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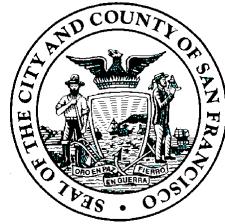
Commissioner

Tessie M. Guillermo

Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



Grant Colfax M.D.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

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

Tuesday, September 24, 2019 3:00 p.m.

**10001 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 Laurie Green, M.D.
Commissioner James Joyce, Jr.,

Staff Present: Susan Ehrlich MD, Roland Pickens, Adrian Smith,
Karrie Johnson, Leslie Safier, Adrian Smith, Elizabeth Connelly,
Basil Price, Karen Hill, Jennifer Boffi, Tosan Boyo, LukeJohn Day MD,
Virginia Dario Elizondo, Troy Williams, Dan Schwager, Terry Dentoni, Troy
Williams, Kim Nguyen, Casie Aniya, Claire Horton MD, Andrea Turner, Gillian Otway,
Kathy Ballou, Basil Price, Glen McClintock, Leslie Holpit, Natasha Hamilton

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

**2) APPROVAL OF THE MINUTES OF THE AUGUST 27, 2019 ZUCKERBERG
FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the August 27, 2019 meeting minutes.

3) REGULATORY AFFAIRS REPORT

Adrian Smith, Director, Regulatory Affairs, presented the item.

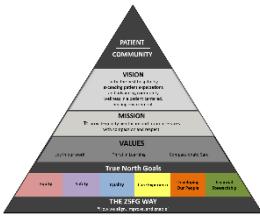
Commissioner Comments:

Commissioner Chow requested that the date of site visits be included on the report.

4) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT

Susan Ehrlich, MD, Chief Executive Officer, presented the item.

Report Updates



DEVELOPING OUR PEOPLE

Page 2

- 1. Environmental Services Week

QUALITY

Page 2

- 2. Joint Commission Biannual Laboratory Survey
- 3. Transition to Epic Stabilization

Data Updates



QUALITY

Page 3

- Emergency Department Activities
- Psychiatric Emergency Services Activities
- Average Daily Census
- Lower Level of Care

FINANCIAL STEWARDSHIP

Page 13

- Salary Variance

**DEVELOPING
OUR PEOPLE**

1. Environmental Services Week

During the week of September 8th , ZSFG celebrated National Health Care Environmental Services Week. According to the Association for Health Care Environment, "Each year, National Health Care Environmental Services Week is the opportunity to show appreciation and recognition for the extraordinary teamwork required to care for the complex health care environment." Twenty-four hours a day, seven days a week, Porters on campus clean the environment and prevent infections, within the walls of the hospital. As a department whose work often goes unnoticed, yet is extremely vital to all ZSFG staff, Environmental Services is very deserving of this week-long recognition.

ZSFG would like to express its greatest appreciation to each member of the Environmental Services team on campus for continuously making ZSFG a safe place to serve our patients.

QUALITY

2. Joint Commission Biannual Laboratory Survey

On July 22, 2019, surveyors from the Joint Commission visited ZSFG to complete their biannual laboratory survey. Out of the 1,305 standards that Laboratory and Pathology were surveyed against, the Joint Commission only discovered 10 findings. Furthermore, of those 10 findings, none were considered high risk or having widespread impact. One surveyor commented, "I've never seen an organization with better communication skills between departments. I know this means you are taking great care of your patients."

Congratulations to the Quality and Regulatory team, and the Pathology and Laboratory departments on an incredibly successful survey, especially amidst an extremely trying time of Epic implementation preparation!

QUALITY

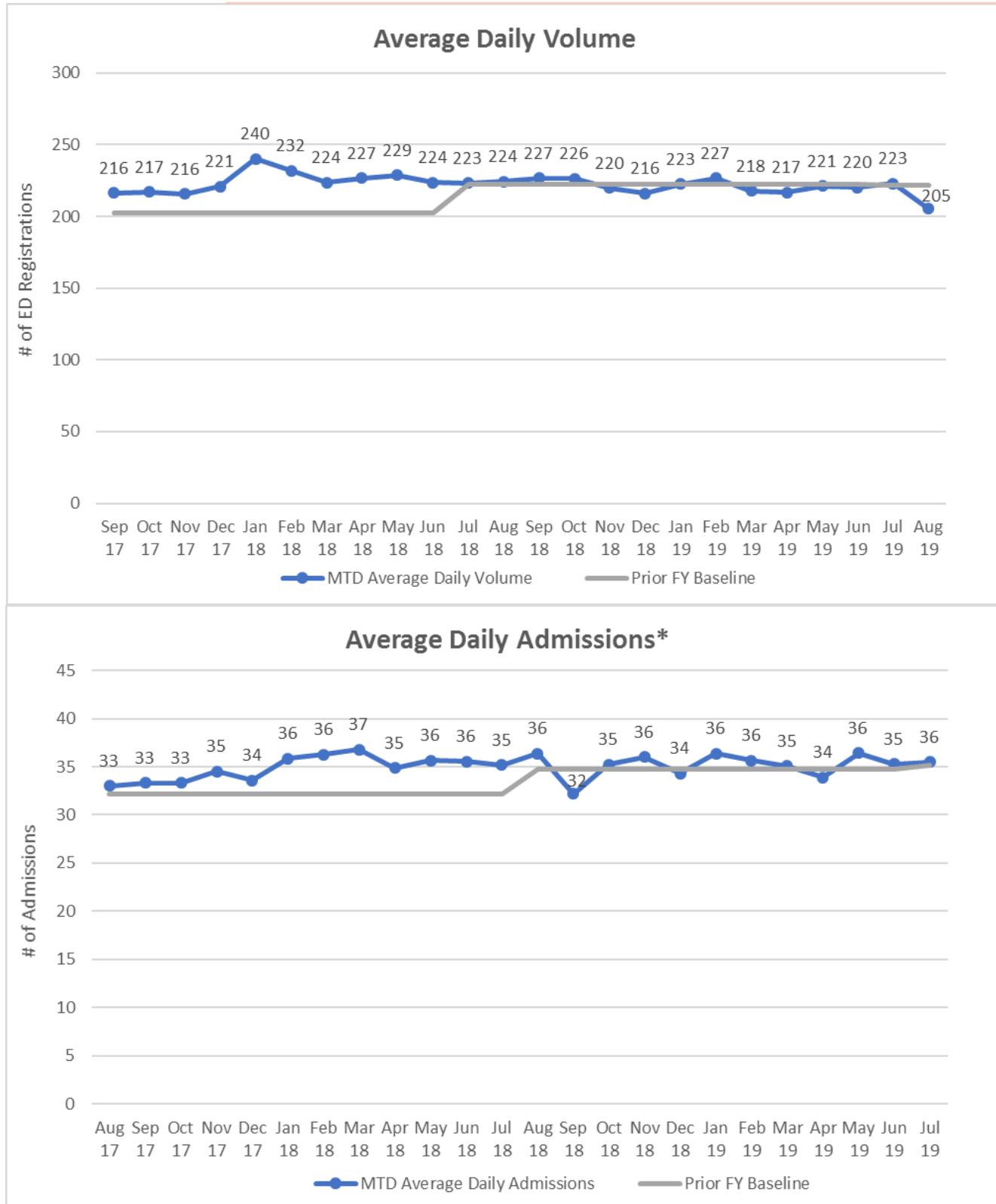
3. Transition to Epic Stabilization

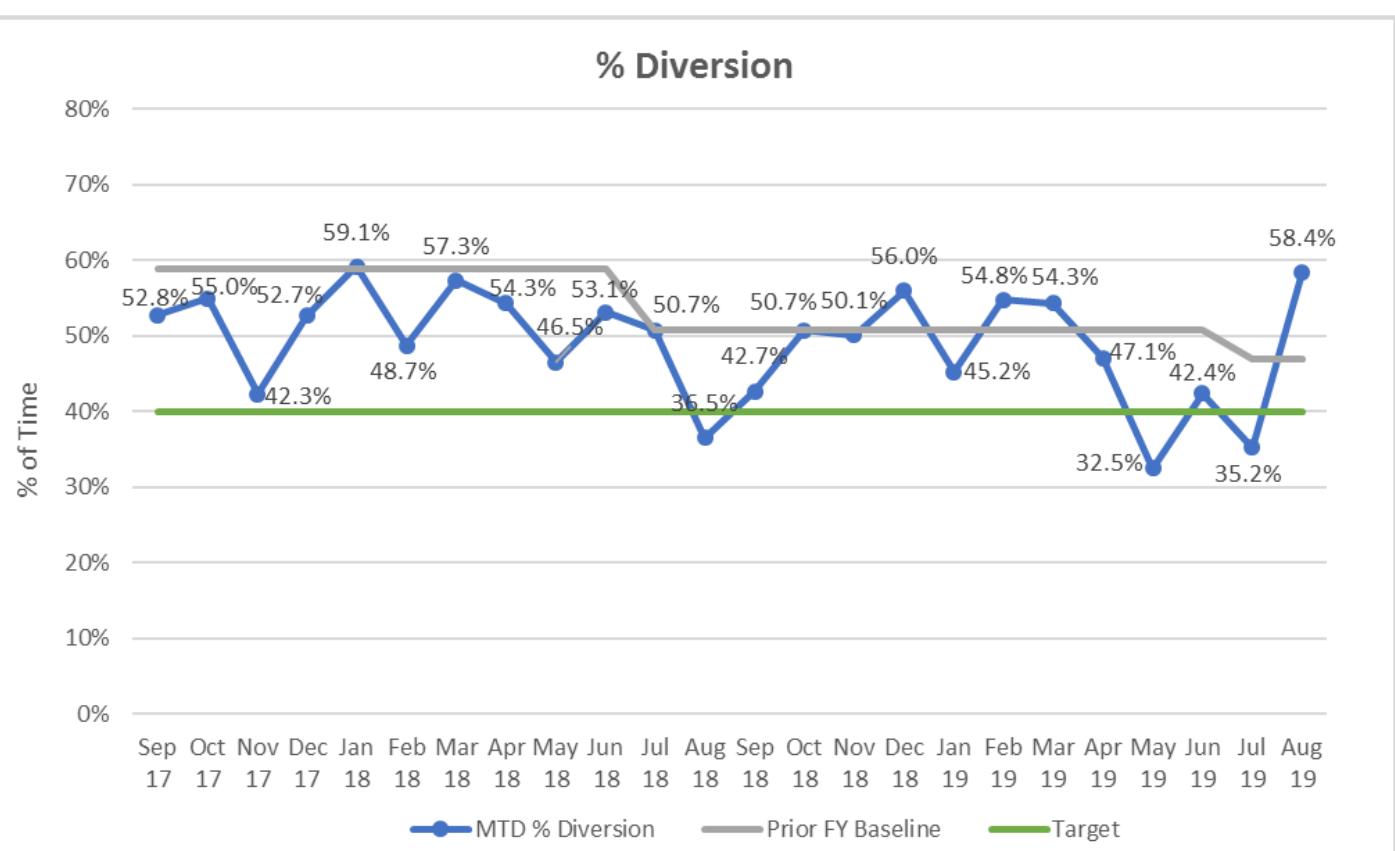
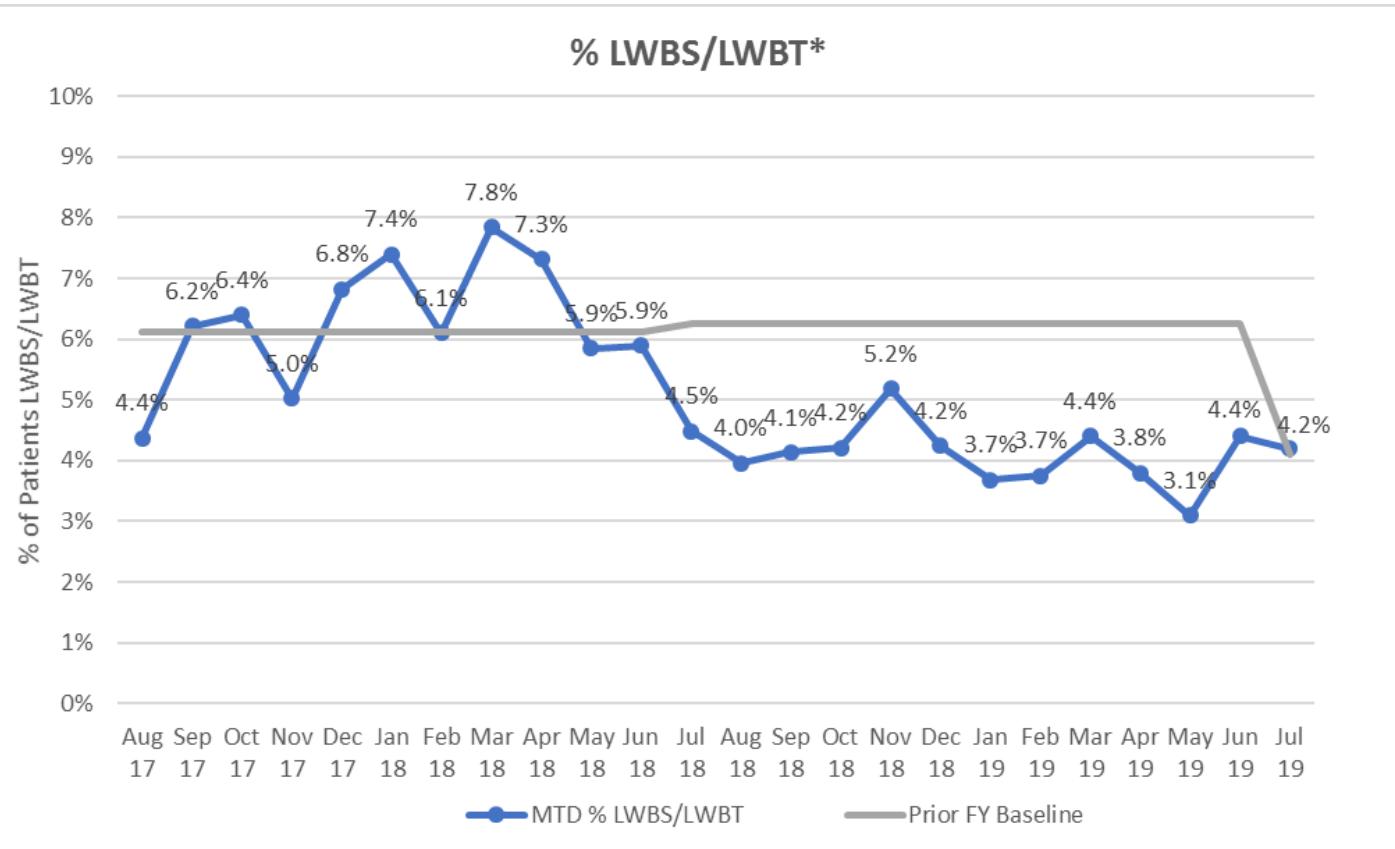
On Wednesday, August 21st, ZSFG shut down the Operations Command Center after having reached its immediate goal for Epic Activation. This shut down signified the transition from the activation phase to the stabilization phase, which meant a shift in top issues from Build to Workflows. This substantial achievement did not mean, however, that issue resolution was complete. It instead allowed ZSFG to reprioritize tickets through Daily Management Systems, Domain Structures, and partnerships between IT and departments across campus.

In order to ensure successful stabilization, standard work was created around a stabilization decision process. This process included the following steps: (1) End users identify the type of issue at hand (workflow gap, HVT gap, etc.); (2) Assign “primary” domain ownership and identify all impacted domains; (3) the primary domain leads coordinate understanding and problem-solving activities; (4) domain executive sponsors prioritize and approve final decision; and (5) stabilization changes planned, built, tested, and implemented with learning and communications.

Congratulations to all staff on a successful Epic go-live and many thanks for the continued patience and perseverance through this transition to Epic Stabilization.

QUALITY Emergency Department Activities



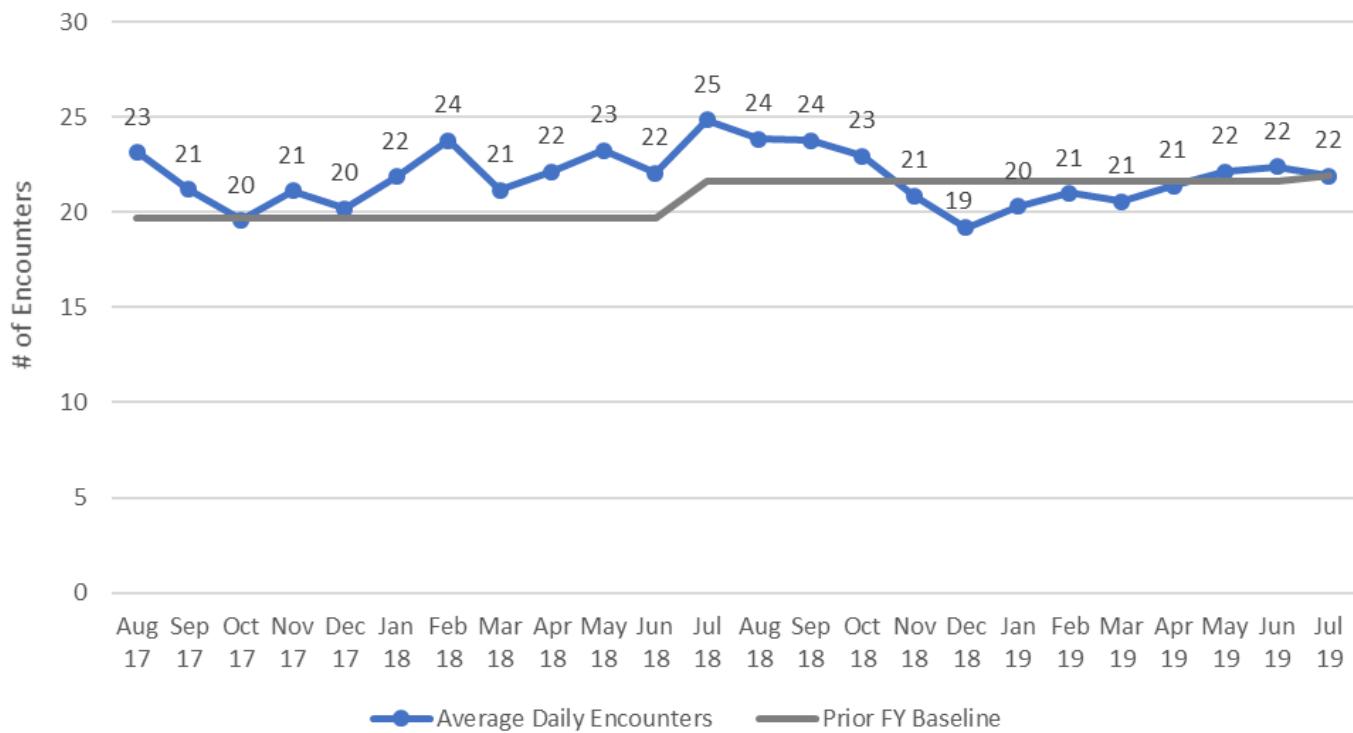


*Charts have not been updated with August data due to invalid data from Epic cut over

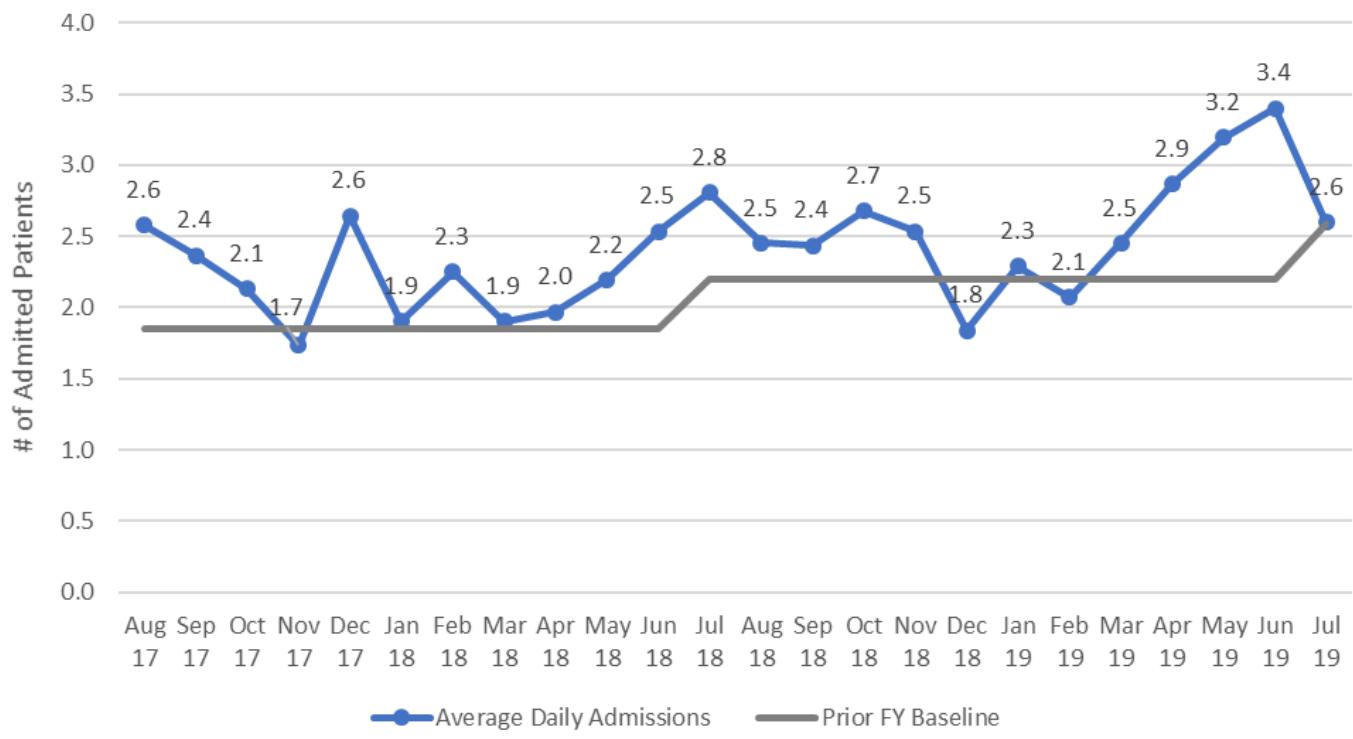
QUALITY

Psychiatric Emergency Services Activities

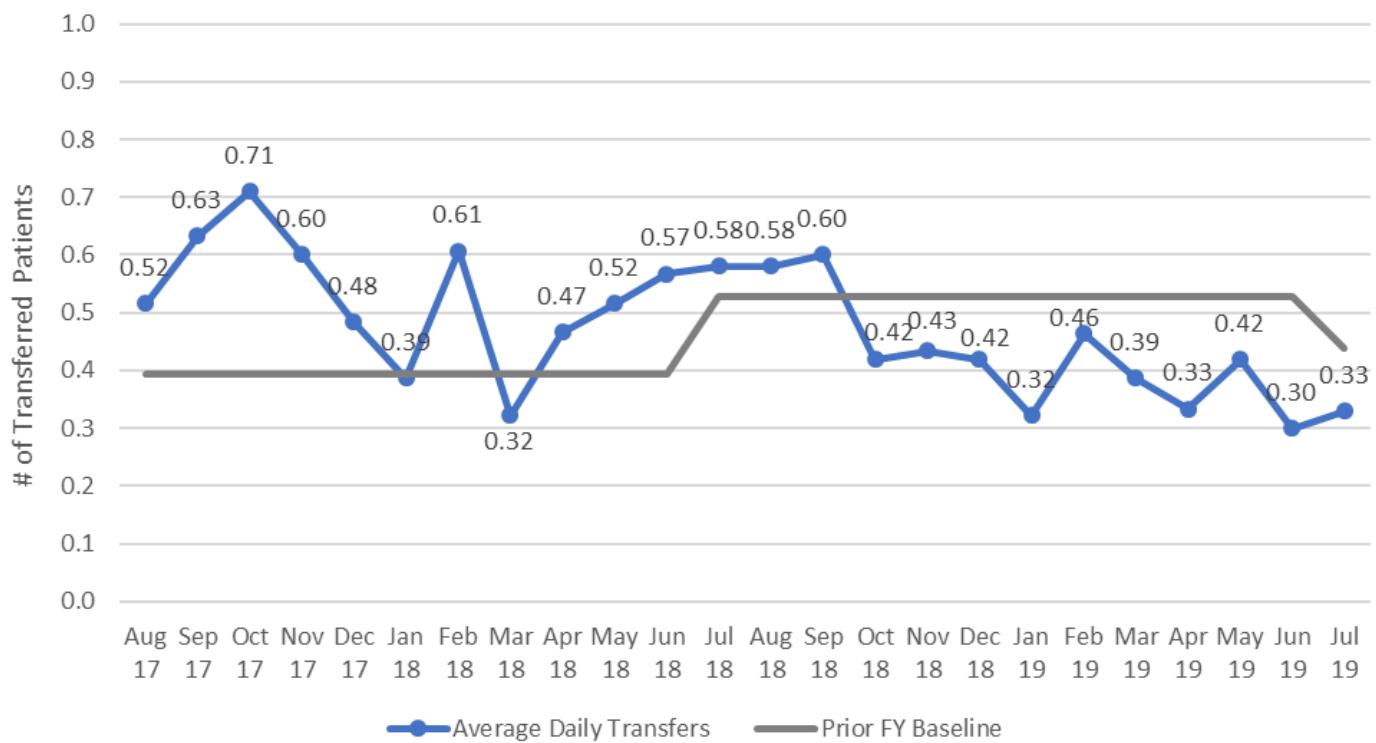
Average Daily PES Encounters*



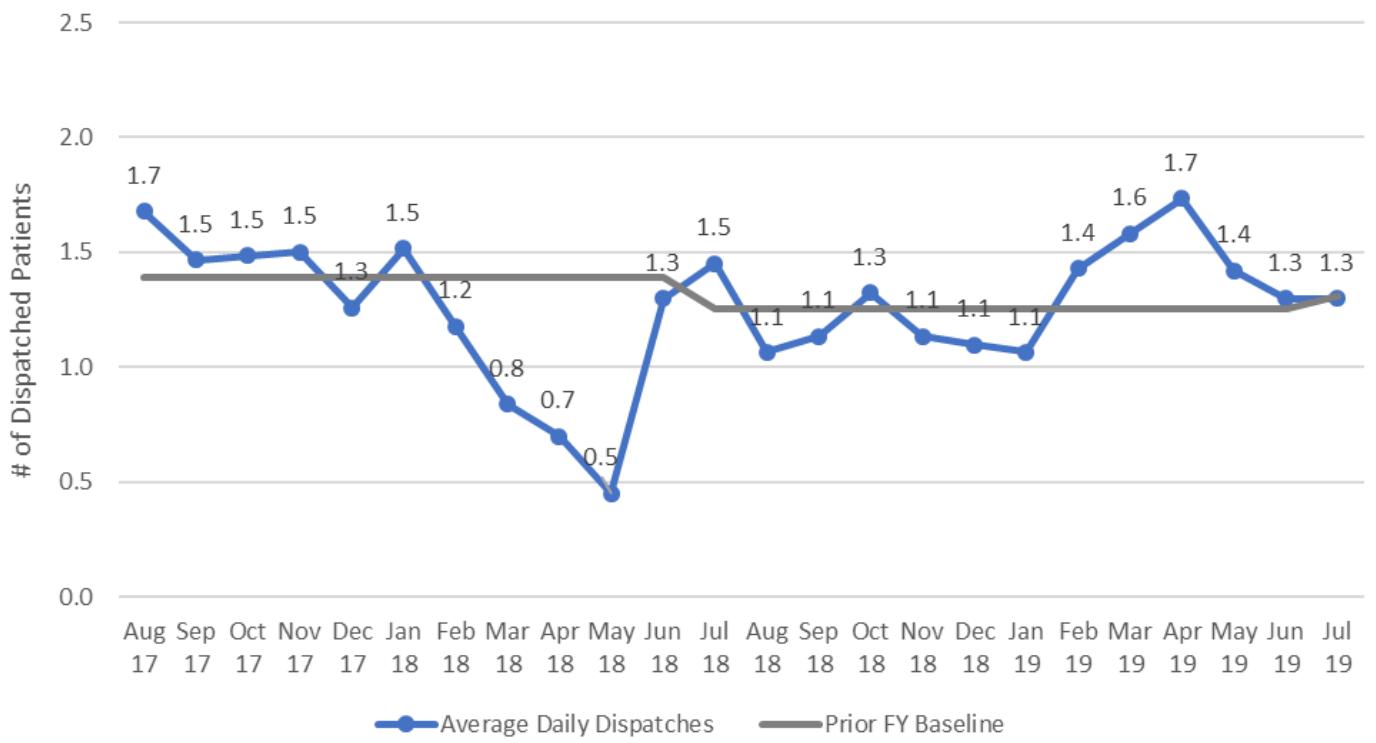
Average Daily Admissions to Inpatient Psych (7B, 7C, 7L)*

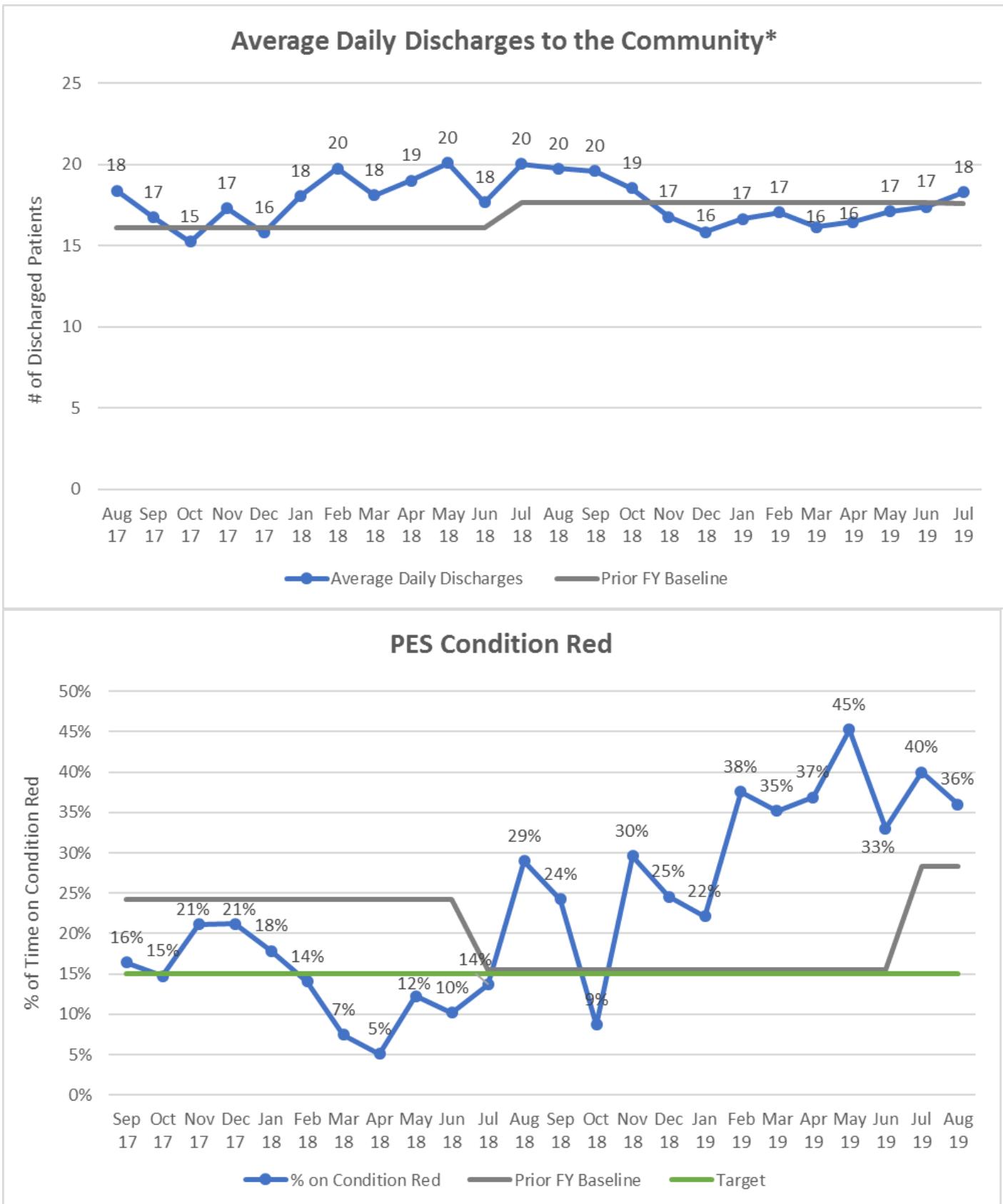


Average Daily Transfers to Private Hospital*



Average Daily Dispatches to Dore Urgent Care Clinic (DUCC)*



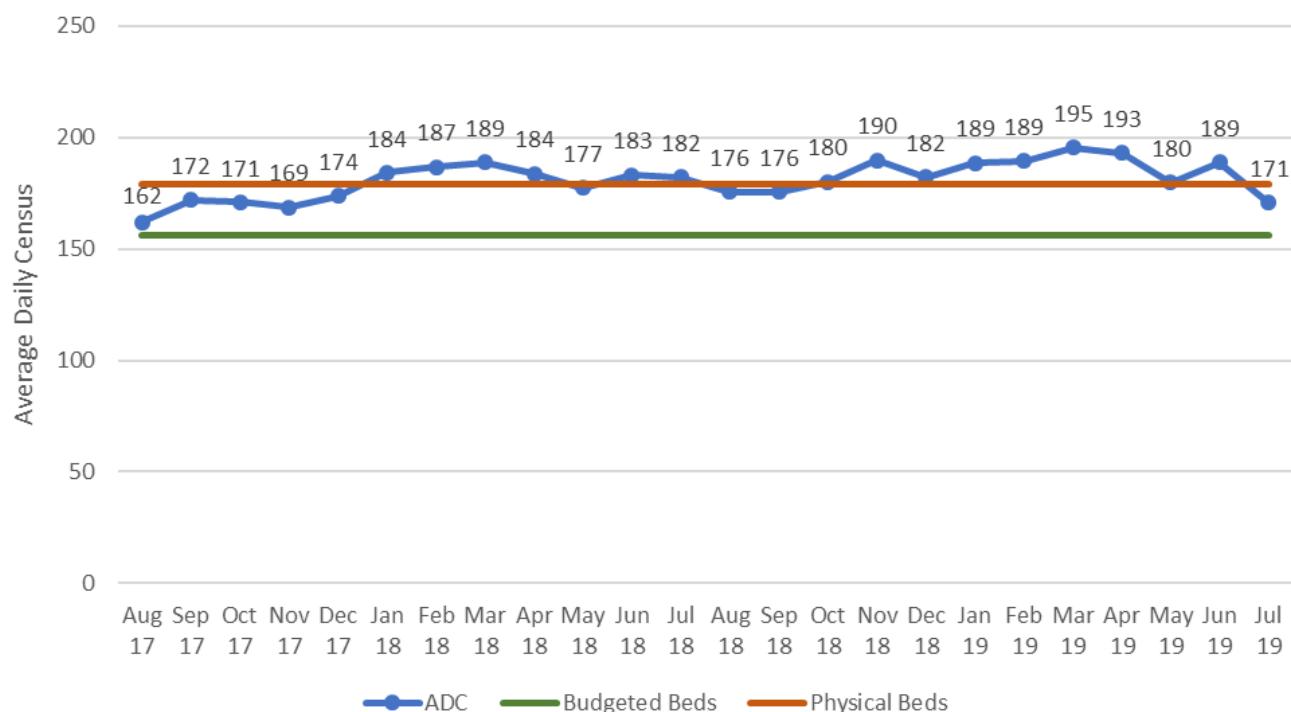


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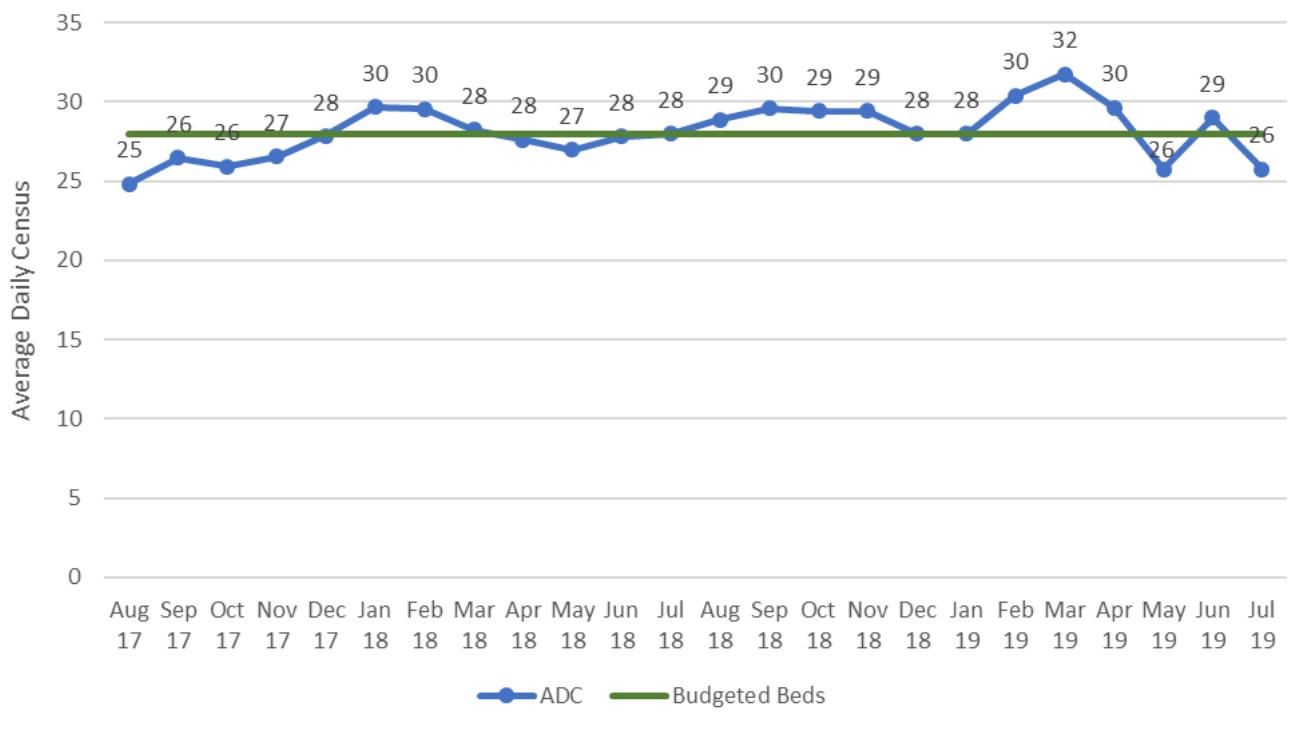
QUALITY Average Daily Census*

*No August data due to invalid data from Epic cut over

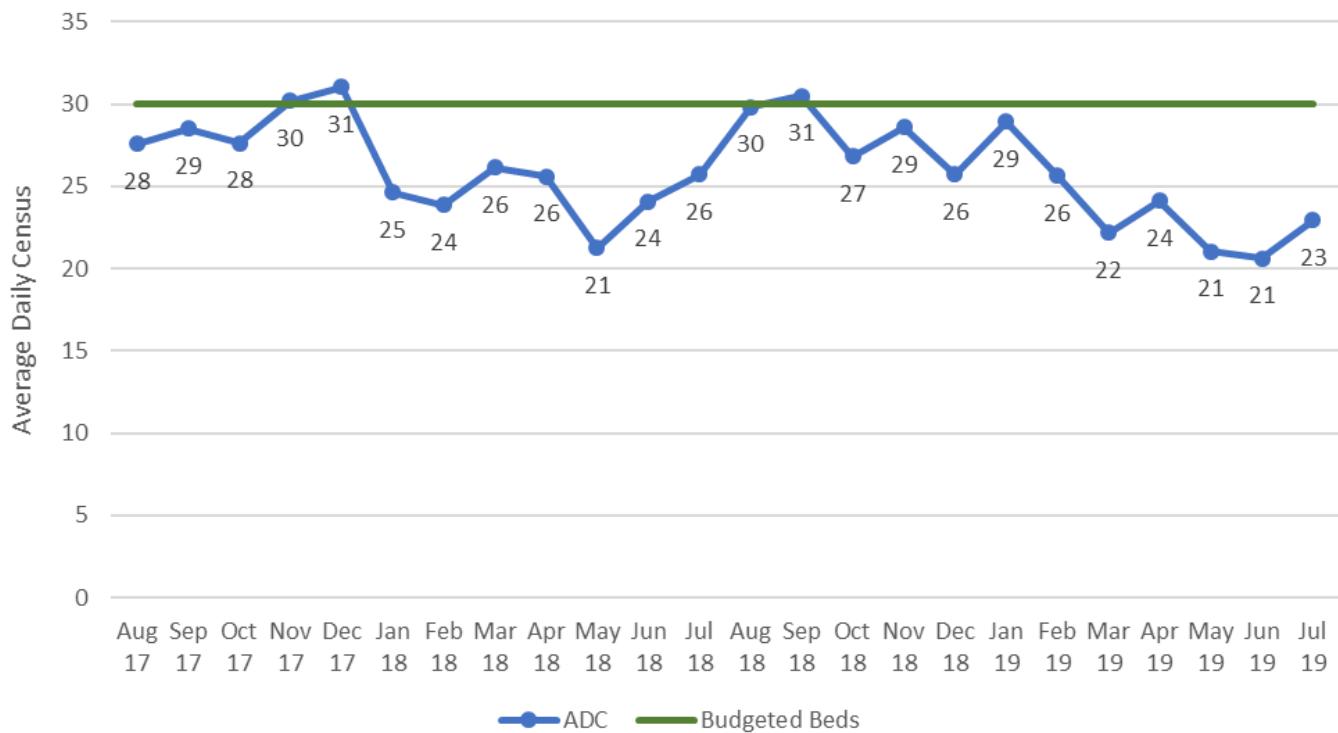
Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census*



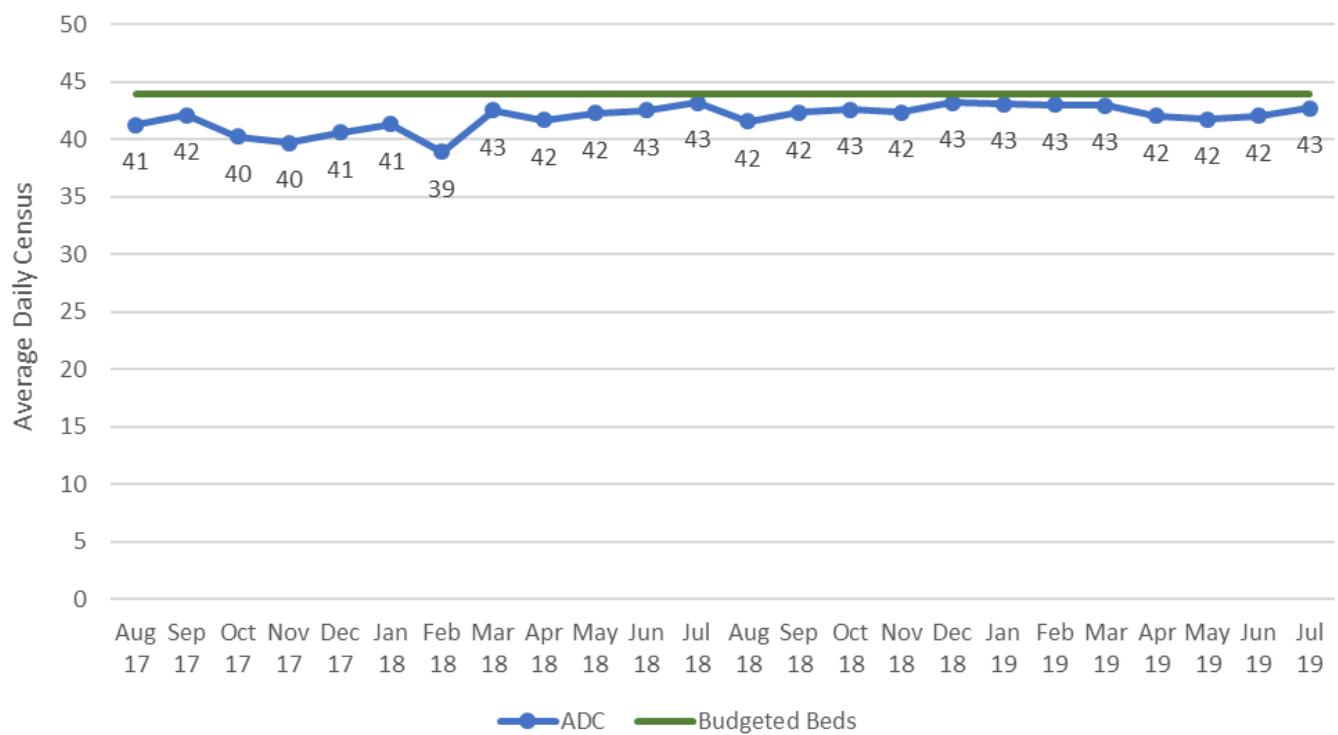
Intensive Care Unit Average Daily Census*

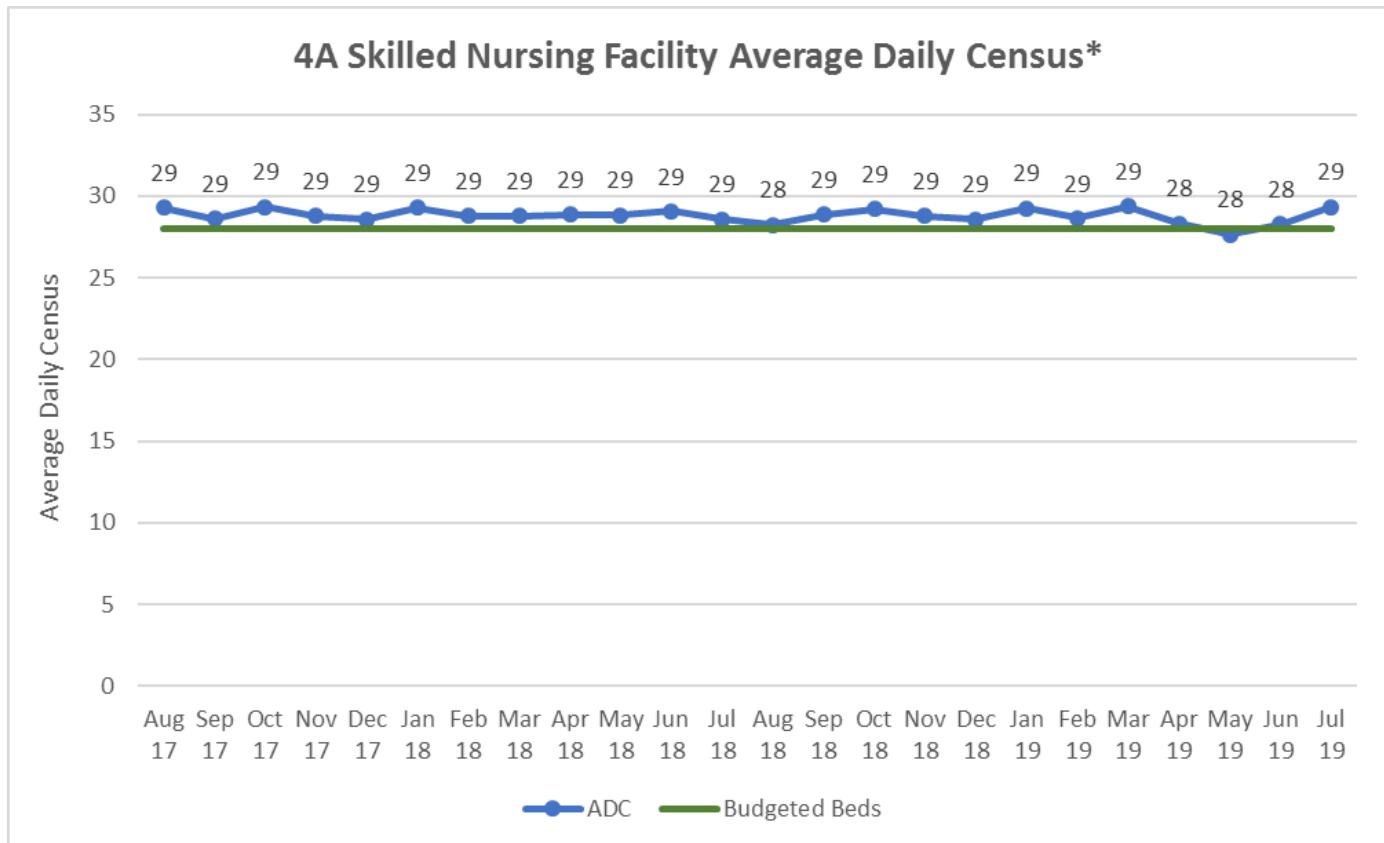


Maternal Child Health Average Daily Census*



Acute Psychiatry (7B & 7C) Average Daily Census*

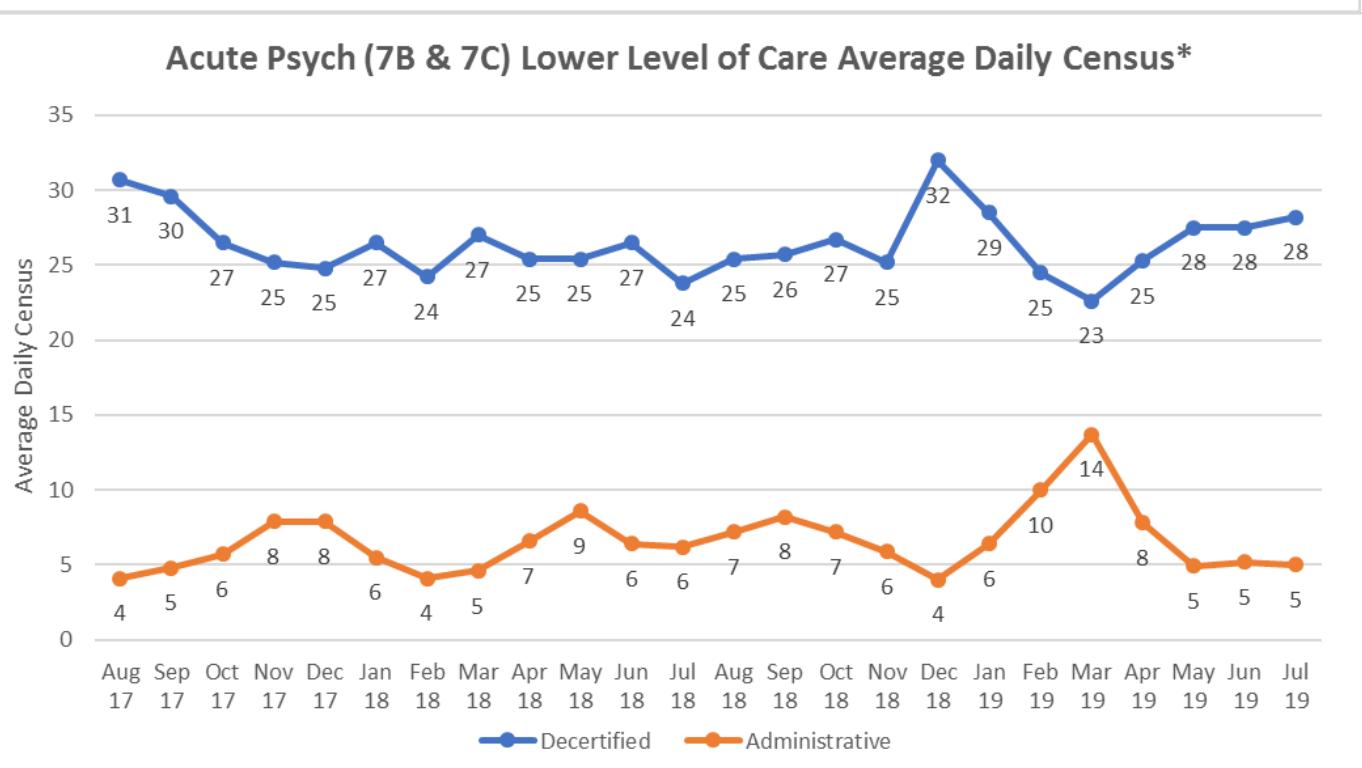
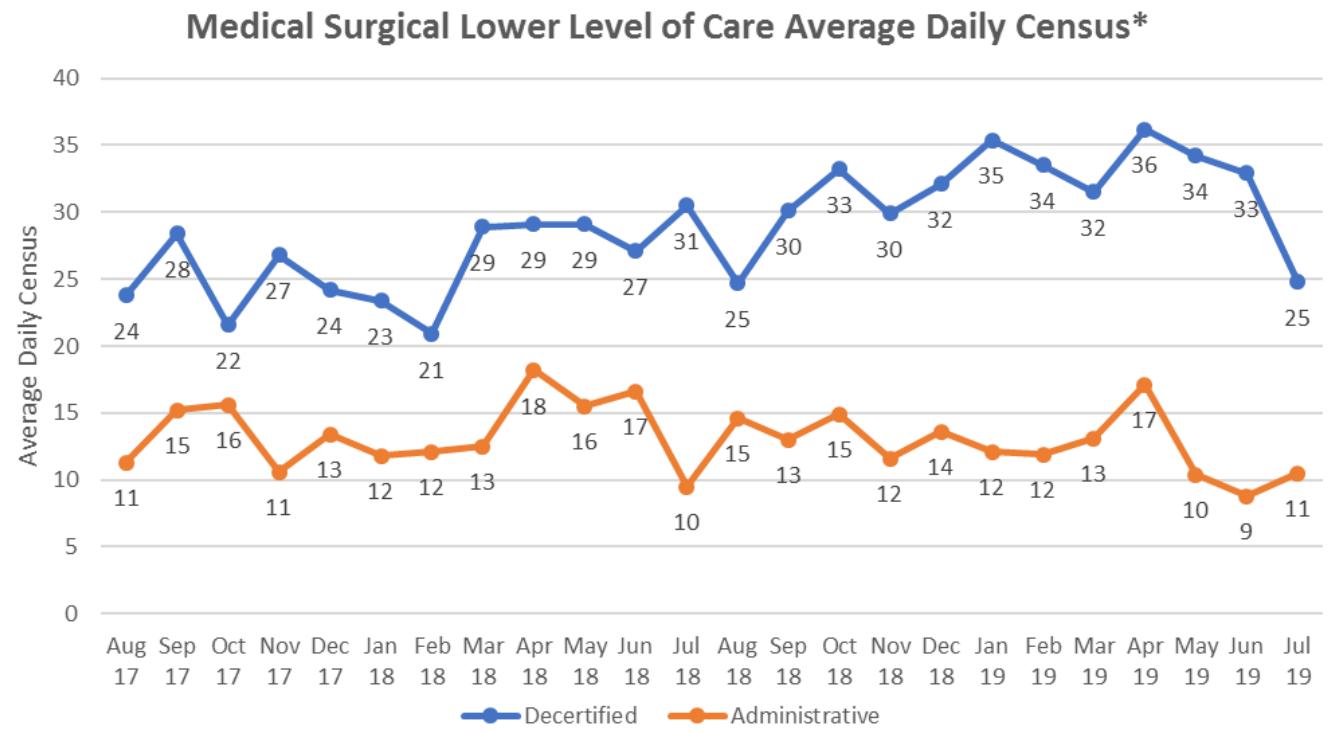




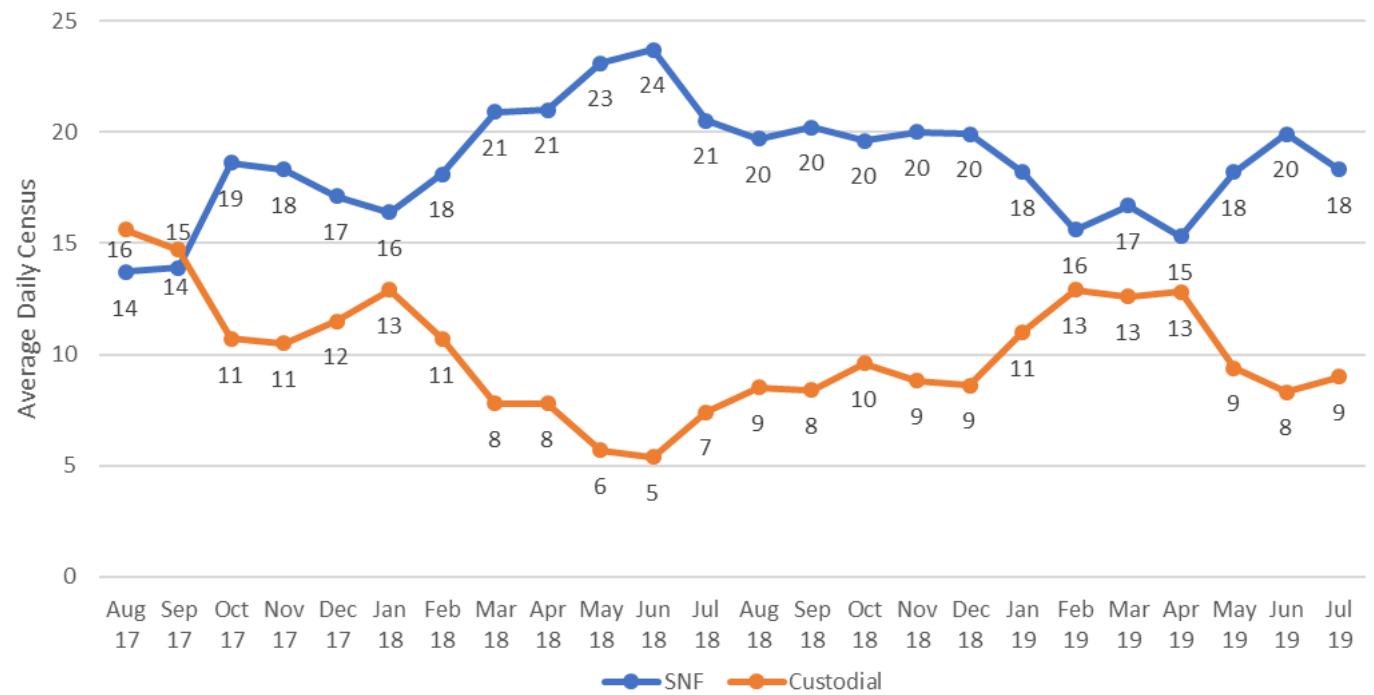
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QUALITY

Lower Level of Care Average Daily Census



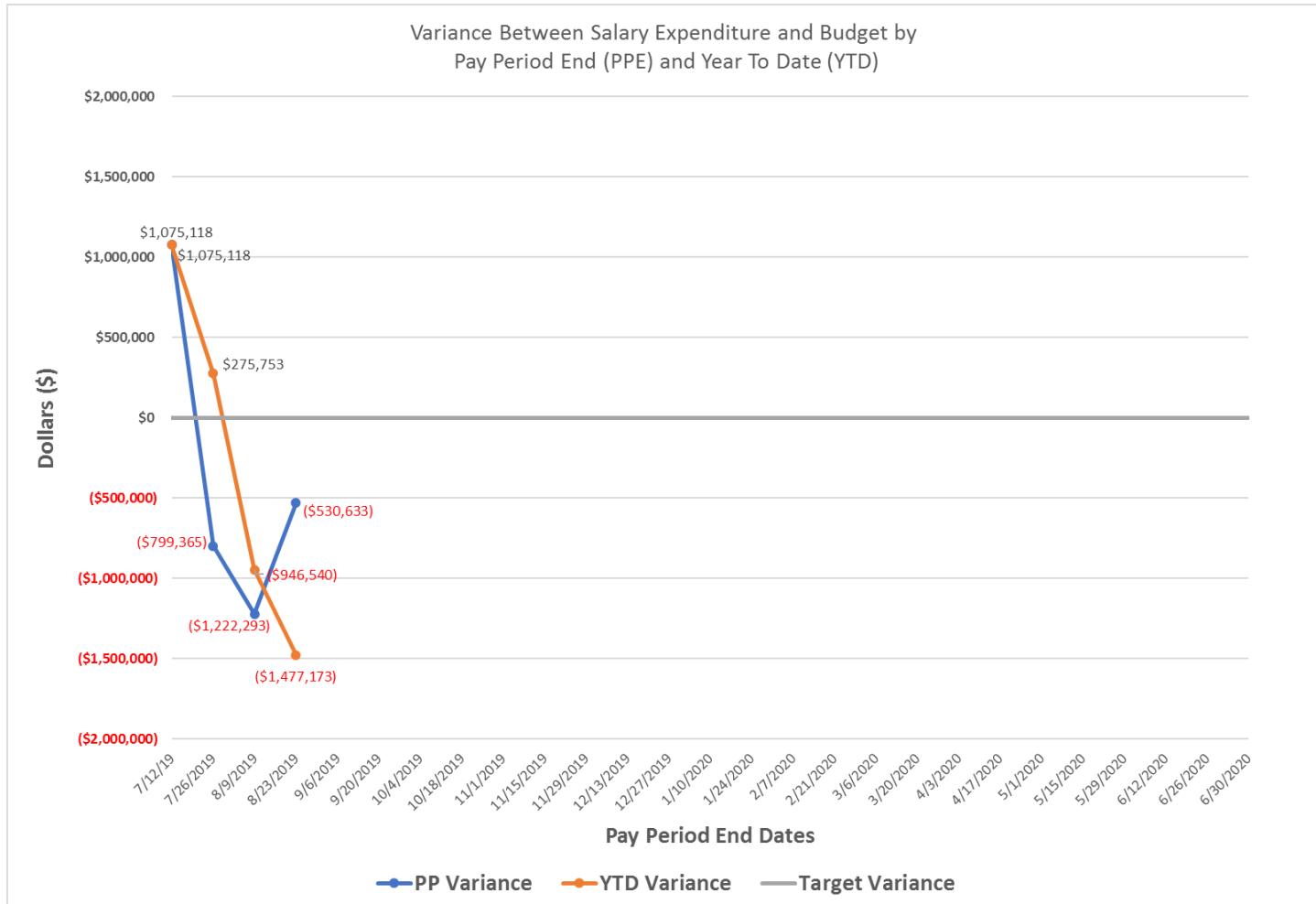
4A Skilled Nursing Facility Lower Level of Care Average Daily Census*



*Charts have not been updated with August data due to invalid data from Epic cut over

Financial Stewardship Salary Variance

For Pay Period Ending (PPE) August 23, 2019, Zuckerberg San Francisco General recorded an unfavorable 3.47% salary variance between Actuals and Budget – specifically, actuals were \$530,633 over budget. For Fiscal Year 2019-2020 year-to date variance through PPE August 23, 2019, ZSFG has an unfavorable variance of 2.39% / \$1,477,173 over budget.



Commissioner Comments:

Commissioner Chow asked for more information regarding the EPIC validation process. Dr. Ehrlich stated that before data is transferred from legacy systems into EPIC, they must be validated.

Commissioner Green asked how ZSFG assesses whether the current salary variance is a likely projection for the rest of the fiscal year. Dr. Ehrlich stated that EPIC support consultants were paid for the initial implementation; ZSGH is currently considering what other types of ongoing support it will need in addition to its superusers.

Commissioner Chow requested salary variance data from the previous year to help understand trends in this area.

Commissioner Chow asked for more information regarding the process to determine the ZSFG EPIC budget. Dr. Ehrlich stated that ZSFG is working on an A3 to determine its budget needs and working with the DPH CFO to determine what the Department can afford in next year's budget. She added that ZSFG can project budget needs better for units with staffing models. Mr. Pickens noted that the San Francisco Health Network is reviewing the past several quarters of fiscal data to build its EPIC-related budget projections.

Commissioner Loyce asked if Hummingbird beds alleviate flow issues for PES. Dr. Ehrlich stated that Hummingbird beds at the BHS are focused on serving individuals who could be better served there than PES.

5) ZSFG HIRING AND VACANCY REPORT

Karrie Johnson, Departmental Personnel Officer, DPH, presented the item.

Commissioner Comments:

Commissioner Chow noted that the nursing vacancy rate is 7% and that there are 70 open positions. Ms. Johnson stated that the overall ZSFG vacancy rate is 10% and the hospital continues to work hard to keep this low. She added that ZSFG uses per-diem staff to fill the vacancies.

Commissioner Chow noted that the vacancy rate for eligibility workers seems high. Ms. Johnson stated that this is related to EPIC-implementation; she added that testing for this classification is planned for December. After the testing process, the vacancy rate should be lowered quickly.

6) MEDICAL STAFF REPORT

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK/EPIC TRAINING:

Epic Updates – Jim Marks, MD

Updates to MEC:

- Go Live Performance – Extremely successful Go Live. Went live Aug 3, 2019, 7:00AM time, Closed ZSFG Operations Command Center on weekends Aug 11; Closed ZSFG Operations Command Center Aug 21; Closed IT Command Center Aug 23.
- IT Service Tickets – Open per Day vs. Resolved per Day; Resolved tickets exceeded filed tickets.
- Workflow and Other Epic Issues - The hospital is now in the stabilization phase. Dr. Marks emphasized that ZSFG cannot move forward with Epic optimization until stabilization of current workflows is achieved. Dr. Marks identified there major problems encountered by staff in Epic (Epic is Broken, Don't know how to use Epic, Operational Workflow and Epic Workflow do not align), and outlined ways to approach a workflow problem.
- Domain Structure for Epic Stabilization Seven Domains - Work in the next few months will focus on identifying and fixing the most broken workflows in seven domains: Ancillary, Inpatient, ED, Periop, Ambulatory, Pharmacy, and ARCR. ELT within the next couple of weeks will finalize the domain structure. The domains will be charged with filtering and prioritizing what needs to be worked on in their domain and what crosses into other domains.

CLINICAL SERVICE REPORT:

Anesthesia Service Report – Romain Pirracchio, MD

Dr. Pirracchio presented the Anesthesia Service biennial report, starting with context considerations to include the increasing shortage of anesthesiologists in the last 20 years throughout the United States and worldwide, and the vision to transform an anesthesia department into a comprehensive perioperative case department. Highlights of the report includes:

- Scope of Service – OR 24/7
 - OR Weekdays/Nights/Weekend and Holidays Coverage; 10980 OR and Non OR procedures 2017-18 and 9464 procedures for 2018-19; Trauma Activations
 - Non OR Anesthesia – 2556 cases (27% of overall) – GI, Interventional Radiology, MRI, ECT, Non OR Intubation, Women's Option Clinic (D&E) and OB Operative Procedures.
 - PREOP Clinic – About 90 % of elective surgery patients before going to OR are screened and evaluated at the Preop clinic. 4189 visits in 2018 with very good patient satisfaction scores and Median TNNA 2018 is 2 days.
 - Anesthesia Pain Management Group – Pain Clinic, APS (24/7 Acute Pain Service), and OR Procedures (for Chronic Pain)
 - ICU

The scope of services illustrates the involvement of Anesthesia service throughout the surgical journey of a patient. The goal in the future is to improve some of the clinical pathway for surgical patients, and re-define the job of an anesthesiologist to offer new opportunities to new faculty.

- People – The goal is to attract and retain the best faculty.
 - Grand total of 158 FTE composed of clinical, administrative, residents and research staff.
 - Lost six valued faculty in last three years. Root cause analysis for faculty departures showed several causes: (1) salary, (2) cost of living, (3) involvement in academic mission, and (4) career opportunities. Dr. Pirracchio pointed out the Service can work on improving academic mission and career opportunities. Leadership has been re-structured to adopt the concept of Functional Leadership, and aligned with the Core Missions: Clinical, Education, Research and Financial Sustainability, with an appointed Associate Chief responsible for each of these operations. The intent is that this new leadership structure is to enable clear reporting structure, as well as create new opportunities for young faculty to take over projects, and to position themselves into career development programs.
 - Institution and Department wide Leadership Positions
- Research and Innovation – Dr. Pirracchio stated that the Service is working on engaging more faculty in the research academic mission.
 - Six ZSFG PIs NIH Funding (2018-19) covering Basic Science, Data Science, Clinical Research, epidemiology, to global health. Comprehensive research is more collaborative research and more patient-centered.
- Educational Activities
 - Staff culture of safety and patient safety
 - High and Low Fidelity Simulation Classes
 - Focus on Faculty Education as another way to retain faculty: Faculty Education Series, Small Group Skills Workshop, Expanded Pain Education
- Quality Assurance, Performance Improvement, Patient Safety
 - Restructuring the Service's QI Group with 2 –Co Directors and 1 QI analyst. Project areas cover Epic (GoLive, Stabilization and Optimization), Clinical Care (Pediatric Anesthesia Coverage, Collaborative ICU model, Reduction GA for C-section, Complex & complicated IV accesses), Access to Care/Equity (Impact of race/ethnicity/language proficiency on Time-to-OR Preop multilingual Videos), and Pathways (High Risk Pathway, Preop anemia pathway, Hip and Rib fracture pathways, Total Joint ERAS pathway).
 - Faculty initial and ongoing performance evaluation
- Awards/Publications – It has been a successful year with several awards and more than 70 peer-reviewed publications. Among the awards are: Dr. Arun Prakash – 2019 Excellence in lab safety award, Dr. Renee Navarro, - 2019 Champion Health Award in Diversity from the National Medical Fellowships, 2018 and 2019 UCSF Haile T. Debas Academy of Medical Educators Excellence in Teaching Awards to various faculty, SOAP (Society for Obstetric Anesthesia and Perinatology) Center of Excellence award to Dr. John Markley and ZSFG OB Anesthesia
- Financial Sustainability–
 - Financial challenges - Reserves predicted to ran out in 2023
 - Actions/Countermeasures –
 1. Short Term – Formation of Domain Structure (Org Chart, Onboard Directors, and Kick off monthly meetings);
 2. Mid-Term – Data Collection (SWOT- Strengths, Weaknesses, Opportunities and Threats Analysis, Define Metrics and Goals, Produce Reports)
 3. Long Term – ZSFG Budget Sustainability (Business Development, Productivity)
- Future Projects–
 - Transition from ZSFG Anesthesia Service to an Academic Department of Patient-Centered Perioperative Medicine
 - With partnership with all ZSFG Clinical Services, create the ZSFG Department of Perioperative Medicine which will benefit patients, i.e. accelerated Clinical Pathway for Surgical Patients, and expand opportunities for the faculty to enable retention and future growth.

Members thanked Dr. Pirracchio for his excellent and comprehensive report. Members also commended his valuable work and leadership in the Anesthesia Service.

Commissioner Comments:

Commissioner Green stated that it seems not all ZSFG workflow processes are aligning with EPIC. Dr. Horton stated that EPIC is not currently set up to track ED patients being boarded in that unit. Prior to EPIC, ZSFG developed work-arounds that now must be reconciled with the EPIC workflow. Dr. Ehrlich stated that EPIC implementation has shown staff additional workflow issues to resolve.

Action taken: The following item were unanimously approved:

- Review Process for Affiliated Staff Form with tracked changes
- Influenza Vaccination RN standard procedures

7) OTHER BUSINESS

This item was not discussed.

8) PUBLIC COMMENT

Jennifer Esteen requested that the full Health Commission hold a hearing to discuss the ARF. She noted that Hummingbird has become a valuable resource but this short-term program should not replace the long-term ARF beds. She stated that a Health Commission meeting on the ARF will not be shut down by the community. She added that with the alarming rate of board and care facilities closing, it is important to utilize the ARF.

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 REPORTS 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 2019 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 4:12pm.