

Edward A. Chow, M.D.
President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

Laurie Green, M.D.
Commissioner

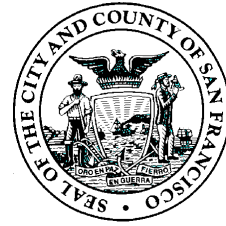
Tessie M. Guillermo
Commissioner

James Loyce, Jr., M.S.
Commissioner

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

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Mayor Farrell
Department of Public Health**



Barbara A. Garcia, M.P.A.
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 26, 2018 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 Laurie Green, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Susan Erlich MD, Sue Carlisle MD, Alice Chen MD, Gillian Otway, Troy Williams,
Todd May, Jim Marks MD, Karen Hill, Jeff Critchfield, Leslie Safier, William Huen MD, Basil
Price, Claire Horton MD, Jennifer Botti, Tosan Boyo, Glenn Levy, Dan Schwager, Kim Nguyen

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

**2) APPROVAL OF THE MINUTES OF THE MAY 22, 2018 ZUCKERBERG FRANCISCO GENERAL JOINT
CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes.

3) REGULATORY AFFAIRS REPORT

Troy Williams, Chief Quality Officer, presented the item.

Commissioner Comments:

Commissioner Chow asked if ZSFG will continue to audit 100% of stroke patients for the DSDf.3 audit. Mr. Williams stated that ZSFG will conduct this monitoring for a quarter.

4) ENSURING FLOW AND ACCESS IMPROVEMENT PLAN

James Marks, M.D. Chief Performance Excellence & Todd May, M.D. Chief Medical Officer

Commissioner Comments:

Commissioner Green asked how a potential decrease in diversion rates would impact ambulance flow and acute bed days. Dr. Marks stated that there is not a linear relationship between the diversion rate and the number of ambulances that arrive at ZSFG. **He added that decreases in diversion could lead to making up to 45 acute beds available.**

Commissioner Green asked if there are best practices to use to assist with diversion issues. Dr. Marks stated that Kaiser South Sacramento has effective flow procedures and the facility matches ZSGH with patient numbers and acuity. Dr. Ehrlich thanked Dr. Marks for his work on this issue and noted that issues that relate to diversion are long-standing and complex. She noted that each counter-measure assists ZSFG with planning effective next steps.

Commissioner Chow asked for information regarding new metrics for 2019. Dr. Marks stated that PRIME readmission rates and ambulance diversion rates are two key performance indicators.

Commissioner Chow asked for more information regarding how the San Francisco Health Network is approaching these issues. Dr. Alice Chen stated that the lack of board-and-care facilities in San Francisco and the high cost of living remain impactful issues. She noted that that the Whole Person Care initiative intersects with these issues. Dr. Horton added that SFDPH primary care clinics make every effort to ensure that the ZSFG ED is the last resort for patients.

Commissioner Chow requested that this topic be added to a future San Francisco Health Network update to the full Health Commission.

5) ADVANCING EQUITY IMPROVEMENT PLAN

Tosan Boyo, Chief Operating Officer, presented the item.

Commissioner Comments:

Commissioners Green and Sanchez thanked Mr. Boyo for the impactful work.

Commissioner Chow asked for clarification regarding how progress on the issues noted in the presentation will be tracked. Mr. Boyo stated that during the first year of the initiative, staff focused on identifying issues; strategies are now being developed and will be presented with metrics at a future JCC meeting.

Commissioner Sanchez asked about the impact of ongoing stress of the federal government's current immigration policies and use of ICE. Mr. Boyo stated that ZFGH conducted a town hall on the experience of immigrants to help discuss relevant issues.

6) HOSPITAL ADMINISTRATOR'S REPORT

Susan Ehrlich M.D., Chief Executive Officer, presented the item.

UNUSUAL EVENTS IN LATE MAY/EARLY JUNE IMPACTING ZSFG AND REPORTED IN THE MEDIA

Between May 30th and June 5th, there were three high profile events on campus: two unexpected deaths and a cluster of arsons. These events were reported in the media and greatly impacted staff and patients particularly in certain areas. Our deepest condolences go to the individuals and families affected. Because of HIPAA (Health Insurance Portability and Accountability Act of 1996) rules, we cannot comment on the details of these cases; however, leadership did send a communication to our team that follows:



A special note from Dr. Susan Ehrlich, CEO

Supporting each other and our patients during a difficult time

Many of you have seen the recent news reporting about deaths on our campus. Events like these are tough for all those involved, especially families and loved ones, and our staff. Our sympathies and support go to all those who've been affected.

These events involve protected health information and so we haven't been able to comment on them in the direct and comprehensive way we'd want. Often press accounts contain inaccuracies but our commitment to patient privacy prevents us from publicly correcting them.

First, I want to remind us all that these media reports do not define us. We provide excellent, comprehensive and compassionate care to our community and to the most vulnerable among us. I am reminded again and again of the critical role we play in caring for our community and for more than 100,000 individuals each year. We will always be a high quality, compassionate resource for our community; that is our mission.

Second, there are some strategies we can take to support ourselves and one another:

- This past week has been a very stressful and upsetting time for many of us. Because of this, it is critical for each of us to take extra care to be kind and compassionate to one another. If we notice anyone or any group who needs additional support, we have many resources to provide it, including our Employee Assistance Program and our chaplains. Please call on these amazing resources.
- It's important not to talk or gossip about these events with one another or members of the press, as it can spread misinformation and further amplify stress.
- Please remember it is completely forbidden to access any medical records where we don't have a business or patient care need to do so.

Lastly, we know that difficult circumstances such as these always present opportunities to improve, and we will take the time to analyze these situations thoroughly so we can identify how we can do better serving our patients and visitors with the best care possible and promote our True North goals of equity, quality, safety, patient experience, workforce care and experience, and financial stewardship.

Director Garcia and I will share additional information about these events when we have it.

Please take care of yourselves –

Susan



HICS INCIDENT MANAGEMENT TEAM

On June 8th, ZSFG activated a HICS Incident Management Team at 8 AM to coordinate our response to high census after the opening of H46 for additional intensive care unit capacity for critical patients. Objectives for this activation include:

- Decompress the ED and PACU where patients are boarding waiting for rooms
- Expedite discharges and transfers
- "Pull" patients to open beds - i.e., expedite admissions for waiting patients.

The HICS Activation for High Census concluded at 4:30 PM. Hospital Leadership continued to monitor the situation to determine if any further action was required.

Many thanks for the team's hard work and commitment to ensuring high quality and continuity of care for all of our patients.

SAN FRANCISCO EMS AGENCY'S 20TH ANNUAL EMERGENCY MEDICAL SERVICES AWARDS

During the week of May 21st, San Francisco celebrated National Emergency Medical Services (EMS) Week. The celebration brought together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line." The theme of this year's EMS Week, "Stronger Together", recognizes that fact and honors the high-level of pre-hospital emergency medical care provided by EMS professionals.

This year, EMS celebrated ZSFG's Hospital Provider Award to:

- Debbie Yi Madhok, MD
- John Fazio, RN
- Richard Nepomuceno, RN
- Rachel Limon, RN

Since 1999, the San Francisco County EMS Agency has honored the very best in the San Francisco EMS system during National EMS Week, the third week of May. Nominations come from anyone in the EMS system. These are then evaluated by the EMS Agency professional staff and final selections are made under the guidance of Dr. John Brown, the Medical Director. Congratulations to our hospital providers who were celebrated for this award!

ZSFG COMMUNITY WELLNESS PROGRAM HOSTS 2018 SUMMER FEST

On June 8th, The Community Wellness program hosted its 7th Annual Summer Fest to promote and celebrate individual empowerment, family and community wellness. The Wellness Program celebrated with energizing activities and exciting festivities for our staff, patients, and community. For example, there were resources on physical activity, nutrition, mind and spiritual fitness, healthy and interactive cooking demonstration, live entertainment with different forms of dance and music from various cultures and communities, healthy food samples and recipes, and free health screenings.

Many thanks to the Wellness Center for hosting such a fun and interactive event!

HEALING DANCE EVENT CELEBRATING 35TH ANNIVERSARY OF WARD 86

On May 19th, ZSFG honored the 35th Anniversary of Ward 86 and the 2nd Anniversary of opening the new hospital by hosting a celebration of dance, music and ritual at the main entrance of Building 25. The production, Comhar, is a unique collaboration between artists, activists, healers, researchers, and community.

The event began with a masquerade at 3pm on the Zuckerberg San Francisco General campus, calling on the angels that have fallen to the virus. The artists intend their work to be a cleansing and healing for those touched by HIV and you the staff that have also been touched by the epidemic. This was a gift from the community to all for the caring, loving energy cultivated on campus. After the hour long event at ZSFG, Comhar continues at the Dance Mission Theater.

Many thanks to our staff for hosting this celebration.

PATIENT FLOW REPORT FOR MAY 2018

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

Medical/Surgical

Average Daily Census was 219.71 which is 108% of budgeted staffed beds level and 87% of physical capacity of the hospital. 19.76% of the Medical/Surgical days were lower level of care days: 7.05% administrative and 12.71% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 42.35, which is 96.3% of budgeted staffed beds and 59.33% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.10, which is 72.8% of budgeted staffed beds (n=7) and 42.5% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 79.66% non-acute days (59.33% lower level of care and 20.34% non-reimbursed).

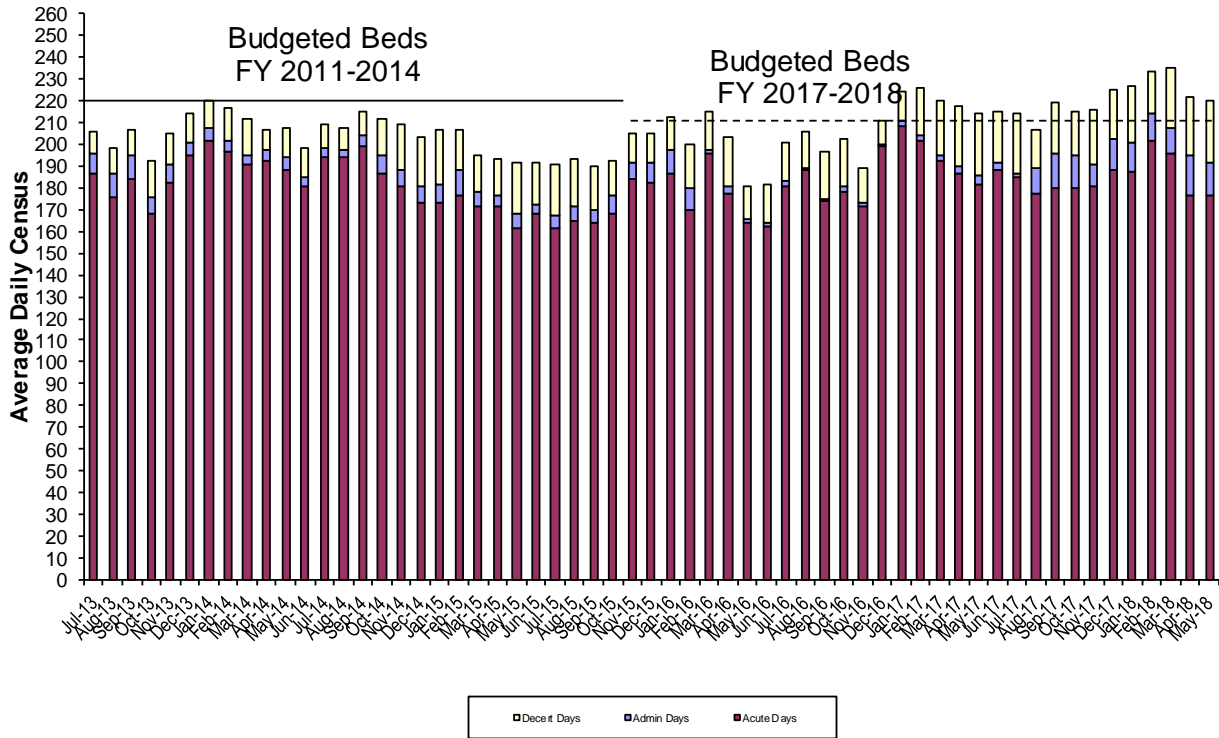
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 28.34, which is 102.9% of our budgeted staffed beds and 96% of physical capacity.

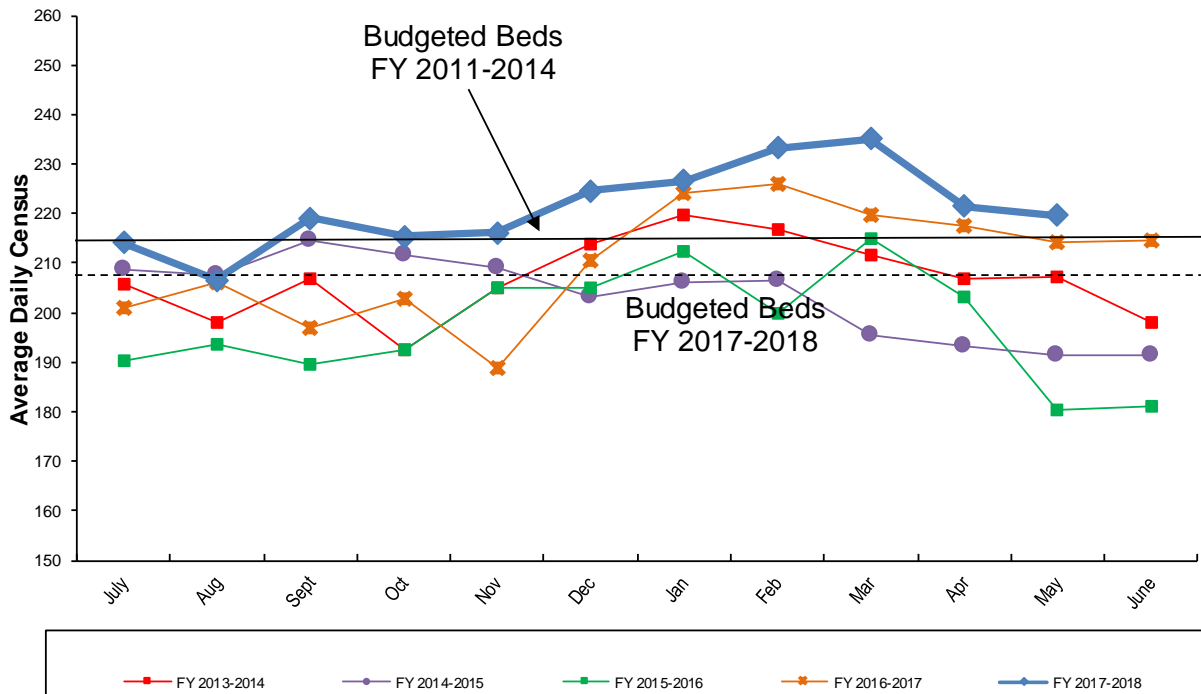
Salary Variance to Budget by Pay Period Report for Fiscal Year 2017-2018

For Pay Period ending May 18, 2018, Zuckerberg San Francisco General recorded 4.51% variance between Actual and Budgeted salary cost – actuals were \$662,143 over budget. For variance to budget year-to-date, ZSFG has a negative variance of \$11,817,631 / 3.6%

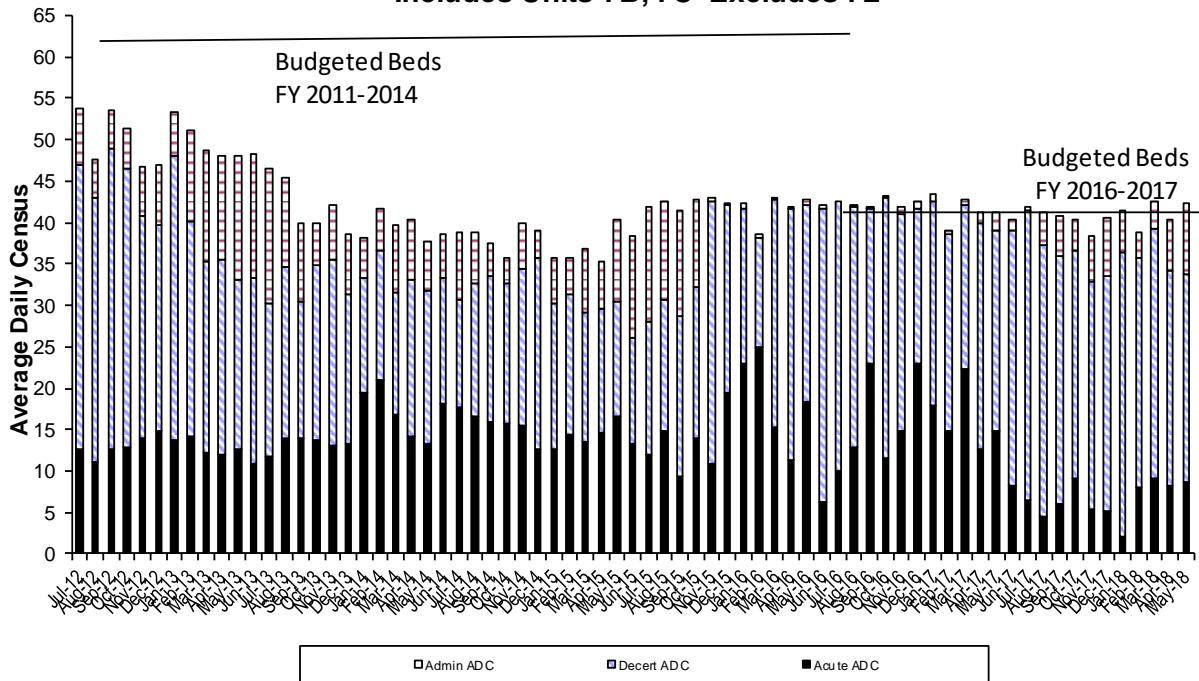
Medical/Surgical



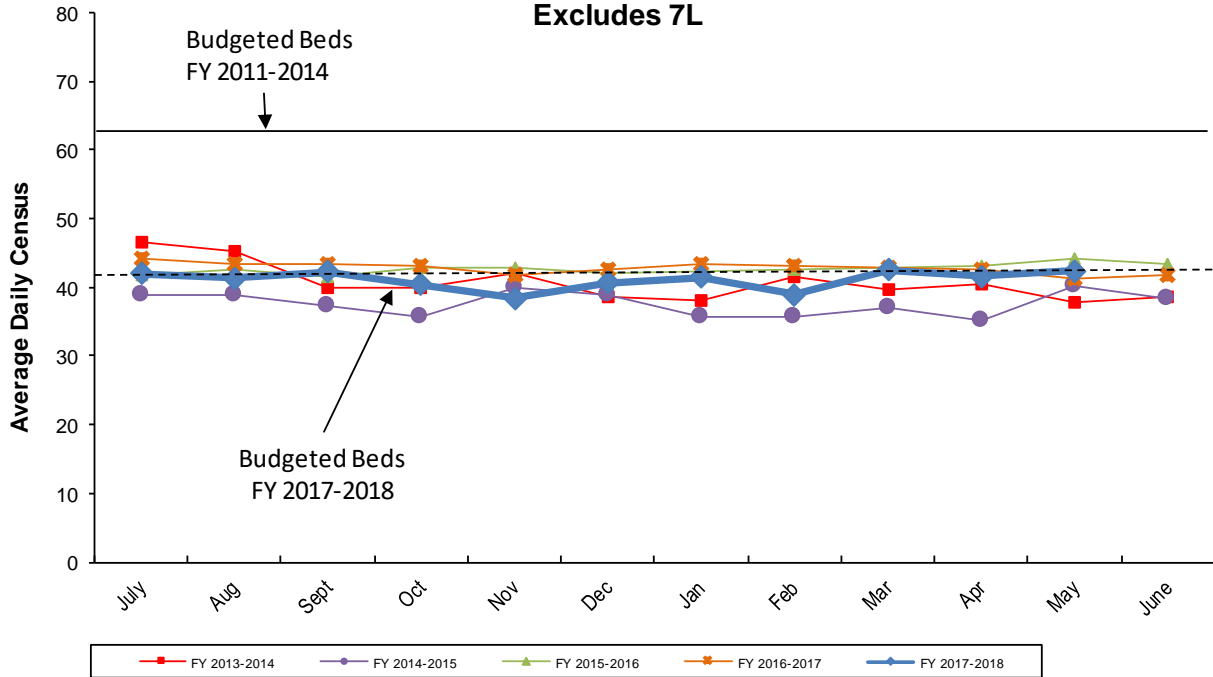
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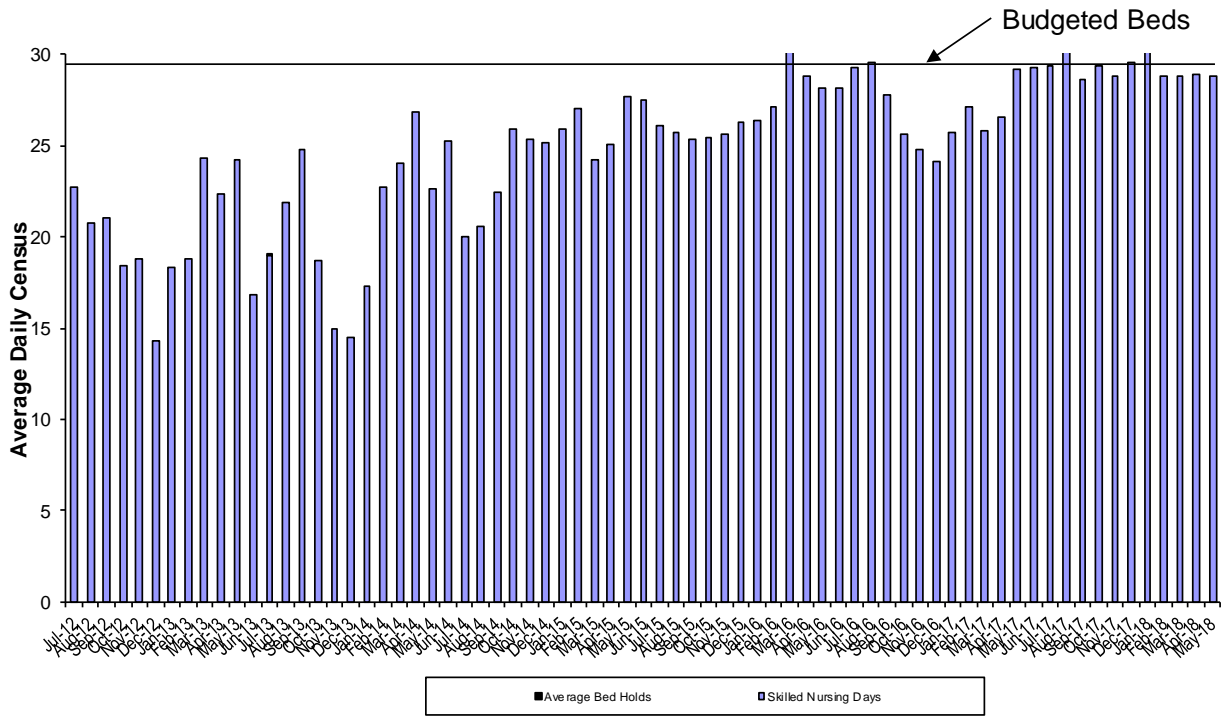
Acute Psychiatry Average Daily Census Includes Units 7B, 7C Excludes 7L



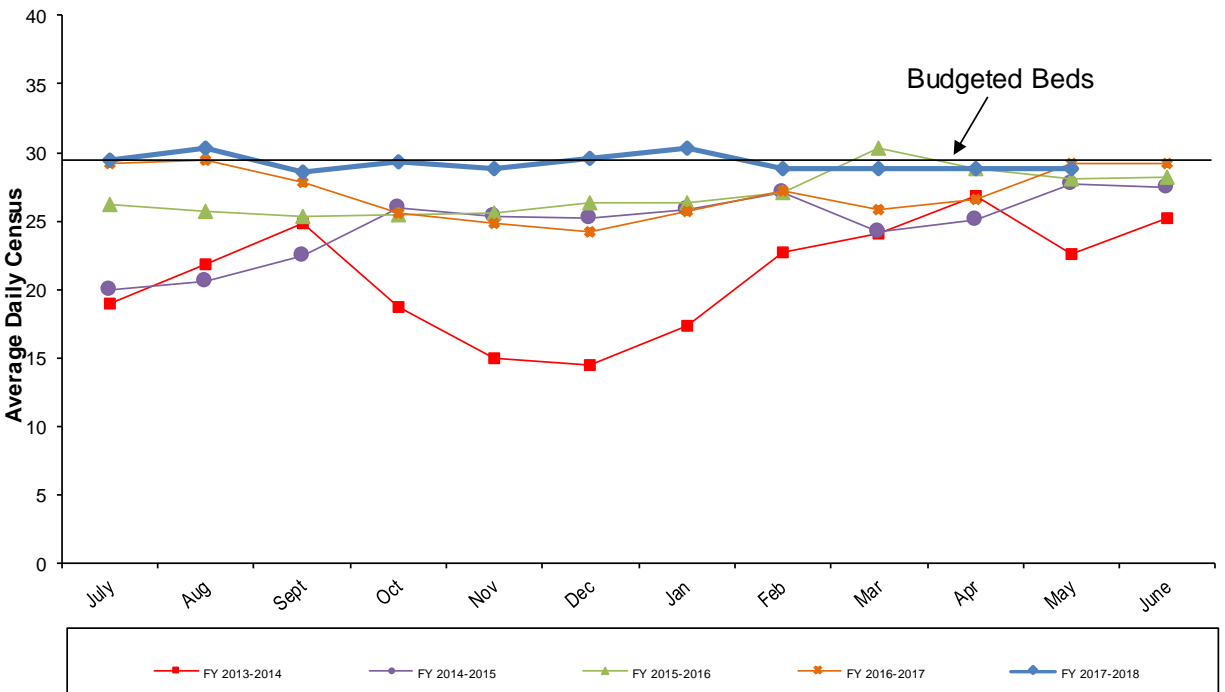
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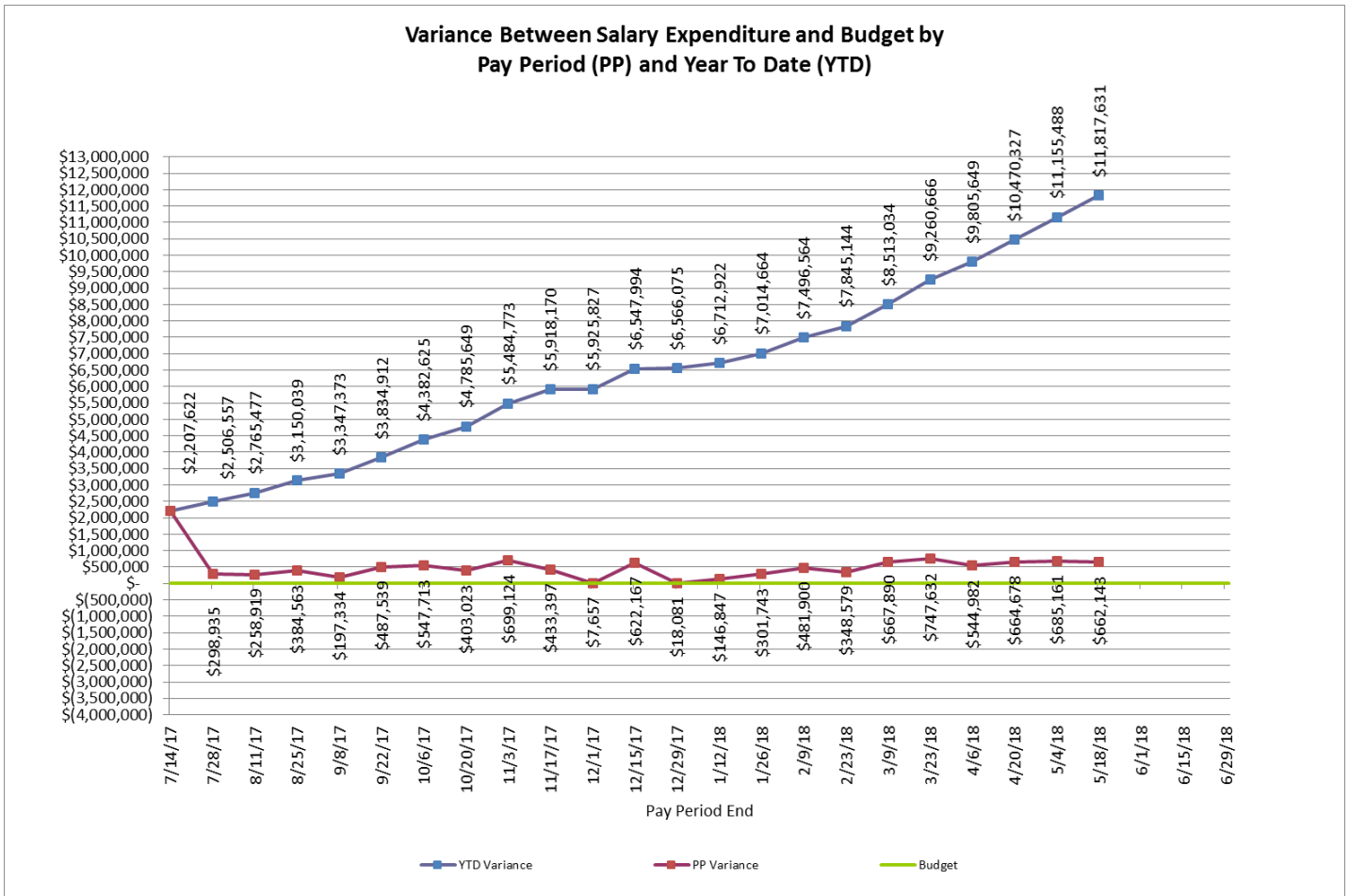


4A Skilled Nursing



4A Skilled Nursing





Commissioner Comments:

Commissioner Green stated that she is inspired by the letter Dr. Ehrlich wrote to ZSFG staff. Dr. Ehrlich stated that the May 30th incident was activating for staff who worked at ZSFG in 2013 when a patient died in a stairwell.

Commissioner Chow noted that the Med-Surgical data is higher than in the past two years. Dr. Ehrlich stated that the volume of patients is higher than what has been budgeted. The budget has been revised for the upcoming year and should assist with this issue.

7) PATIENT CARE SERVICE REPORT

Gillian Otway, ZSFG Nursing, presented the item.

Professional Nursing for the Month of May 2018

Departmental Training Courses held this month included:

- Workplace Violence Prevention, Trauma Informed Systems and Sexual Orientation and Gender Identity classes
- Emergency Nurse Pediatric Course (ENPC)
- Trauma Nurse Core Course (TNCC)
- ACLS for Experienced Providers – first time offered at ZSFG for multidisciplinary staff providing more scenarios than the regular ACLS course

- Charge Nurse Development Series - kickoff session held for charge nurses from the ZSFG campus hospital and clinics. Goals for this development series include integration of leadership and communication competencies, and to foster top-of-license nursing practice.

Nursing Services Recruitment and Retention

Maternal Child Health Six RNs continue in their orientation to Labor & Delivery

NICU Four RNs are enrolled in the NICU training program

Medical-Surgical Nursing posted 6 new graduate training program positions for their September program

Peri-Operative Two nurses completed the OR orientation and training program. Four scrub technicians are progressing in their orientation program

Critical Care Seven nurses completed the critical care training program. Currently interviewing for eight positions for the August training program.

Psychiatry Three staff nurses have successfully completed their orientation and training.

Emergency Six RNs successfully completed their twelve week training program in Pods A, B and C. Interviews ongoing for the August training program.

Notable ZSFG Nursing

Vizient HHS (“Hospital Improvement Innovation Network,” sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services) cited the ZSFG nursing fall reduction improvement work in their Hospital Spotlight article titled *Fall-related injuries drop by 28 percent at San Francisco hospital*.

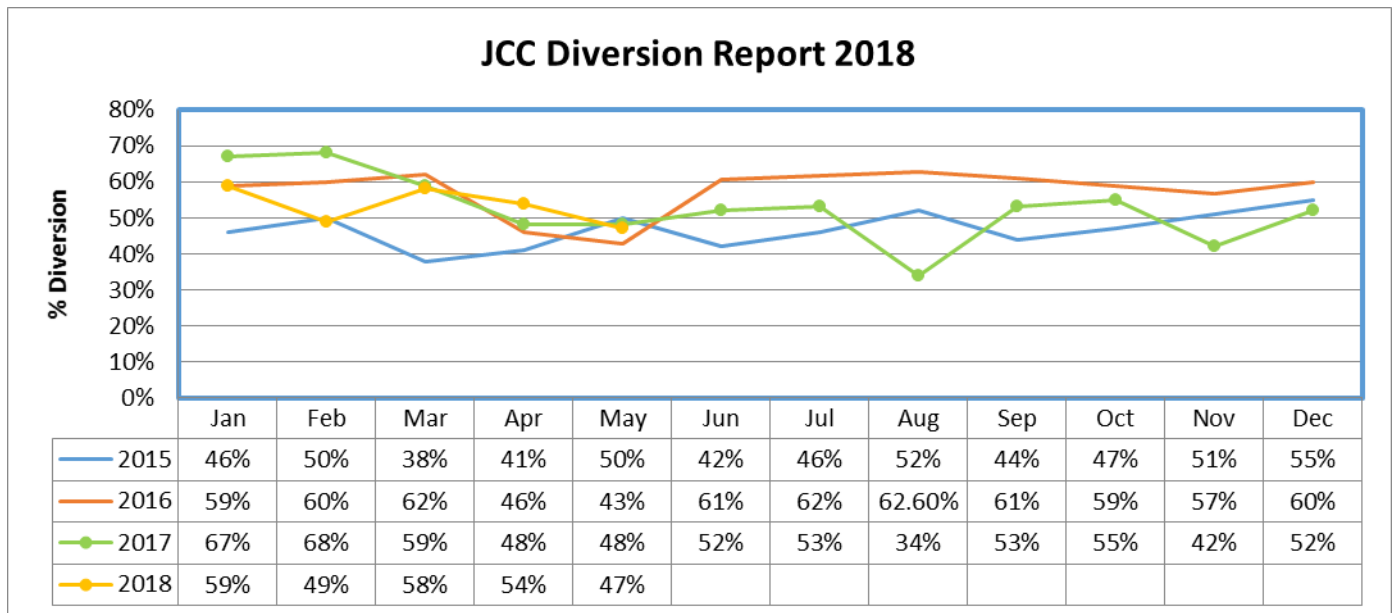
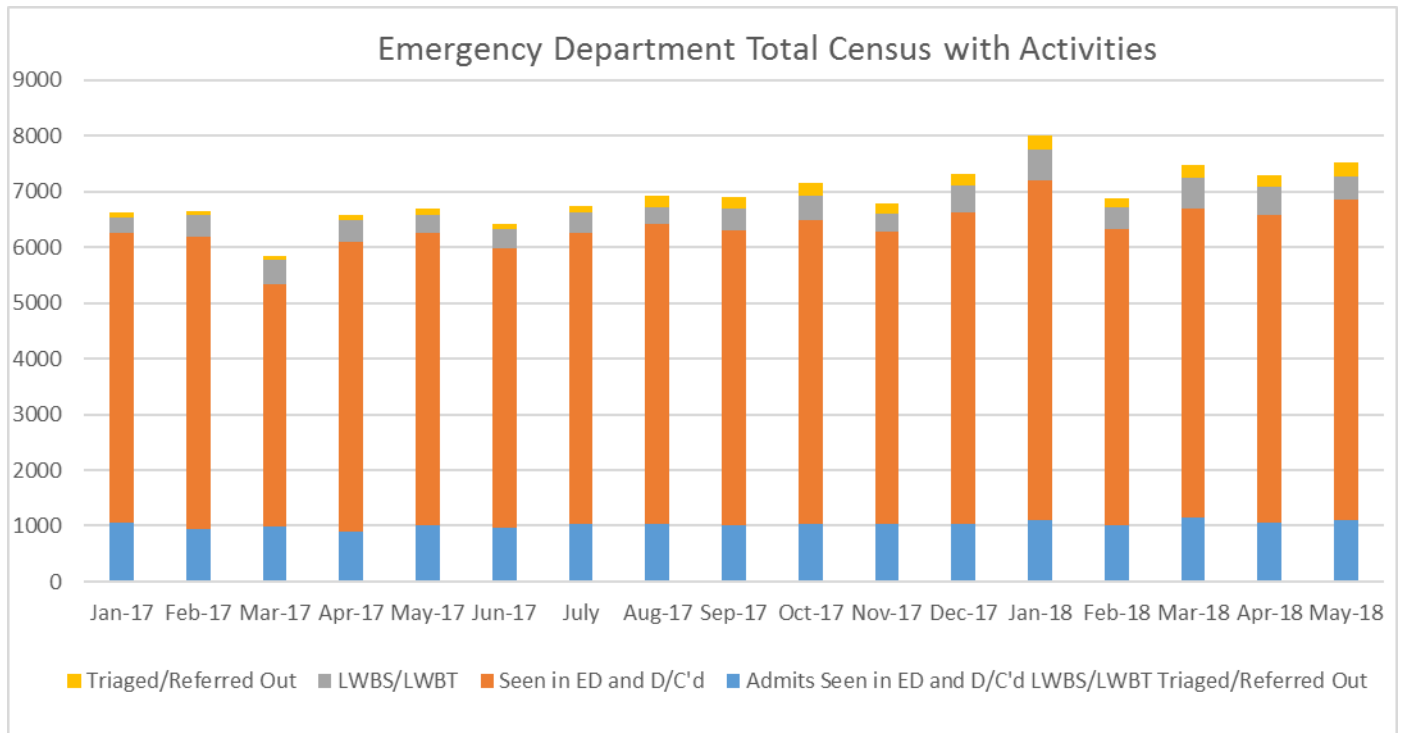
Emergency room nursing educators Rachel Perry and Rich Nepomuceno, CNS John Fazio along with Dr. Debbi Madhok were awarded the 2018 EMS Hospital Provider Award for their work establishing the Mission Protocol for Stroke patients.

Professional Nursing for the Month of April 2018...continued

Patient Safety Hero Awards were awarded to the following nursing units at the June Management Forum:

- Gold - Zero harm for the entire 1st Quarter 2018 in units:
H42/44
H62/64
- Silver - Zero harm for 2 out of 3 months in 1st Quarter 2018 in units:
H32/38
H54/56
- Bronze - Zero harm for 1 out of 3 months in 1st Quarter 2018 in units:
H76/78
H66/68
- No Falls with Injury for the 1st Quarter 2018 in units:
Maternal Child
PES

Emergency Department (ED) Data for the Month of May 2018



May | 2018

Diversion Rate: 47%

ED Diversion = 307 hours (41%) + Trauma Override 39 hours (5%)

Total ED Encounters: 7095

ED Admissions: 1105

ED Admission Rate: 15.57%

Psychiatric Emergency Service (PES) Data for the Month of May 2018

Overview:

On February 1, PES in collaboration with the Progress Foundation initiated a Pilot for Diversion of ADU Candidates from PES to DUCC. Our data suggests that the test has been successful.

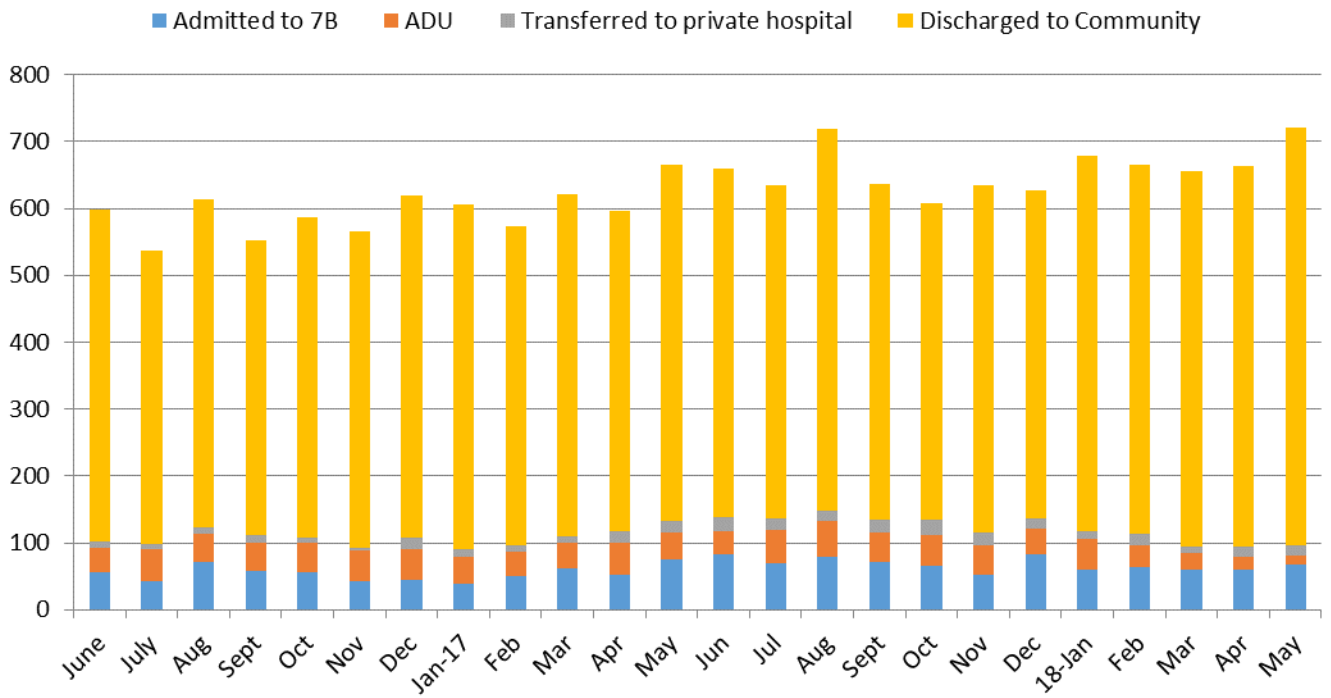
In May, PES completed 721 patient encounters. This is significantly higher than our average number of encounters per month in 2017 (n = 637).

Despite the increased volume, at 12% the Condition Red/Diversion Rate was within our goal for maintaining flow (n = <15%). The increase in diversion seems related to the increased patient volume and an increase in the quantity of patients with protracted stays in PES.

The median length of stay was 12.03 hours. This is lower than the median length of stay (hours) in 2017 (n = 16.05). The Leadership Team opted to disclose the median values because they may be less sensitive to the effects of outliers with protracted stays.

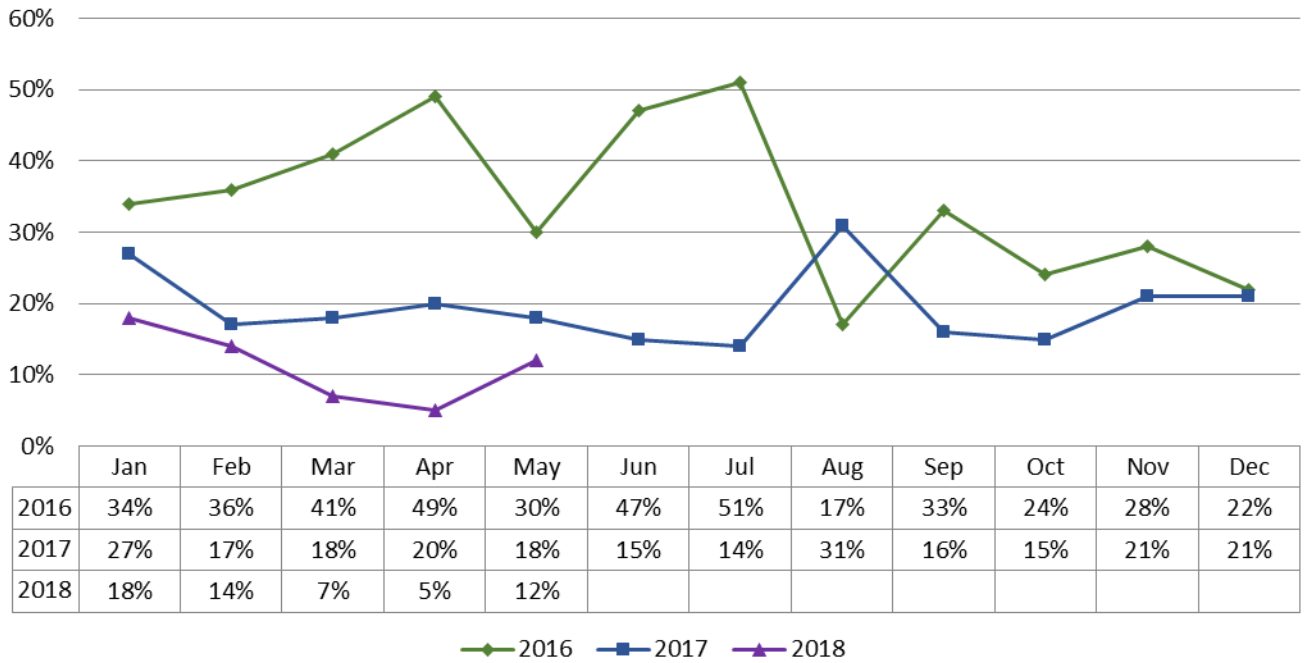
As a result, PES was more accessible and accepted 90% of all appropriate transfer requests from other hospitals for emergency psychiatric assessments in the month of May.

ZSFG Psychiatric Emergency Service Activities

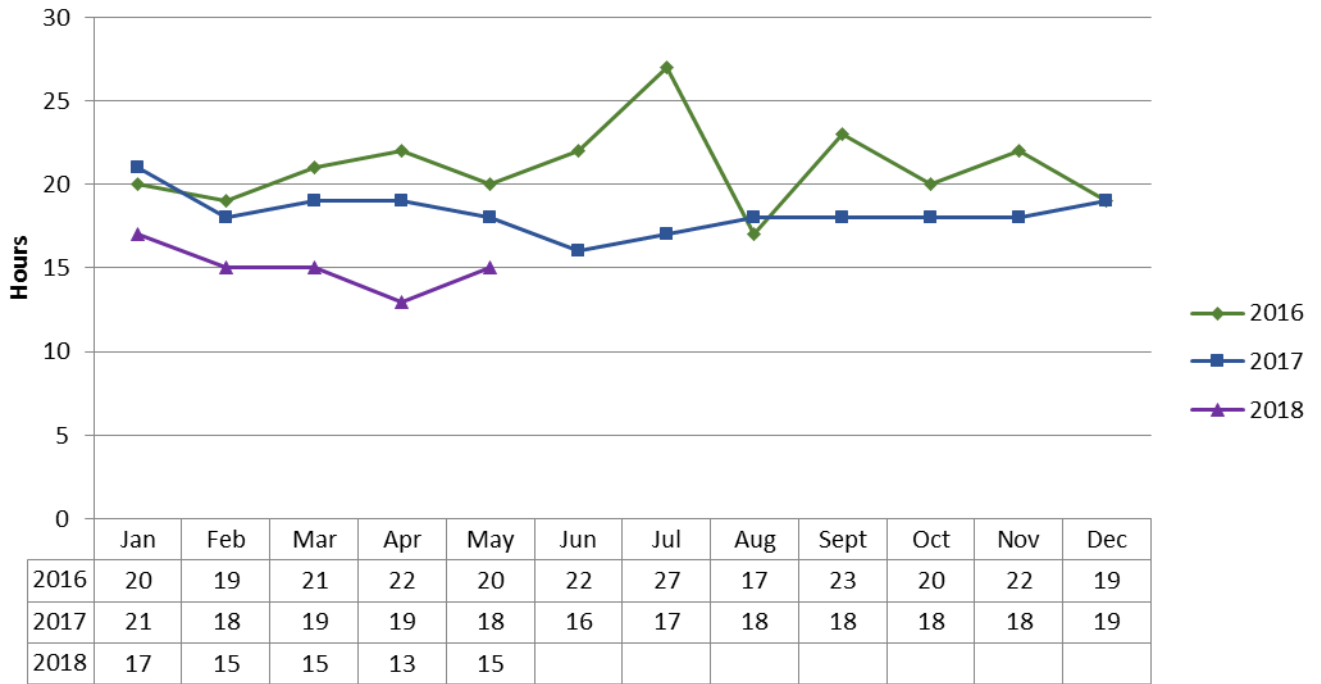


Psychiatric Emergency Service (PES) Data for the Month of May 2018...continued

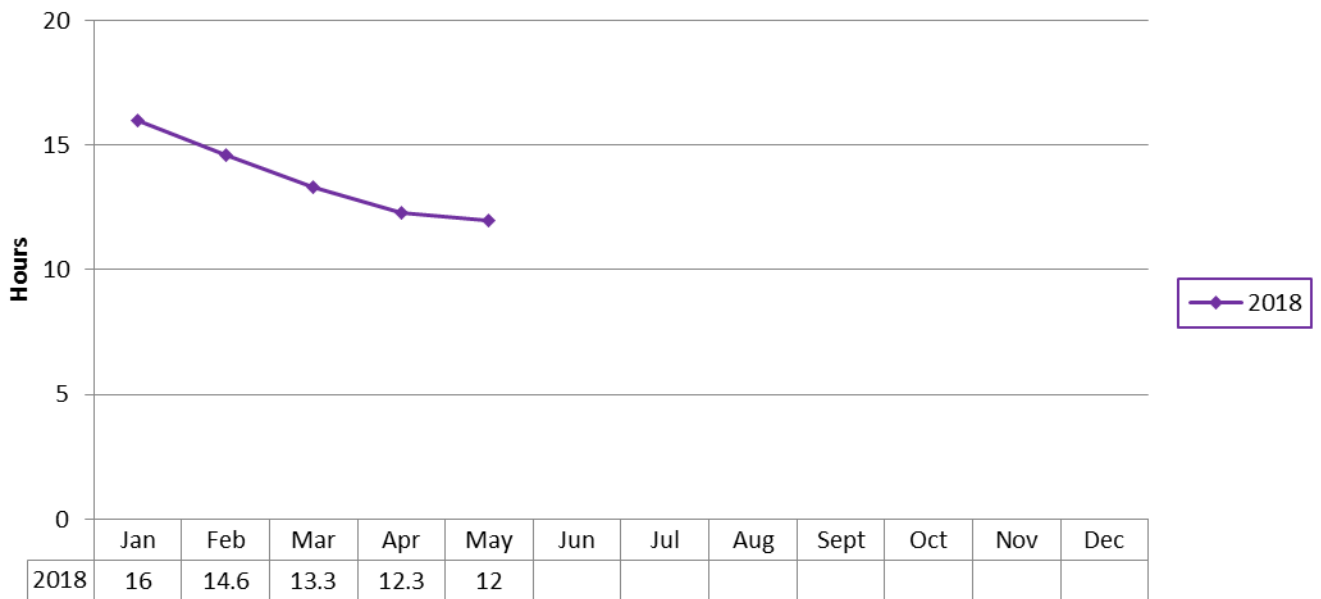
ZSFG PES Condition Red

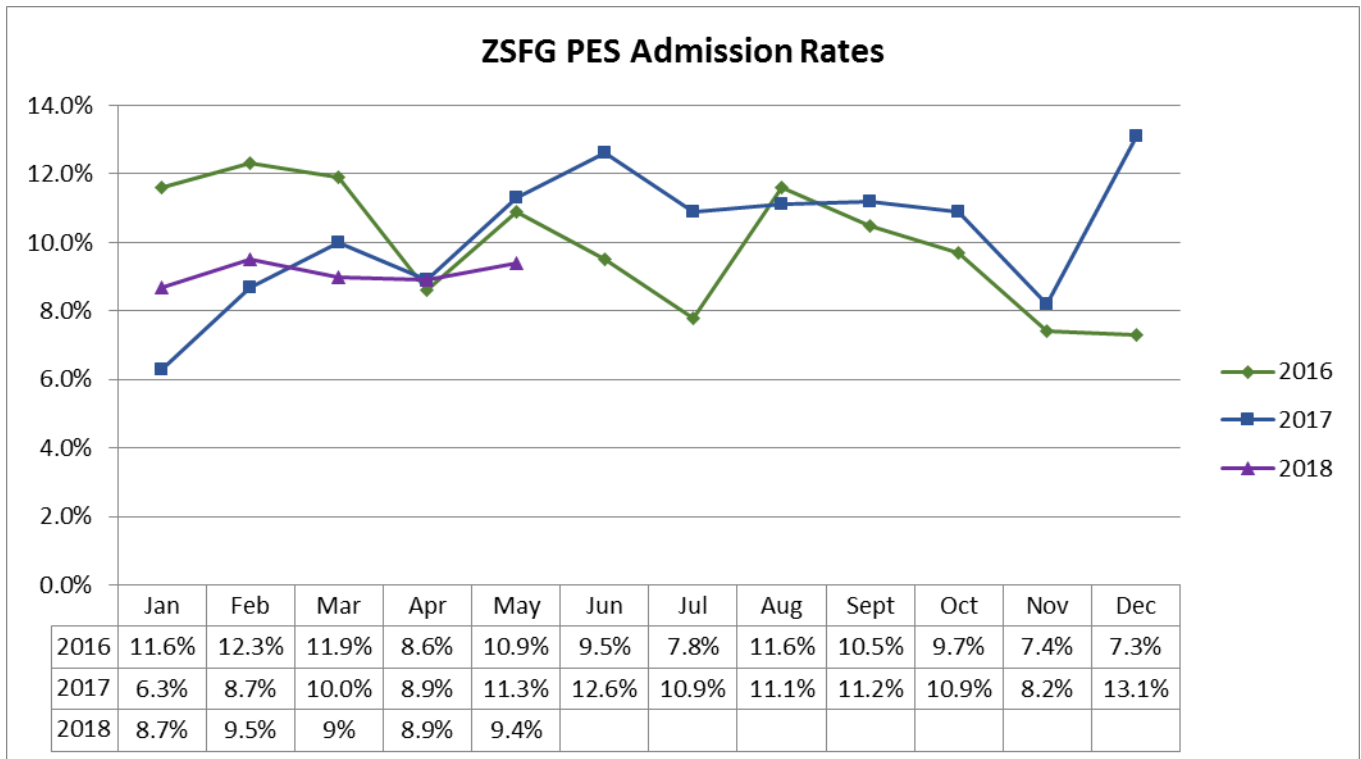


ZSFG PES Average Length of Stay



ZSFG PES Median Length of Stay





Request for Inter-Facility Transfer to PES from other Hospitals

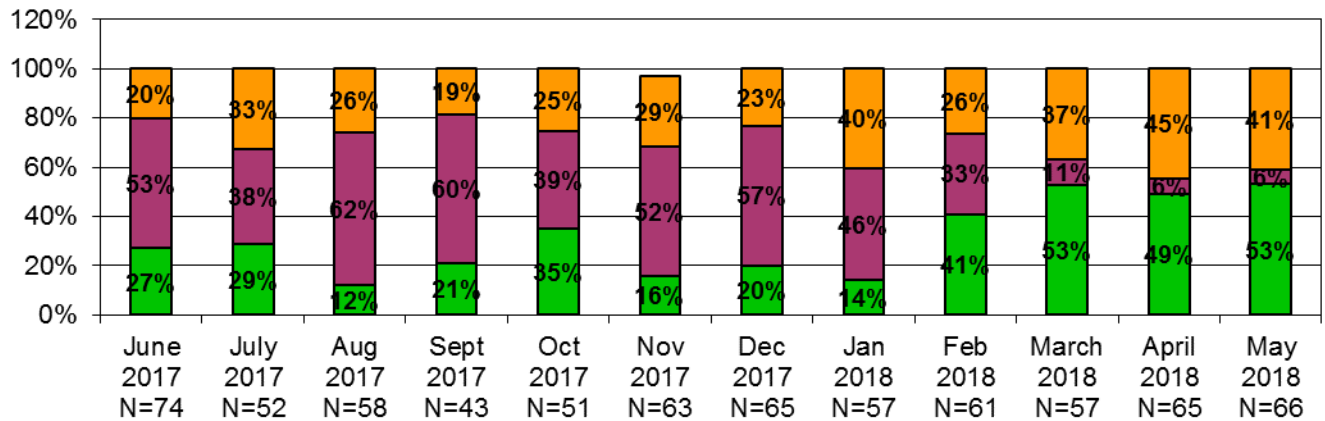
A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

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).

Disposition of PES Referrals from Other Hospitals



■ Accepted & Arrived
 ■ Screened Appropriate and Cancelled by presenting hospital
 ■ Inappropriate Referral

Commissioner Comments:

Commissioner Chow stated that he is happy to see the diversion rate below 50%. Ms. Otway stated that Dr. Marks, in his earlier presentation, explained some of the actions ZSFG has taken to assist in lowering this rate.

8) ZSFG RN HIRING AND VACANCY REPORT

Karen Hill, ZSFG Human Resources, presented the item.

Commissioner Comments:

Commissioner Sanchez stated he appreciates the clarity of the report format.

9) MEDICAL STAFF REPORT

James Marks, M.D., Chief Performance Excellence & Chief of Medical Staff, presented the item.

Commissioner Comments:

Commissioner Chow asked for the reason emergency privileges are not included in the ZSFG Bylaws; he noted it is important for ZSFG to be able to assign privileges to community doctors in an emergency. Dr. Marks stated that the Bylaws current contain language regarding privileging medical providers in disaster situations.

Dr. Chen stated that the EPIC electronic health record implementation will likely trigger a ZSFG and Laguna Honda Bylaws revision process. Commissioner Chow requested that Mr. Morewitz track the Bylaw revision process to ensure that the ZSFG and Laguna Honda Hospital Bylaws eventually contain identical definitions of Administrative Suspensions.

Action Taken: The Committee approved the following items:

- Otolaryngology Rules and Regulations
- Emergency Privileges Bylaws Revisions
- PharmD Inpatient FCM Standardized Procedures Revisions

10) OTHER BUSINESS

This item was not presented.

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 June 2018 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 5:14pm.