

Edward A. Chow, M.D.
President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

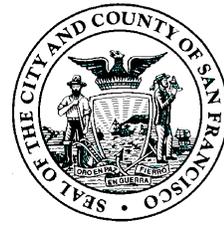
Judith Karshmer, Ph.D., PMHCNS-BC.
Commissioner

James Loyce, Jr., M.S.
Commissioner

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

**HEALTH COMMISSION
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Department of Public Health



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MINUTES

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

Tuesday, February 27, 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 David J. Sanchez, Jr., Ph.D.

Staff: Troy Williams, Todd May MD, Jeff Critchfield MD, Claire Horton MD, Tosan Boyo, Jennifer Boffi, Karen Hill, Dan Schwager, Jay Kloo, Ron Weigelt, Kim Nguyen, Virginia Dario Elizondo

The meeting was called to order at 3:08pm.

2) APPROVAL OF THE MINUTES OF THE JANUARY 23, 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 report.

Commissioner Comments:

Commissioner Chow thanked Mr. Williams for the report.

4) HOSPITAL ADMINISTRATOR’S REPORT

ZSFG named to Smart Care California's C-section Honor Roll for meeting For surpassing the federal Healthy People 2020 C-section target

ZSFG was one of the fifteen public health care systems named to Smart Care California's C-section Honor Roll by the California Association of Public Hospitals and Health Systems (CAPH) for meeting or surpassing the federal Healthy People 2020 C-section target. These efforts include improving C-section rates, applying critical safety measures, ensuring that mothers get timely and high-quality prenatal and postpartum care, and achieving ‘baby-friendly’ status with Baby-Friendly USA.

CAPH President and CEO Erica Murray said “This recognition is a fantastic achievement, and a testament to the top-quality care public health care systems provide to their patients, including our very smallest.”

Smart Care California is a public-private partnership working to promote safe, affordable health care for all Californians, convened by IHA with funding from the California Health Care Foundation.

This honor is a testament to the outstanding interdisciplinary work done by all who care for our pregnant patients and their families. Congratulations!

Ward 86 Celebrates its 35th birthday

Ward 86 celebrated its 35th birthday in January. Ward 86, which is our AIDS/HIV clinic here at ZSFG and run by the Division of HIV, Infectious Diseases and Global Medicine, was founded to fight a fatal, indiscriminate disease that at the time no one understood, and many feared to the point of serious discrimination against those who suffered from it. Today, our team at Ward 86 are global leaders in HIV and infectious disease care.

The practice of “the San Francisco Model” of care—an approach that encourages integration and collaboration—has yielded innovations in patient care, and continues to build our understanding of HIV and to empower patients to thrive all over the world. In 2017, “The End of AIDS?” was named the recipient of a prestigious News & Documentary Emmy Award. The first episode of this six hour series features San Francisco, the Ward 86 team, and its patients. In December, in honor of World AIDS Day, the documentary was aired to a packed Carr Auditorium.

Over the three-plus decades of the epidemic, our community has continued to innovate and be dedicated to ending the epidemic. Our Golden Compass clinic opened one year ago to serve older people living with HIV, a circumstance that seemed impossible in the 1980s and 1990s. At the other end of the spectrum, the citywide initiative Getting to Zero has achieved the amazing result of a record low number of annual new HIV diagnoses, 223. This year, our Division of HIV, Infectious Diseases and Global Medicine will begin enrolling people into the world’s first intervention to test a cure strategy. Happy Birthday to Ward 86!

California Department of Public Health (CDPH) Fire, Life, and Safety survey

During the week of February 8th, the California Department of Public Health (CDPH) visited ZSFG to conduct a Fire, Life, and Safety survey to investigate an electrical incident involving a bed on unit 4A.

The survey was a success without any deficiencies. The primary reason for the successful survey in spite of the electrical spark was the organization’s rapid response to the incident through R.A.C.E. (Rescue, Alarm, Contain, and Extinguish). In addition, following the event, the team conducted an inventory of all beds throughout the organization (ensuring an exact number and location). The safety checks were documented and completed in a timely manner. Additionally, the facilities team provided complete documentation to the inspector regarding the testing of the fire alarm system over the past year, with documentation that the fire alarms had been activated, and then re-activated in a timely manner.

Many thanks to the team for their rapid response and preparedness!

Community Based Health Services (CBHS) Program Compliance Audit for the Opiate Treatment Outpatient Program (OTOP) in Ward 93

On January 25th, surveyors from Community Behavioral Health Services (CBHS) arrived on campus to conduct a two-day survey of the Program Compliance Audit for the Opiate Treatment Outpatient Program (OTOP) in Ward 93. The auditors conducted a comprehensive medical record review of physician orders, dosing, treatment plans, and timeliness of documentation according to Title 9 and Title 22 regulations. The staff successfully provided the auditors with the required documentation and confirming unit-based procedures demonstrating the program's regulatory compliance.

There were minor documentation findings identified for which action plans have been developed and implemented. Many thanks to the entire Ward 93 staff for all the work and preparation they have done for this comprehensive and very successful audit.

Patient Flow Report for January 2018

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

Medical/Surgical

Average Daily Census was 226.68 which is 112% of budgeted staffed beds level and 90% of physical capacity of the hospital. 17.38% of the Medical/Surgical days were lower level of care days: 6.03% administrative and 11.34% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 41.45, which is 94.2% of budgeted staffed beds and 61.9% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.52, which is 78.8% of budgeted staffed beds (n=7) and 46% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 95.1% non-acute days (82.96% lower level of care and 12.14% non-reimbursed).

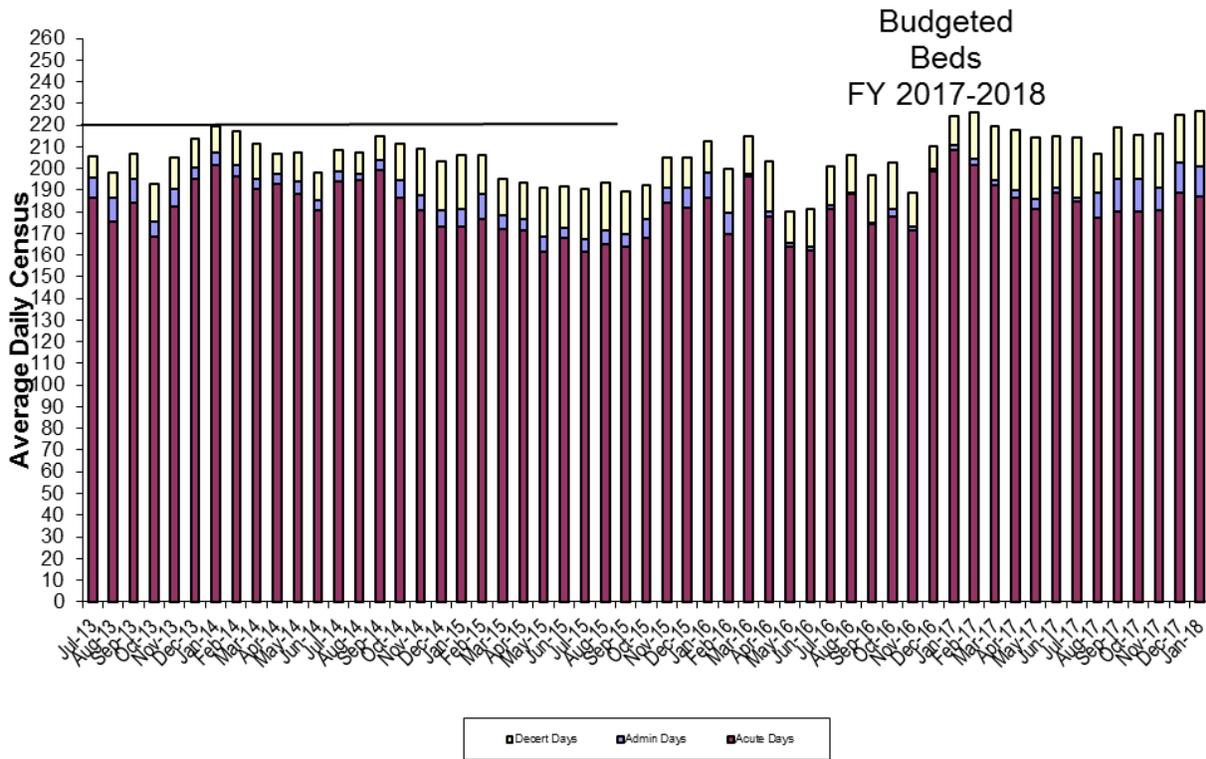
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 30.3, which is 108% of our budgeted staffed beds and 101% of physical capacity.

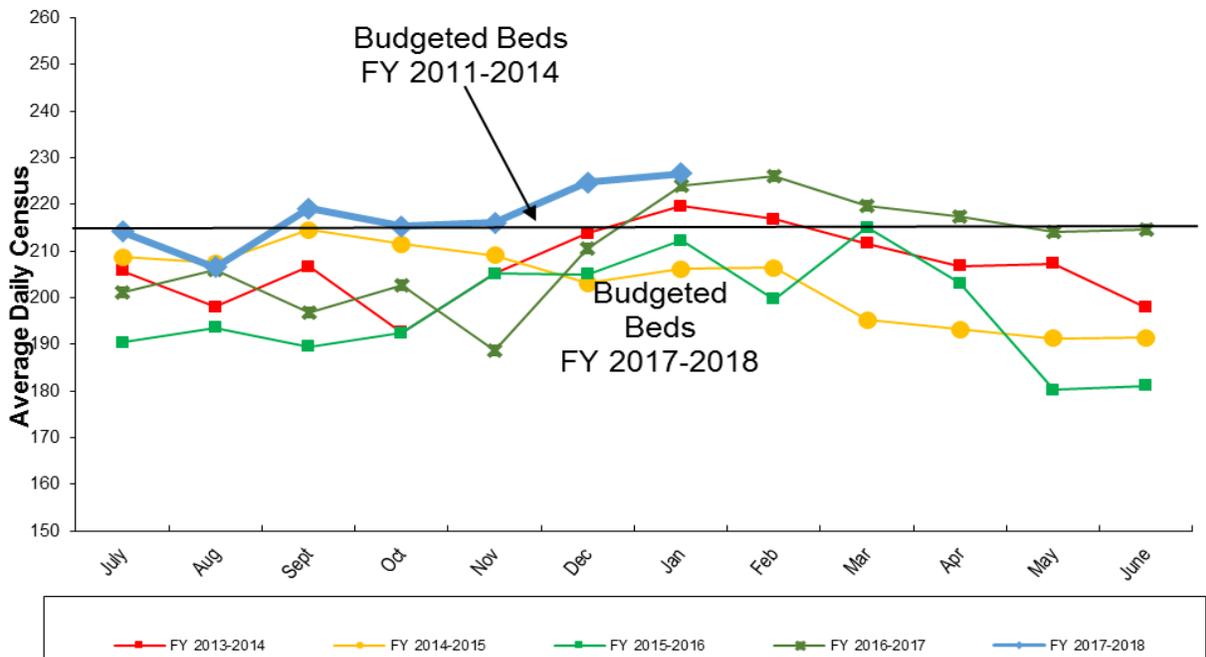
Salary Variance to Budget by Pay Period Report for Fiscal Year 2017-2018

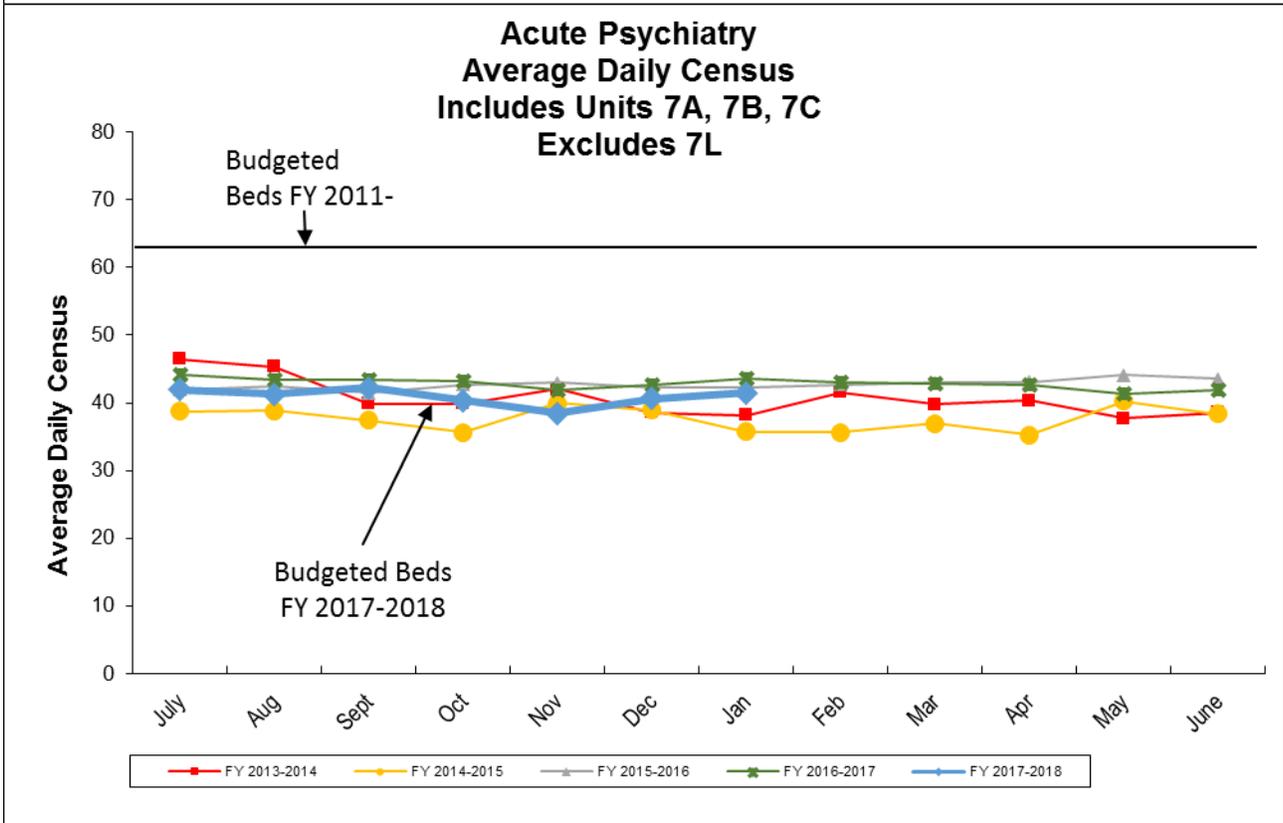
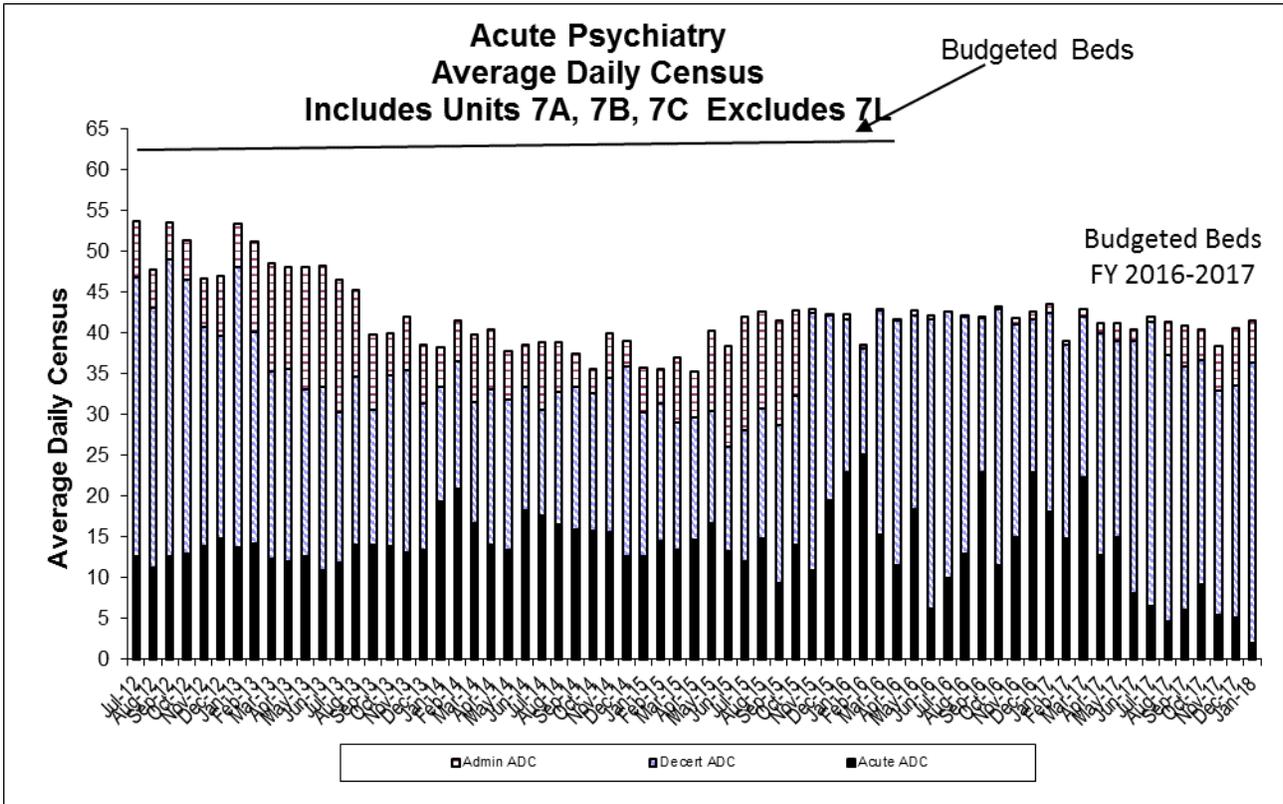
For Pay Period ending January 26, 2018, Zuckerberg San Francisco General recorded a 2.04% variance between Actual and Budgeted salary cost – actuals were \$301,743 over budget. For variance to budget year-to-date, ZSFG has a negative variance of \$6,150,641/4.2%.

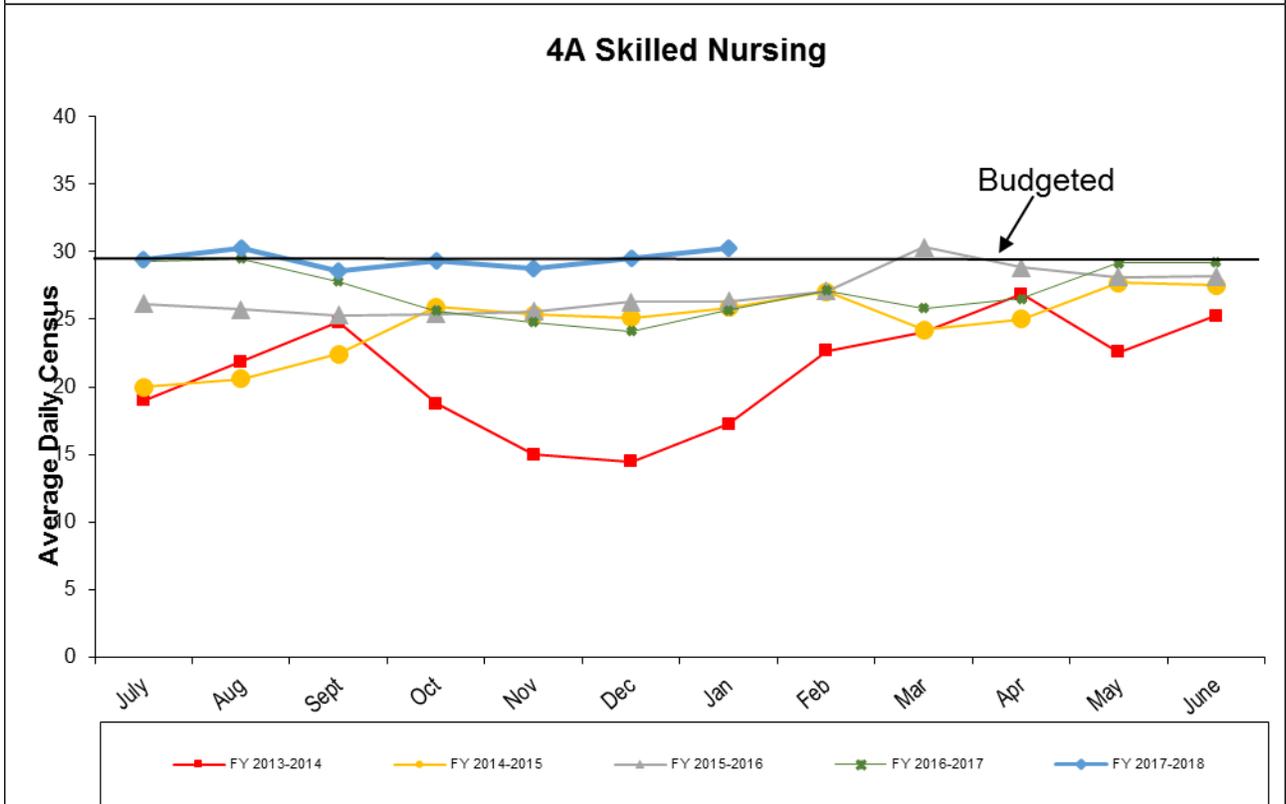
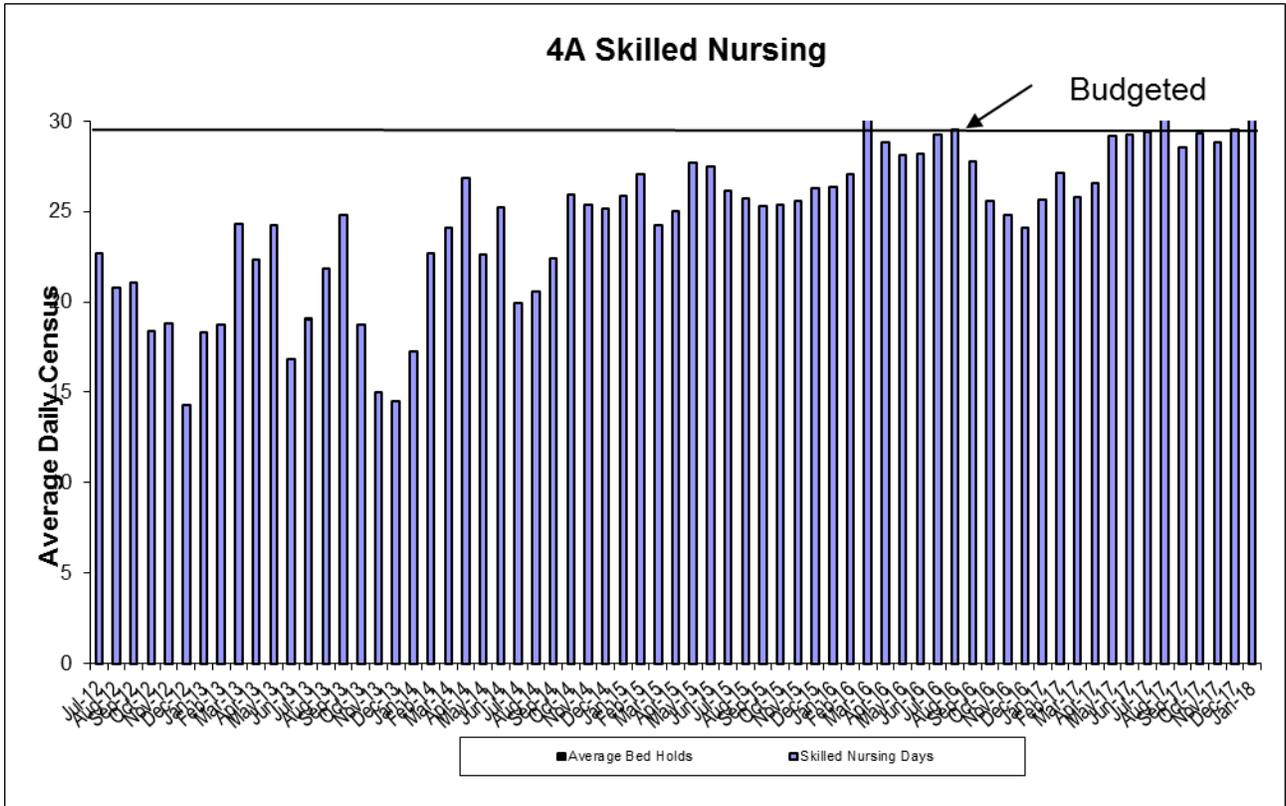
Medical/Surgical



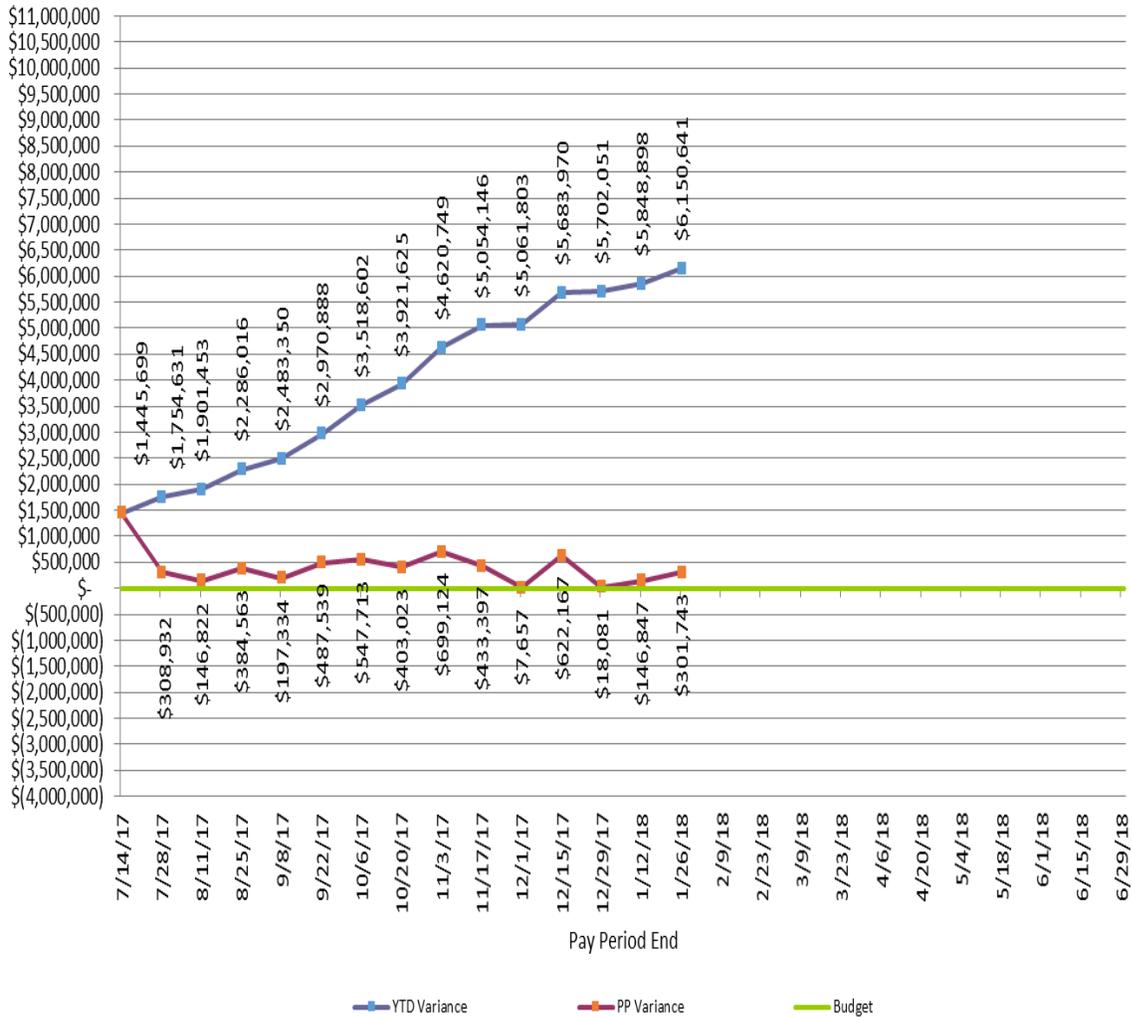
Medical/Surgical







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



Commissioner Comments:

Commissioner Chow noted that ZSFG received accolades from Smart Care California for its C-section rates and asked for clarification of the ZSFG rate and the Smart Care California benchmarks . Ms. Dentoni stated that she will have this information forwarded to Mr. Morewitz on behalf of ZSFG.

Commission Chow asked for information on current ZSFG census trends. Ms. Dentoni stated that the census has increased and ZSFG continues to keep extra units open as needed.

Commissioner Chow noted that Acute Psychiatry data indicates the lowest numbers he has seen for this service. Ms. Dentoni stated that patients are being kept in PES until an appropriate placement is found. She noted that lower level of beds are still needed within the service system to help facilitate all ZSFG discharges.

Commissioner Chow requested a presentation on projections for ZSFG Psychiatric Services at a future meeting.

5) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, presented the report.

Professional Nursing for the Month of January 2018

Nursing Professional Development

Departmental Training Courses held this month included:

- Maternal Child Health annual staff education days are scheduled in February
- Maternal Child Health hosted UCSF S.T.A.B.L.E. class that focused on stabilizing patients for transport to another acute health center
- Relationship-Centered Communication
- Geriatric Care Course for PCA and CNA staff
- Lymphedema Management Seminar

Nursing Recruitment and Retention

Maternal Child Health: There are twelve nurses in the process of being oriented to the labor and delivery and postpartum areas. Three per diem RN staff just completed their labor & Delivery orientation while an addition three completed post-partum orientation.

Peri-Operative: The OR training program continues for their four newly hired staff.

Critical Care: The four nurses in the critical care training program are nearing completion of their orientation.

Psychiatry: There are three newly hired in their orientation and training program.

Emergency: Be-Verlyn "Bebs" Navarro, RN started work on 2/12/18 as the new Emergency Department Nursing Director.

4A SNF: Genieve Delacruz, RN was named as interim nurse manager.

Nursing Recognition Awards

Zero Hero Awards – On February 13, The Patient Safety department awarded the following nursing units "Zero Heroes" for reducing patient harm in the third quarter of 2017:

Silver – Zero Harm for 2 months in Q3-2017: H42/44, H54/56, H62/64, H76/68

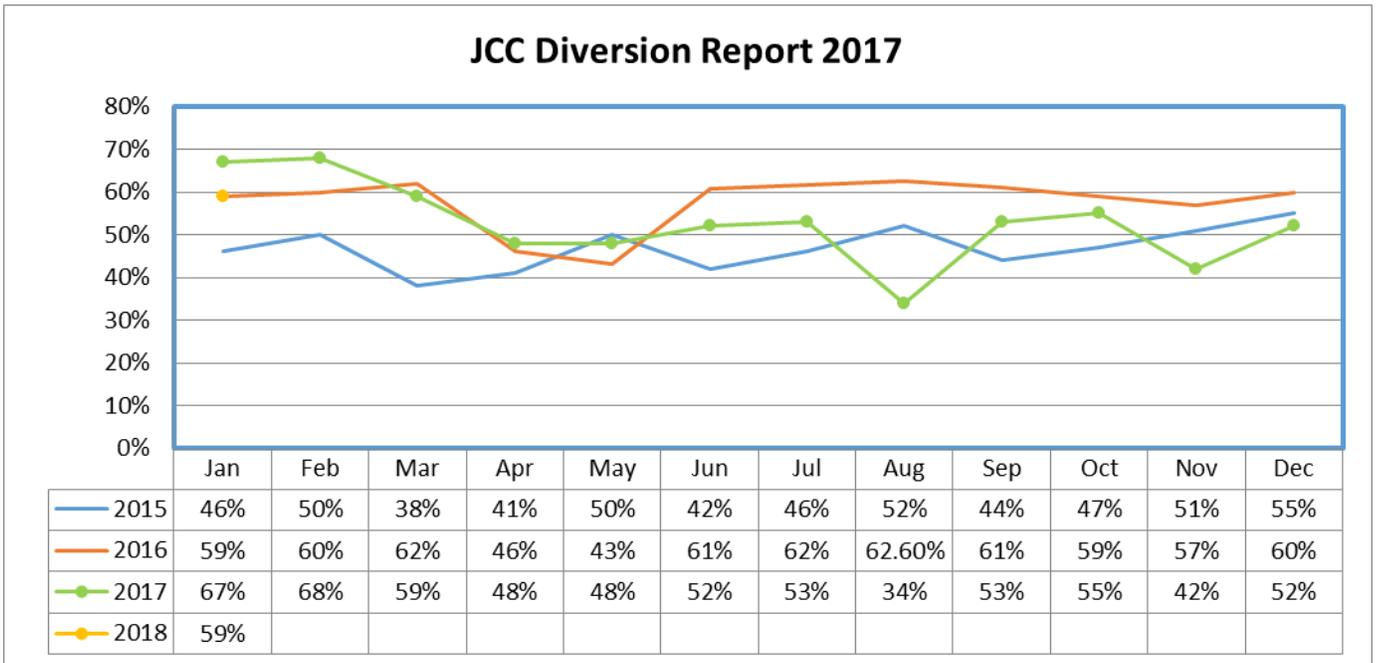
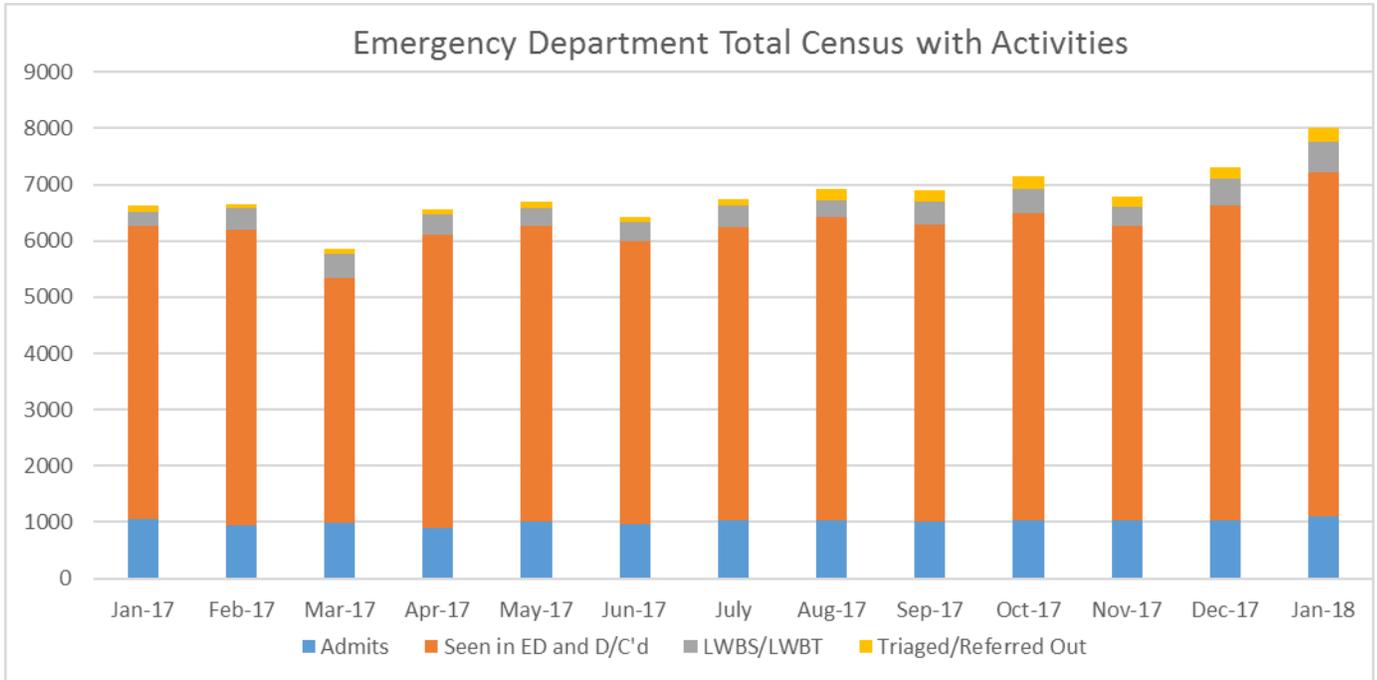
Bronze – Zero Harm for 1 month in Q3-2017: H32/38, H34/36, H66/68

No Falls with Injury in Q3-2017: Maternal Child Health units and PES

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

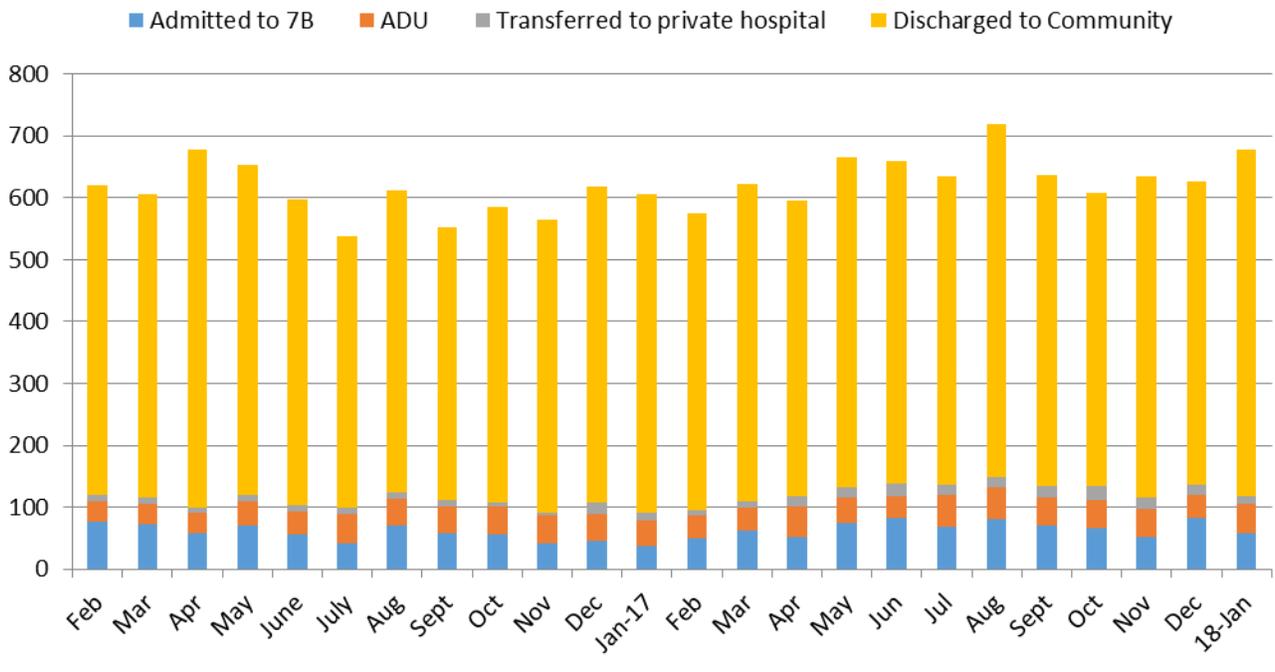
Safety Hero - Awarded February 13th to Godfrey Johnson, patient care assistant on unit 4A SNF. On January 29th Godfrey did a remarkable calm and courageous job in acting immediately when one of the residents called for help. Godfrey detected that there was smoke arching from the power cord of the resident's rental bed. He calmly and quickly assisted the residents in vacating the room, single handedly unplugging the cord that was arching from the power outlet and then secured the room by closing the door while the rest of the staff called for assistance and assured that the rest of the unit's residents were safe while SFFD and ZSFG Facility staff were responding to the call.

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

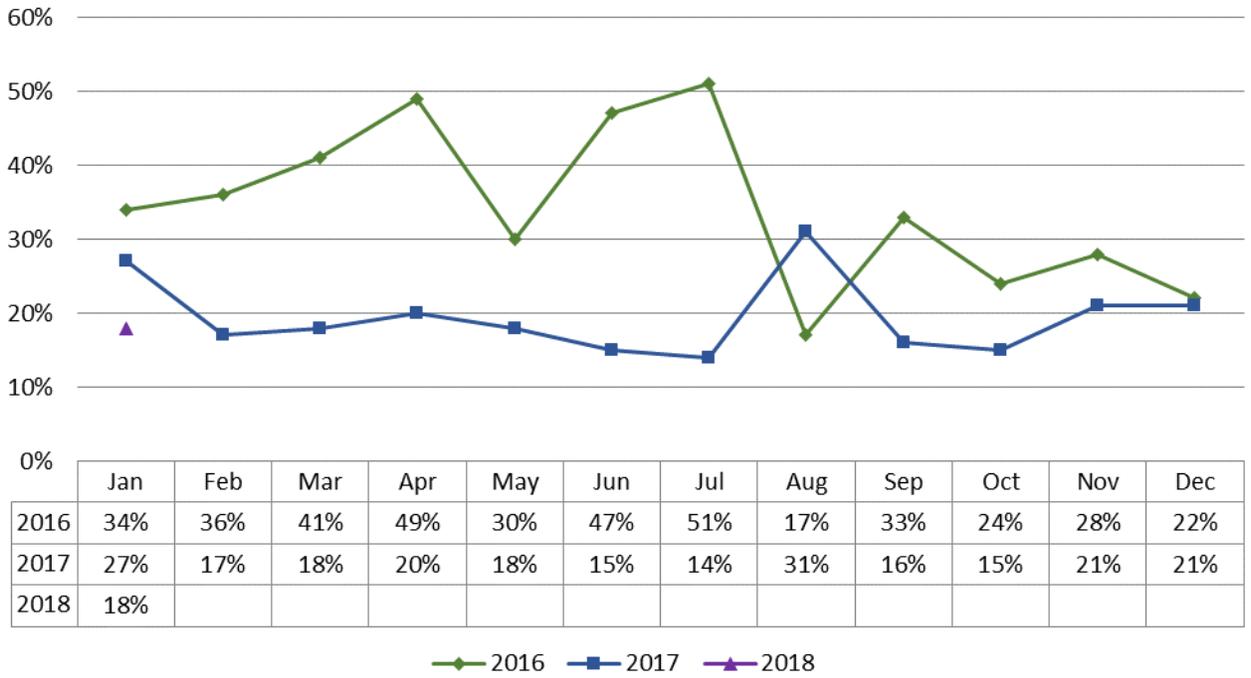


Psychiatric Emergency Service (PES) Data for the Month of January 2018

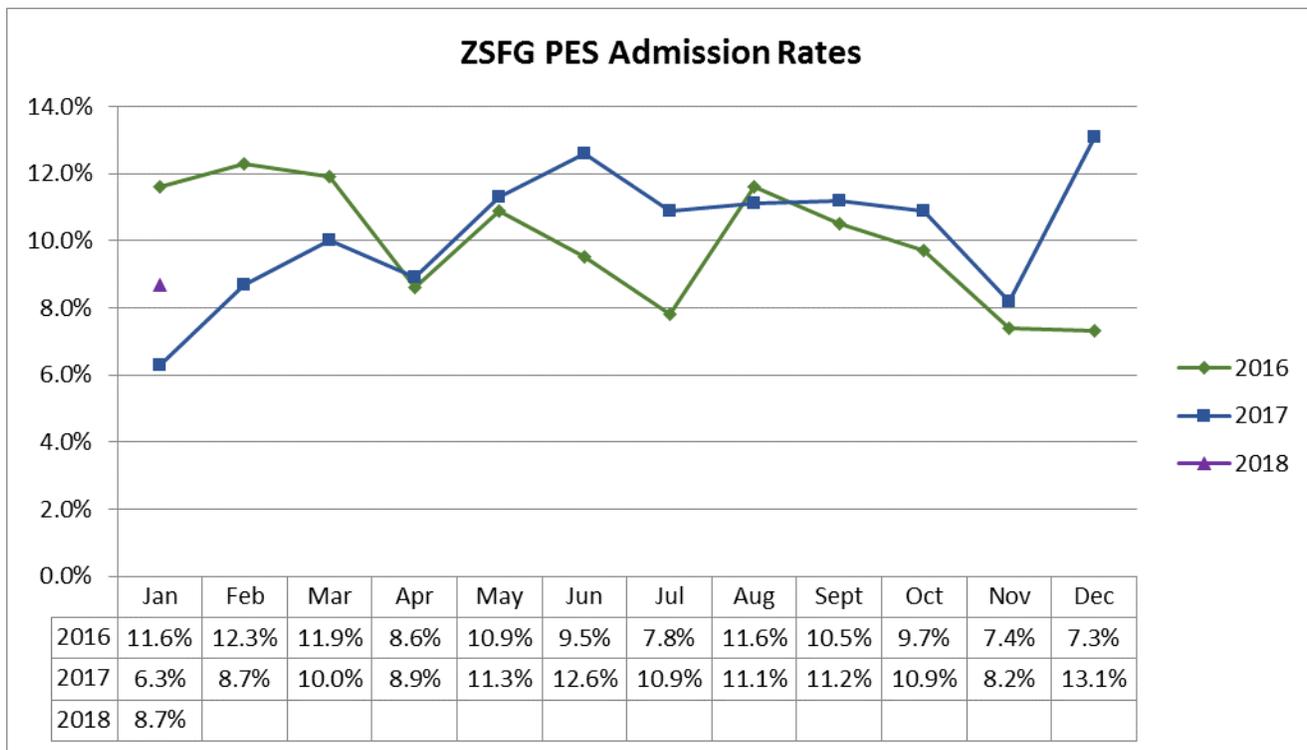
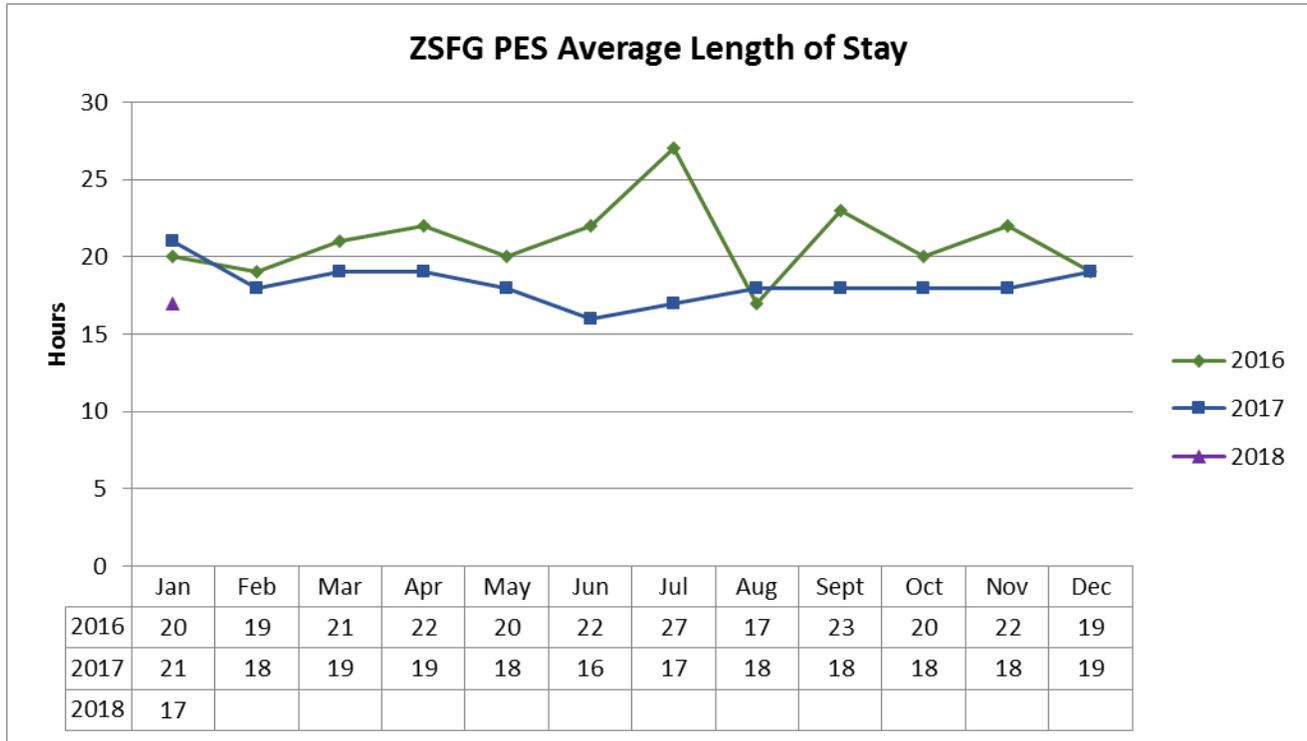
ZSFG Psychiatric Emergency Service Activities



ZSFG PES Condition Red



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



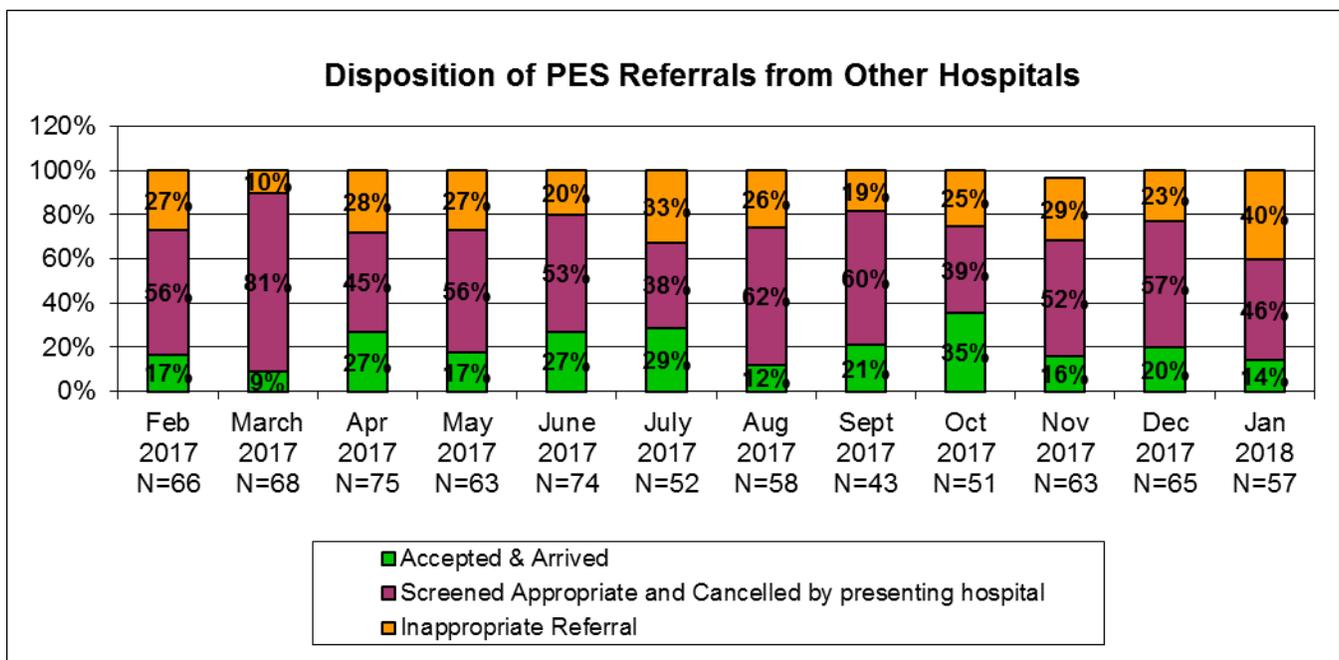
Request for Inter-Facility Transfer to PES from other Hospitals

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).



This month showed a decrease in the number of patients accepted and arrived to PES from other hospitals. However there was a large increase in the number of referrals which were not appropriate, which accounts for this change.

Commissioner Comments:

Commissioner Chow noted that the January 2018 data shows an additional 1,000 patients. Ms. Dentoni stated that flu and severe traumas contributed to this increase.

6) ZSFG RN HIRING AND VACANCY REPORT

Karen Hill, ZSFG Human Resources, presented the report.

Commissioner Comments:

Commissioner Chow asked if there are any current challenges. Ms. Hill stated that the critical care application pool is shrinking but the ZSFG is utilizing its recruiters to expand the hiring pool.

Commissioner Chow asked if it is anticipated that the new CPMC hospital buildings will impact the ZSFG recruiting pool. Ms. Hill stated that the ZSFG is the only level one trauma center which will attract a particular cohort.

7) MEDICAL STAFF REPORT

Clare Horton MD, Chief of Staff Elect, gave the report.

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

Sexual Orientation and Gender Identity (SOGI):

MEC members were provided a brief overview and introduction to the SOGI (Sexual Orientation and Gender Identity) Data Collection Initiative that will be rolling out in all campuses starting this month. The hospital will now be asking sexual orientation and gender identity from patients as they enter the system. SOGI data collection is being driven by new local and state requirements focused on improving access and the quality of care for LGBTQ patients. Collecting SOGI data is a PRIME Metric and a significant amount of MediCal waiver funding is dependent on it. More importantly, having accurate SOGI data will allow the organization to identify patient differences and provide opportunity to serve them in the most respectful way and eliminate disparities, in line with the ZSFG True North.

Following are key points about the initiative:

- It is mandatory for staff to ask, voluntary for patients to answer
- Participating staff will get training prior to roll-out at each site
- System changes happening to support data collection
- Staff and patients will be informed of the process and why

MEC members are asked to distribute communication materials for staff and patients, provide staff time to complete training, allow physicians and hospital staff in their respective departments who are interested to identify unit SOGI Champions to support roll-out and questions as they arise.

Opioid Prescriptions at ZSFG

Dr. Lukejohn Day and SFHP representatives brought attention to the growing opioid epidemic and crisis across the country. The number of deaths from opioids in the nation have increased over 236% from 2001-2014 and at the same time, overdoses are the leading cause of unintentional injury. Overprescribing of opioids is thought to be a major contributor to this epidemic. Local data from SF Health Plan on the number of patients who experienced opioid poisoning shows a 500% increase in opioid misuse from 2014-2017 among SFHP

members in SFHN. In response, Dr. Day presented a proposal developed by SFHP to address opioid misuse and addiction among SFHP patients.

The proposal specifies a limit of seven days for SFHP patients who receives an initial short-acting opiate prescription (defined as not having had an opiate prescription filled for the preceding 180 days through SFHP). The proposal has provision for exclusions – for patients who have received any anti-neoplastic medications in the prior 180 days (based on SFHP claims data), and ability to exempt certain groups of providers (e.g. Palliative care, oncology). Studies have shown that the probability of long-term opioid use increases most sharply in the first few days of therapy, especially after 5 days. Data pulled from a report on opioid prescriptions for SFHP members with initial opioid prescriptions showed variability across the primary care clinics and inpatient services in terms of > 7 days, but nearly ¼ of prescriptions for opioids are for > 7 days.

More discussions will follow regarding the planned next steps, to include:

- Establish and manage exclusions (services, providers)
- Develop a Process for patients who are longstanding opiates who are new to the system
- Balance of meeting goals of reducing opiate prescriptions while minimizing impact on patient and care teams
- Communication of this policy to providers and patients.

CLINICAL SERVICE REPORT:

Urology Service Report– Benjamin Breyer, MD, Service Chief

The report outlined the following:

- Mission Statement and Core Traits – The ZSFG Department of Urology is committed to offering the highest quality urologic care, innovative research programs, community engagement and an outstanding education for future leaders in the field. Core traits include integrity, hard work, innovative and value diversity.
- Clinical Services – Attending on call 24/7/365, 3M Clinic, 6M Clinic, OR. For 2017, the ZSFG Urology Service attended to 4378 adults, triage an average of 2000 eReferrals, and had 1090 new patients.
- Education - ZSFG's Urology Residency training ranks 5th per US News World Report Urology Residency. 50% of UCSF Urology residents are female, and 38% are underrepresented in Medicine. ZSFG is very important to the UCSF Urology Residency Program, with 25% of Urology training at ZSFG campus.
- Quality and Improvement Work – Dr. Breyer pointed out the deep commitment of residents and staff to improvement work, to include weekly uroLean meetings, and regular patient bedside huddles. Improvement work important to the Service includes: first case start time, turnover time under 30 minutes, reducing Peds URO TNAA under 21 days, and BCG Treatment cycle time. The Service is also committed to Relationship Centered Communication, with all residents participating in the program for the last two years. Dr. Breyer stated that improved attending oversight and involvement have significantly increased the quality of care provided in the Urology Service.
- Research – UCSF Urology Department ranks #1 in NIH Funding.
- Financials
- Challenges – Service vs. Education Balance, Space, Equipment, EHR, and Pay Disparity in setting of ZSFG Campus compared to UCSF Health/Bay Area

Dr. Breyer highlighted the Urology Service's strength in its people (mission driven, dedicated, cohesive group, attending engagement), World Class Department, Curiosity Driven Research, ZSFG Highlight Residency Rotation, and Commitment to the Community. Future Plans include: continued focus on uroLean, (Efficiency in clinic/OR, Patient/Provider Satisfaction), Revenue Capture (looking at hiring a consultant to look at billing practices), and Alignment with Hospital Priorities.

Members thanked Dr. Breyer for his excellent report. Members commended and celebrated Dr. Breyer's outstanding leadership of the Urology Clinical Service that exemplifies a scholarly and academic department which is committed to achieving the organization's True North metrics.

Commissioner Comments:

Commissioner Chow asked if the SOGI data is a statewide Prime Waiver metric. Mr. Williams noted that all public health hospitals prioritized this data metric.

Commissioner Chow asked for more information regarding the changes to the Anesthesia Privilege List. Dr. Critchfield stated that the changes allow for more training and simulations of intubating pediatric patients. He noted that the Pediatricians and Anesthesiologists worked together on these changes. Dr. Horton noted that the changes ensure that medical staff are trained for rare cases of intubating pediatric patients.

Actions Taken: The following were unanimously approved:

- Urology Rules and Regulations
- Anesthesia Privilege List
- ED Privilege List

8) OTHER BUSINESS

This item was not discussed.

9) PUBLIC COMMENT

There was no public comment.

10) 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 February 2018 Credentialing Report and Performance

Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 3:59pm.