MINUTES
JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, September 25, 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.
 Commissioner Laurie Green, M.D.

Staff:
 Roland Pickens, Terry Dentoni, Troy Williams, Alice Chen MD, Will Huen MD, Aaron Cramer, Annette Jagens, Jamie Gonzalez-Summers, Karen Hill, Karrie Johnson, Denise Payton, Claire Horton MD, Jeff Critchfield MD, Sue Carlisle MD, Tosan Boyo, Susan Ehrlich MD, Aiyana Johnson, Jeff Critchfield MD, Dan Schwager, Greg Chase, Val Head, Lann Wilder, Virginia Dario Elizondo, Brent Costa

2) APPROVAL OF THE MINUTES OF THE AUGUST 28, 2018 ZUCKERBERG SAN FRANCISCO GENERAL JOINT CONFERECE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes.

3) REGULATORY AFFAIRS REPORT
Troy Williams, Chief Quality Officer, presented the item.

Commissioner Comments:
Regarding the CDPH Vaccines for Children Family Health Center Inspection Visit, Commissioner Chow asked for more information regarding the digital thermometer serial numbers not matching the serial numbers on the cables for the probes. Mr. Williams stated that there was a requirement that serial numbers of the thermometers match the probe. However, ZSFG will be replacing the thermometers every two years. The surveyors approved of this plan.
4) **OPTIMIZING A CARE EXPERIENCE MODEL**
Jeff Critchfield, MD, Chief Medical Experience Officer & Aiyana Johnson, Chief Experience Officer, presented the item.

**Commissioner Comments:**
Commissioner Chow asked whether a goal of achieving an additional 2% on the “Likelihood to Recommend” from 78% to 80% was a worthwhile goal. Ms. Johnson stated that ZSFG set an achievable goal and noted that it takes substantial work to move this metric 1%. Dr. Ehrlich stated that Press Ganey states that if this measure can be increased one point in a year, it is considered good progress.

Commissioner Green asked how the use of real-time data will impact the analysis and response of issues at ZSFG. Dr. Critchfield stated that when real-time data is used, ZSFG can respond in real-time to help improve a patient’s experience.

Commissioner Green asked if ZSFG has considered its choice of wording in its translations in regard to encouraging high patient satisfaction scores. Ms. Johnson stated that simple language is used in addition to working with patient language groups, comprised of patients who do not speak English as a first language, to ensure the questions are appropriate for the target audiences.

Commissioner Chow asked how often the JCC would receive updates on this data. Ms. Johnson stated that quarterly reports will be made to the JCC.

Commissioner Sanchez stated that he is interested in tracking the cohort of people who access ZSFG inpatient services and DPH outpatient clinic services to monitor the overall patient care experience. He noted that this analysis would help the DPH best understand this population. Dr. Critchfield stated that Dr. Hali Hammer, San Francisco Health Network Director of Ambulatory and Primary Care, has done an excellent job of connecting patients with clinics within 7 days of their ZSFG discharge. He noted that more work is left to be done to tie the patient experience of the various steps within the San Francisco Health Network.

5) **THE ZSFG WAY**
James Marks, M.D., Chief Performance Excellence, presented the item.

**Commissioner Comments:**
Commissioner Green thanked the presenters for their impressive work. She asked how the change of shift from day to night impacts this process. Dr. Marks stated that so far this process has not been implemented outside of daytime shifts. Ms. Dentoni stated that the night Administrator on Duty will be trained to implement huddles.

6) **PROVISION OF CARE POLICY**
Terry Dentoni, Chief Nursing Officer, presented the item.

**Commissioner Comments:**
There were no comments.

**Action Taken:** The Committee unanimously approved the policy.
7) PERFORMANCE IMPROVEMENT AND PATIENT SAFETY POLICY
Troy Williams, Chief Quality Officer, presented the item.

Commissioner Comments:
There were no comments.

Action Taken: The Committee unanimously approved the policy.

8) ENVIRONMENT OF CARE (EOC) ANNUAL REPORT FY 2017-2018
Greg Chase, Facilities Services Director & Ed Ochi, Safety Officer, presented the item.

Commissioner Comments:
Commissioner Chow asked if it was necessary to increase the number of safety staff when the new hospital building opened. Mr. Ochi stated that there was an increase in staff safety training hours but no increase in staff. He noted that after a period post-training, injury rates returned to levels experienced prior to the move. He added that more staff coverage is needed during the construction projects in Building 5. Dr. Ehrlich stated ZSFG Environment of Care staff is currently exploring the utilization of best practices using the ratio of square footage to the number of staff.

Commissioner Chow asked if the reroofing of Building 5 is funding through the 2016 Public Health Bond. Mr. Boyo stated that the reroofing project is considered ongoing maintenance and is not funded through the 2016 Public Health Bond.

Commissioner Chow noted that the vote to approve the report will be deferred to the November 2018 meeting when Basil Price will present the Security portion of the report.

9) HOSPITAL ADMINISTRATOR’S REPORT
Susan Ehrlich M.D., Chief Executive Officer, presented the item.

STAFF EQUITY SURVEY
Historically, ZSFG’s current data systems did not have the infrastructure to collect REAL or SOGI data. Since April, almost 2000 staff members have been trained on SOGI. In 2017, hospital administration made a commitment to address equity in a systematic way, first establishing baseline of our culture. The ZSFG staff has participated in a 13-question survey developed, evaluated and tested by the Equity Council, and reviewed by DPH Human Resources, Labor Relations and on-campus focus groups. The survey has just closed (August 31), and results will be available soon and shared with the staff, as well as the Commission. Curricula for staff and leaders have been developed along with other resources.

SCOOTER ACCIDENT DATA PROJECT
Responding to an unexpected surge in the number of trauma cases related to electric scooter accidents, two ZSFG doctors, in association with the efforts of the city’s Vision Zero team, have begun to systematically compile statistics about the growing use of shared electric scooters. It is hoped a comprehensive data base will help guide the development of sustainable and appropriate policies in the future.

This piece aired on NBC network news:
This by reporter Rachel Swan in the San Francisco Chronicle:

PATIENT FEEDBACK VIA SOCIAL MEDIA
ZSFG is increasingly receiving feedback from patients, families and the community via social media. Response and service recovery can be faster and the results can be shared widely. Here is a recent example:

TRANSGENDER-POSITIVE APPROACH
A ZSFG doctor, Nicole Rosendale, was the primary author of a recently published study in JAMA Internal Medicine about the effects on transgender patients of healthcare provider attitude and approach:
"Fears of insensitive questioning, withdrawal from hormone treatment and the use of a patient’s legal name, rather than chosen name, may drive many transgender people away from acute care facilities, including
emergency departments, urgent care and inpatient treatment, according to an analysis by UC San Francisco doctors in *JAMA Internal Medicine*.”

In their review, publishing Aug. 27, 2018, the authors combed 80 studies to evaluate the medical needs of the estimated 1.4 million adults in the United States whose gender identity differs from their sex assigned at birth. In one cited study from 2015, one-third of more than 27,000 transgender people surveyed by the National Center for Transgender Equality reported at least one negative experience over the past year with their health care provider. This included refusal of treatment or verbal harassment. Additionally, close to one in four did not see a physician in the past year due to concerns about being mistreated. This distrust may lead transgender patients to avoid routine doctor visits and coming to acute care facilities when a disease is advanced, the authors noted.”

The conclusions may lead to more effective approaches to our diverse patient population.

**MONTHLY “STOP THE BLEED” TRAINING**
The Trauma Program at ZSFG conducts a “Stop the Bleed” course on the first Thursday of every month from 11:30 – 1:00 in 2A6. The didactic portion lasts approximately 40 – 45 min followed by a 20 minute hands-on skill station. At the course participants learn how to recognize life-threatening bleeding and 3 simple techniques to stop bleeding.
To date, over 1200 people have been trained.
Courses are open to staff, their families, and community members. To learn more, or register, visit: [https://airtable.com/shrr9THfpFyedU34t](https://airtable.com/shrr9THfpFyedU34t)

For more information on the national “Stop the Bleed” campaign, please visit: [www.bleedingcontrol.org](http://www.bleedingcontrol.org)
BUILDING OUR FUTURE
There has been significant progress on Building 5 seismic work and other capital projects, turning the former hospital building into a comprehensive ambulatory care center, with co-location of services, centers of excellence and intuitive wayfinding.

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<td>&gt;1000</td>
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PATIENT FLOW REPORT FOR AUGUST 2018

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

**Medical/Surgical**
Average Daily Census was 225.65 which is 111% of budgeted staffed beds level and 90% of physical capacity of the hospital. 15.41% of the Medical/Surgical days were lower level of care days: 3.09% administrative and 12.32% decertified/non-reimbursed days.

**Acute Psychiatry**
Average Daily Census for Psychiatry beds, excluding 7L, was 41.55, which is 94.4% of budgeted staffed beds and 62.0% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.23, which is 74.7% of budgeted staffed beds (n=7) and 43.5% of physical capacity (n=12). Utilization Review data from the INVISION System shows 80.36% non-acute days (61.57% lower level of care and 18.79% non-reimbursed).

**4A Skilled Nursing Unit**
ADC for our skilled nursing unit was 28.26, which is 100.92% of our budgeted staffed beds and 94.19% of physical capacity.
Fiscal Year 2018-2019 Salary Variance to Budget is not available at this time. Reporting will resume in October’s JCC Report.

Public Comment:
Norlissa Cooper, ZSFG RN for 10 years and SEIU member, stated that the Title 22 requirements are repeatedly violated at ZSFG. She noted that ZSFG has not developed a plan to ensure staffing patterns adhere to the regulations. Nurses are tire and will not stand by while ZSFG disobeys the law. She urged the JCC to hold ZSFG responsible for maintaining appropriate staffing levels and documenting this information daily. She also encouraged the JCC to request that this information be reported on a regular basis. Patient and staff safety depends on this issue.

Annette Jagers, ZSFG Med Surg Floor RN for 10 years, stated that in the new hospital building, there is much more space to cover. Patients are in individual rooms and some coaches are monitoring up to four patients in one room. However, due to patient overflow, some coaches are only monitoring one patient which requires patient assistants to monitor these patients instead of assisting nurses with patient care and feeding. She added that the translation phones take more time. In addition, sometimes nurses are required to transport patients which means leaving their other patients without appropriate coverage.

Commissioner Comments:
Commissioner Chow commended ZSFG for reaching diversion rates under 40%.

Commissioner Chow noted that the new report format does not enable the reader to understand the total percent of lower level of care patients. Dr. Ehrlich stated that this group accounts for approximately 25% of the total ZSFG beds.

Commissioner Chow asked for clarification of the Skilled Nursing Facility graph on page 10. Dr. Ehrlich stated that the goal is to see no lower level of care days because it means patients have been placed at the most appropriate level of care for their needs.

10) ZSFG RN HIRING AND VACANCY REPORT
Karrie Johnson, ZSFG Human Resources, presented the item.

Commissioner Comments:
Commissioner Chow asked for more information regarding the public comment made about potential Title 22 violations. Ms. Dentoni stated that ZSFG fills vacancies with per diem staff and through overtime to ensure there are staff breaks. ZSFG also conducts a study each month to monitor this issue.

Commissioner Green asked how the vacancies listed in the report relate to public comment regarding nurses having to do tasks outside of their assigned duties. Ms. Dentoni stated that ZSFG employs 20 registry coaches which includes overtime. USF is conducting an assessment of how ZSFG utilizes these types of positions. Ms. Dentoni added that she meets monthly with the union to address issues that they bring to her attention.
11) **MEDICAL STAFF REPORT**
Claire Horton, M.D., Chief of Medical Staff, presented the item.

**ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:**
Update on CURES Requirements for Secure Prescriptions in CA
State Bill 482 requires all prescribers to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II to IV controlled substance effective on October 2, 2018 for outpatient and discharge prescriptions. Dr. Dave Smith, PharmD, Ambulatory Care Clinical Pharmacy Manager, outlined to MEC members the requirements as follows:

- When must I consult
- Who is not required to consult CURES
- What if it is not “reasonably possible” to consult CURES
- What are the consequences if I do not check CURES
- What controlled substances does this apply to
- How should I document in my Primary Care Clinic

Dr. Smith pointed out that providers are exempt from checking CURES in any of the following circumstances: Admitted patients to or transfer between a Licensed Clinic, Outpatient Setting, Health Facility, or County Medical Facility or medications administered to the patient at these locations, Emergency Department of a general acute care hospital if prescription is ≤ 7-day supply (no refills), Patient’s treatment for a surgical procedure if prescription is for ≤5-day supply (no refills). All other providers must consult CURES before the first time prescribing, ordering, administering, or furnishing a controlled substance to a patient, at least once every four months if the controlled substance remains a part of the patient’s treatment plan, and before any subsequent prescribing a controlled II-IV substance, if previous prescription was exempt. Close work with the primary care clinics is ongoing regarding set up and implementation of systems/processes to ensure compliance.

**CLINICAL SERVICE REPORT:**
Laboratory Medicine Service – Barbara Haller, MD, Chief
The report included updates on the following:
Dr. Haller presented the 2016-2018 Laboratory Medicine Clinical Service report. The report included the following updates/highlights:

- Clinical Services Provided – Comprehensive Laboratory Testing, Transfusion Services for ZSFG and LHH, Limited Phlebotomy Services, 24/7 Technical and Clinical Consultation, Management of Point of Care Testing at ZSFG, and Regulatory Oversight Tissue Bank.
- Clinical Laboratory Scope of Services – Support Acute Care Hospital, LHH and Outpatient Testing; Operational 27/7, 365 days/year, provide 512 different laboratory tests.
- Scope of Clinical Work: Comparative Volume statistics 2016/17 and 2017/18 indicate a 22.2% increase in Lab Testing (Billable Tests), 10.7% increase in ARUP Lab Testing (Main Reference Lab), 2.5% increase in Blood Components Issues, and an 11.3% decrease in Outpatient Phlebotomy. 50% of lab tests are for inpatients, 12% for ED, 36% for outpatients, and 2% for LHH
- Hospital/Outpatient Based Clinical Work (Lab tests) 0 From 2017-18, there were a total of 1,927,389 billable tests, 50% of which are inpatients, 12% ED, 36% Outpatients and 2% LHH
- ZSFG Clinical Lab Leadership Structure – 149.5 FTEs Clinical Lab Staff and 4.8 FTEs faculty.
- Education and Training – UCSF Laboratory Medicine/Pathology Residents (MD), Fellows (PhDs), Clinical Laboratory Scientists (CLS), Medical Students, Phlebotomy Trainees. CLS training is important to the Department because 80 to 85% of these students are hired after the program.
• PIPS Initiatives/A3 Projects – Initiatives include:
  - Under Core Laboratory, Chemistry PIPS, implementation of new Flow Cytometry method for CD4/CD8 testing. Mean turn-around time was reduced from 24 hours to 10 hours.
  - Under Blood Bank, Revised Criteria for Specimen Rejection; The Lab reviewed one category for specimen rejection – Specimen Quality Issues. Majority of rejections due to hemolysis, and quantity not sufficient. Review of Blood Bank Practices showed use of plasma specimens meant hemolysis no longer a problem and additional testing rarely needed for most patients. As a result of revision, only 58 rejected from May to June 2017, compared to 210 from Jan to April 2017.
  - Microbiology – Interfaced Cepheid Instrument thus eliminating manual document resulting in less CLS time for Flu assay and more accurate result reporting.
  - Eliminate phone calls for Stat Group A Strep tests and influenza results as a result of improved computer systems
  - Training to reduce Bone Marrow processing errors
  - Improve Competency Assessment Compliance for Provider-performed Microscopy (PPMP)
  - New Urinalysis Testing Platform that is more integrated and give faster results.
• Laboratory IT Projects – Implementation of Sunquest SMART module (Specimen Management and Tracking Module), Upgrade Sunquest software to support Epic, Work on Epic
• Review of NPSG Indicators – Laboratory Medicine has systems in place to meet the goals to improve accuracy of patient identification, improve effectiveness of communication among caregivers, and reduce the risk of health-associated infections.
• Patient Satisfaction Survey – Outpatient Phlebotomy – 249 participants for a period of 1 month in 2018. Results indicated strong agreement on 4 metrics: staff professionalism/courtesy, reasonable waiting time, comfortable phlebotomy room, and quality/safety.
• Faculty Research/Creative Activities/Awards – Dr. Haller highlighted several awards on teaching, lecturing, mentoring awards received by Alan Wu, PhD, Division Chief of Core Lab, Chemistry and excellent presentation in Clinical Toxicology by Kara Lynch, PhD, Associate Chief, Core Lab, Chemistry.
• Financial Report – Expenses FY09-FY18, Revenue vs Expenses, 2006-18 Number of Billable Tests over Technical FTE, ARUP 2006-17 Cost and Volume. Dr. Haller pointed out the increase cost and volume of sent outs to ARUP, with ZSFG spending almost $1.3 in 2017. 15% of these has to do with hepatitis C. Dr. Haller plans to conduct an A3 on ARUP costs, where and how to decrease sent out testing costs.
• Strengths/Weaknesses – Strengths include: Strong, committed leadership team, Dedicated Support Staff, Consultative Services, Excellent Teaching Programs, UCSF Affiliation, Support ZSFG Leadership and Staff, and Toxicology Capabilities
• Challenges – Budget Management, Sunquest Integration with Epic, Retention of Clinical Lab Scientists, Shortage of available Clinical Lab Scientists, Leadership Succession, Increasing state and federal regulatory requirements, Pre-analytical Phase of Testing (Specimen Collection and Labeling), Point-of-Care Testing and PPMP, Joint Commission Survey June-July 2019, Challenging and Aging infrastructure, Climate Control in 2M Lab, Aging Equipment, Core Lab Planning and Construction, New OPD (Outpatient Patient Draw Station)
• 2016-2018 Goals – Complete design and installation of Core Laboratory Automation and new OPD Space, Participate in multiple IT Initiatives (Epic, EMR, CalRedie, etc.), Relocation of laboratory operations in Bldg. 100 to Bldg. 5, Discussions of Optimizing testing between Public Health Lab and ZSFG Microbiology Lab

Dr. Haller discussed future space considerations (future Core Lab locations, OPD move to the new Urgent Care Location) and ongoing planning for implementation of a Core Laboratory that will provide Total Laboratory Automation (TLA), Shortened/simplified specimen delivery path, Flexible cross trained and engaged workforce, Standardization of platforms, more efficient and better workflow, shortened Turn-around-Time for results and ability to bring in additional tests at ZSFG. Dr. Haller is targeting to have the Core Lab running in 2020. Dr. Haller also compared and contrasted the services provided by the DPH Laboratory with the ZSFG Lab Medicine
Service, including hours of operations and duplicated tests. Dr. Haller informed members that there will be future discussions to review the duplicated services offered by the two laboratories.

Members thanked Dr. Haller for her excellent presentation and Laboratory Service’s outstanding service to all Clinical Services.

Commissioner Comments:
Commissioner Chow suggested that the ZSFG Annual Report highlight its effective use of Lean throughout its activities and programs.

Action Taken: The Committee unanimously approved the following:
- Romain C. Pirracchio MD, Appointment as Anesthesia Service Chief
- Kieron Leslie, MD, Appointment as Interim Dermatology Service Chief
- Toby Maurer, MD – Re-Appointment as Service Chief of Dermatology Service
- Lab Medicine Clinical Service Rules and Regulations
- Service Chief Approval Form for Reappointment with OPPE
- Urology Standard Procedures
- Addiction Privilege List
- Surgery Privilege List

12) OTHER BUSINESS
This item was not discussed.

13) PUBLIC COMMENT
There was no general public comment.

14) 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 September 2018 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

15) **ADJOURNMENT**
The meeting was adjourned at 6:23pm.