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**MINUTES**

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

**Tuesday, March 26, 2019 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 Edward A. Chow, M.D., Chair  
Commissioner Laurie Green, M.D.

Staff: Susan Ehrlich MD, Grant Colfax MD, Roland Pickens, Alice Chen MD, Terry Dentoni,  
Troy Williams, Luke Day MD, Sue Carlisle MD, Karrie Johnson, Leslie Safier, Claire Horton MD,  
Tosan Boyo, Jim Marks MD, Ron Weigelt, Sue Carlisle MD, Dan Schwager, Karen Hill, Basil  
Price, Jennifer Boffi, Virginia Dario Elizondo, Dave Woods, Kim Nguyen, Susan Brajkovic, Vickie  
Carsen, Kerry Vienqualai, Krystal Tigno, Annie Keating, Matthew Alfa, Brooke Pleasanton, Katie  
Aschero, Carla Greenblatt, Armid Adams, Renee Rueda-Albright, Jonathan Alexander, Matthew  
Talmadle, Julie Molitor, Jenna Marchant, Denise Payton, Elizabeth Connolly

The meeting was called to order at 3:07pm.

**2) APPROVAL OF THE MINUTES OF THE FEBRUARY 26, 2019 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 thanked Mr. Williams for the report.

#### **4) THE ZSFG WAY**

James Marks, MD, Chief Performance Excellence, presented the item.

##### Commissioner Comments:

Commissioner Green asked if line-staff understand how EPIC will help them better serve patients and enhance patients' experience. Dr. Marks stated that in an effort to engage front line staff, 15 domains are driven by reviewing front line workflow gaps. EPIC is discussed in staff huddles and a survey will soon be distributed to gauge how prepared staff feel they are to implement the system in August. Dr. Chen added that the communications team has been interviewing front line staff to help voice their issues.

Commissioner Chow asked for clarification of the color red in the presentation. Dr. Marks noted that red indicates that a metric is off target. He noted that the team from EPIC has said they have never seen an implementation plan as systemic as the ZSFG deployment plan. Dr. Ehrlich thanked Dr. Marks and the team for their impactful work. She added that implementing EPIC is an opportunity to correct some issues that have been inefficient for a long time. She also stated that the metrics in read indicate an opportunity to grow.

#### **5) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT**

Susan Ehrlich, MD, ZSFG CEO, presented the item.

##### SINGLE NETWORK-WIDE HIS DEPARTMENT

On February 25, 2019, the San Francisco Department of Public Health transitioned to a single Network-wide Health Informatics Systems (HIS) department. The Network HIS department, under the new centralized leadership, will be led by Diane Lovko-Premeau.

Diane served as ZSFG's HIS director and led the EPIC transition since October 2017. She has also served as Director of Health Information Management/Privacy Officer for Verity Health System. Diane is a proud past President of the California Health Information Association, recipient of the CHIA Professional Achievement Award and currently serves as an accreditation site reviewer for academic/collegiate programs through CAHIM. Diane will be responsible for quality, operational and financial performance of Hospital Information Services. She will continue to be a key partner in our EHR implementation.

ZSFG leadership would like to thank Diane for all her wonderful work thus far and congratulate her on this exciting new role.

##### INTERIM ASSOCIATE CHIEF HEALTH INFORMATICS OFFICER

ZSFG leadership is happy to announce that Neda Ratanawongsa, MD, MPH, will serve as the interim Associate Chief Health Informatics Officer (ACHIO) at ZSFG. In addition to her current role as ACHIO for Ambulatory Services. Dr. Ratanawongsa is an Associate Professor of Medicine in the Division of General Internal Medicine and UCSF Center for Vulnerable Populations. Board-certified in clinical informatics, she oversaw the CareLinkSF (eClinicalWorks) primary and specialty care implementations from 2014 to 2016 and has served as the ACHIO for Ambulatory Services since 2016.

ZSFG would like to thank Dr. Ratanawongsa for her leadership and dedication to ZSFG and DPH during this transition.

##### NEW ASSOCIATE CHIEF MEDICAL OFFICER FOR SPECIALTY CARE AND DIAGNOSTICS

ZSFG leadership is happy to announce that Dr. Delphine Tuot is the new Associate Chief Medical Officer for specialty care and diagnostics. Dr. Tuot is an Associate Professor of Medicine and has held many leadership roles at ZSFG, including Director of eConsult for SFHN for the last four years and currently co-director of the Center for Innovation in Access and Quality. Additionally, Dr. Tuot has been a leader at the state and national

level. She has aided leaders in other California safety-net systems who are implementing electronic consultation programs, serves as a core member of the California Connected Health Policy E-Consult, and serves as a measure steward for the Public Hospital Redesign and Incentives Medi-Cal Program.

ZSFG very much appreciates Dr. Tuot stepping into this new role to collaborate with all of the specialty care clinics on the implementation of EPIC, the initiation of the facilities work in Building 5 and the continued development of ZSFG's people and leaders. ZSFG leadership would like to thank Dr. Tuot for all her work thus far and congratulate her on this exciting new role.

#### DPH-WIDE STAFF ENGAGEMENT SURVEY

On February 11, 2019, the Staff Engagement Survey was administered, making it the first ever DPH-wide survey to combine Employee Engagement and Safety Culture. This survey included questions around quality of the workplace, workplace safety, patient safety, communication, teamwork, diversity and inclusion. By the end of the survey period, March 15, 2019, DPH achieved an unprecedented response rate of 65% among staff and 53% response rate among providers, which represents a 60% increase from the first DPH-wide survey conducted in 2015!

A team of Press Ganey analysts will review the results and make recommendations for best practices through a high-level presentation. The next steps would then be for staff to develop a plan to improve workforce engagement and culture of safety based on these recommendations.

ZSFG would like to congratulate the Care Experience & Patient Safety team on this ground-breaking survey and thank them for all their efforts to increase the response rate.

#### REHABILITATION SERVICES 3P WORKSHOP

During the week of March 4<sup>th</sup>, the Department of Rehabilitation Services staff worked alongside ZSFG's Capital Projects team and Department of Public Works (DPW) architects to evaluate the proposed floorplan for their new space on the 3<sup>rd</sup> floor of Building 5. During this weeklong workshop, the team created table-top simulations to better understand and anticipate barriers upon transitioning to their new space. The team also reviewed current workflows in order to determine constraints of their new space. Additionally, many hours were spent in realistic scenarios to find where potential bottlenecks might arise, and to brainstorm new and innovative countermeasures to improve their existing workflows.

This process yielded many major accomplishments such as validating the number of treatment rooms necessary for patient demand, creating guidelines for all shared and individual workspaces that meet each discipline's needs, and many more. This has been an incredible opportunity for ZSFG staff to work alongside DPW partners to create a space that will not only fit the needs of staff, but also best support patients and their families.

Thank you and congratulations to the Rona Team, Rehabilitation Services team, the Capital Projects team, and Department of Public Works on setting a great example of the collaboration and proactive improvement work that is possible at ZSFG. Additionally, special thanks to our patients, Annie Wong and Robert Bryan, for joining the workshop week.

#### OBSERVATION SERVICES IMPLEMENTATION AT ZSFG

During the week of March 11<sup>th</sup>, ZSFG's Kaizen Promotion Office (KPO) team conducted a weeklong workshop in order to implement, for the first time in the hospital's history at ZSFG, observation services.

Department of Care Coordination nursing staff and social workers are part of the new Observation Service that utilizes a multi-disciplinary team model designed to deliver a defined set of outpatient services to help decide

whether a patient needs to be admitted or discharged. This workshop focused on workflow development, interdisciplinary rapport building, and ensuring that our patients receive the right care, in the right place, at the right time. The Observation Services Workshop also aligns with our true-north goals of quality, care experience, developing our people, and financial stewardship. This workshop will help to maximize the positive impact that Observation Services will have on ZSFG's patients.

Many thanks to the Kaizen Promotion Office team, the Department of Care Coordination, Medicine, Cardiology and Eligibility leadership team for their improvement work. Additionally, special thanks to our patient, Patrick McKenna, for his valuable participation during the week.

#### PATIENT FLOW REPORT FOR FEBRUARY 2019

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

#### **Medical/Surgical, ICU, & MCH**

Average Daily Census of Medical/Surgical , ICU, & MCH was 236.71 which is 116.61% of budgeted staffed beds level and 93.93% of physical capacity of the hospital. 17.32% of the Medical/Surgical days were lower level of care days: 4.54% administrative and 12.78% decertified/non-reimbursed days.

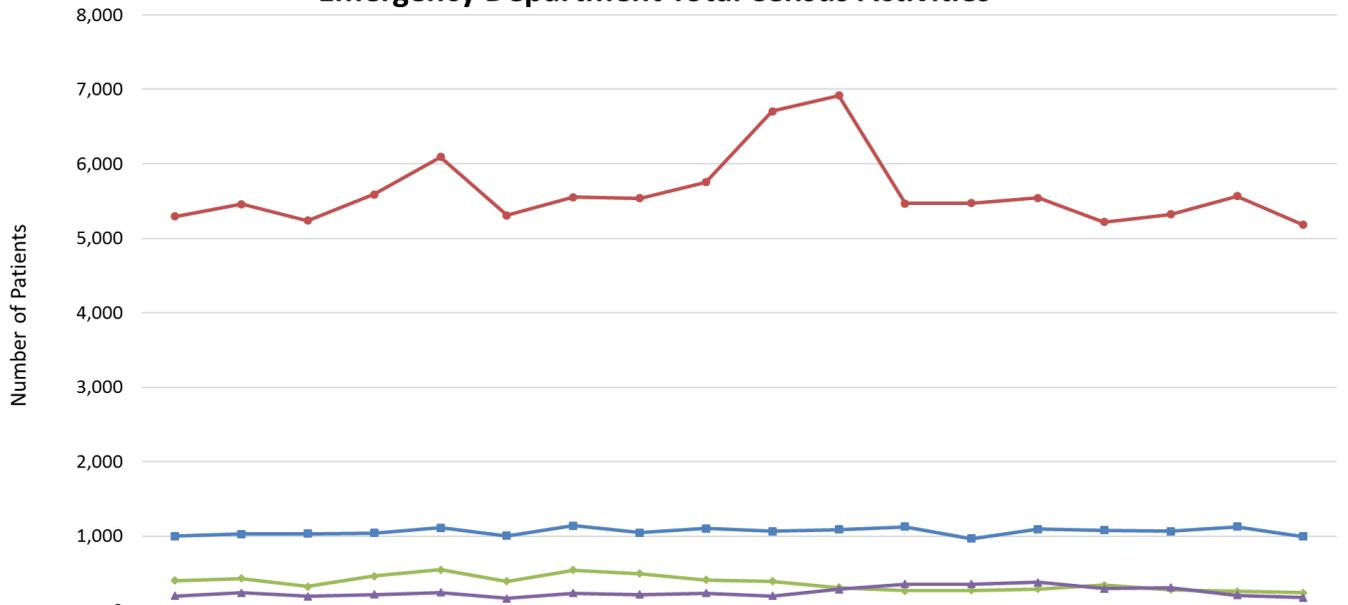
#### **Acute Psychiatry**

Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.04, which is 97.82% of budgeted staffed beds and 64.24% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.43, which is 77.55% of budgeted staffed beds (n=7) and 45.24% of physical capacity (n=12). Utilization Review data from the INVISION System shows 76.10% non-acute days (53.11% lower level of care and 22.99% non-reimbursed).

#### **4A Skilled Nursing Unit**

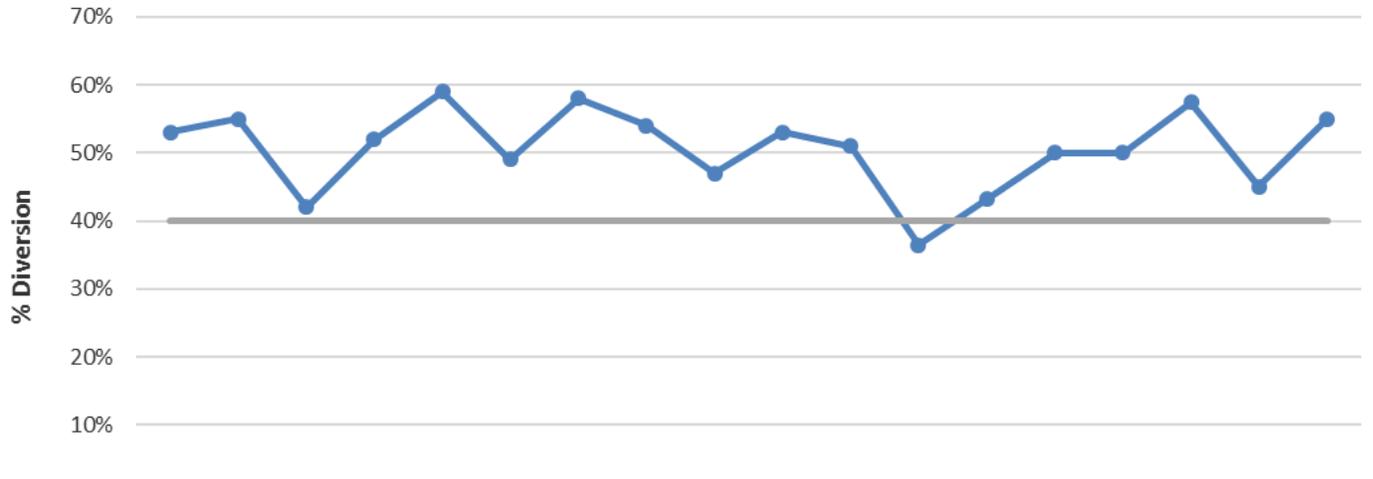
ADC for our skilled nursing unit was 28.64, which is 102.30% of our budgeted staffed beds and 95.48% of physical capacity.

### Emergency Department Total Census Activities



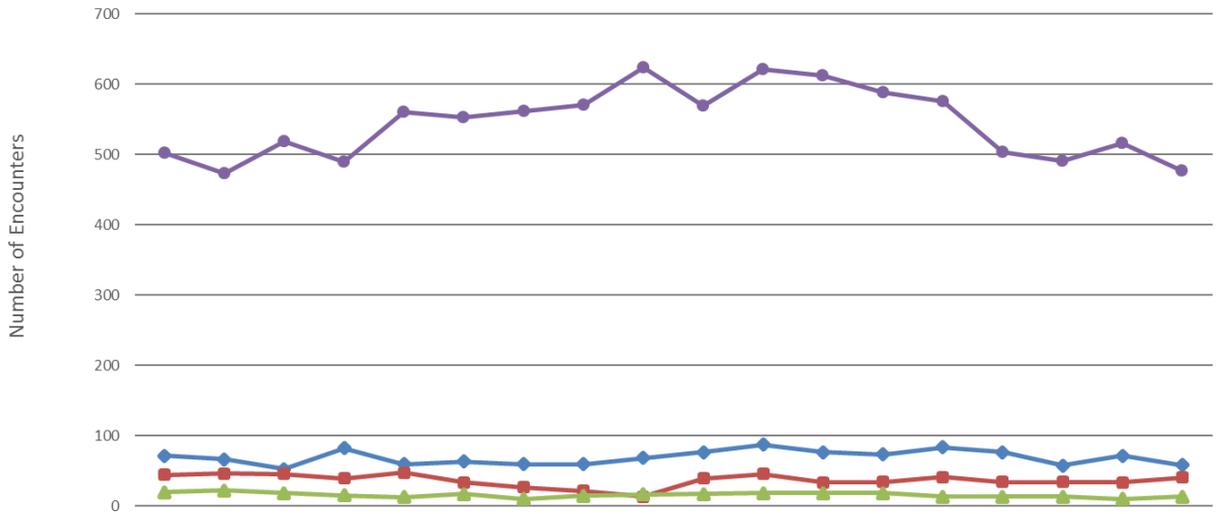
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Admissions	1,000	1,027	1,035	1,042	1,112	1,007	1,141	1,047	1,105	1,067	1,090	1,127	966	1,092	1,080	1,064	1,128	997
Seen in ED and DC'd	5,292	5,459	5,237	5,590	6,093	5,307	5,552	5,538	5,756	6,707	6,919	5,467	5,472	5,542	5,218	5,324	5,567	5,179
LWBS/LWBT	405	432	325	467	551	396	543	498	415	395	310	267	275	290	342	284	257	238
Triage/Referred Out	196	240	194	216	246	167	236	218	234	200	289	356	359	380	297	309	209	172

### JCC Diversion Report



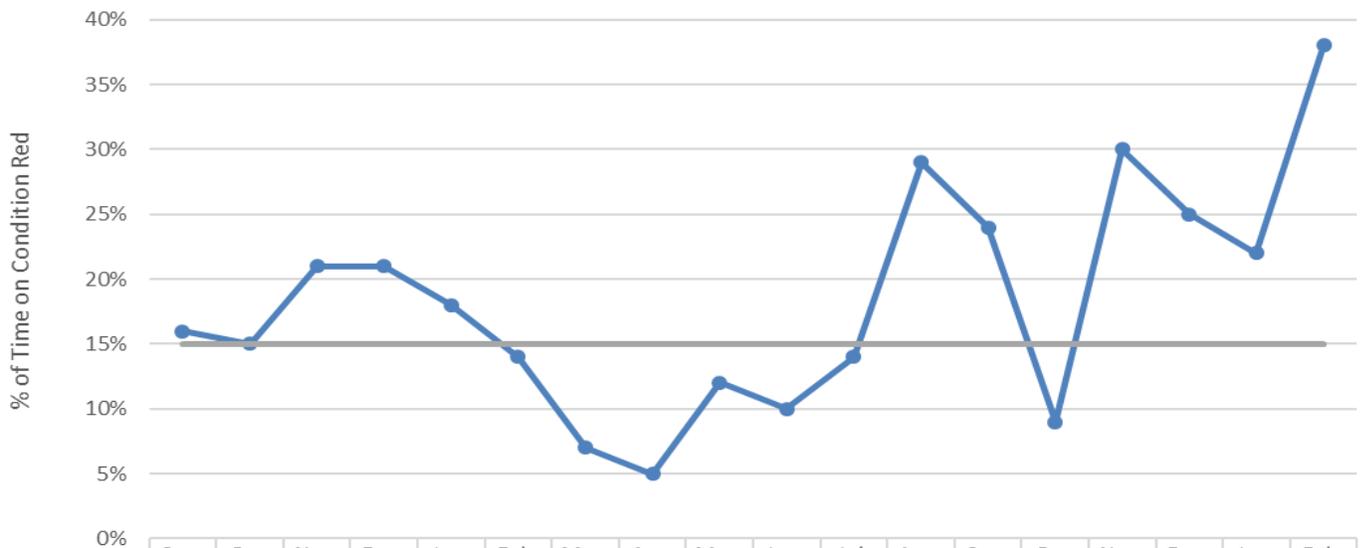
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
ED	53%	55%	42%	52%	59%	49%	58%	54%	47%	53%	51%	36%	43%	50%	50%	57%	45%	55%
Target	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

## Psychiatric Emergency Services Activities



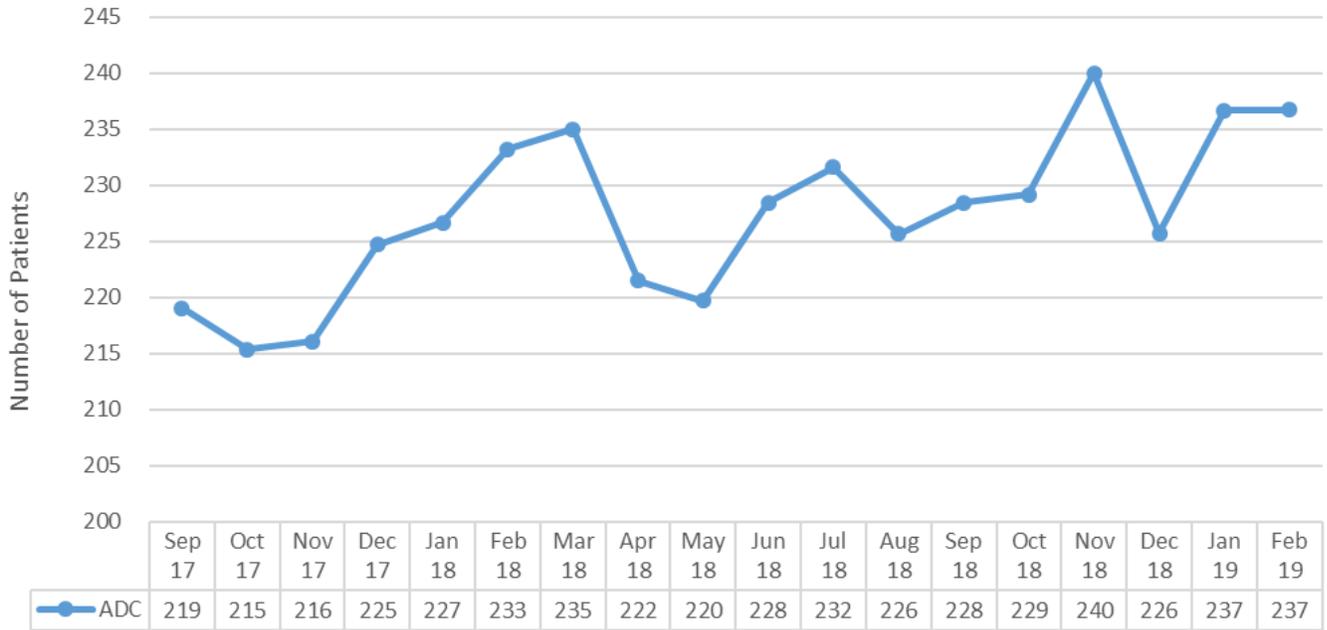
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Admitted to 7B	71	66	52	82	59	63	59	59	68	76	87	76	73	83	76	57	71	58
DUCC	44	46	45	39	47	33	26	21	13	39	45	33	34	41	34	34	33	40
Transferred to private hospital	19	22	18	15	12	17	10	14	16	17	18	18	18	13	13	13	10	13
Discharged to Community	502	473	519	490	560	553	561	570	624	569	621	612	588	575	503	491	516	477

## PES Condition Red

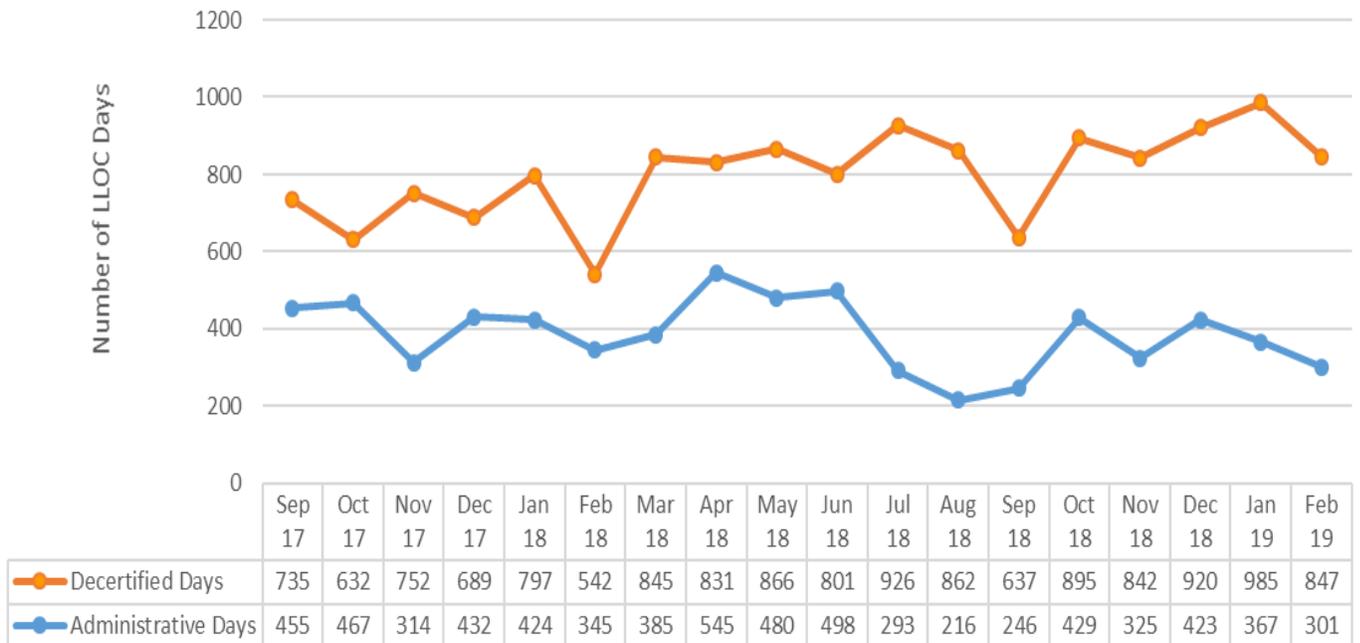


	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
PES	16%	15%	21%	21%	18%	14%	7%	5%	12%	10%	14%	29%	24%	9%	30%	25%	22%	38%
Target	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%

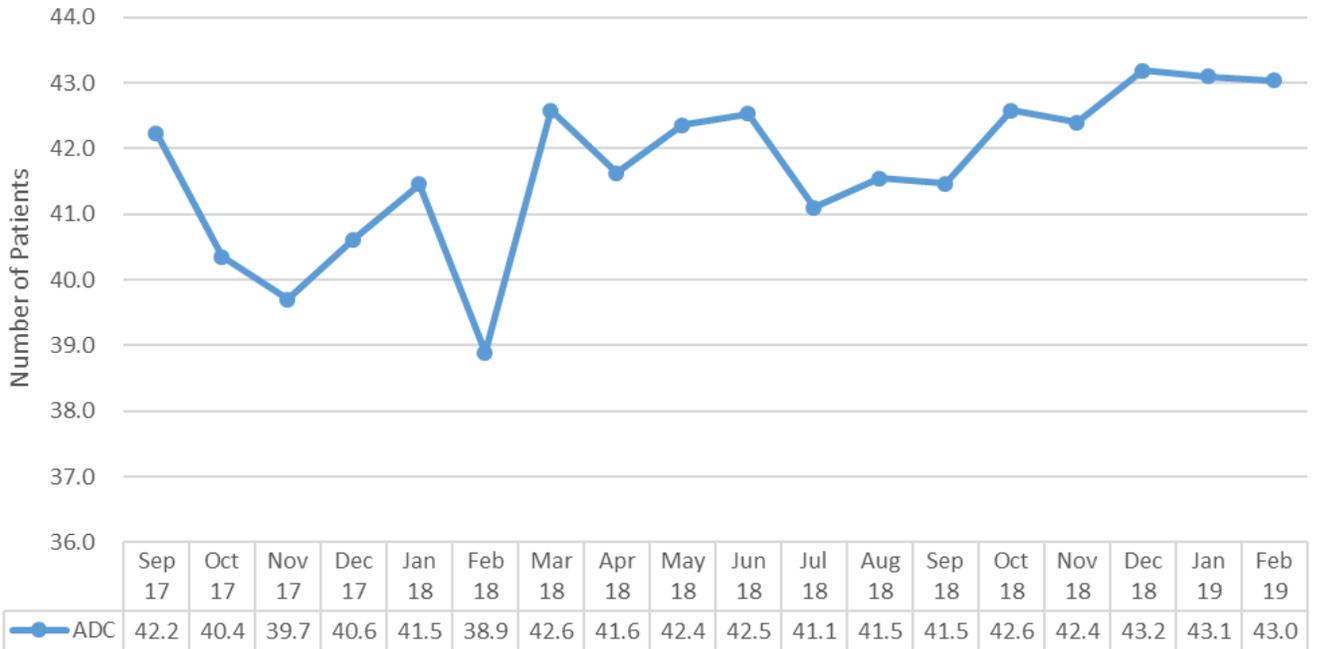
### Medical Surgical, ICU, & MCH Average Daily Census



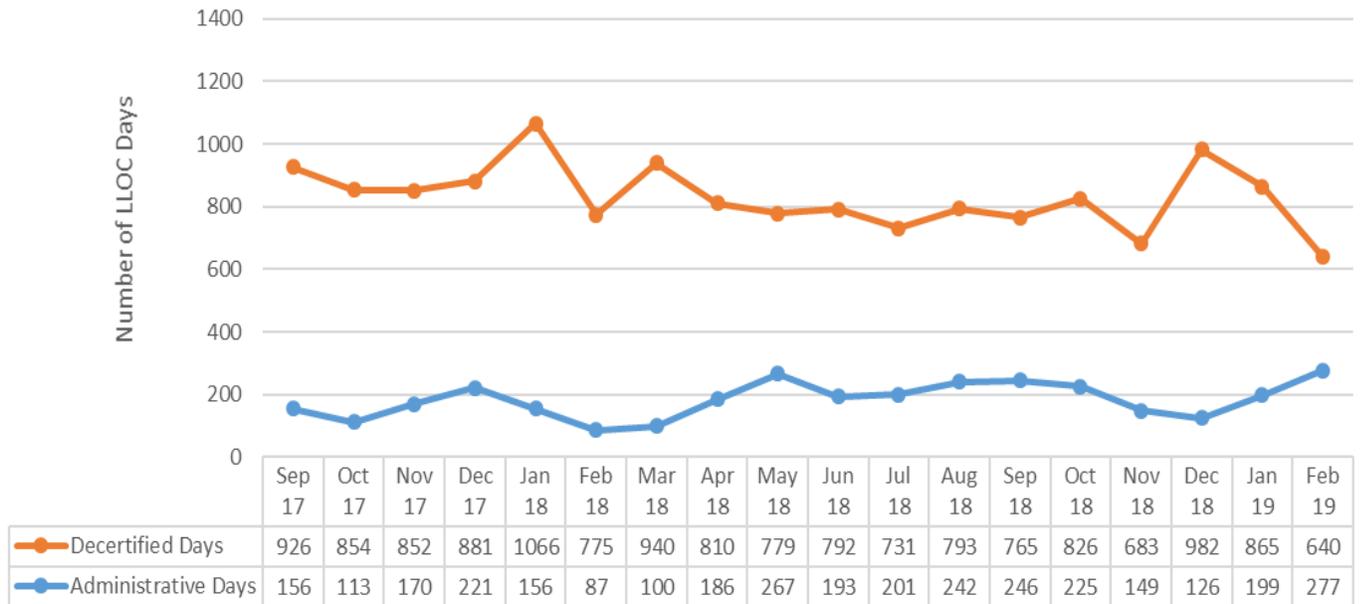
### Medical Surgical Lower Level of Care Days



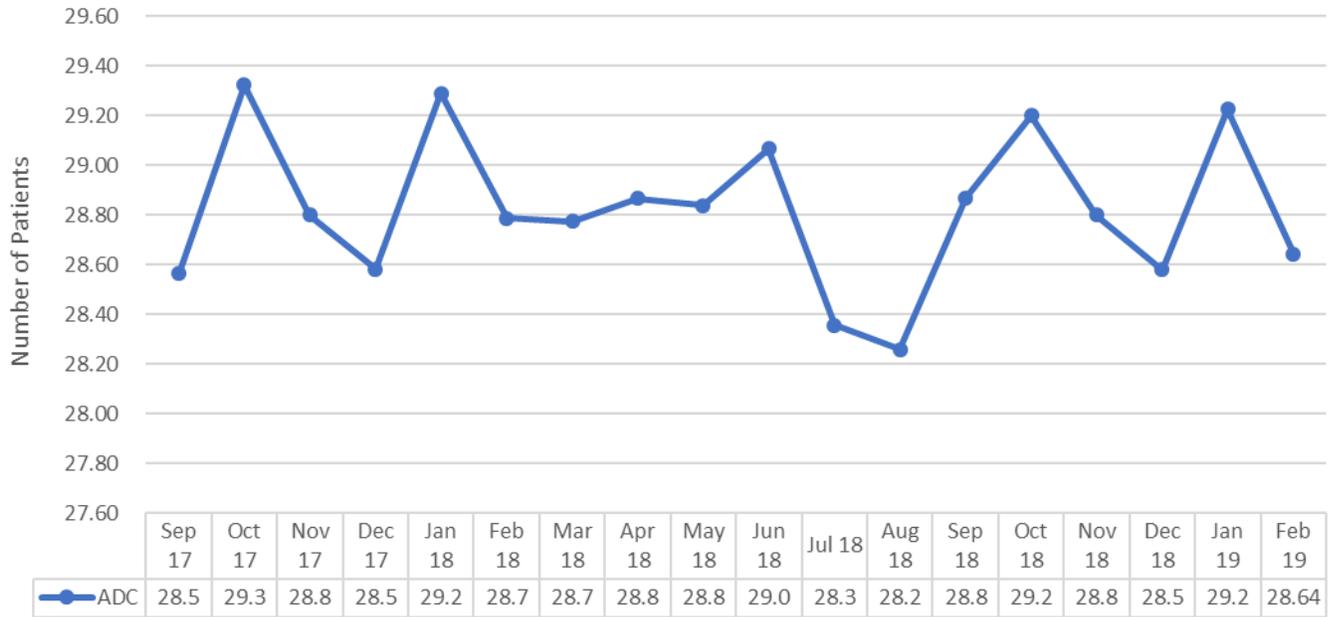
### Acute Psychiatry (7B and 7C) Average Daily Census



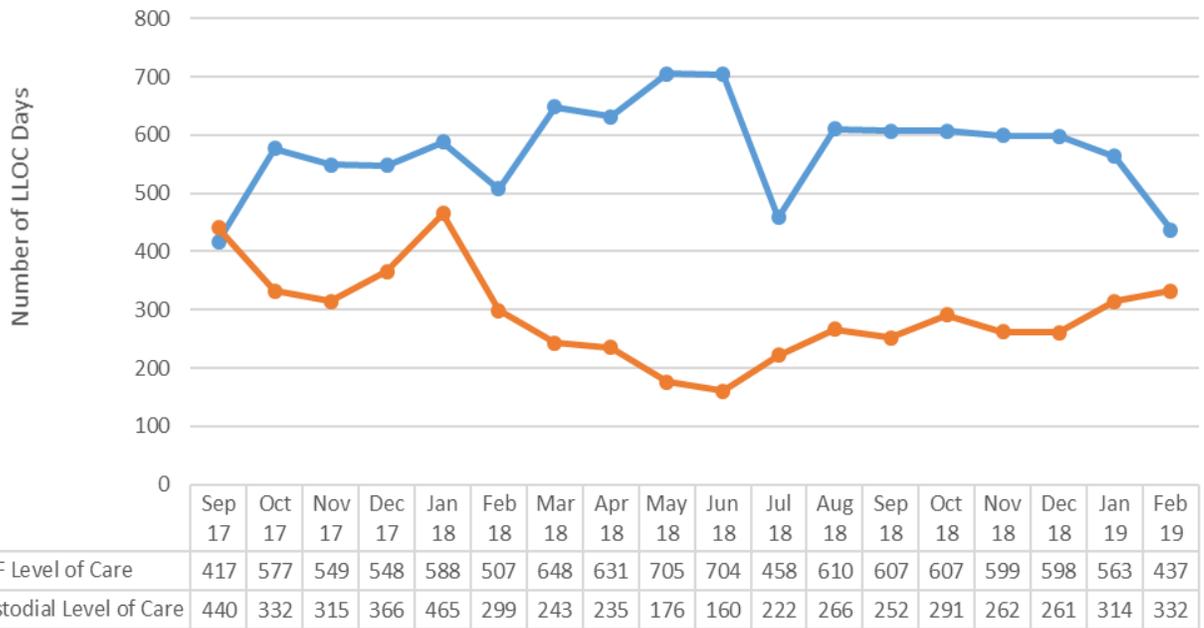
### Acute Psychiatry (7B and 7C) Lower Level of Care Days



Skilled Nursing Facility Average Daily Census



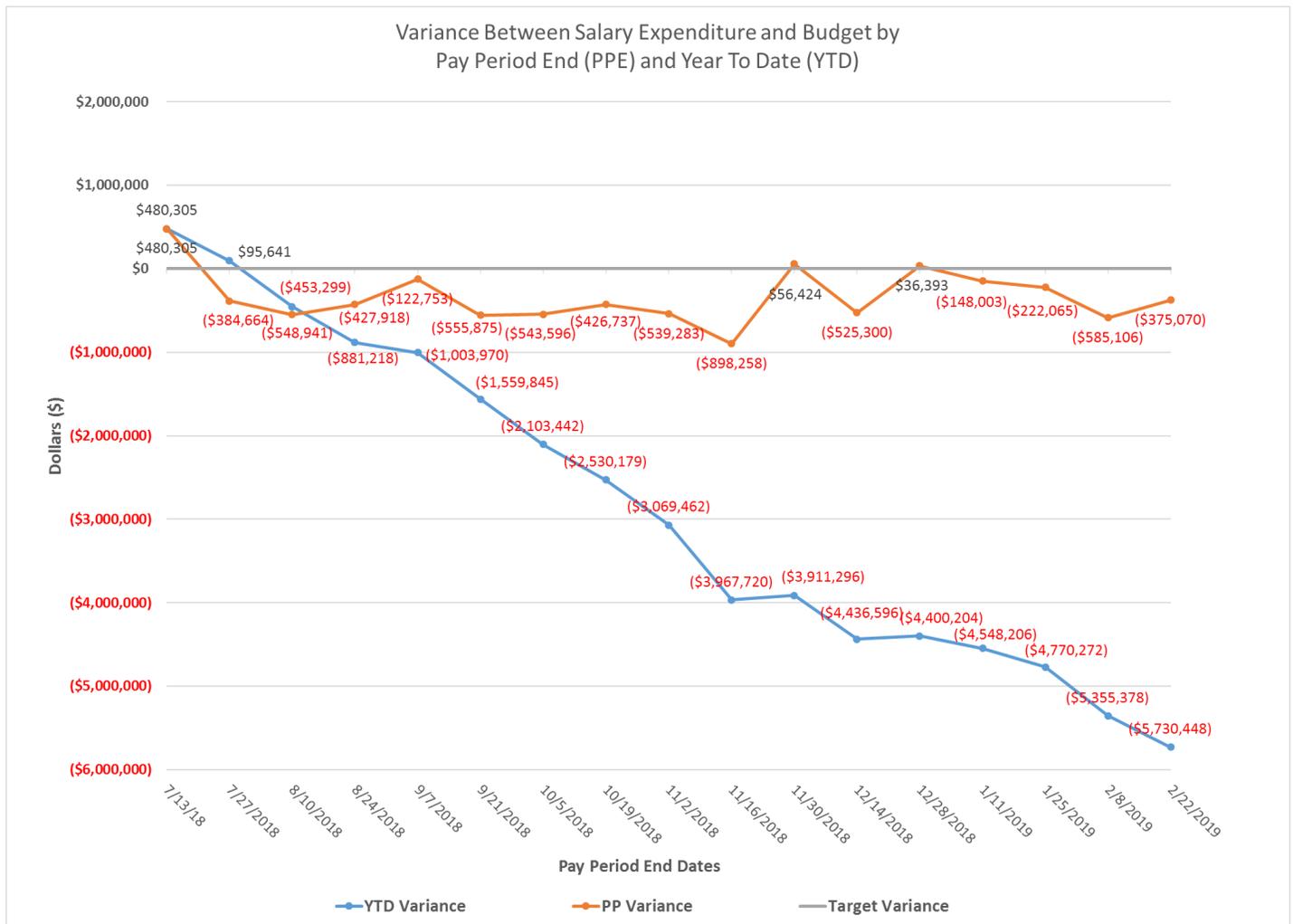
Skilled Nursing Facility Lower Level of Care Days



SALARY VARIANCE TO BUDGET BY PAY PERIOD REPORT FOR FISCAL YEAR 2018-2019

For Pay Period Ending (PPE) February 22, 2019, Zuckerberg San Francisco General recorded an unfavorable 2.44% salary variance between Actuals and Budget – specifically, actuals were

\$375,070 over budget. For Fiscal Year 2018-2019 year-to date variance through PPE February 22, 2019, ZSFG has an unfavorable variance of 2.24% / \$5,730,448 over budget.



Commissioner Comments:

Commissioner Chow asked for more information regarding the PES Condition Red data. Dr. Ehrich stated that the increase in PES Condition Red results from patients coming to the unit more frequently and others with psychiatric issues coming to the Emergency Department more frequently. Mr. Pickens stated that more patients are presenting themselves to PES rather than being dropped off by police for a 5150 hold. He added that some of this cohort is utilizing the unit for shelter. Dr. Critchfield stated that approximately 50% of PES patients are admitted for methamphetamine induced psychosis. Dr. Colfax stated that he will co-chair a new Methamphetamine Taskforce convened by the Mayor.

Commissioner Green asked if the PES data reflects more patient volume. Dr. Ehrlich stated that the data reflects both an increase in patient volume and patient visits. ZSFG is reviewing data to see the rates of recidivism.

Commissioner Chow requested that the graph show all utilized beds.

## **6) ZSFG RN HIRING AND VACANCY REPORT**

Karrie Johnson, ZSFG Human Resources, presented the item.

### Commissioner Comments:

Commissioner Chow asked if ZSGH needs to add staff to the Emergency Department. Ms. Dentoni stated that ZSFG has to first fill its current vacancies. She noted that ZSFG uses per diem and registry staff when there are not permanent staff available due to vacancies or leaves. She added that ZSFG is considering use of a flex-nurse model which would send nurses to work where there is need. She also stated that ZSFG is working to ensure that patients receive the right care at the right time.

Commissioner Chow asked if patients are waiting more than a day to get in to the appropriate unit. Ms. Dentoni stated that some patients wait 8-10 hours.

Commissioner Green asked what ZSFG does to anticipate higher volume of patients. Dr. Marks stated that one of the hospital's strategic initiatives is to improve flow and access. Two key performance indicators are driven by this tactical A3; the team looks at trends and performance data, including seasonal data to better understand cyclic flow. In addition, ZSFG moves patients to Urgent Care when possible to reduce the Emergency Department flow.

Commissioner Chow requested that the Committee or full Commission review EMS monthly patient delivery data as it relates to diversion. Dr. Marks stated that two thirds of Diversion in the ZSFG Emergency Department relates to boarding of patients. Dr. Colfax noted that all the hospitals in San Francisco are more full than they have ever been.

Commissioner Green asked how ZSFG is implementing its observation unit. Dr. Ehrlich stated that ZSFG is creating a standard observation status which is not tied to location.

## **7) MEDICAL STAFF REPORT**

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

### Commissioner Comments:

Commissioner Chow asked how many medical staff are in the Ophthalmology Department. Dr. Day stated that there are 6-9 faculty that rotate through the Department.

Commissioner Chow asked if the CPC Nursing Standards are for all DPH outpatient clinics. Ms. Dentoni stated that the standards are for the Tom Waddell Urgent Care Center.

Action Taken: The Committee unanimously approved the following:

- Ophthalmology Service Rules and Regulations
- Resolution of Commitment to Trauma Care
- CPC RN Standard Procedures
- CME and Privileging Requirement for Acute Trauma
- Emergency Medicine Privileges List Update with Addiction Medicine
- Pediatrics Privileges List Update with Addiction Medicine

## **8) OTHER BUSINESS**

This item was not discussed.

**9) PUBLIC COMMENT**

Sasha Cuttler, ZSFG Nurse, stated that the data posted is not consistent with the data that he collects from internal sources. He thanked others who present to provide public comment.

Bob Ivory, retired ZSFG nurse, stated that the ZSFG Emergency Department is dangerously overcrowded. He also stated that not since August 2017 has ZSFG been within its budgeted bed amount. He noted that the number of Emergency Department patients has increased exponentially but there has not been an increase in staff.

Jenna Marchant, stated that she has a duty to inform the Committee of unsafe work conditions and added that Emergency Department nurses are not being provided with tools necessary to provide safe patient care. She also stated that she has shared this information with ZSFG senior managers. She noted that there is a higher volume of psychiatric patients but only 4 designated beds in the Emergency Department.

Majell Burns stated that the number of psychiatric patients being boarded in the four designated Emergency Department rooms is often double the amount the rooms were meant to hold. The psychiatric physicians do not consult on the Emergency Room patients as often as is necessary so patients are held for a longer period of time. This adds to patient escalation and violence incidents.

Will Carpenter, Emergency Department Nurse, stated that these nurses came together to voice their concerns and he is supporting their efforts to improve the unsafe conditions for patients and nurses. He added that nurses submit "Unsafe Conditions" form when appropriate but nothing changes.

Amber Quelvog, stated that nurses have been requesting staffing changes to meet Title 22 requirements for years. She added that it is a constant stress on nurses to have to decide which patients can be doubled-up; triage is often done with no privacy which does not give patients an appropriate space to discuss personal issues live domestic violence or mental health issues.

Julie Molitor, ZSFG nurse since 199, stated that there are often 28-30 patients piled up in the Emergency Department waiting for a bed. It is embarrassing for staff to not to be able to give high quality care because of overcrowding.

**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 March 2019 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 5:38pm in honor of Dr. David Sanchez who resigned on March 20, 2019 from the Health Commission after serving for 22 years. He was also a long-term member of the ZSFG JCC.