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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday February 25, 2020 3:00 p.m.
1001 Potrero Avenue, CARR Auditorium
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner Laurie Green, M.D.
Commissioner Dan Bernal

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

Staff Present: Susan Ehrlich MD, Naveena Bobba MD, Karrie Johnson, Leslie Safier,
Basil Price, Jennifer Boffi, Tosan Boyo, LukeJohn Day MD,
Mike Gerchow, Troy Williams, Dan Schwager, Terry Dentoni,
Jim Marks MD, Kim Nguyen, Casie Aniya, Claire Horton MD, Jessica To, Chris Ross

The meeting was called to order at 3:19pm.

**2) APPROVAL OF THE MINUTES OF THE FEBRUARY 25, 2019 ZUCKERBERG
FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the February 25, 2020 meeting minutes.

3) REGULATORY AFFAIRS REPORT

Troy Williams, Chief Quality Officer, presented the item.

Commissioner Comments:

Commissioner Chow thanked Mr. Williams for the report.

4) QUALITY MEASURE UPDATE

Leslie Safier, Director, Performance Improvement, presented the item.

Commissioner Comments:

Commissioner Chow asked for more information regarding the HBIP measures. Ms. Safier stated that these are psychiatric measures and noted that during the initial EPIC implementation, appropriate documentation decreased because the LCR data was not available.

Commissioner Chow suggested the for the HBIPS-2 measure that ZSFG set the goal to a realistic goal.

Commissioner Green asked how the ED-2 measure of median time relates to ED volume. Ms. Safier stated that measure is not adjusted by volume. Dr. Ehrlich stated that the measure relates to inpatient volume not ED volume. Dr. Jim Marks stated that the most relevant data to use for comparison is the quarter from the year before because the seasons have an impact on the inpatient census.

5) TRUE NORTH SCORECARD

Jessica To, Quality Data Center Manager, and Chris Ross, Interim Strategic Planning Manager, presented the item.

Commissioner Comments:

Commissioner Chow asked for more information for the “Financial Stewardship: Capital Projects Building 5” item. Mr. Boyo, stated that the rehabilitation unit is being moved to a different floor and the contractors current scope of services does not fulfill the project need. The ZSFG team has learned to screen projects differently to limit the possibility of this occurring again.

Commissioner Chow asked for more information regarding this situation. Mr. Boyo stated that usually a unit vacates for a move to a temporary space. For this project, the construction is being done while the unit stays open; therefore, there are some construction interruptions due to staff and patient issues.

Dr. Ehrlich stated that EPIC implementation has impacted the progress of all of the projects. She added that staff have had to reconstruct data reports from legacy systems which has been a complicated process. She expects ZSFG to reach pre-EPIC implementation performance rates on these measures.

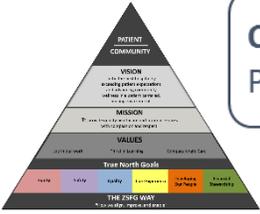
Commissioner Green noted that the performance looked good until January. Ms. To stated that until January, the reports were still using legacy-system data. She noted that for those measures not on target, the workflow will have to change in an effort to close the gap. Dr. Ehrlich added that data is needed to do improvement work to reduce the gap before June 30, 2020.

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6) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT

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

Report Updates



QUALITY

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- 2. The Kaizen Promotion Office 3P Workshop

EQUITY

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- 3. Workplace Violence Prevention Townhalls

Data Updates



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- 4. Annual Employee Dinner
- 5. Emergency Department Activities
- 6. Celebrating the Behavioral Emergency Response Team (BERT)
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 - Psychiatric Emergency Services Activities
 - Average Daily Census
 - Lower Level of Care

FINANCIAL STEWARDSHIP

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- Salary Variance

QUALITY

1. The Joint Commission Consultative Survey

During the week of January 13th, three surveyors from The Joint Commission (TJC) conducted a Mock Triennial Survey. The survey is intended to prepare staff for the upcoming TJC Triennial Survey that will be taking place within the next five months.

Following the survey, the surveyors shared with the organization many notable accomplishments. For example, they acknowledged that for an organization of ZSFG's size, there are typically two times more findings than what they documented, which showcased ZSFG's "continuous regulatory readiness." Also, the surveyors were impressed with ZSFG's integration of behavioral health services into ambulatory services, a testament to the organization's dedication and focus on this critical aspect of treating "the whole person." Lastly, the surveyors commended the team on their proficient use of navigating care plans in Epic, especially this early into our implementation.

There were, of course, opportunities for improvement. The Quality Team reviewed the final report and will continue to collaborate with departments to ensure the organization is survey ready.

Congratulations and many thanks to our Quality and Regulatory Team for organizing and facilitating this important mock survey. Many thanks also to all staff for the professionalism, teamwork, and dedication to our patients!

QUALITY

2. The Kaizen Promotion Office 3P Workshop

During the week of February 10, the Kaizen Promotion Office (KPO) led a week-long, 3P (Production, Preparation, and Process) Workshop, focusing on the future state of ZSFG's performance improvement department. The KPO's mission is to align the organization to True North, enable problem solving, and improve care for the community with respect and compassion. Its vision is to enable ZSFG to become the best place to work and receive care by developing problem-solving, servant leaders who can support continuous improvement.

Over the course of the week, KPO and staff from all levels of the organization, including patients, worked together to better understand customer and business needs. There were rich discussions, brainstorming and problem-solving activities that built on one another to design the KPO's 2020-2022 strategies for achieving its mission and vision.

Congratulations to the KPO on an incredible week of learning, development and growth. ZSFG looks forward to the exciting years of improvement to come.

EQUITY

3. Workplace Violence Prevention Townhalls

On January 29th, the Workplace Violence Prevention Committee organized three town halls focusing on Workplace Violence (WPV) Prevention. The town halls took place at 12:00pm, 5:00pm and 10:00pm with the goal of reaching staff from all different shifts across the hospital. Over 150 staff attended the three sessions, with a live stream of the noon session for staff to view if they could not attend in person.

Each session began with a presentation by Chief Operating Officer, Tosan O. Boyo or Manager of Equity Strategies Anh Thang Dao-Shah, acknowledging the problem and providing an analysis of the existing barriers to preventing WPV within our current infrastructure. The day sessions featured a staff panel with front line staff: Brenda Barros from Patient Access, Brigitte Hargarten from the Emergency Department, Tess Marstaller from Risk management, and Trevor Noah from the Behavioral Emergency Response Team (BERT). The night session featured an open conversation with staff about challenges and potential solutions, expertly moderated by Dr. Jeff Critchfield. Staff who attended the town halls also had the opportunity to submit their own questions which will be answered by the committee and reported out with the recording of the presentation and the workplace violence investigation toolkit at the end of February.

These town halls are part of a series of activities planned for 2020 to address the issue of WPV on campus, which includes a Kaizen event in March, open sessions of the Workplace Violence Prevention Committee, and another town hall series in December 2020. Although WPV continues to be a national problem, driven by many root causes, ZSFG understands there is much more to be done, and is committed to doing so. Many thanks to the entire Workplace Violence Prevention Committee for putting on three, well-mediated, townhall sessions.

DEVELOPING OUR PEOPLE

4. Annual Employee Dinner

On Thursday, January 30th, the 2020 Annual Employee Dinner took place in the beautifully decorated cafeteria, honoring all staff who have devoted a great portion of their lives to working at ZSFG. This year, staff who started their years of service in years ending in a 9 or 4, starting from 2009 and earlier, were honored. Additionally, Brenda Barros and Eunice Woo were recognized at this year's dinner for their hard work and willingness to go above and beyond for this organization.

Supervisors Safai and Walton provided opening remarks to start the evening, honoring the organization's commitment to this community and the incredible service to our patients. Then, the organization's leaders served food to each of the guests in attendance.

Afterwards, Grant Colfax, Brent Andrew and Tosan Boyo gave leadership remarks detailing their positive experiences with all the staff. Michael Brown, Director of Human Resources, and Susan Ehrlich recognized each honoree with a certificate and pin that denoted their years of service.

Our deepest gratitude to Chef Mike, Food and Nutrition Services, Hospital Administration and CHEARS for a memorable. Congratulations again to the staff, who have dedicated many years of serving our patients and community at ZSFG.



DEVELOPING OUR PEOPLE

5. Lunar New Year

On Thursday, February 6th, ZSFG celebrated Lunar New Year in the main cafeteria. Lunar New Year is an important time celebrated at the turn of the traditional lunar calendar. The San Francisco Police Department Lion Dancing team provided attendees with a celebratory performance; the cafeteria became a lively place as two lions danced throughout the cafeteria to the beat of the drums and cymbals.

Many thanks to our Food and Nutrition staff for preparing a delicious Chinese banquet. Additionally, ZSFG thanks and acknowledges the CHEARS committee for planning and supporting the event.

DEVELOPING OUR PEOPLE

6. Celebrating the Behavioral Emergency Response Team (BERT)

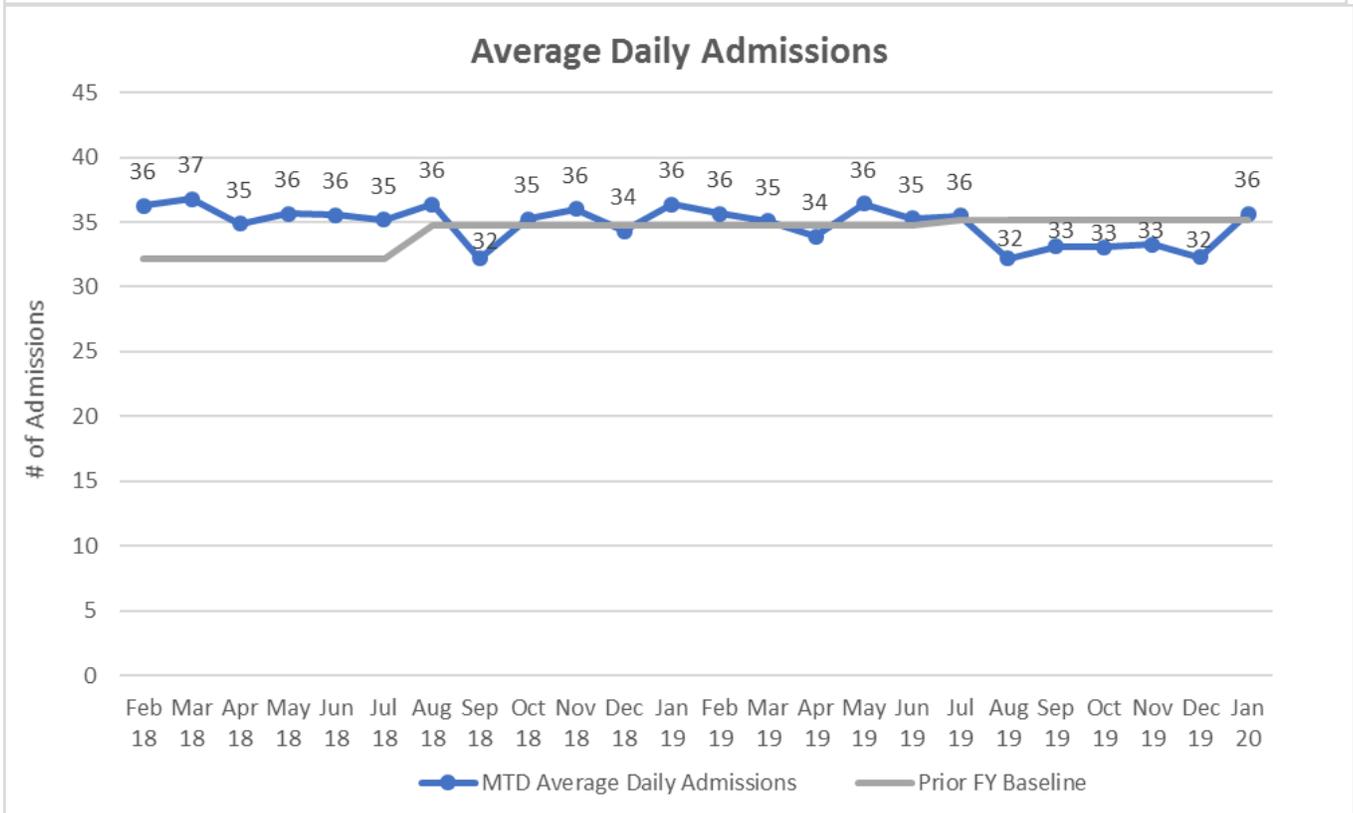
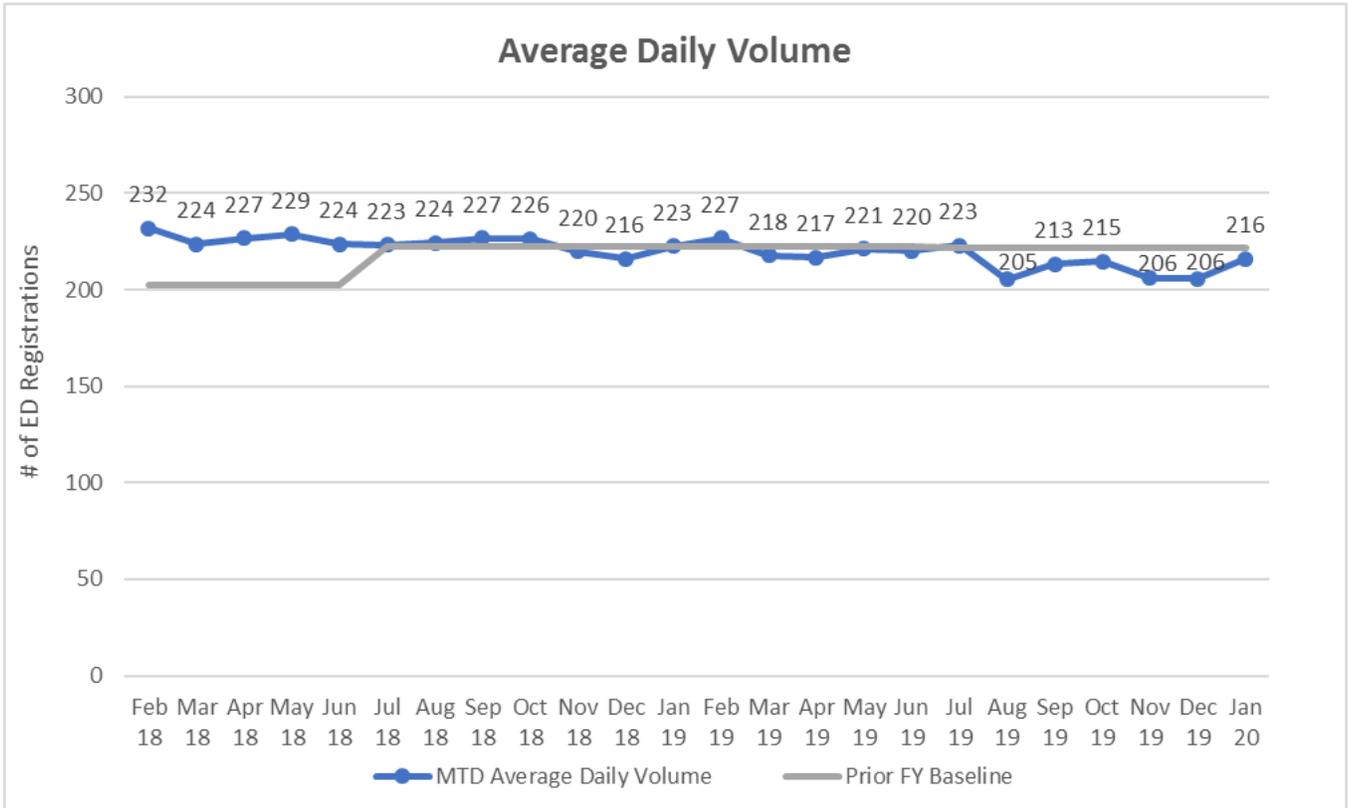
The ZSFG Behavioral Emergency Response Team (BERT), staffed by psychiatry Clinical Nurse Specialists and Nursing Educators, began as a pilot in two medical surgical units in February 2018. This team functions Monday through Friday and was created to respond to behavioral emergent situations during the dayshift, decrease the number of San Francisco Sheriff's Department (SFSD) calls and assist with behavioral calls. Due to its great success, the program expanded in mid-March 2018 throughout the rest of Building 25 and implemented pre-emptive rounding in the acute-care units and in 4A SNF in Building 5.

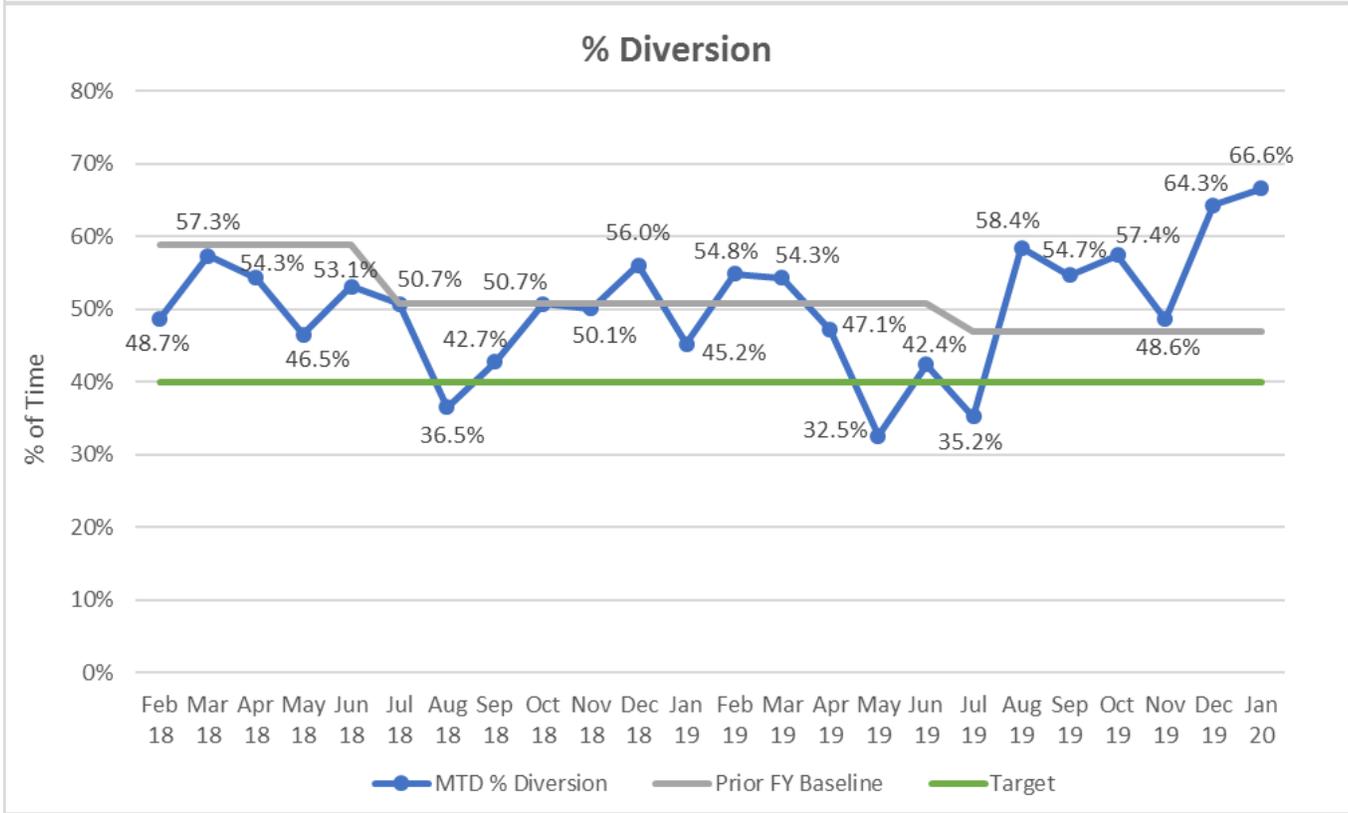
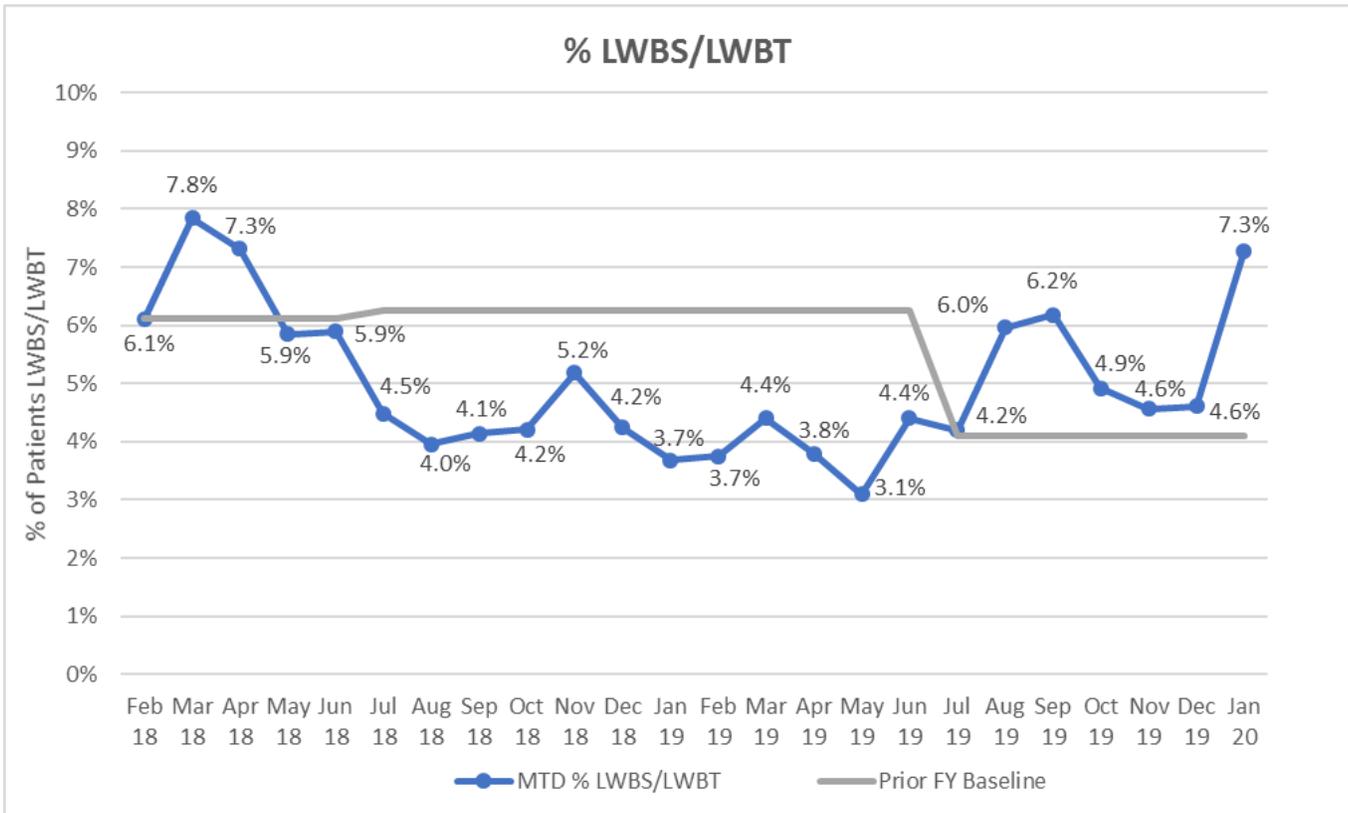
The response to these behavioral emergencies includes one team member managing the patient in crisis, modeling appropriate behaviors and teaching the nursing staff, while the other team member consults with the medical team on their patient management recommendations. As of January 2020, the BERT has responded to over 190 calls by inpatient nursing units and calls to the SFSD have decreased dramatically to five calls per day, during the BERT's hours of operations in 2019.

Furthermore, in December 2019, the BERT team began to pilot rounding in the Emergency Department. This new workflow consisted of the team checking in with the ED Charge Nurse and the Pod A and Pod C Team Leads at 10:00am and 2:00pm, Monday through Friday. During these rounds, if a patient is in crisis or needs behavioral de-escalation, the BERT will intervene. However, the ED is currently not paging the BERT for behavioral crises or non-urgent consultations outside of their rounding times.

ZSFG would like to take this opportunity to celebrate and show its appreciation for the BERT and all its incredible success over the past two years. ZSFG has taken great strides in finding innovative ways to better serve its patients and the BERT is a great part of this progress.

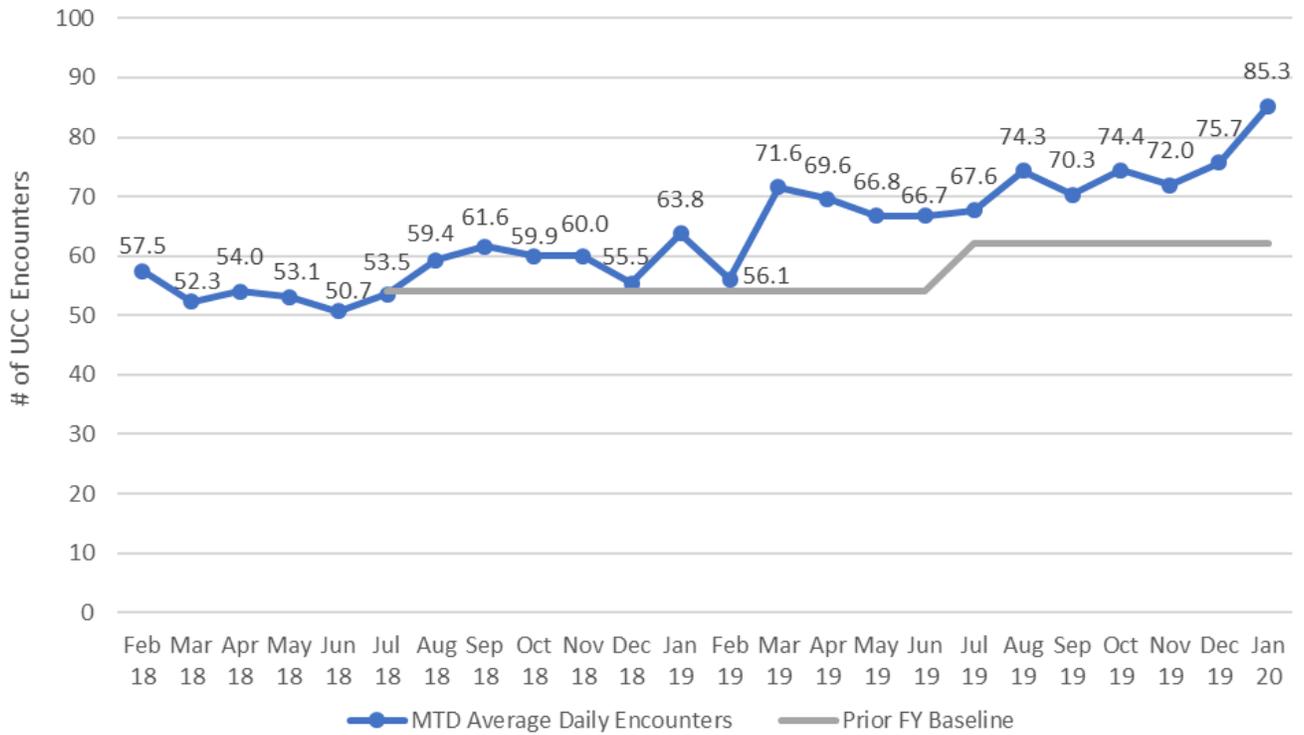
QUALITY Emergency Department Activities



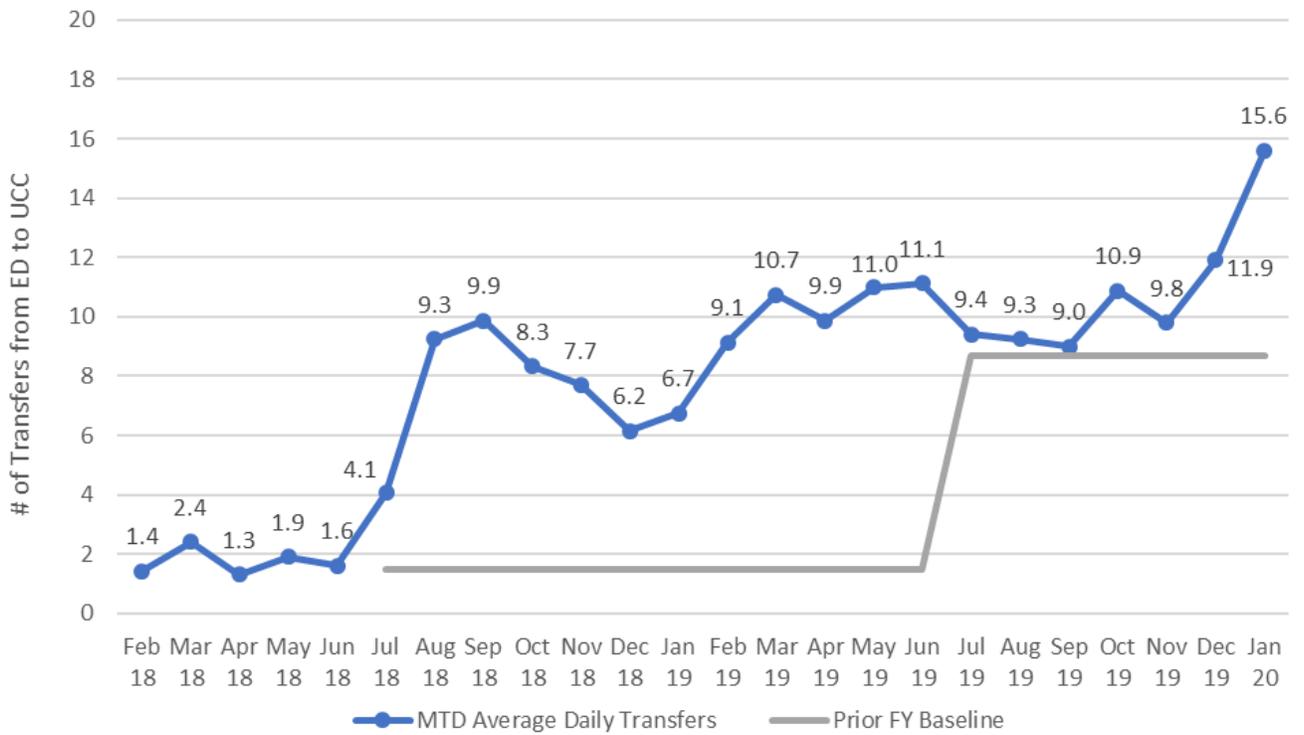


QUALITY Urgent Care Clinic Activities

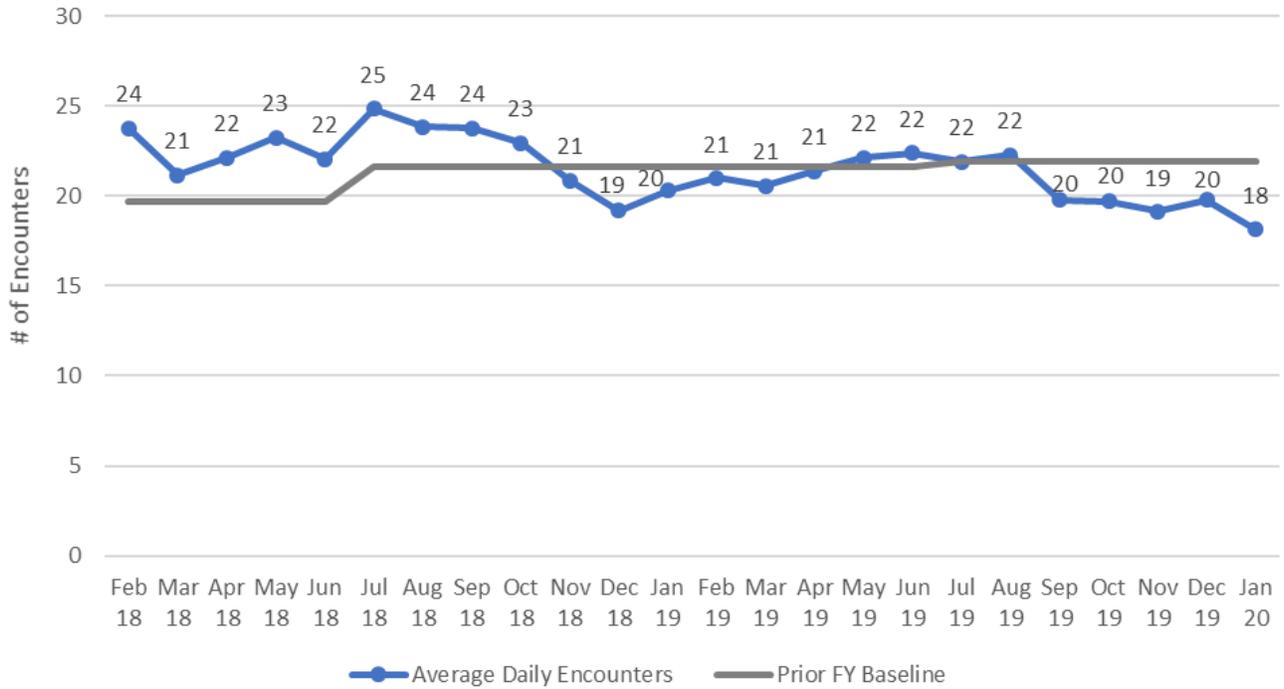
Average Daily Encounters



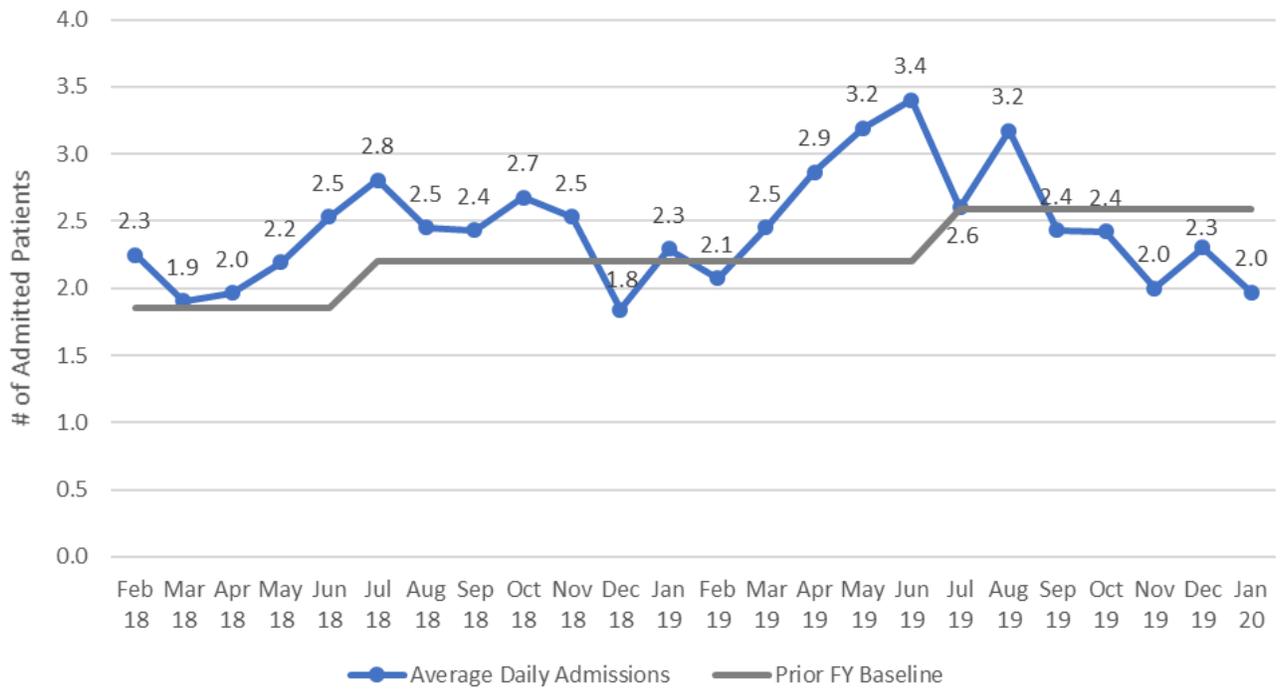
Average Daily Transfers from ED



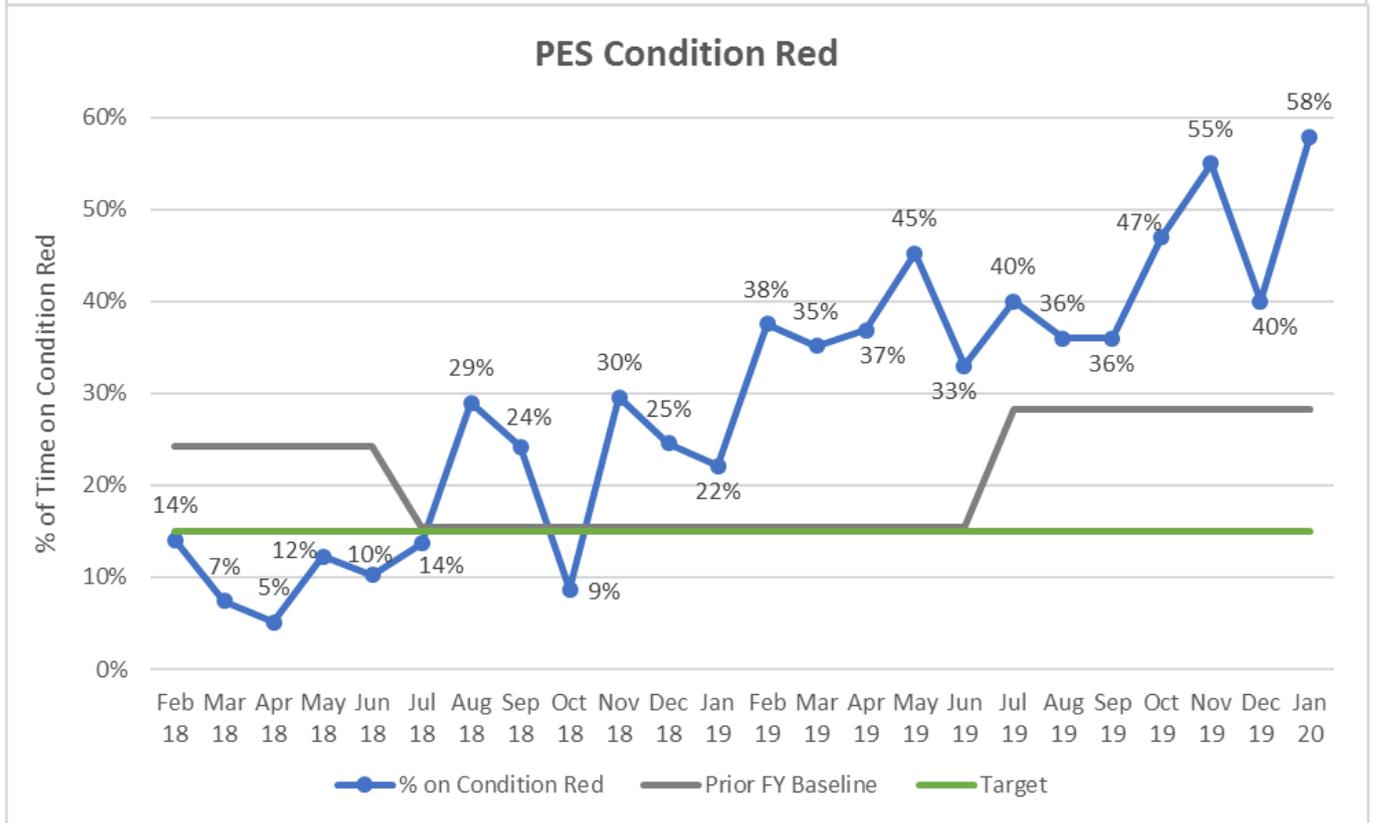
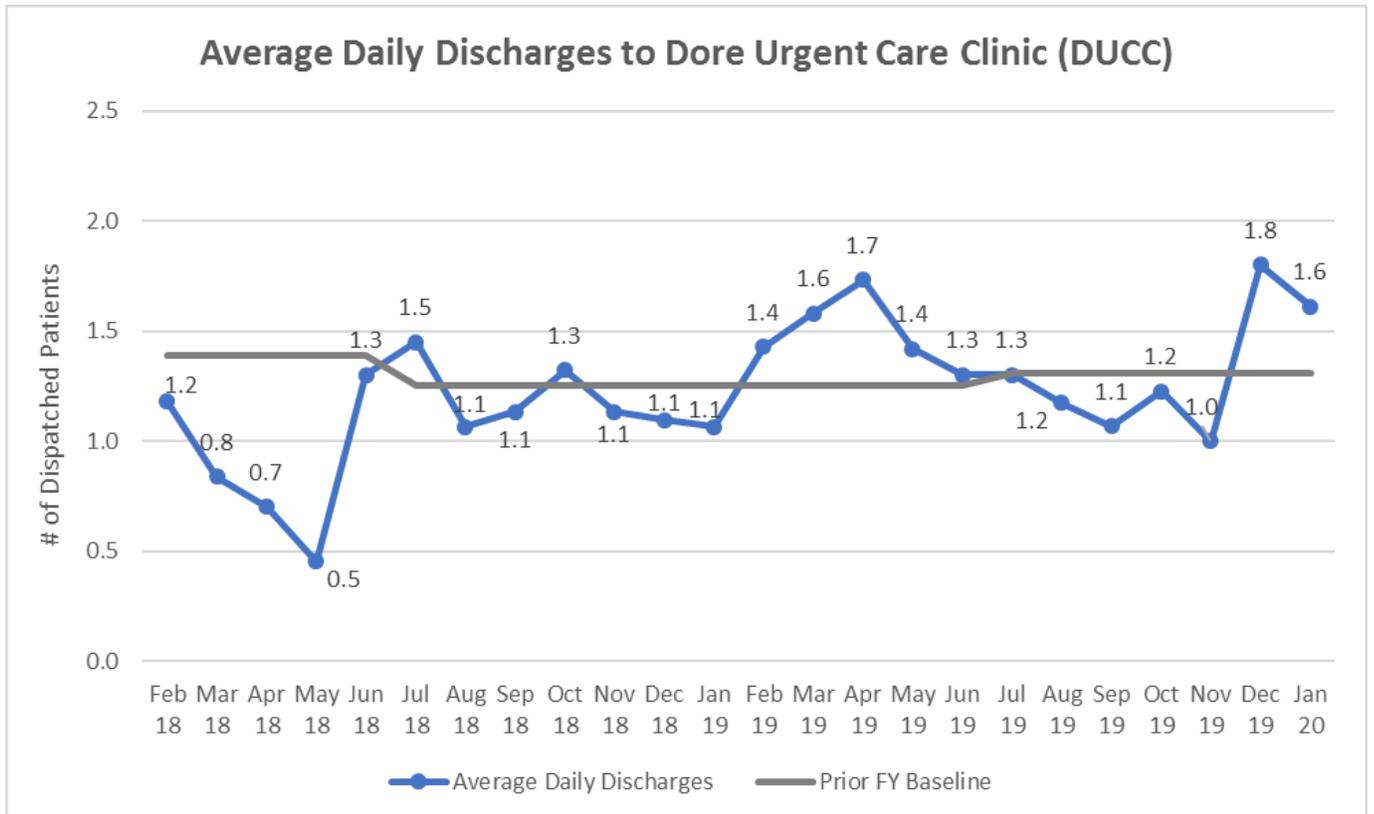
Average Daily PES Encounters



Average Daily Admissions to Inpatient Psych (7B & 7C)



QUALITY Psychiatric Emergency Services Activities



MEDICAL/SURGICAL

Average Daily Census of Medical/Surgical was 179.42 which is 115.01% of budgeted staffed beds and 100.23% of physical capacity. 24.67% of the Medical/Surgical days were lower level of care days: 9.35% administrative and 15.32% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)

Average Daily Census of ICU was 30.87 which is 110.25% of budgeted staffed beds and 53.23% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)

Average Daily Census of MCH was 27.16 which is 90.54% of budgeted staffed beds and 64.67% of physical capacity of the hospital.

ACUTE PSYCHIATRY

Average Daily Census for Psychiatry beds, excluding 7L, was 41.32, which is 93.91% of budgeted staffed beds and 61.68% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.65, which is 80.65% of budgeted staffed beds (n=7) and 47.04% of physical capacity (n=12). Utilization Review data shows 79.33% non-acute days (25.10% administrative and 54.24% non-reimbursed).

4A SKILLED NURSING UNIT

Average Daily Census for our skilled nursing unit was 28.65, which is 102.30% of our budgeted staffed beds and 95.48% of physical capacity.

Commissioner Comments:

Commissioner Green noted that the Behavioral Emergency Response Team (BERT) is available during the day and asked if night shift options will be available. Dr. Ehrlich stated that she hopes to begin nighttime BERT shifts in the summer.

Commissioner Chow stated that he looks forward hearing future plans for improving the “Left Without Being Seen” data and Diversion rates. Dr. Ehrlich stated that ZSFG is waiting for feedback from CDPH before adjusting its CareStart workflows, which will impact both measures.

7) ZSFG EMERGENCY DEPARTMENT REPORT

Terry Dentoni, Chief Nursing Officer, presented the item.

Commissioner Comments:

Commissioner Green asked for information regarding the percentage of employees who responded to the employee engagement survey. Dr. Ehrlich stated that the survey was conducted in March 2019; because of EPIC implementation, the report back to employees has been delayed. She added that Press-Ganey recommend surveying employees every two years which gives ZSFG time to develop countermeasures. She noted that Survey Monkey can be used to check on specific performance of counter measures.

Commissioner Chow asked how ZSFG will evaluate the ED Newsletter. Ms. Dentoni stated that a satisfaction survey will likely be conducted and a baseline will be taken around issue 9.

Commissioner Green thanked Ms. Dentoni and the ED staff for developing the newsletter, which can be a tool to strengthen teams and collaboration.

8) WORKPLACE VIOLENCE TOWN HALL UPDATE

Tosan Boyo, Chief Operating Officer, presented the item.

Commissioner Comments:

Commissioner Green thanked Mr. Boyo and all staff involved for this important work.

Commissioner Chow stated his appreciation for ongoing updates to the JCC on this topic. He also suggested that the full Health Commission hear a DPH-wide Workplace Violence topic. Dr. Ehrlich stated that once the data is verified, the monthly CEO Report can contain metrics for this data.

Commissioner Chow noted the ongoing public comment to the full Health Commission and the ZSFG JCC from Emergency Department staff regarding workplace safety and stated that he hopes the activities of this ongoing initiative will help relevant core issues. Mr. Boyo stated that there are 15 staff representatives from the Emergency Department, Ambulatory Care, Psychiatric Emergency Services, and Med-Surg. He added that there are also Committees, including one specifically for violence in the Emergency Department. Dr. Ehrlich stated that reports can include data per specific ZSFG department.

9) ZSFG HIRING AND VACANCY REPORT

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

Commissioner Comments:

Commissioner Green asked for more information related to the eligibility worker vacancy rate. Ms. Johnson stated that 115 current employees with temporary requisitions will be moved to permanent positions.

10) MEDICAL STAFF REPORT

Claire Horton, MD, Chief of Staff, presented the item.

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK/EPIC STATUS:

Improvement initiatives:

A. Ambulatory Patient Access A3

The migration to Epic created a series of challenges for Ambulatory patient scheduling and access to ambulatory visits. This occurred for a number of reasons:

- The effort to standardize the work of the eligibility worker patient access staff (category 2903) across the Network led to a shift of tasks, positions, and work locations for many frontline employees.
- Epic eligibility work introduced new workflows for the Patient Access staff, including new billing, scheduling, and registration practices as well as new supervisory structures.
- A higher intensity of focus on following the new Epic-recommended steps for registration and collecting revenue added tasks to the 2903's roles.
- The 2903 staff did not receive enough in-depth training on eligibility and registration content prior to Epic go-live, and many struggled with Epic uptake as well.
- The Patient Access team remains understaffed in the post go-live months, and additional HR processes unique to 2903's have slowed down hiring processes.
-

Issues we have encountered post go-live include large workqueues for ambulatory patient appointments, delays in ambulatory patient access to visits, and poor phone access to the clinics. This has occurred in both primary care and specialty care clinics throughout the network. A Patient Access A3 Workgroup, including Patient Access managers and leaders as well as ambulatory clinical leaders and Epic leaders, formed to address this issue shortly after Epic went live and continues to meet.

Countermeasures undertaken and recommended by the Patient Access A3 Workgroup: These include countermeasures in 4 "buckets," including enhanced training for 2903 staff, close collaboration with HR to improve staffing, Epic build countermeasures to make scheduling work easier, and the creation of standard work for both front and back office in scheduling and registration.

Progress to date: In September, the combined workqueues for all clinics had climbed to contain 26,000 appointment requests and very few of these appointments were getting made. As of February, the total

number of requests in the workqueues has been reduced by 55% (the histogram in the attached report includes performance by individual clinics). The goal has been set that no work queue should be more than thrice the average appointment requests coming in per week; originally no clinics were meeting this target, whereas now, 73% of the clinics are meeting that target. While continuing to focus on workqueues, the PAWG is now adding a focus on phone access, training, and hiring/supervision.

B. Clinical Documentation Integrity (CDI) Physician Advisors A3: Goals and Objectives – Aaron Harris, MD (ED) and Pallabi Sanyal-Dey, MD (Hospital Medicine):

Our two CDI champions, Drs. Harries and Sanyal-Day, explained why CDI is important, the basis of CDI, and the team's 2020 plan and goals. The True North pyramid was represented in a slide, pointing out that CDI touches on many of the true north goal categories. The team is only able to review charts of 20% of the patient load due to having only 2 reviewers. (to put it into perspective, UCSF has 20 CDI reviewers). Coding relies on diagnoses and procedures, and these are dependent on documentation in the medical record. The diagnoses must be documented by the attending's attestation or house staff's note. EPIC increases the ability of the organization to capture data accurately which should enhance the providers' ability to diagnose more accurately. Individual Provider metrics drive Hospital metrics and the better the organization codes, the more accurate billing is, and this impacts professional fee billing. Additionally, coding is an important way in which patient acuity is measured. The hospital star ratings are specifically tied to our Case Mix Index (CMI) which is directly determined by the way we code for inpatient billing; if our codes are too vague or underdescribe the severity of a patient's diagnosis, our overall acuity looks lower and thus our death rate looks higher than expected. Because of our coding, ZSFG is stuck at a one star rating.

ZSFG's CMI is 1.49 compared to 1.88 for America's Essential Hospitals and 2.00 Academic Medical Centers, so the acuity reflected in the coding is lower than like hospitals throughout the country. The presenters pointed out that the patients treated at ZSFG are as ill as those treated by other centers; our coding should reflect this. It is important for attendings and residents to pay attention to queries received so that modifications can be made to attestations appropriately. A list of the top 10 queries was included. Examples were provided of differences in reimbursement that the correct language can provide.

Pro-fee Billing

In response to a concern raised by MEC at its last meeting regarding billing and the supervisory requirements for ZSFG's trainees, it was reported that a workgroup has and will continue to meet. It was suggested by the workgroup that the pro-fee billing piece of it has been suspended until the staff figures out what the supervisory requirements are and what it will take for ZSFG to meet them. More to come on this subject.

Hospital Census

There have been challenges around discharge of patients regarding lower level of care and social needs so there is approval for six new as-needed social worker FTEs. HR is working on filling these positions to help the IP teams. The FTEs will be distributed amongst the IP teams according to need.

EPIC

The chiefs were encouraged to invite the EPIC Thrive trainers to their Faculty meetings. EPIC has initiated, the voice recognition software within EPIC, which they have been piloting for the last couple of months. The residents have been part, but there are 50 extra licenses should any faculty be interested in taking part.

CLINICAL SERVICE REPORT:

A. Urology Report – Benjamin Breyer, MD, Chief: A PowerPoint slide presentation was attached to the 2/10/20 MEC minutes. The following was highlighted by Dr. Breyer.

1. The Department has 4 clinics, one of which is Pediatric (with a voiding dysfunction clinic on Thursday afternoon), seeing about 200 children per year. All the surgical problems have been rolled into the adult practice, hosting about 4,000 patients per year. Clinic wait times are very good.

2. Volume: The Department is seeing about 1,000 new patients per year.
3. Urology is in the OR three days a week, and has a procedure clinic that is currently housed in the operating room, which will move when the renovation of the old ORs is completed. They are very excited about getting a new Cysto suite.
4. Urology has block time on Monday, Wednesday, and Thursday, which they feel is the right fit for now, and the wait time to get in for surgery is about two to four weeks, depending upon the amount of specialty care needed. They are always able to accommodate 'urgent' surgeries.
5. Work chart: Peter Carroll, MD, Ben Breyer's mentor and boss, stepped down after 24 years as chair and Raj Pruthi, MD, from the University of No. Carolina has accepted the position and began January 1, 2020.
6. Org Chart: Ben Breyer assumed the Associate Director of Education, Residency Program director. Dr. Chi will be replaced this coming academic year, kidney stone expert. He has increasingly become more involved with administrative duties across the university and will be replaced by a resident who has done a urology fellowship with UC (his expertise is stone disease), David Bayne, MD, with 50% appointment at ZSFG, this being his primary site.
7. Equity: The residency program is 50% female. Urology as a whole is 9% women, under age 40 years is 25% women, 44% underrepresented in Medicine.
8. Education: There are conferences that augment residents' training.
9. UroLean: Residents have a team Huddle Tuesday morning 7 am in front of the board, and a MWedThurs 7:10 am at patient bedside. They also do Huddle with anesthesia and nursing prior to cases, which has been helpful.
10. Epic: Working on their templates - the Epic workflow in the clinic has been great.
11. PI: Projects were listed, particularly understanding and limiting opioid usage prescribed after common urologic procedures. The overall satisfaction average in clinic was highest with English speaking, then Spanish, then Chinese speaking residents. The Department is looking at ways to improve this, including improving its translator services. Performance with un-reviewed lab counts has improved.
12. The residents go through RCC training.
13. Strengths: Very dedicated attendings and the program was ranked #3 by Department, US World News Reports. It is #1 in NIH funding and ZSFG is an important part of that. One quarter of the educational work is done at ZSFG, and this is always a highlight for the residents.
14. Challenges: There is a little more leg work required at ZSFG for residents to schedule patients and conduct follow up. Resident work space is a challenge—it is being worked on. There are challenges for attendings covering across all sites. Urology is a small service and is always seeking to align with DPH and hospital goals.
15. Future: Revenue capture, needs to improve. Patient/provider satisfaction, needs to improve.

Action taken: The following item were unanimously approved:

- Cardiology Privilege Revisions
- Ophthalmology Privilege Revisions

11) OTHER BUSINESS

This item was not discussed.

12) PUBLIC COMMENT

There was no general public comment.

13) 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 February 2020 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

14) ADJOURNMENT

The meeting was adjourned at 5:27pm.