
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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).

In July, the percentage of patients who were accepted and arrived from other hospitals increased slightly. Cancellations by the presenting hospital decreased this month. There were more inappropriate referrals—patients with private insurance or who are medically unstable, or do not have a psychiatric diagnosis.
Commissioner Comments:
Commissioner Chow noted that diversion rates do not seem to be declining. Dr. Ehrlich stated that the diversion rate in August declined which will be reported in September.

7) ZSFG RN HIRING AND VACANCY REPORT
Tara Stevens, ZSFG Human Resources, gave the report.

Commissioner Comments:
Commissioner Chow requested that diversity issues be included in a future report to the ZSFG JCC. Dr. Ehrlich stated that a presentation of the ZSG Diversity Council can be included in a future JCC item.

Commissioner Pating asked how National CLAS standards are used. Mr. Boyo stated that there is cultural competency training included in staff orientation and training. Mr. Pickens stated that CLAS standards are used throughout SFDPH Human Resource processes.

Commissioner Chow asked for more information regarding how ZSFG engages with diversity issues when hiring staff. Mr. Weigelt stated that there are not specific hiring goals regarding matching exact levels of gender and race between staff and patients. He noted that overall, the SFDPH is diverse and is in alignment with census data for San Francisco. He noted that the SFDPH continues to work to make each section of the Department diverse.

Commissioner Sanchez noted that the current federal practice of deportations may impact some students and other trainees from Latin America. Mr. Boyo stated that the ZSFG workforce is supportive of one another on these issues.

8) MEDICAL STAFF REPORT
James Marks, M.D., Chief of Medical Staff, gave the report.

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:
A3 Review:
In FY 16-17, the hospital has added “Equity” as a new true north goal. Mr. Tosan Boyo, Chief Operating Officer, presented to MEC the A3 entitled “Advancing Equity”. Highlights include:

- Background: According to HHS 2014 Disparity Action Plan, a key disparity reduction strategy for improving the quality outcomes and care experience among high minority patient populations is having a diverse workforce. Despite being the City’s Safety-Net Hospital with >75% of the patient population being minorities, ZSFG does not consistently measure disparities or track countermeasures within True North and/or Departmental Goals. Additionally, Equity Initiatives are currently developed and implemented in silos; leading to fragmented efforts and parts of the workforce feeling unheard.

- Current conditions were outlined. Problem Statement: ZSFG’s fragmented coordination of Equity Initiatives, limits our workforce’s ability to reduce disparities in a measurable way. Currently, only 6% of ZSFG Departments have countermeasures to Advance Equity.

- Target and Goals: By 2022, >85% of ZSFG Departments will have their #1 PIPS metric stratified by Race, Ethnicity, and Language.

- Countermeasures:
  - Under Quality:
    - Determine how to bridge gap between current state and future state of understanding our patient population via REAL (Race, Ethnicity And Language), SOGI(Sexual Orientation and Gender Identity) and DET (Department of Education and Training)
    - Align PIPS with Equity Council to establish baseline metrics and countermeasures
-Under Workforce
  o Establish governance dedicated to developing vision, bi-directional communication plans and managing measurable objectives across the Enterprise
  o Develop and continuously improve communication and education about Equity

- Plan
  -Establish Equity Council to provide governance of measurable initiatives that reduce disparities across patient experience, quality outcomes, and workforce environment
  -Implement Communication Strategy
  -Validate and increase numerator of REAL Data by 5%
  -Develop gantt chart mapping out training and development plan to competently track SOGI
  -Develop gap analysis of opportunities to incorporate Equity coaching into training, education and other Workforce Development programs
  -Integrate Equity coaching into PIPS structure with concrete methodology to identify and develop countermeasures to address disparities in each department.
  -Develop a charter focused on how CHEARS can measurably listen, address and celebrate the voices of our workforce frontline
  -Roll out interpreter infrastructure in B5 and B25 to improve access and utilization.

Members recognized that patient care disparities exists in many areas at ZSFG, and acknowledged the need to raise awareness among the workforce regarding equity in patient care. Mr. Boyo emphasized that the scope of this A3 is to look at how the ZSFG workforce is interacting with patients to improve outcomes, based on training and development.

CLINICAL SERVICE REPORT: None

Commissioner Comments:
Commissioner Chow asked how long the temporary appointment for the Interim Service Chief will last. Dr. Marks stated that the appointment will likely be for approximately one year.

Commissioner Pating asked if the Emergency Medicine Service Rules noted on page 22 are recommended or required. Dr. Marks stated these are recommendations not requirements.

Commissioner Chow noted that there is not clear distinction between medical residents and interns. Dr. Marks stated that the ZSFG Medical Staff By-laws are being revised and will include clarification of these terms.

Action Taken: The following were unanimously approved:
  • Interim Service Chief of the ZSFG Surgery Clinical Service
  • Emergency Medicine Service Rules and Regulations, Policies and Procedures
  • CTSI Privilege List Revision

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 Taken: The Committee approved August 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 6:06pm.