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**MINUTES**

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

**Tuesday, November 27, 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: Alice Chen MD, Terry Dentoni, Jim Marks MD, Luke Day MD, Karrie Johnson, Denise Payton,  
Cassie Aniya, Leslie Safier, Adrian Smith, Dan Schwager, Virginia Dario Elizondo, Troy Williams,  
Clare Horton MD, Brent Andrew, Basil Price, Brent Costa

The meeting was called to order at 3:12.

**2) APPROVAL OF THE MINUTES OF THE AUGUST 28, 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 excellent report.

#### 4) CHIEF EXECUTIVE OFFICER'S REPORT

Terry Dentoni, ZSFG Chief Nursing Officer, presented the item.

##### CARF SURVEY

The Commission on Accreditation of Rehabilitation Facilities (CARF) survey of the Opioid Treatment Outpatient Program (OTOP) is complete. The surveyors provided ZSFG staff with an exit conference including a description of each category they assessed the OTOP Program against.

The survey indicated NO recommendations for improvement. Their feedback described what we do here as "Best Practice." They commented positively on the integration with other services at ZSFG and in the community. They described the calm environment created by the staff as being an integral part of the success many experience accessing services. They were complementary about the clinical environment, both the architecture and state of repair of Building 80/90, and the care and creativity taken to decorate information and affirmation boards throughout the facility. They also commented positively about the innovative use of grants, especially the Yoga program. The survey team noted that staff were well-supported by leadership, and appreciated the daily staff meetings that set the tone for each day.

The surveyors felt OTOP would be "survey ready" all the time, not just ahead of a survey.

##### AIR QUALITY

As the Camp Fire near Chico continued to expand, San Francisco's air quality deteriorated. We have had Air Quality in the red ("unhealthy") range from Friday, November 9 through Wednesday, November 14. By late in the day on Thursday, November 15, we moved into the purple ("very unhealthy") range. At Purple levels, it is recommended that everyone stay indoors and avoid exposure to the outside air.

Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Good	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Moderate	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups	101 to 150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	201 to 300	Health alert: everyone may experience more serious health effects.
Hazardous	301 to 500	Health warnings of emergency conditions. The entire population is more likely to be affected.

Our 911 system and hospitals, including ZSFG, have not seen a significantly increased volume. This suggests that people are following the advice to remain indoors.

City agencies, including DPH, working together with community organizations have reached out to patients with known respiratory conditions to encourage them to make sure their medication is up to date and to ensure they know how best to protect themselves during this time of poor air quality. The Human Services

Agency is working with community agencies and partners to get information out and make sure vulnerable people are safe. The Department of Homelessness and Supportive Housing has expanded their outreach to those on the street, offering water, masks and transportation to shelters, where 75 additional beds have been added in response to the air quality. At Public Health, we are outreaching to hospitals, community agencies, and critical partners to coordinate and deliver services.

COMMISSION EMPLOYEE RECOGNITION

At its annual meeting on the ZSFG campus, the San Francisco Health Commission presented several awards to employees and teams, recognizing teams and individuals providing outstanding service not only at ZSFG but throughout the San Francisco Health Network and Department of Public Health. The awardees represent the diverse, excellent and compassionate care we provide to our patients.

Awardees included:

- Baby-Friendly Team (pictured)
- Health Information Services Department
- Ben Mellott (pictured)
- Department of Pharmacy Drug Shortage Team
- Urgent Care Team
- Street Violence Intervention Program (pictured)





## PATIENT FLOW REPORT FOR OCTOBER 2018

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

### **Medical Surgical, Intensive Care Unit & Maternal Child Health**

Average Daily Census was 229.19 which is 113% of budgeted staffed beds level and 91% of physical capacity of the hospital. 18.65% of the days were lower level of care days: 6.04% administrative and 12.61% decertified/non-reimbursed days.

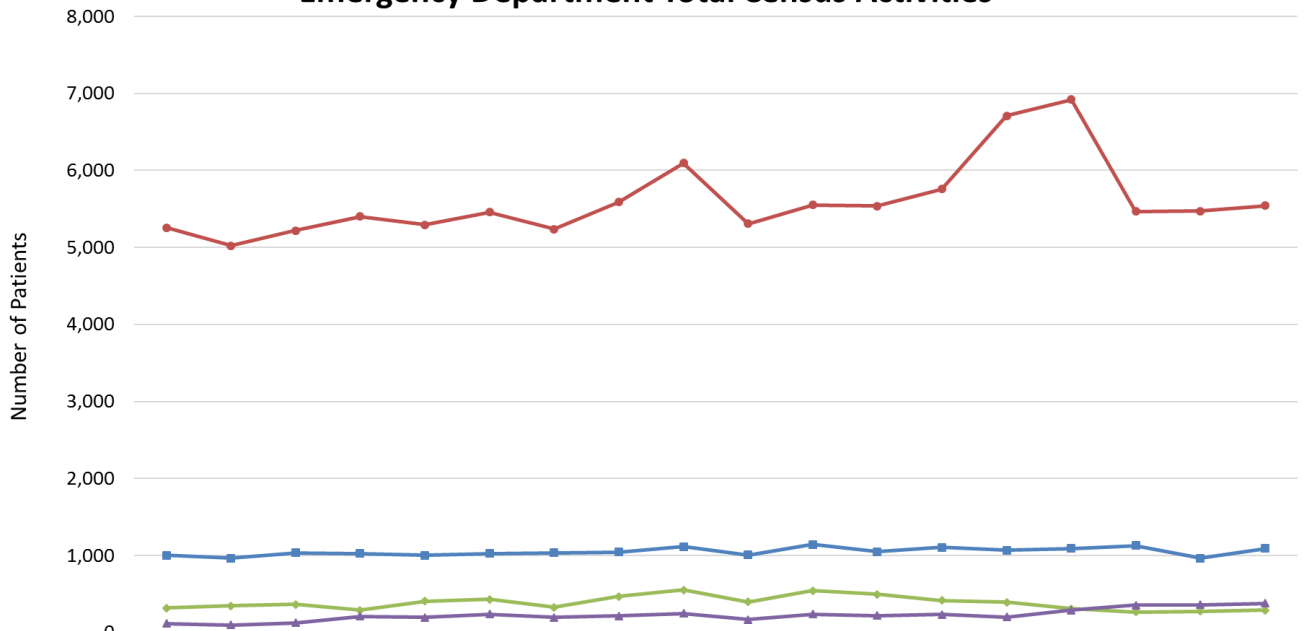
### **Acute Psychiatry**

Average Daily Census for Psychiatry beds, **excluding 7L**, was 42.58, which is 96.8% of budgeted staffed beds and 63.6% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 6.55, which is 93.6% of budgeted staffed beds (n=7) and 54.6% of physical capacity (n=12). Utilization Review data from the INVISION System shows 79.62% non-acute days (62.58% lower level of care and 17.05% non-reimbursed).

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

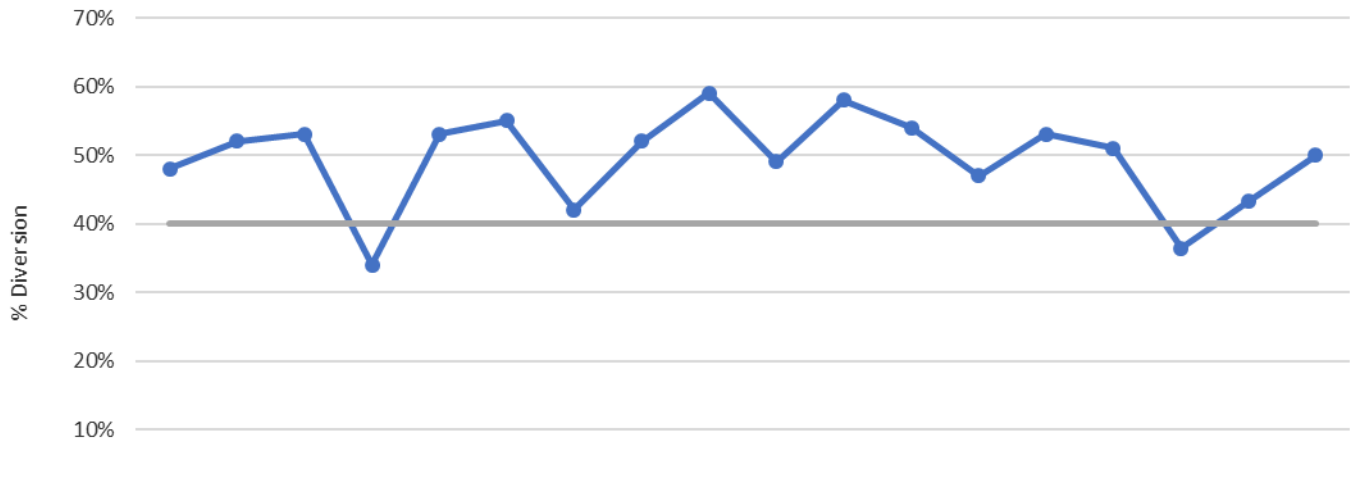
ADC for our skilled nursing unit was 29.19, which is 104.25% of our budgeted staffed beds and 97.30% of physical capacity.

### Emergency Department Total Census Activities



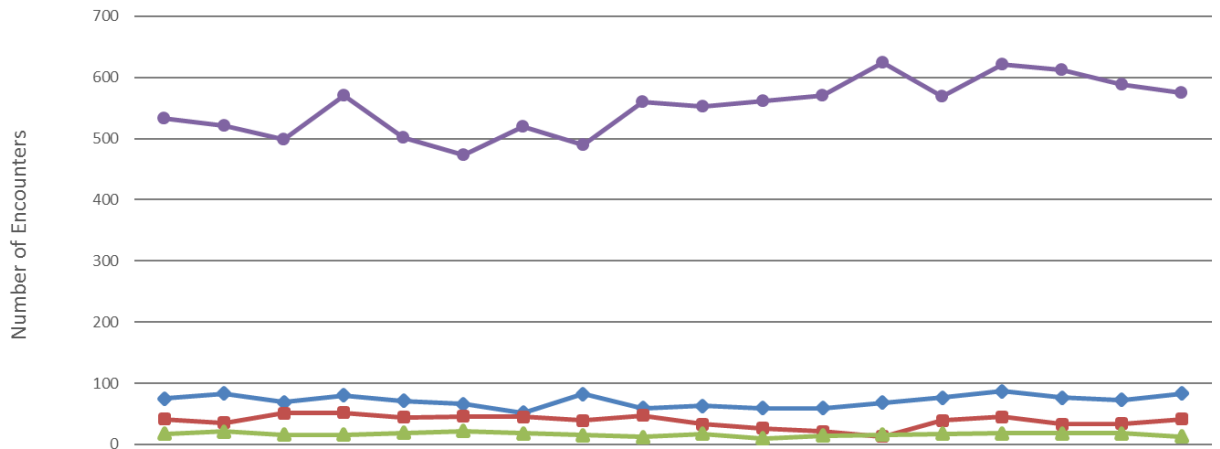
	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Admissions	1,001	963	1,034	1,023	1,000	1,027	1,035	1,042	1,112	1,007	1,141	1,047	1,105	1,067	1,090	1,127	966	1,092
Seen in ED and DC'd	5,257	5,022	5,217	5,401	5,292	5,459	5,237	5,590	6,093	5,307	5,552	5,538	5,756	6,707	6,919	5,467	5,472	5,542
LWBS/LWBT	319	346	366	291	405	432	325	467	551	396	543	498	415	395	310	267	275	290
Triage/Referred Out	115	97	128	211	196	240	194	216	246	167	236	218	234	200	289	356	359	380

### JCC Diversion Report



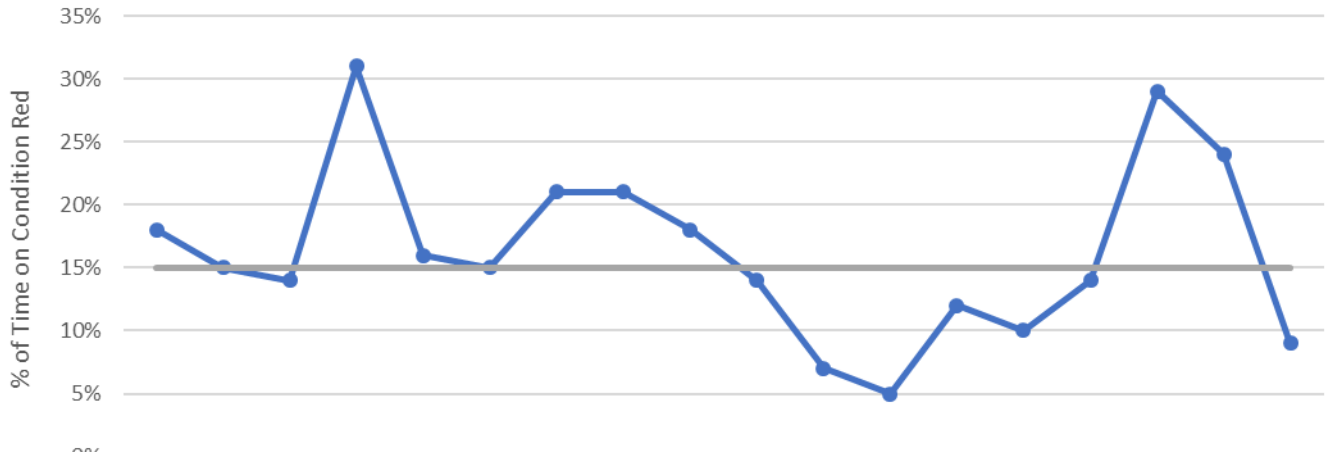
	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
ED	48%	52%	53%	34%	53%	55%	42%	52%	59%	49%	58%	54%	47%	53%	51%	36%	43%	50%
Target	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

### Psychiatric Emergency Services Activities



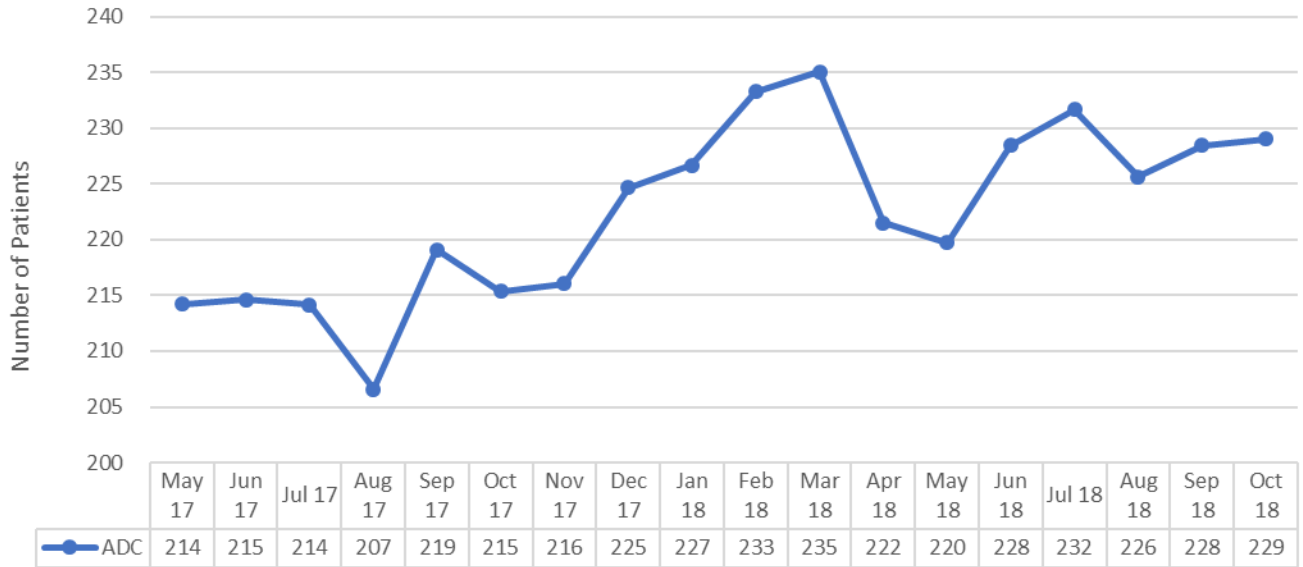
	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Admitted to 7B	75	83	69	80	71	66	52	82	59	63	59	59	68	76	87	76	73	83
DUCC	41	35	51	52	44	46	45	39	47	33	26	21	13	39	45	33	34	41
Transferred to private hospital	17	21	16	16	19	22	18	15	12	17	10	14	16	17	18	18	18	13
Discharged to Community	533	521	498	570	502	473	519	490	560	553	561	570	624	569	621	612	588	575

### PES Condition Red

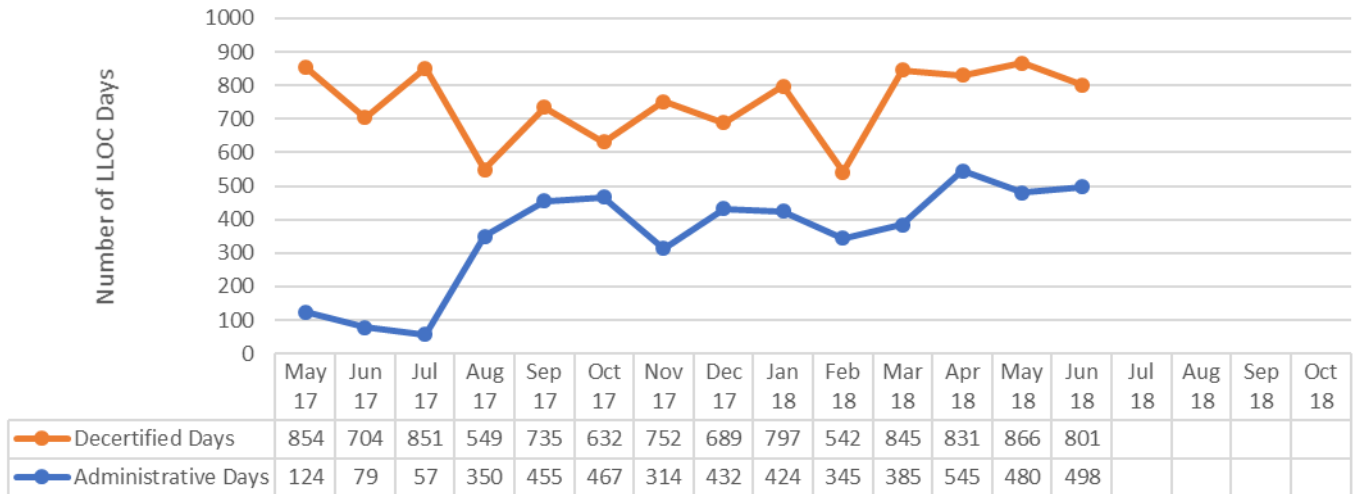


	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
PES	18%	15%	14%	31%	16%	15%	21%	21%	18%	14%	7%	5%	12%	10%	14%	29%	24%	9%
Target	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%

Medical Surgical, ICU, & MCH Midnight Average Daily Census



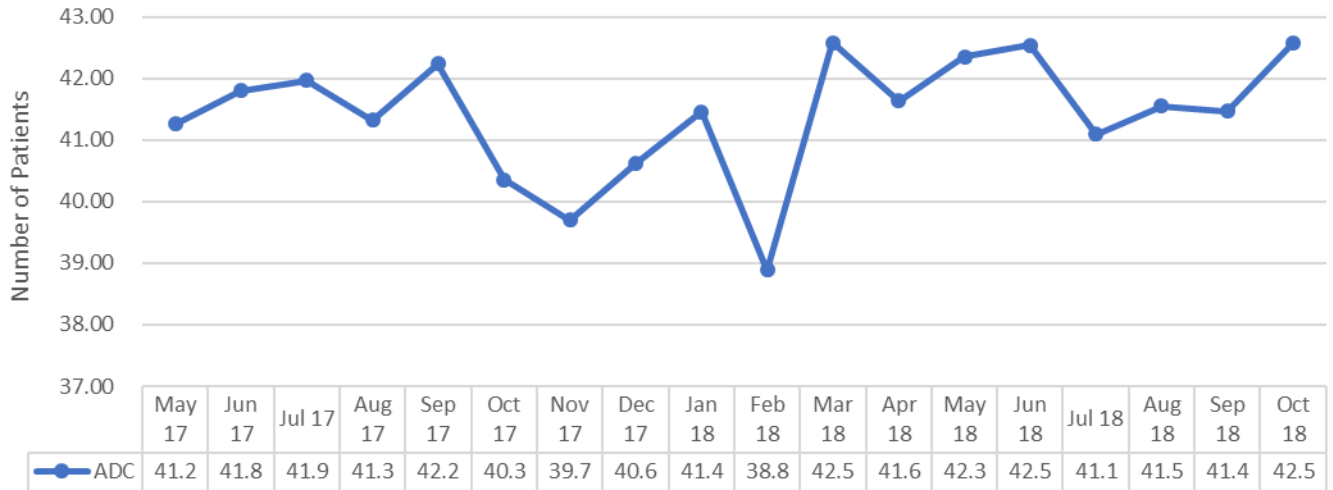
Medical Surgical Lower Level of Care Days\*



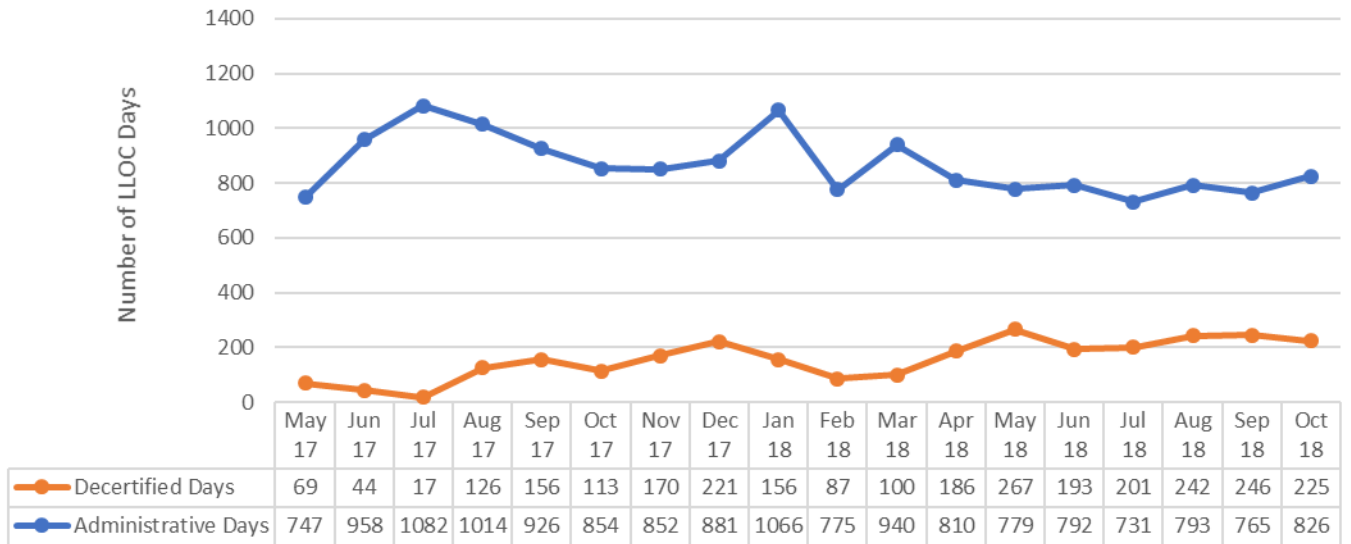
\*Data currently being updated and will be reported January 2019



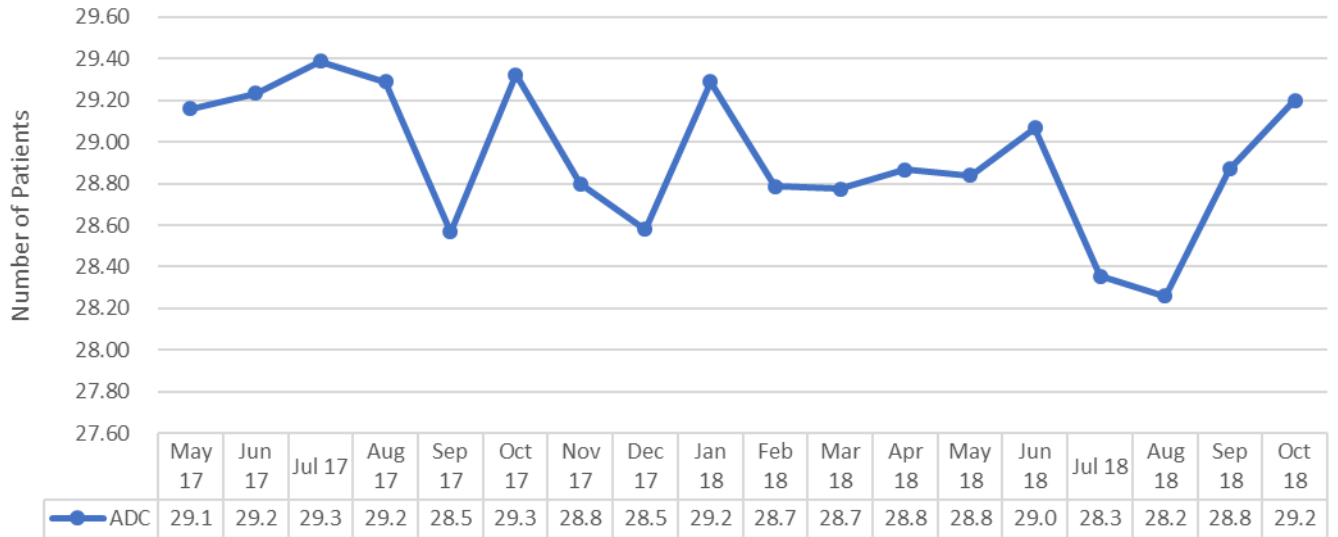
### Acute Psychiatry (7B and 7C) Midnight Average Daily Census



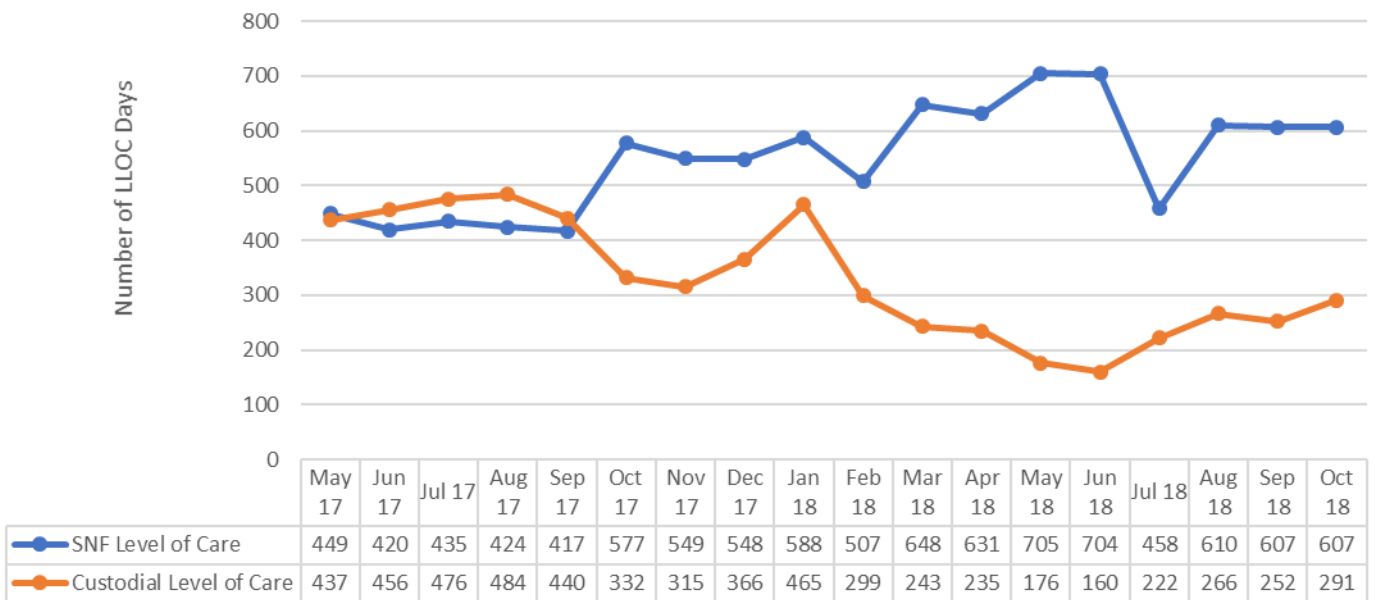
### Acute Psychiatry (7B and 7C) Lower Level of Care Days



### Skilled Nursing Facility Midnight Average Daily Census

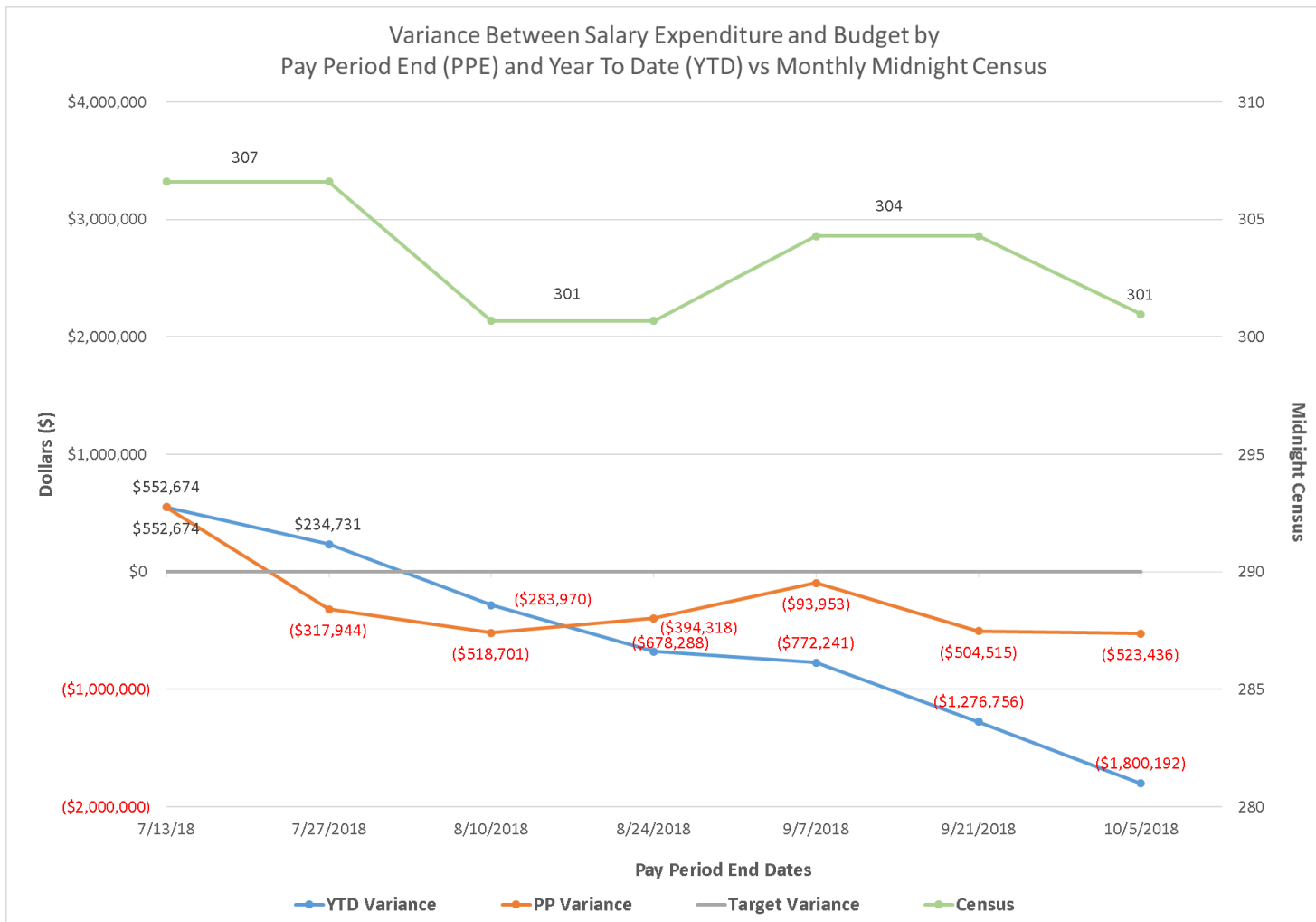


### Skilled Nursing Facility Lower Level of Care Days



**Salary Variance to Budget by Pay Period Report for Fiscal Year 2018-2019**

For Pay Period Ending October 05, 2018, Zuckerberg San Francisco General recorded an unfavorable 3.58% salary variance between Actual and Budget – specifically, actuals were \$523,436 over budget. For Fiscal Year 2018-2019 year-to date variance through PPE October 05, 2018, ZSFG has an unfavorable variance of 1.73% / \$1,800,192 over budget.



**Commissioner Comments:**

Commissioner Sanchez congratulated all those ZSFG employees who were recognized by the Health Commission and included in the report. He added that it is humbling to witness the incredible work of all ZSFG employees.

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

Karrie Johnson, ZSFG Human Resources, presented the item.

**Commissioner Comments:**

Commissioner Green requested that the report include a column indicating the percentage of the overall category to give context to the reader.

Commissioner Green asked how Human Resources accounts for employees who move from one unit to another. Ms. Johnson stated that specialty positions are often filled by employees from other clinical service areas, especially Medical Surgery.

## **6) MEDICAL STAFF REPORT**

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

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

- Leadership Techniques in the Era of Epic and DMS Rollout – Dr. Horton initiated an MEC forum to discuss how Clinical Chiefs are preparing their faculty and staff for Epic. Three MEC members, Dr. Gabe Ortiz, Dr. Rebecca Jackson and Dr. Ben Breyer shared with members their approach and actions/activities undertaken to date within their respective Clinical Services necessary for a smooth go-live.

### **CLINICAL SERVICE REPORT:**

Psychiatry Service Report– Mark Leary, MD, MPH, Interim Service Chief

The report provided an overview of the following:

- Clinical Services on Campus– Updates about each of the Divisions in Psychiatry on campus – Acute and Emergency Services (includes PES, Inpatient, C-L), Infant/Child/Adolescent Psychiatry, and Substance Abuse/Addiction Medicine (DSAAM).
- Clinical Services off Campus – Updates about each of the Divisions off Campus – Alliance Health Project, Citywide Case Management, Trauma Recovery Services and Jail Behavioral Health Services.
- FY18 ZSFG Psychiatry Departmental Budget
- 2018 Faculty Service on ZSFG Committees
- Faculty/Training – UCSF Public Psychiatry Fellowship
- Recovery Principles, Team Goals – This year, the Recovery Model was implemented in the Inpatient Psychiatry Unit. The goal is to create a relationship space and a physical space where staff and patient can engage, and to promote a “partnership in care” atmosphere between staff and patients.
- Departmental Achievements –
  - Sustained inpatient Administrative Day billing generating \$1M annually
  - Implemented Recovery Model for inpatient psychiatry to improve patient experience
  - Implemented Post-Acute Community Conservatorship with SF Conservator’s Office
  - Significantly increased transfer rate from other SF hospital ED’s to ZSFG PES
- Challenges/Goals for next year –
  - Epic Rollout
  - Daily Management System rollout
  - Plan for expansion/build out of PES; renovation of inpatient units
  - Promote patient flow while working with DoCC/Compliance to improve documentation
  - Medical Staff recruitment/retention
  - Complete major recruitments – Chief of Psychiatry and Director of Administrations
- “Did You Know” Sheet – Attached is a “Did you know” sheet that provides interesting facts about the ZSFG Psychiatry Service. The sheet will be updated as needed.

Highlights include:

- Early this year, the Service partnered with a community nonprofit Progress Foundation to be able to transfer quickly people identified as needing a lower level of care needs to Progress Foundation’s Psychiatric Urgent Care. This resulted in a decrease in the PES average length of stay which translated to a decrease in PES Condition Red.
- The Service continues to work on resolving the issue of Lower Level of Care patients in the inpatient unit. % Acuity is around 25% only, meaning that ¾ of patients are lower level of care. Two major

causes – (1) Lack of sub-acute bed resources available to discharge patients to, and (2) Very restrictive acuity medical necessity guidelines by the CA State Department of Health Care Services.

- Trauma Recovery Center Replication – The TRC model developed by Dr. Alicia Boccellari has been replicated throughout CA and other states.
- Jail Behavioral Health Services – The program was started about a year ago. UCSF Psychiatry faculty now provides outpatient care services at the SF County Jail. This has enabled integrated continuity of care and treatment plans for inmates.

Members applauded Dr. Mark Leary for his excellent report, and his service as Interim Clinical Chief. Members also expressed appreciation of the outstanding work of the Psychiatry Service at ZSFG and the community.

Commissioner Comments:

Commissioner Green asked for more information regarding recommendations for dietary supplements. Dr. Horton stated that the practitioners do not directly recommend any herbal products.

Commissioner Sanchez asked for more information on the proctoring process for practitioners approved to practice acupuncture. Dr. Horton stated the new procedure is that each practitioner will have direct observation and chart review on 5 different patients.

Action Taken: The Committee unanimously approved the following:

- Psychiatry Rules and Regulations
- Ophthalmology Medical Staff Policy: Tisseel Storage and Handling Policy
- Acupuncture Standard Procedures

**7) OTHER BUSINESS**

This item was not discussed.

**8) PUBLIC COMMENT**

There was no general public comment.

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

**10) ADJOURNMENT**

The meeting was adjourned at 3:41pm.