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**HEALTH COMMISSION  
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**MINUTES**

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

**Tuesday, August 28, 2018 3:00 p.m.**

**1001 Potrero Avenue, Building 25, 7<sup>th</sup> Floor Conference Room H7124, H7125 and H7126  
San Francisco, CA 94110**

**1) CALL TO ORDER**

Present: Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Laurie Green, M.D.

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Greg Wagner, Roland Pickens, Terry Dentoni, Troy Williams, Todd May MD,  
Alice Chen MD, Will Huen MD, Aaron Cramer, Alberto Mejia, Mark Leary MD,  
Kelly Hiramoto, Anton Niguez Bland, Kathy Ballou, Basil Price, Dave Woods,  
Karrie Johnson, Tosan Boyo, Claire Horton MD, Sue Carlisle MD, Susan Ehrlich MD,  
Brent Costa, Virginia Dario Elizondo

The meeting was called to order at 3:07pm. Commissioner Sanchez stated that the Health Commission is deeply appreciative that Greg Wagner has taken on the role of Acting Director of Health.

**2) APPROVAL OF THE MINUTES OF THE JULY 24, 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 Sanchez thanked Mr. Williams for the report.

**4) ZPCQI UPDATE**

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

Commissioner Comments:

Commissioner Sanchez stated that he appreciates that ZSFG has been able to effectively target specific projects with these funds.

**5) PSYCHIATRY SERVICES UPDATE**

Anton Bland, M.D., Kathy Ballou, RN, MSN, CNL Nursing Director, Mark Leary, M.D., presented the item.

Commissioner Comments:

Commissioner Green asked for more information regarding the overlap of Psychiatric Emergency Services (PES) patients and incarcerated individuals receiving services from Jail Psychiatric Services (JPS). Dr. Leary stated that there is a significant overlap with the PES and JPS patient populations. He noted that Behavioral Court has been a significant intervention in helping some people with Mental Health issues stay out of jail and in treatment.

Dr. Leary also stated that substance use often impacts those accessing PES services; he noted that approximately 50% of patients are admitted with issues related to methamphetamine use which often requires long PES stays and sometimes admittance to inpatient units. He added that San Francisco continues to need an effective substance use treatment programs.

**6) HOSPITAL ADMINISTRATOR'S REPORT**

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

**ZSFG EQUITY COUNCIL**

Delivering equitable care to our patients begins with developing a culture of inclusion in our work. Considering this, ZSFG Equity Council developed and implemented a survey on July 30<sup>th</sup> asking staff to share their experiences and perspectives on Equity in the past year. To be the best hospital for our patients and community, we must support a culture where our staff can find joy in their work. That's why it's so important that all of our staff participate in the Equity Survey. Responses will help us understand what strategies, resources and tools our staff need to eliminate disparities and promote inclusion. As of Friday, August 17, 2018 over 900 employees have responded. Our goal is 1,000 responses by August 31<sup>st</sup>.

**BABY FRIENDLY SURVEY**

This month, the Baby Friendly USA Organization conducted a survey of Maternal Child Health (MCH). The surveyors were extremely complimentary of all the staff and the excellent care they provide to our patients.

One of the surveyors stated, *"Thank you so much for inviting us to survey your facility, the staff are wonderful, innovative, and provide a much needed and necessary service to the community".*

The survey consisted of the following:

- A tour of inpatient and outpatient settings to ensure required regulatory signage was posted in multiple areas
- Interviews with frontline staff, providers, current patients, and patients that had been discharged
- Review of medical records
- Observation of a delivery

- Visited outpatient settings to ensure adequate follow up for breast feeding moms
- Review of educational material given to patients, on-going education for our MCH staff, and hospital purchase orders for formula

We await the surveyors' official report and findings.

**ZSFG COMMUNITY ENGAGEMENT COMMITTEE**

In 2012, inspired by the hospital's rebuild project, Zuckerberg San Francisco General Hospital (ZSFG) established the Community Engagement Committee. The committee is composed of patient advisors who partner with hospital staff and managers on various patient experience projects. Advisors influence the patient experience through honest feedback and promote patient and community engagement. This year, the committee's focus includes wayfinding solutions, communication to patients on capital projects, and supporting the implementation of the new EHR. Advisors have vetted wayfinding signage proposals, have worked closely with the capital project's Public Relations officer to strengthen the communication strategy and shared insightful recommendations to develop a patient-centered and user-friendly EHR patient portal. Our advisors are valued partners, committed to enhancing the patient and family experience.



Patient Advisor and year since service (left to right) **top row:** Greg Richardson, 2015; Mark Walsh, 2017; **middle row:** Jane Redmond, 2013; Judith Burns, 2015; Patient Advisory Leaders: Liliana Cabrera, 2017; Chomei Johnson, 2010; **front row:** Patrick McKenna, 2016; Robert Grant, 2016; **not photographed:** Thesesa Wallace, 2015; Sharon Pappas, 2016; Epee Rafana; 2011.

**VALUE-BASED PURCHASING**

ZSFG received our first positive payment adjustment for the Hospital Value-Based purchasing program. Hospital Value-Based purchasing is a Centers for Medicare & Medicaid services pay for performance program. It rewards hospitals based on quality of care provided and patients' experience of care. This is the

strongest performance from ZSFG since the program's inception in 2013; our improved performance is due to focused improvement work in the True North areas of Quality, Safety, and Care Experience.

**PATIENT FLOW REPORT FOR JULY 2018**

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

**Medical/Surgical**

Average Daily Census was 231.65 which is 114% of budgeted staffed beds level and 92% of physical capacity of the hospital. 21.15% of the Medical/Surgical days were lower level of care days: 2.67% administrative and 18.48% decertified/non-reimbursed days.

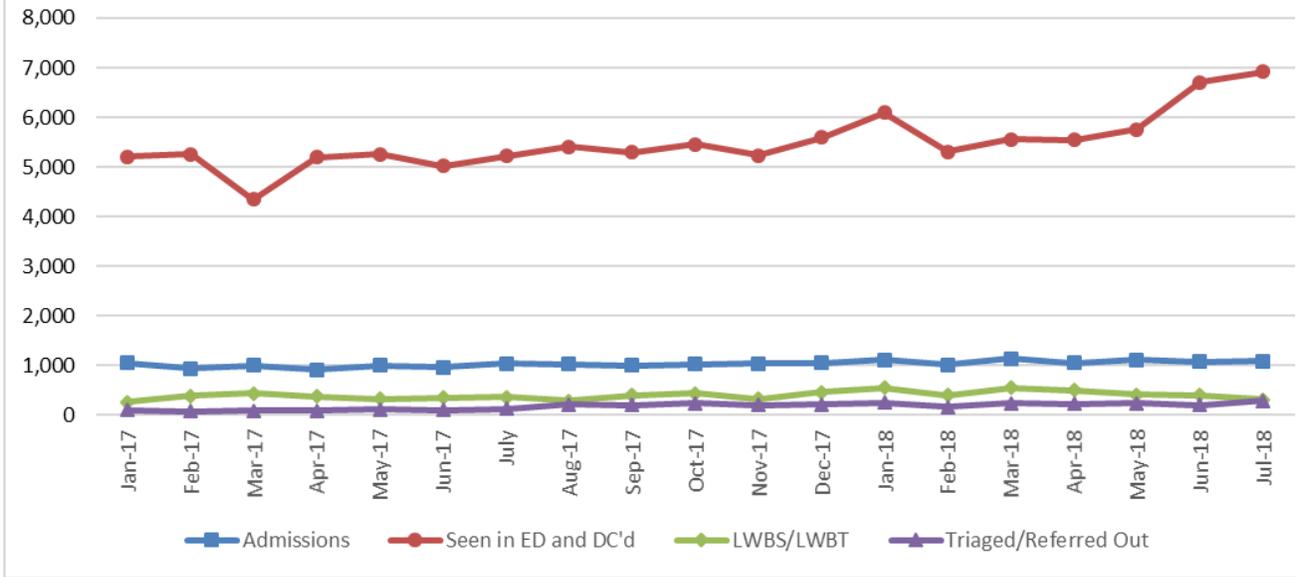
**Acute Psychiatry**

Average Daily Census for Psychiatry beds, **excluding 7L**, was 41.10, which is 93.4% of budgeted staffed beds and 61.3% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.52, which is 78.9% of budgeted staffed beds (n=7) and 46.0% of physical capacity (n=12). Utilization Review data from the INVISION System shows 73.16% non-acute days (57.38% lower level of care and 15.78% non-reimbursed).

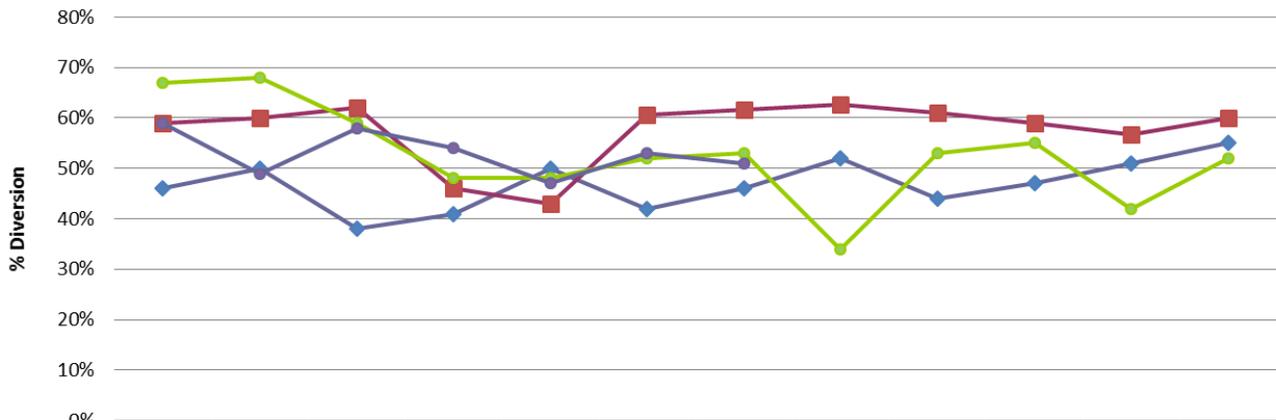
**4A Skilled Nursing Unit**

ADC for our skilled nursing unit was 28.35, which is 103.8% of our budgeted staffed beds and 94.5% of physical capacity.

## Emergency Department Total Census Activities

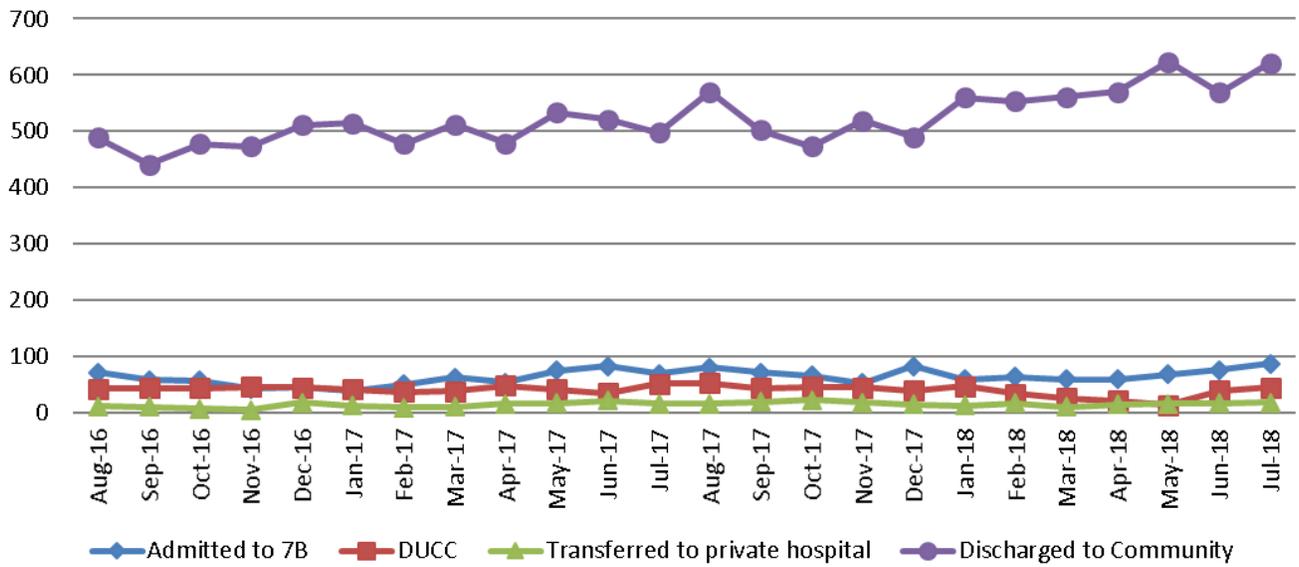


## JCC Diversion Report 2018

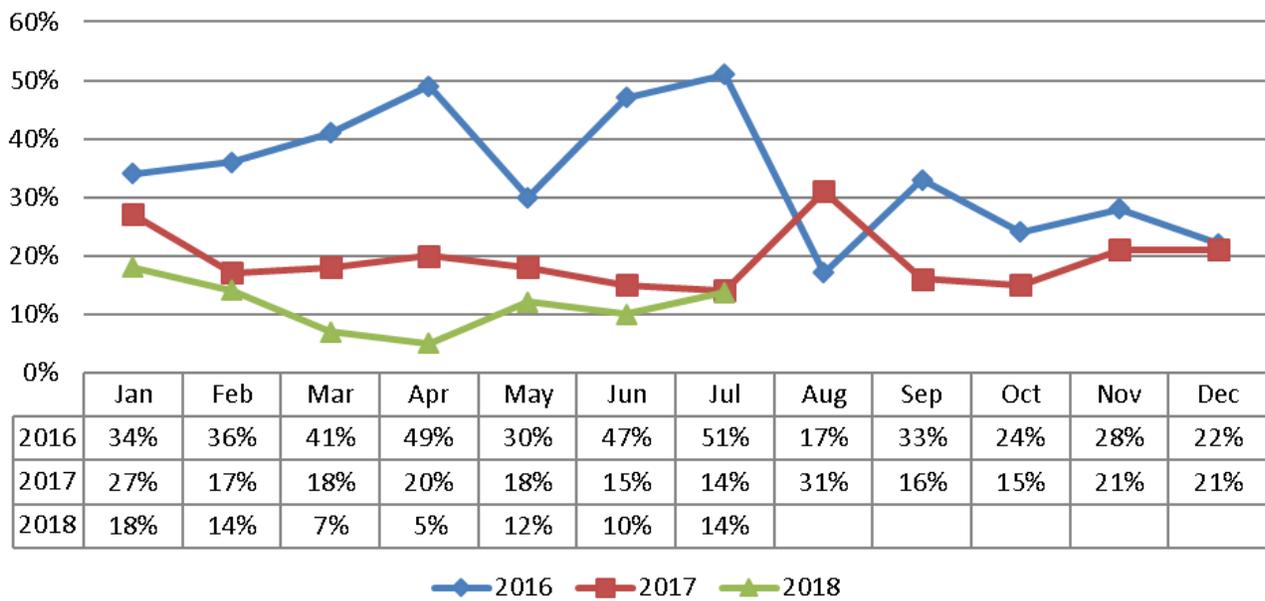


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	46%	50%	38%	41%	50%	42%	46%	52%	44%	47%	51%	55%
2016	59%	60%	62%	46%	43%	61%	62%	63%	61%	59%	57%	60%
2017	67%	68%	59%	48%	48%	52%	53%	34%	53%	55%	42%	52%
2018	59%	49%	58%	54%	47%	53%	51%					

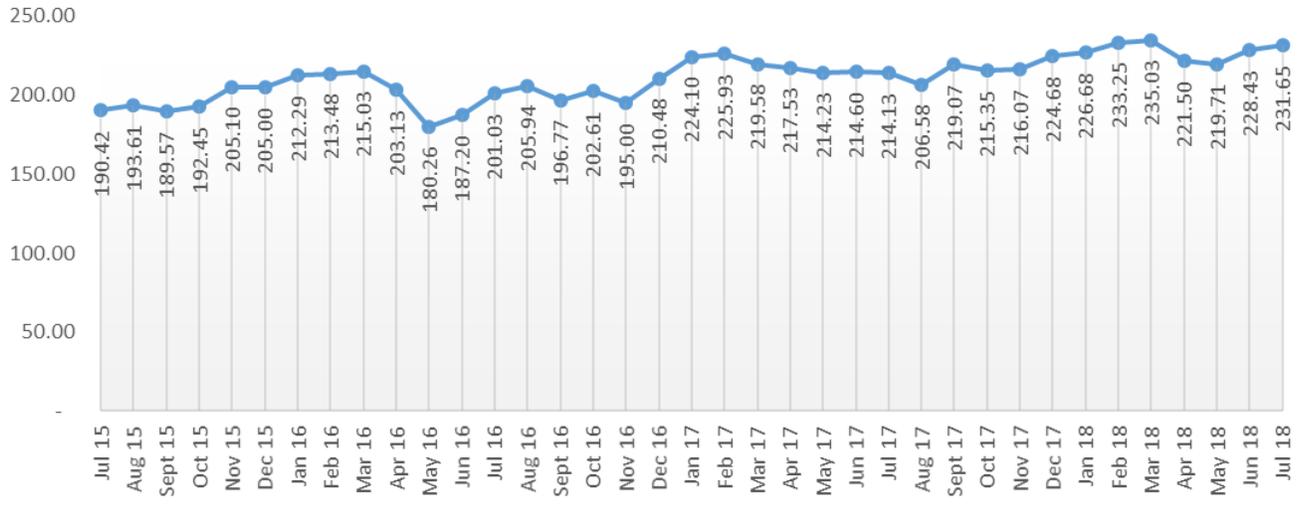
### Psychiatric Emergency Services Activities



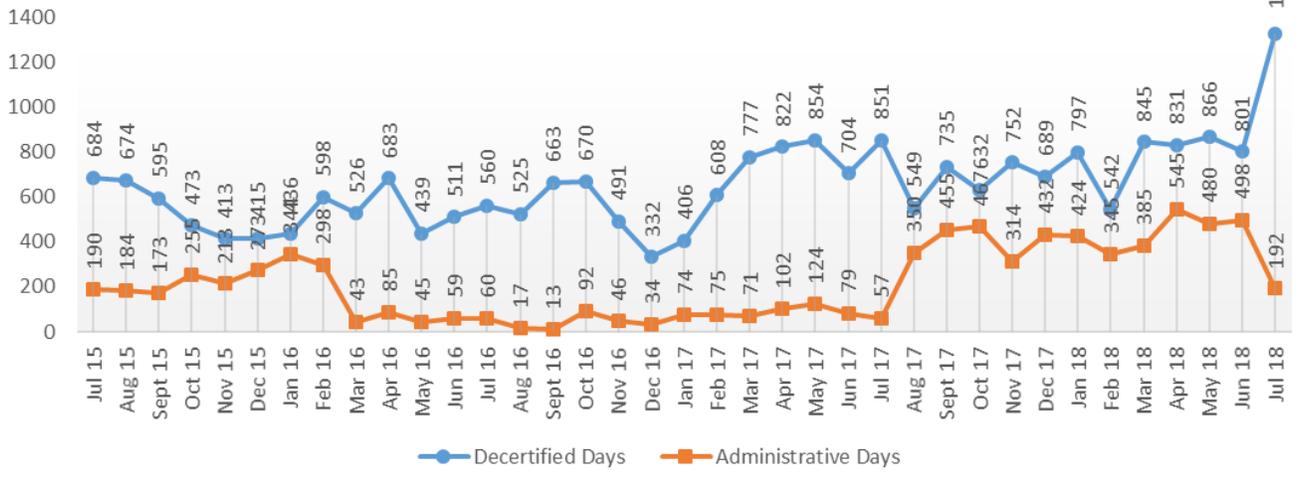
### PES Condition Red



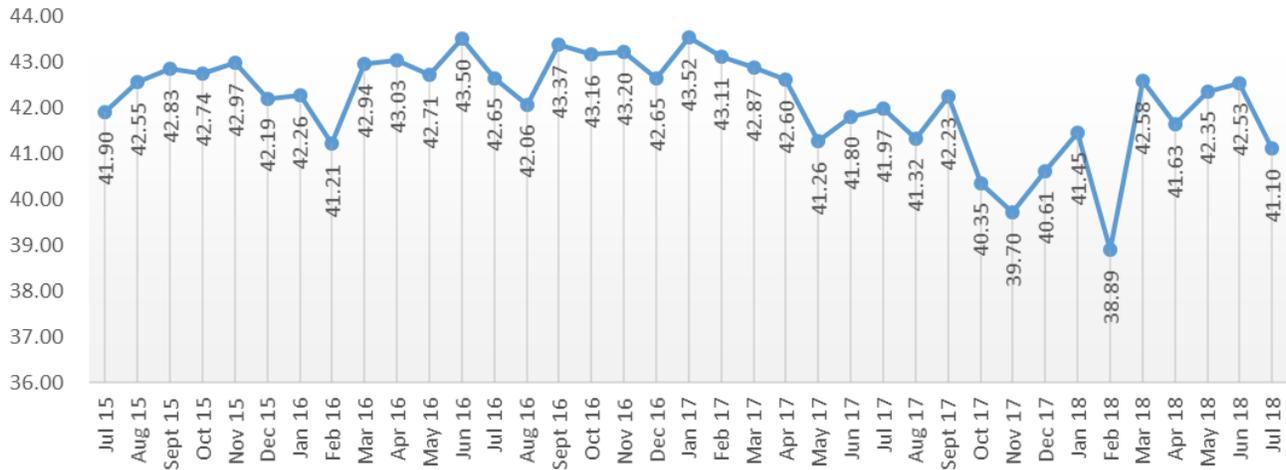
### Medical Surgical, ICU, & MCH Average Daily Census



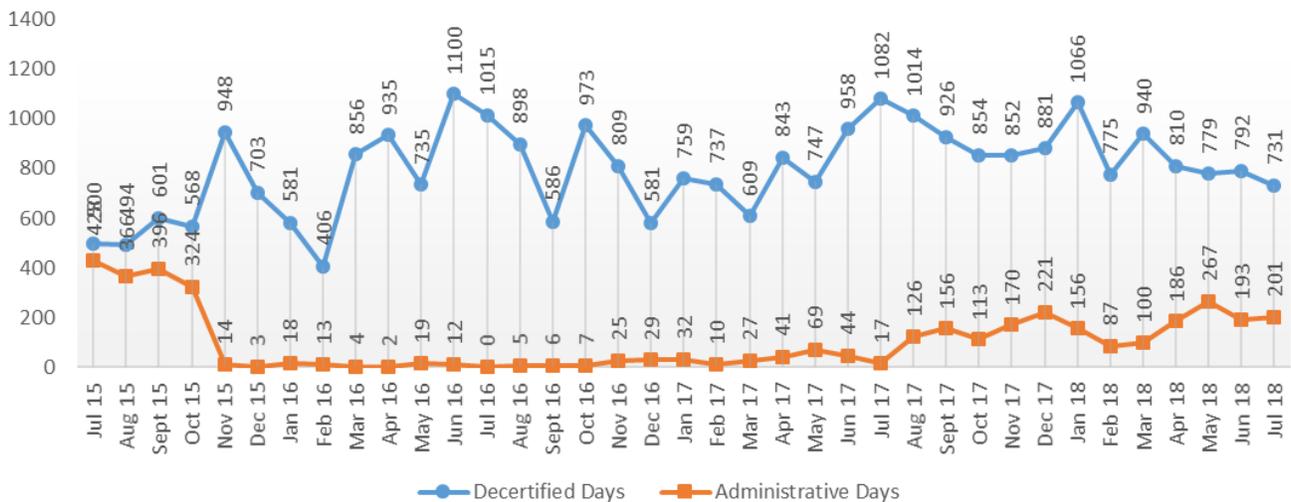
### Medical Surgical Lower Level of Care Days



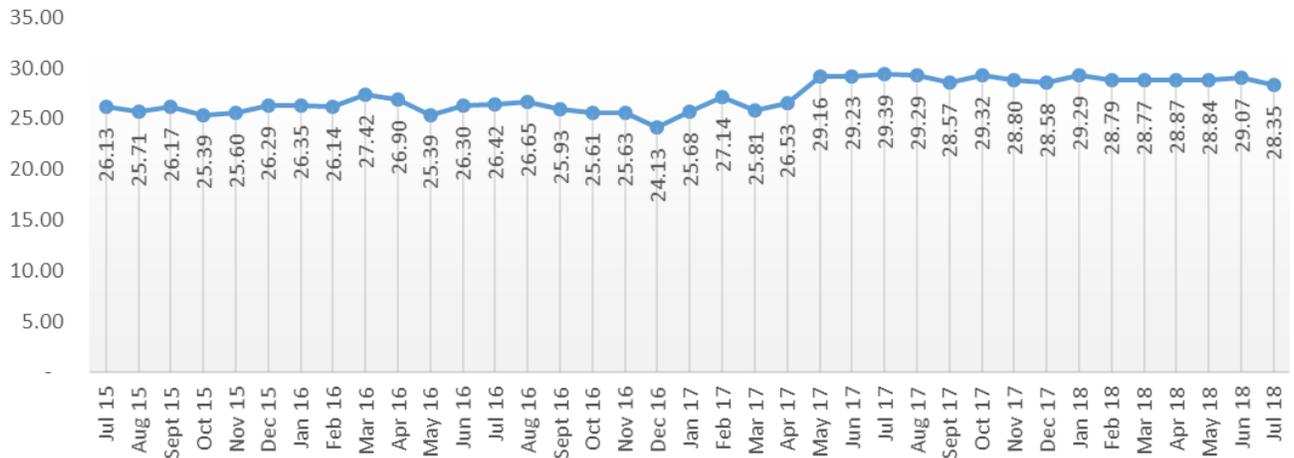
Acute Psychiatry (7B and 7C) Average Daily Census



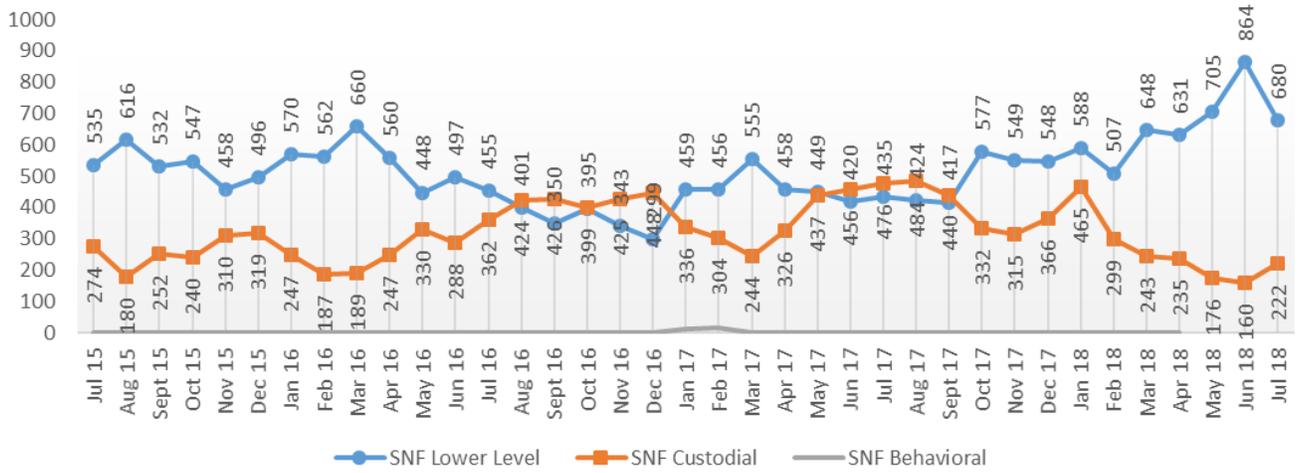
Acute Psychiatry (7B and 7C) Lower Level of Care Days



### Skilled Nursing Facility Average Daily Census



### Skilled Nursing Facility Lower Level of Care Days



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

For Pay Period ending June 29, 2018, Zuckerberg San Francisco General recorded 4.33% variance between Actual and Budgeted salary cost – actuals were \$635,719 over budget. For variance to budget Fiscal Year 2017-2018 (through June 30, 2018), ZSFG has a negative variance of \$12,889,555 / 3.44%

- \$6.0M driven by census. Year to date the average daily census is 13 higher than planned, requiring additional staffing to meet demand.
- \$3.2M patient care areas staffing above model (Flex RN, MCH)
- \$1.6M Psychiatry 1:1 staffing
- \$1.1M Non-bedded patient care areas staffing above budget (Anesthesia, Coordination of Care)
- \$1.0M Support Services (EVS, Nutrition, Messengers, Linen, Facilities Services, Community Wellness)

### Commissioner Comments:

Commissioner Sanchez thanked Dr. Ehrlich for the reorganized data in the report.

Commissioner Green asked for the source of the decertified days data. Dr. Ehrlich stated that a standard tool is used to determine if days are categorized as acute, administrative, or decertified. She added that CMS recently changed its criteria and ZSFG has contracted with a vendor to use the new criteria in ZSFG reviews. Dr. May stated that decertified days refer to patients that have a lower level of care need but are in an inpatient bed until appropriate placement is found.

### **7) PATIENT CARE SERVICE REPORT**

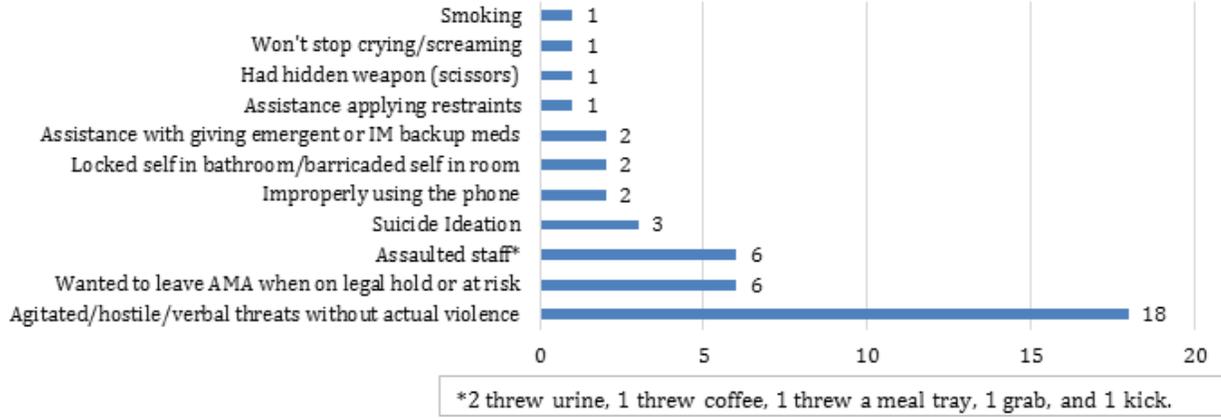
Terry Dentoni, Chief Nursing Officer, presented the item.

#### **Professional Nursing for the Month of July 2018**

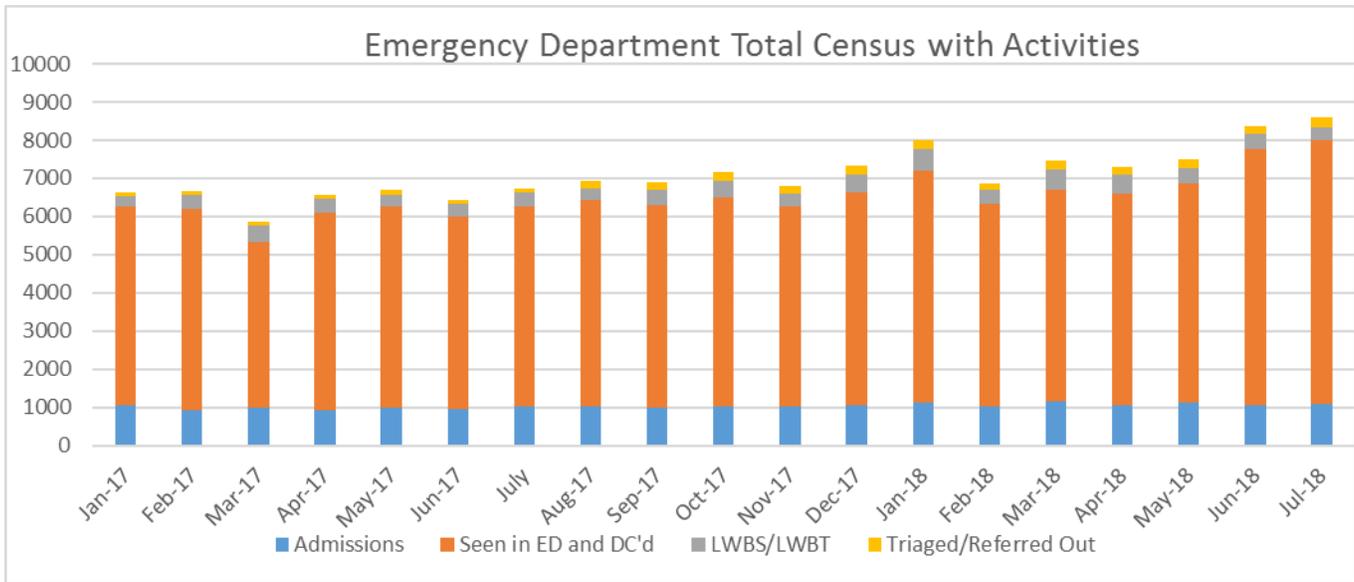
Behavioral Emergency Response Team (BERT)

The Behavioral Emergency Response Team (BERT) a behavioral health rapid response team comprised of experienced psychiatric nurses that respond to urgent situations, including potentially disruptive or threatening actions of patients who compromise the safety and well-being of themselves and others. Currently a process improvement PDSA (Plan-Do-Study-Act), the BERT responds to inpatient non-behavioral health units at ZSFG to manage volatile behaviors through de-escalation techniques, and by providing staff support and real-time education. Thus far, the BERT has demonstrated improved patient outcomes, increase in staff satisfaction, and impacts on the SFSD calls for service on campus.

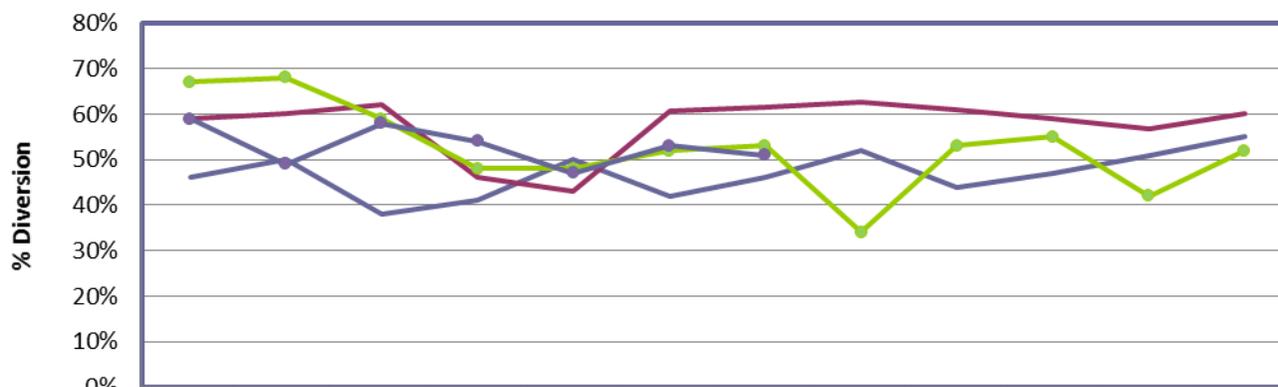
### Reasons for Behavioral Emergency Response Team (BERT) Calls (n=43) 2/2018-Present



### Emergency Department (ED) Data for the Month of July 2018



## JCC Diversion Report 2018



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	46%	50%	38%	41%	50%	42%	46%	52%	44%	47%	51%	55%
2016	59%	60%	62%	46%	43%	61%	62%	62.60%	61%	59%	57%	60%
2017	67%	68%	59%	48%	48%	52%	53%	34%	53%	55%	42%	52%
2018	59%	49%	58%	54%	47%	53%	51%					

### July | 2018

**Diversion Rate: 51%**

*ED Diversion 298 hours (40%) + Trauma Override 79 hours (11%)*

**Total ED Encounters: 6919**

**ED Admissions: 1090**

**ED Admission Rate: 15.75%**

### Psychiatric Emergency Service (PES) Data for the Month of July 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.

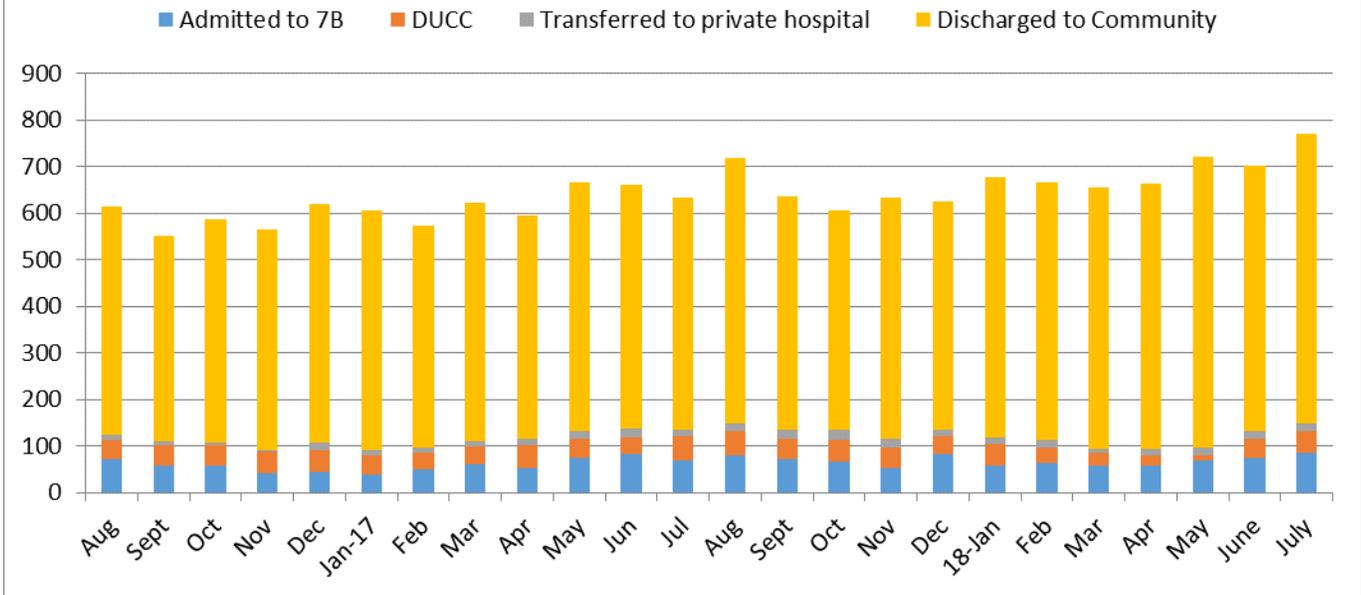
In July, PES completed a record - 771 patient encounters. This is significantly higher than the average number of encounters per month in 2017 (n = 637).

Despite the increased volume, at 13.7% the Condition Red/Diversion Rate was within the goal for maintaining flow (n = <15%).

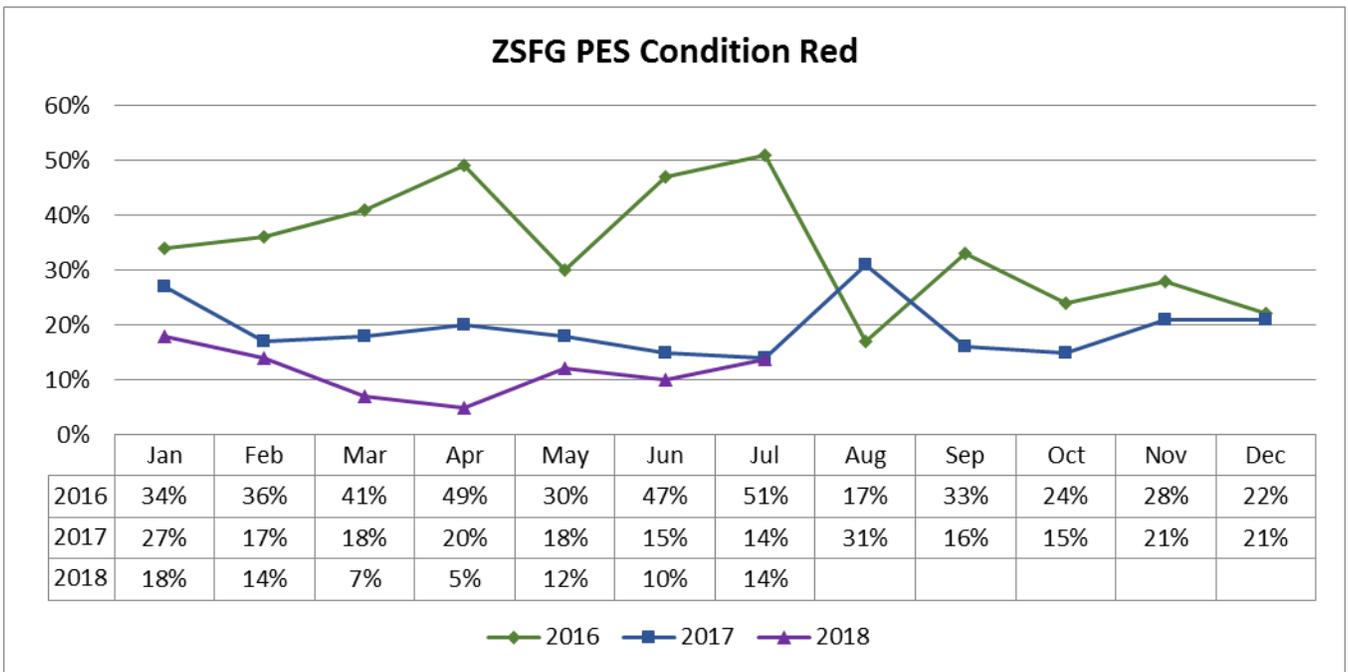
The median length of stay was again reduced to 13.2 hours. This is lower than the median length of stay (hours) in 2017 (n = 16.05). The median length of stay decreased this month, going from 14.5 hours in June to 13.2 hours in July. The Leadership Team opted to disclose the median values because they may be less sensitive to the effects of outliers with protracted stays.

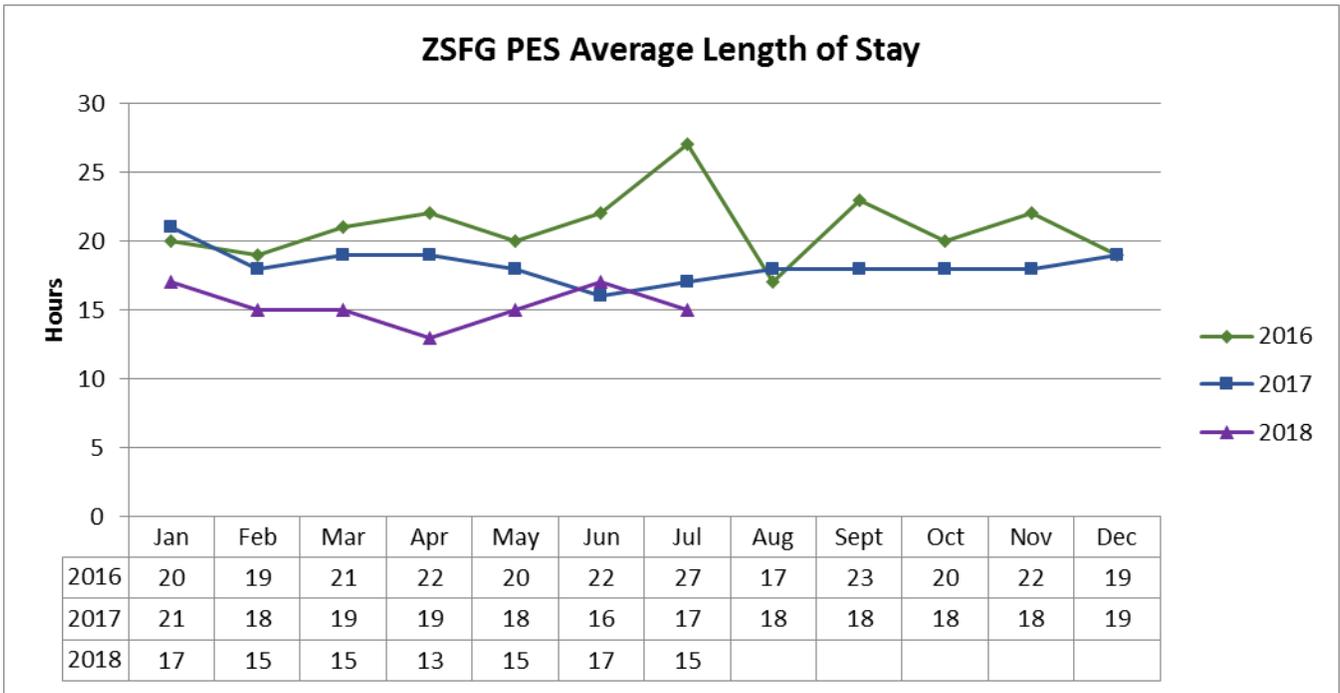
Despite the increased volume of encounters, PES remained accessible and accepted 83% of all appropriate transfer requests from other hospitals for emergency psychiatric assessments in the month of July.

### ZSFG Psychiatric Emergency Service Activities

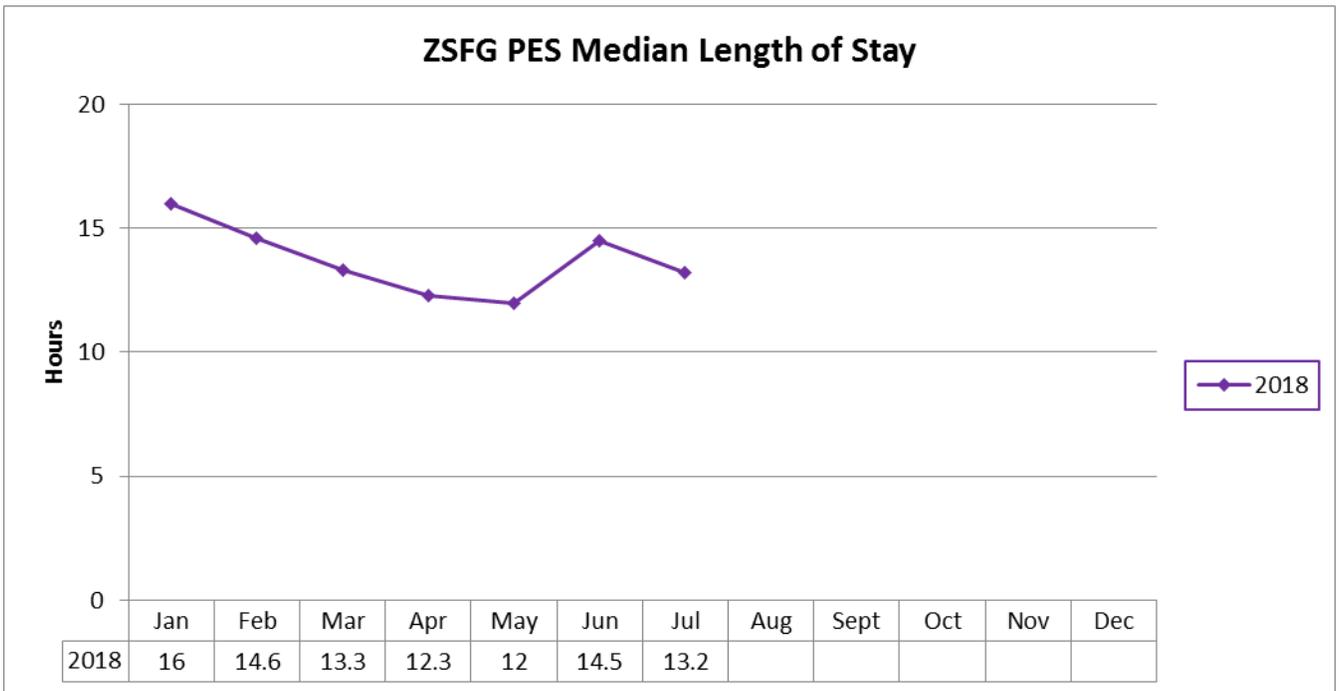


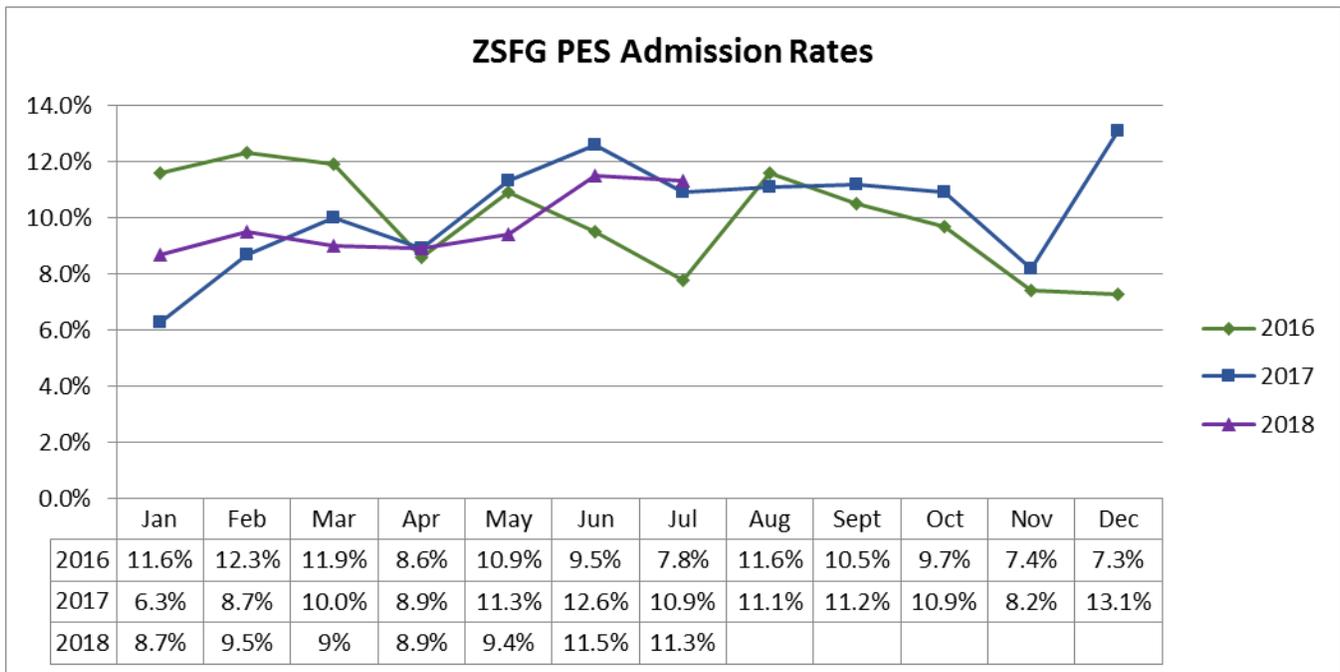
### Psychiatric Emergency Service (PES) Data for the Month of July 2018...continued





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





**Request for Inter-Facility Transfer to PES from other Hospitals**

**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).

Commissioner Comments:

Commissioner Sanchez thanked Ms. Dentoni for the report.

**8) ZSFG RN HIRING AND VACANCY REPORT**

Karrie Johnson, ZSFG Human Resources, presented the item.

### Commissioner Comments:

Commissioner Sanchez asked for more information regarding the number of positions open for experienced nurses. Ms. Johnson stated that the market is currently very competitive for specialty nurses. She reminded the Committee that in the past several years the DPH has added several recruiter positions to assist with these types of positions.

## **9) MEDICAL STAFF REPORT**

Claire Horton, M.D., Chief of Medical Staff presented the item.

### **ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:**

“Building our Future” Presentations – Updates on the capital programs - Ambulatory Center (Bldg. 5) and the UCSF Research and Academic Building, were presented to MEC by Mr. Tosan Boyo and Ms. Margaret Damiano.

### **CLINICAL SERVICE REPORT:**

Neurology Service – J. Claude Hemphill, III, MD, Chief

The report included updates on the following:

- Mission and Scope of Services – Clinical Mission, Clinical Scope, Research Mission and Teaching Mission.
- Inpatient Services – General Ward Services, General Consultation Service, Neurocritical Care Service, Night Resident Rotation
- Outpatient Services – General Neurology Clinics (Venue, Sessions, Staffing for new patient, Staffing for Follow Up), Sub-Specialty Clinics (Epilepsy, Stroke Clinic, Geriatrics Neuro, and Neuroimmunology, Neuromuscular, and LP).  
*-Since 2016 MEC report, the Neurology Outpatient Services has consistently maintained low TNAA.*  
*-The Service also had major improvements in provider presence, integration with outpatient staff and provider morale, largely due to the leadership and commitment of the first dedicated Neurology Outpatient Director, Dr. Alexandra Brown.*
- Neurodiagnostic Laboratory Services – EEG, EMG
- Training and Teaching – UCSF Neurology Residents, Outside service interns/residents, Neurocritical Care Fellows, and Medical Students.  
*-ZSFG Neurology Clerkship is now the best rated clerkship rotation, due to more active interaction by the Service’s Site Education Director with medical students.*
- Attending and Staff  
*- A pilot collaboration between UCSF Memory and Aging Center and the ZSFG Geriatrics, DGIM has been emerging to work on the Geriatrics Neurology Center of Excellence at ZSFG, through a grant from Global Brain Health Institute.*
- Performance Improvement Activities – General (Neurology PI Committee, Faculty Meeting, Morning Report, and Professor Rounds), Projects (Mission Stroke Protocol, Maintaining time to next 3<sup>rd</sup> New Outpatient Appointment, Faculty Development regarding Diversity and Equity).  
*-Mission Stroke Protocol is intended to leverage the hospital’s long-standing stroke care excellence for improved streamlined care by collaborating across services: EM, Neurology, Radiology, Pre-hospital. Since institution of the Mission Stroke Protocol, Acute Stroke Door to Needle time for tPA has gone down to an average of 42 minutes from 69 minutes in 2017. Recognizing though that there will always be outliers, the Service continues to improve the percentage of patients treated at an earlier time, with 75% of patients treated within 45 minutes.*  
*-The Service’s Faculty Development on Diversity, Equity and Inclusion is led by Dr. Nicole Rosendale. Dr. Rosendale has an Academy of Medical Educators Innovations Funding Programs Grant, titled “The Equity Literacy for an Inclusive Training Environment (ELITE), and is Vice-Chair of the AAN LGBTQI section.*

- NIH Funded Research Projects (PI)
- Income/Expenses by Fund Source Fiscal 2016-2018
- Assets – High quality mission-driven junior faculty who want to be at ZSFG, Strong ties with UCSF Department of Neurology, Collaboration with other Clinical Services, Grant Support, Collaboration with ZSFG, Quality of UCSF Neurology Residency and Fellowship, and International reputation for Neurocritical Care/Stroke and HIV Neurology Programs.
- Challenges – Outpatient Clinic Infrastructure, Stroke Program, Impact of Parnassus Funds Flow Model, Grant funding (especially federal) increasingly challenging
  - *The Stroke Program at ZSFG is a high functioning program that is certified as Primary Stroke Center (2<sup>nd</sup> lowest of 4 tiers). A3 work on how to achieve “Comprehensive Stroke Center Certification” (highest tier) needs to be undertaken in order to retain pre-hospital triage.*
- Change in Resident Workforce – Neurology Department (especially ZSFG site) has consistently exceeded resident workhours and received citation/warnings, Received notice in late June that as of July 1, 2018, Neurology residents would only be allowed to undertake 1 outpatient clinic a week (decreased from 3-4 in previous years), and Neurology residents would only be allowed to cover one inpatient serve at a time. Given one year to “fix the problem” due to planned RRC visit in fall of 2019.
- NeuroICU of the Future –
  - H34 in ZSFG, Advanced neuromonitoring and data integration, Precision medicine approach, Focal point for teaching/training staff best practices, Should serve as destination center that highlights ZSFG. Dr. Hemphill acknowledged that this has not been met, but the hospital is close to achieving it.*
- GOALS – Re-engineer outpatient Neurology services, Capitalize on existing expertise, relationships with other Clinical Services, and new hospital to implement visionary programs that highlight ZSFG, Fund service using model that incentivizes outstanding faculty to remain at ZSFG, Mentor and support junior faculty towards extramurally funded clinical and translational research, and Enhance philanthropy to realize mission goals.
  - Making a robust outpatient program is a priority for the Service, with clinic daily by providers dedicated to outpatient care.*

Dr. Hemphill ended his presentation with a slide showing alignment of all activities of the Neurology Service with the hospital’s True North goals. Members thanked Dr. Hemphill for his excellent report, and commended the Neurology Clinical Service, under his leadership, for its outstanding services of residents and faculty to the hospital, and collaborative work with other Clinical Services.

Commissioner Comments:

Commissioner Sanchez thanked Dr. Horton for the presentation of the report and action items.

Action Taken: The following items were unanimously approved:

- Neurology Rules and Regulations
- Standardized Procedure Revisions of Neurology NP/PA, Neurosurgery NP/PA, Combined ZSFG Psychiatry NP/PA, and Surgery NP/PA
- Privileges List for Acupuncture Privilege and Cardiothoracic Pre-Op Evaluation Privilege

**10) OTHER BUSINESS**

This item was not discussed.

**11) PUBLIC COMMENT**

There was no general 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 August 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 4:44pm.