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**MINUTES**

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

**Tuesday, December 10, 2019 3:00 p.m.**

**1001 Potrero Avenue, Building 3, CARR Auditorium  
San Francisco, CA 94110**

**1) CALL TO ORDER**

Present: Commissioner Edward A. Chow, M.D., Chair  
Commissioner Laurie Green, M.D.  
Commissioner James Loyce, Jr.,

Staff: Susan Ehrlich MD, LukeJohn Day MD, Terry Dentoni, Troy Williams, Jim Marks MD,  
Sue Carlisle MD, Jeff Critchfield MD, Tosan Boyo, Roland Pickens, Chris Colwell, Brent Andrew,  
Dan Schwager, Virginia Dario Elizondo, Leslie Safier, Casis Aniya, Kim Nguyen

The meeting was called to order at 3:03pm.

**2) APPROVAL OF THE MINUTES OF THE OCTOBER 22, 2019 ZUCKERBERG FRANCISCO GENERAL JOINT  
CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes of the  
October 22, 2019 ZSFG JCC meeting.

Note: Due to disruption of the meeting by protestors, the Committee was not able to continue with open session business and voted to go into closed session, which was held in an adjacent room. The open session was reopened at 3:43pm.

**3) REGULATORY AFFAIRS REPORT**

Troy Williams, Chief Quality Officer, presented the item.

Commissioner Comments:

Commissioner Chow thanked Mr. Williams for the report.

#### **4) FY 18-19 SECURITY MANAGEMENT PLAN ANNUAL ASSESSMENT**

Basil Price, Director of Security, Department of Public Health, presented the item.

##### Commissioner Comments:

Commissioner Chow asked if it was Mr. Price's opinion that the higher level of incidents this year is due to an increase in general reporting of incidents or an actual increase in incidents. Mr. Price stated that both are likely true. He added that there definitely has been an increase in patient violence against employees.

Commissioner Chow asked if using less force could possibly give patients the impression that there is more latitude for them to behave as they please. Mr. Price stated that there is a national standard indicating that use of force should always be a last resort.

Commissioner Chow asked if there are specific recommendation to decrease incidents of patient violence against staff. Mr. Price stated that de-escalation is vital; it is also for staff to continually assess the environment and possibly changes in a patient's behavior. He noted that ZSFG strives for its staff to de-escalate a situation before inviting the Sheriff's Department in to assist.

Commissioner Green noted that the complexity of ZSFG ED patients has increased and asked if this relates to the increase in violent incidents. Mr. Price stated that the ZSFG Workplace Violence Committee is looking into this theory. He added that there are 25 Sheriff's deputies during the day shift and 9 deputies working at night. This variance in staffing may impact the ability for ZSFG staff to respond to incidents. He also stated that there is currently a 30% vacancy in the Sheriff's Deputies at ZSFG.

Commissioner Chow asked for information regarding the national standard for hospital security. Mr. Price stated that ZSFG is among only 1% of county hospitals that utilize law enforcement for hospital security. The national norm for hospital security is to use a hybrid of hospital security staff and law enforcement.

Commissioner Chow asked if Mr. Price is comfortable with the current DPH security staff plan for ZSFG. Mr. Price stated that a hybrid model would be more in line with the healthcare standard. Dr. Critchfield noted that for some ZSFG patients, a law enforcement uniform is triggering and can exacerbate a complex security situation.

Commissioner Chow asked for regular updates on this topic. Mr. Price stated that this is quarterly report to the Committee.

#### **5) ZSFG EMERGENCY DEPARTMENT UPDATE**

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

##### Public Comment:

The following comment was submitted in writing at the meeting. Please note the submission was longer than the maximum of 150 words allowed. Therefore, the first 150 words are included in these minutes:

Our staff is pretty much offended that this committee refuses to have dialogue with us. We have been to multiple Health Commission meetings and spoken at public comment. We expressed our distrust and no confidence in a petition, with hundreds of signatures;; yet, those leaders were invited to speak with the Health Commission. Again, frontline staff are refused a seat at the table where there can be real dialogue, not public comment. This is disrespectful and clearly shows that frontline staff are not being heard. We have reviewed the Emergency Department "presentations." We submit our notes and rebuttals to be added to the minutes, since another refusal to allow us at the table. We want to point out, in typical reactionary management style, most of the new "improvements" in this are due the staff's demand of change and accountability. Slide 4: ED Background: Patients-increase 25% since 2014, no true increase...

Commissioner Comments:

Commissioner Chow thanked Dr. Ehrlich for the presentation. He noted that it is important to hear positive steps being taken to address current issues in the Emergency Department (ED).

Commissioner Chow asked Mr. Pickens to share thoughts on the issue. Mr. Pickens expressed appreciation for all the work being done by ZSFG leadership and frontline staff to address issues of safety in the Emergency Department. He noted that the hiring challenges for the ED are indicative for issues throughout the City. The city hiring process is slow and cumbersome, making it difficult to hire quickly when positions are needed. Most DPH sections are understaffed because of the inefficiency of the hiring process. He added that the DPH is adding 40 locked psychiatric beds and 50 board and care beds which will help with general ZSFG patient flow issues and specifically will allow some ED patients to be admitted more quickly.

Commissioner Loyce noted that it takes 220 days to hire a DPH employee and asked for strategies the SFDPH is employing to reduce this time. Mr. Picken stated that Lean is being used by SFDPH Human Resources to make the DPH process more efficient. Ms. Johnson stated that it takes 147 days to hire a ZSFG nurse.

Commissioner Green asked for more information regarding ZSFG strategies to use less registry staff in the ED and to address the issues related to mandatory overtime. Dr. Ehrlich stated that as the number of ED patients has increased, the staff levels have also increased; she noted that the staff has increased by 36 positions over time but that there is still a 14% vacancy rate in the ED. ZSFG stopped hiring during the intensive 6 weeks of EPIC implementation. Ideally, the ED would be staffed with 80% permanent staff and 20% of a mix of temporary staff. Presently, there is approximately two thirds permanent staff. She noted that many P103 temporary staff are long-term and well trained who wish to have more control over their schedules; because there are so many vacancies, there is currently no pressure for P103 staff to become permanent. She added that with a 1.8% unemployment rate in San Francisco, there is competition among the hospitals for temporary nursing staff. She also added that within the CCSF system, it is not possible for the system to anticipate staff turnover because the hiring process cannot begin until the position is vacant. For this to change, additional positions would have to be added.

Commissioner Green asked if ZSFG leadership communicates the built-in obstacles regarding CCSF hiring to line staff. Dr. Ehrlich stated that she thinks staff are aware of the inefficiency of the CCSF hiring process. She understands the frustration of nurses who consider 147 days too long to hire a new ED nurse. She added that Ms. Dentoni met with the Labor Monitoring Committee to discuss a list of requests and that ZSFG leadership is striving to be responsive and transparent. She added that she feels it is important for all staff to work together to make necessary positive changes. Mr. Pickens stated that the CCSF hiring system does not work well for a healthcare delivery system.

Commissioner Loyce thanked everyone for their work on the important issue of staff safety. He noted that public comment has included suggestions that mandated overtime a problem and the fact that registry staff do not know the workflow contribute to hindering daily workflow. Dr. Ehrlich stated that some staff are asked to work overtime with little preparation. ZSFG avoids mandatory overtime unless it is necessary; she noted that this has occurred more recently because there are not enough staff to replace staff who have resigned or are out on leave. ZSFG utilizes temporary staff, a mix of P103, and registry when staff cannot be hired fast enough. Ms. Dentoni stated that ZSFG has been working with DHR to define how and when it is appropriate to utilize mandatory overtime. There are monthly Labor Monitoring Committee meetings open to all nurses and once a month each service area meets to discuss local issues. She noted that the Emergency Department Nurses have reported a lack of trust and respect for ZSFG managers; she is working with her manager to establish trust.

Commissioner Green inquired about the metric used for a successful collaboration on the issues discussed during the presentation. Ms. Dentoni stated that 50% of the issues relate to hiring timeline and hiring additional staff. ZSFG is working on these issues.

## 6) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT

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

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### **QUALITY** 1. Psychiatric Emergency Services 3P Workshop

During the week of September 30<sup>th</sup>, the Psychiatric Emergency Services (PES) participated in a 3P workshop, in order to develop new workflows on the first floor of Building 5. 3P stands for Production, Preparation, and Process, and is one of the key lean tools used in order to ensure space redesign that is patient and staff centered.

This multidisciplinary team comprised of nurses, providers, facilities and architectural experts, community stakeholders, and a patient advisor. During this workshop, the team visited the new space, which will be 40% larger, prior to construction, viewed architectural plans and examined workflows.

ZSFG is excited to be able to serve those who require psychiatric emergency services in a much improved space that will truly be designed to heal patients, support our care teams and improve overall community health.

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### **QUALITY** 2. PRIME Success

PRIME, or the Public Hospital Redesign and Incentives in the Medi-Cal Program, have been an innovative part of Medi-Cal's Section 1115 demonstration waiver. The waiver began in 2015 and will run through 2020; it provides billions of dollars in support of California's 21 public hospital systems, including the SFHN and UCSF. PRIME was designed to strengthen patient-centered primary and specialty outpatient care, improve care coordination, and provide quality care in the most appropriate settings.

PRIME is a program in which the entire San Francisco Health Network participates, with the key caveat that all funding must be earned. If performance targets are not met, the funding that is necessary to take care of our patients will not be supplied. Furthermore, the performance metrics get more challenging each year, with approximately \$25-35 million at stake annually, or \$160 million over the life of the waiver.

Recently, the metrics for the 4<sup>th</sup> year of PRIME have been reported on, and our performance puts us near the top of the public healthcare systems statewide! This year, 41 of our 45 metrics were achieved, earning the network \$22.7 million.

Through PRIME many outstanding achievements have been made. Some of those achievements include: the improvement of blood pressure control for patients in primary care and reduction in the disparity between racial groups; engagement of the specialty care clinics in population health work to increase the rates of flu vaccination and tobacco screening; the enabling of more newborns to be exclusively fed breast milk after birth; and the improvement of the rate at which our patients receive follow-up appointments within a week after being hospitalized. One especially important metric that improved this past year was ZSFG's readmission rate. An especially hard metric to improve, the specialty care readmissions rate met its target and earned ZSFG \$600,000.

Deepest gratitude to all our staff who are consistently dedicated to improving the quality of care that ZSFG is able to provide its patients every day. Congratulations to all on another very successful year of PRIME!

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### **SAFETY** 3. Patient Movement Improvement Workshop

On the week of October 21<sup>st</sup>-25<sup>th</sup>, the Patient Movement Improvement Workshop took place, focused on enhancing the ZSFG admission process using Epic. This workshop outlined workflows and steps in Epic to redesign, improve and implement optimal and standardized patient movement workflows. The workshop's goal was to ensure that patients seamlessly, safely and efficiently move from one phase of care to another using the Epic platform.

## **SAFETY**

### **4. San Francisco Emergency Medical Services Agency Trauma Center Designation Survey**

On Monday, October 28<sup>th</sup>, 2019, inspectors from the San Francisco Emergency Medical Services Agency (SF EMSA) came to carry out the Trauma Center Designation Survey at ZSFG. With Dr. Robert Mackersie, Sue Peterson and representatives from our Trauma team, they toured the Emergency Department, Operating Rooms, and Intensive Care Unit. Following the tour, the surveyors conducted interviews and discussions about our Trauma Program and workflows, and reviewed documentation.

During this visit, no deficiencies were cited and all EMSA requirements were met. Few recommendations were made on the following topics: development and documentation of training on the ZSFG Trauma bypass policy for Attendings in Charge; construction of a helipad; reassessment of the decontamination facilities in the ED; documentation of the mode of transportation for patients transferred to other facilities; and facilitation of more frequent, smaller-scale mass-casualty incidents and decon exercises.

Additionally, the surveyors noted that the following areas were exemplary: documentation of multidisciplinary discussion and specialty consults; the meeting of pediatric patient and family psych-social needs; positive feedback from staff about the Shock Trauma Alert policy; the Trauma Program's participation in injury prevention work related to Emerging Mobility Services and Technologies and collaboration with Vision Zero SF; staffing of Pediatric Emergency Medicine Attending Physicians in the ED; and the Trauma Program Performance Improvement Process.

A special thank you to Dr. Mackersie, Sue Peterson and the Trauma team for all their preparation and efforts not only for this survey, but for the overall Trauma Program and patients. Congratulations to all staff involved on a very successful survey!

## **EQUITY**

### **5. 2019 Hearts Grants Ceremony**

On Wednesday, October 2<sup>nd</sup>, the San Francisco General Hospital Foundation (SFGHF) held its annual Hearts Grants ceremony. This ceremony is a wonderful opportunity to celebrate many of the passionate, ingenious and resourceful teams at ZSFG. Since 2004, the Hearts Grants Program has awarded nearly 500 Hearts Grants recipients with over \$12 million that support innovative programs and initiatives on campus. This year the program awarded nearly \$537,000 to 26 awardees, out of a total of \$1.5 million in proposals.

The awards fell into one of two priority categories: Care for All: Equity and Inclusion; or Transforming Health Care: Innovation and Leadership. This year's projects range from Improving the Pediatric Perioperative Experience to a Comfort Garden Poetry Walk to Support Services Leadership Development to a Night Staff Equity Pop-Up Lounge.

Many thanks to the community and this year's corporate sponsors: Alaska Airlines, AT&T California, Bank of America, Dignity Health, Genentech, First Republic Bank, Kaiser Permanente, Macy's and UCSF.

Congratulations to this year's awardees for their incredible ideas and commitment to providing excellent and compassionate care for individuals as well as improving community health in San Francisco and contributing to world-wide health and wellness improvement.



## EQUITY

### 6. Advancing Equity in Respiratory Care: Interview with Eula Lewis



For more than five years, Eula Lewis, Respiratory Therapist at DPH, has been working to close equity gaps in outpatient respiratory care. In October, the Equity team had the honor of sitting down with her to learn more about her project, challenges, and successes.

Her project, among many other efforts, explores inhaler techniques for English speakers versus non-English speakers. In her first analysis in 2015, she and her team found that “there was a clear gap in performance among non-English speaking clinic patients in their ability to optimally use their inhalers.” Because of this finding, two strategies were implemented: 1) “conduct an in-service with interpreter services to review the steps for inhaler use” and 2) “label the patients’ inhalers with stickers noting ‘rescue’ and ‘controller’.”

With these countermeasures, some improvements were seen, however there was still a language gap. The team then began “recruiting bilingual Respiratory Therapists to work in the clinic and collaborating with the Healthy San

Francisco Asthma / COPD Program. [They] offered Cantonese and Spanish *Better Breathing* classes and translated the educational materials into Spanish and Cantonese.”

Although these efforts made great strides for equity in Respiratory Care, there was still work to be done.

Currently, the team is in the process of testing out a new workflow for educating patients on proper inhaler use. They “will use a checklist to assess inhaler technique prior to education, have the patient watch our inhaler video, demonstrate the steps, using the checklist re-assess their return demonstration and follow up with a return visit in one month to assess technique.”

ZSFG would like to thank Eula Lewis and the entire Equity team for their commitment to providing our patients with the most equitable and highest quality health care. Congratulations on all your success!

## CARE EXPERIENCE

### 7. Dia De Los Muertos Celebration in the Family Birth Center

The Family Birth Center Latinx UCSF and ZSFG nurse midwives, nurses, residents, faculty, and MEA staff celebrated Dia de los Muertos by building a welcoming, inclusive and nondenominational altar at the entrance of unit H22 on October 31, 2019. Pictured are staff Karen Lopez-Acero, UCSF Midwifery Student (left) and Carmen Riveria, CNM (right), who organized the altar. Building the altar was a way to share this culture with the ZSFG community and welcome the unit’s incoming women in labor. Many staff shared photos of their female family or friends that have passed away. By celebrating our female ancestors and recognizing the women who came before us, the Birth Center staff wanted this altar to inspire incoming women in labor by displaying this positive history.

On November 2<sup>nd</sup>, the UCSF and ZSFG Latinx midwives brought the altar to the San Francisco 24<sup>th</sup> Street Dia De Los Muertos parade and celebration, as part of Community Outreach. There they dedicated the altar to women who have lost their lives in childbirth to show the honor that women in this culture receive for giving their lives to provide for a new life.



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## CARE EXPERIENCE

### 8. Patient Advisor Appreciation Lunch

In the spirit of gratitude, ZSFG recognized our incredible patient advisors over food and reflections during the November 21<sup>st</sup>, Patient Engagement Meeting. This past year our advisors partnered with us on the following improvement initiatives: Epic MyChart Design, ZSFG Wayfinding Committee, Building 25 Interpreter Services Optimization, and the Psych Emergency Services 3P Improvement Event. Through these initiatives, they've helped staff better understand and improve workflows and given invaluable knowledge and perspective.

Many thanks to all of our patient advisors for volunteering their time and making ZSFG a better and safer place to serve its patients and community.



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## DEVELOPING OUR PEOPLE

### 9. Pharmacy Week 2019

During the week of October 20<sup>th</sup> ZSFG celebrated National Pharmacy Week. Pharmacy week is a time to recognize the widespread contributions of the pharmacy team to patient health. This year's theme, "The Medication Dream Team" focuses on the crucial role pharmacists play in collaboration with physicians, nurses, technicians and others in improving patient outcomes throughout the SF Health Network.

This past year, the ZSFG Pharmacy Team made major strides in their improvement efforts. First, after having worked endless hours with the Epic Willow Team to build new medication records into Epic, learn new functionalities and workflows, and provide 51 supplemental trainings, the Pharmacy Teams successfully transitioned into Epic. Additionally, ZSFG's Outpatient Pharmacy now accepts most Medicare Part D prescription plans. 2019 was the first time ZSFG engaged with top Medicare prescription plans used by our patients, allowing us to meet our mission of delivering exceptional pharmaceutical care to all patients with compassion and respect.

ZSFG would like to express its deepest gratitude to each member of the Pharmacy team for their continued dedication, hard work and performance excellence every day, and unwavering commitment to quality patient care!



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## DEVELOPING OUR PEOPLE

## 10. National Health-Care Facilities and Engineering Week

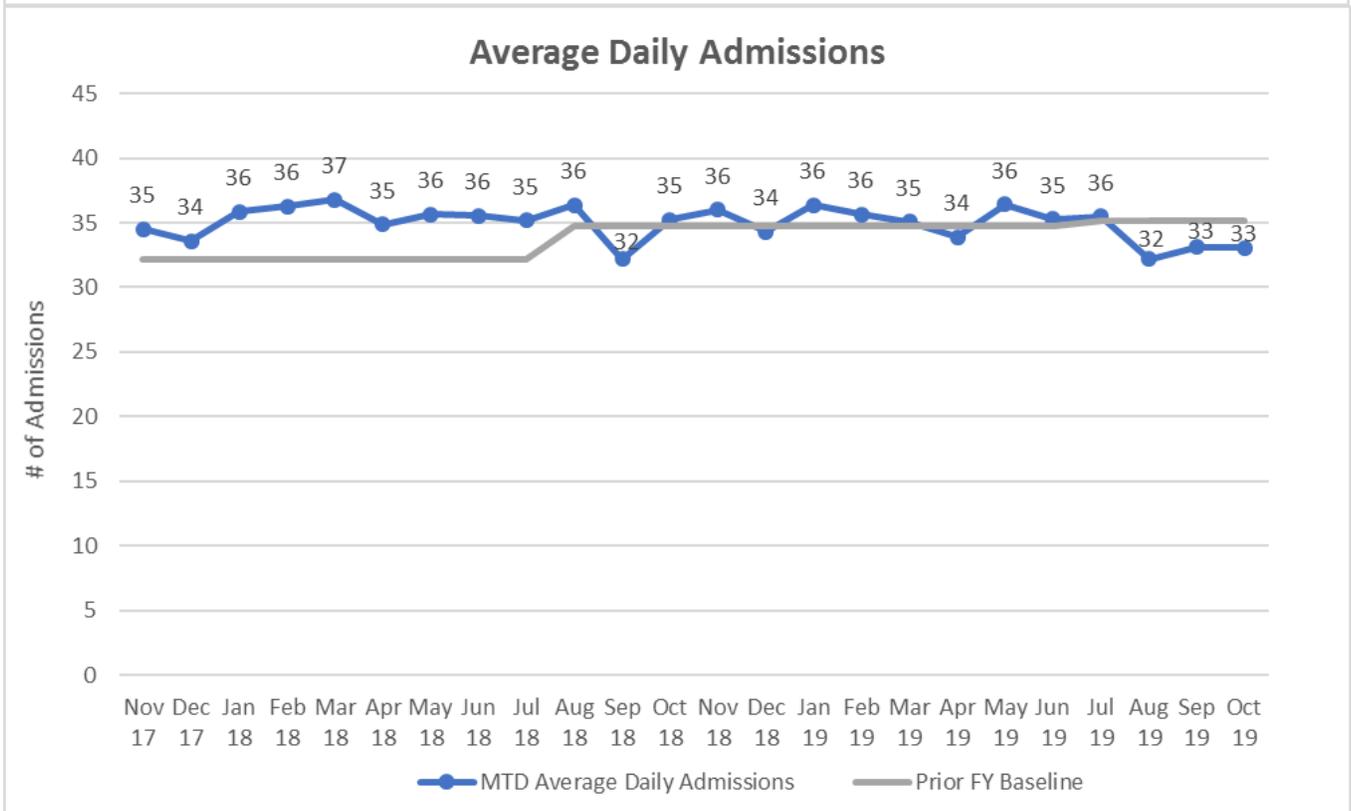
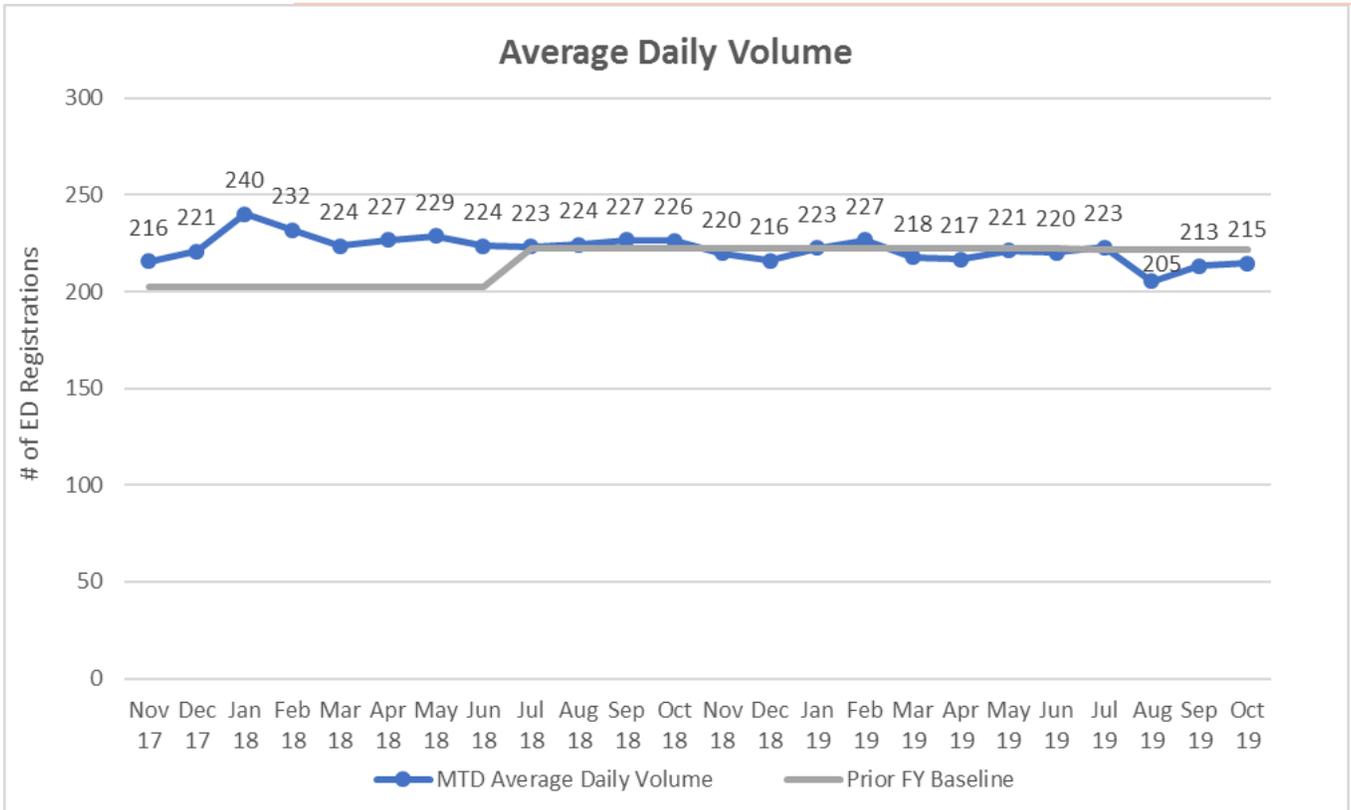
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During the week of October 20<sup>th</sup>, ZSFG Celebrated National Healthcare Facilities and Engineering Week. The Facility Services Department provides ZSFG with an operational, safe and efficient facility by ensuring that there is power, running water, and a comfortable and safe healing environment for all our patients.

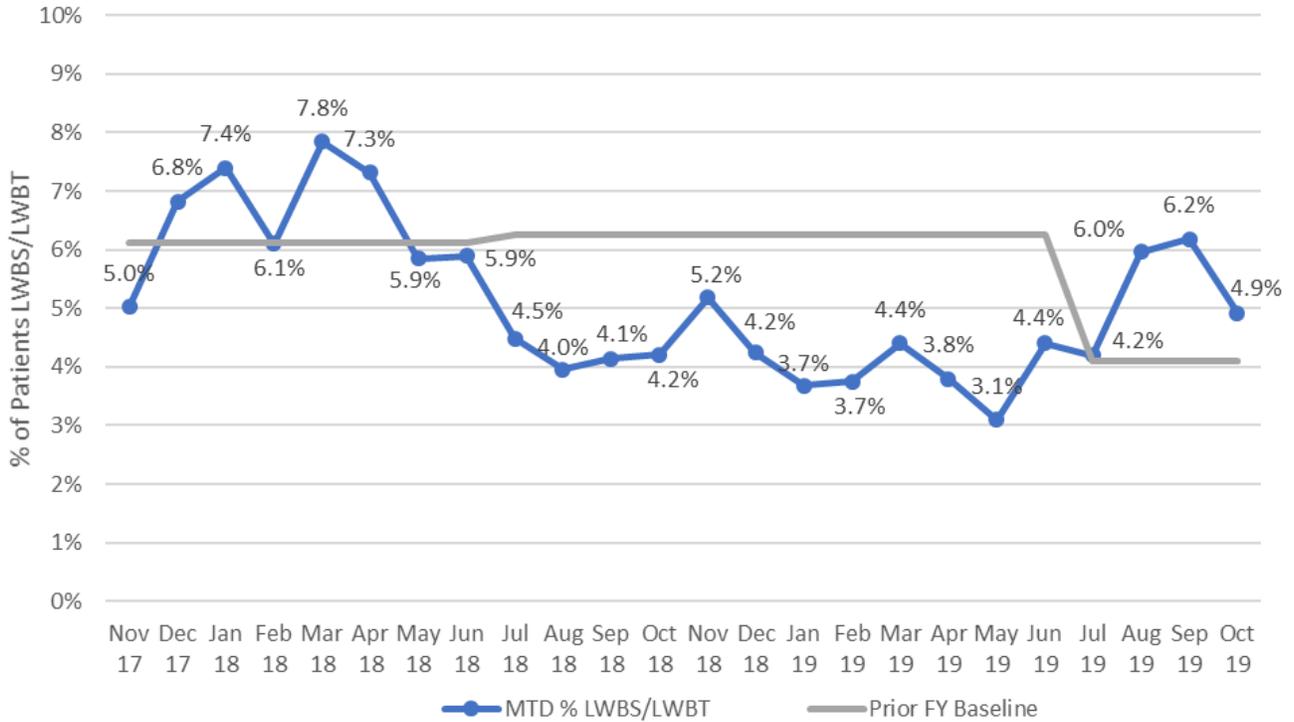
They are essential members of the health-care team, the unsung heroes who keep our facility up and running all day, every day. Without their dedication, it would be impossible to care for the community.

Much thanks and appreciation for our Facilities and Engineering team for their dedication to making ZSFG a safe and secure health-care environment for patients, visitors and staff.

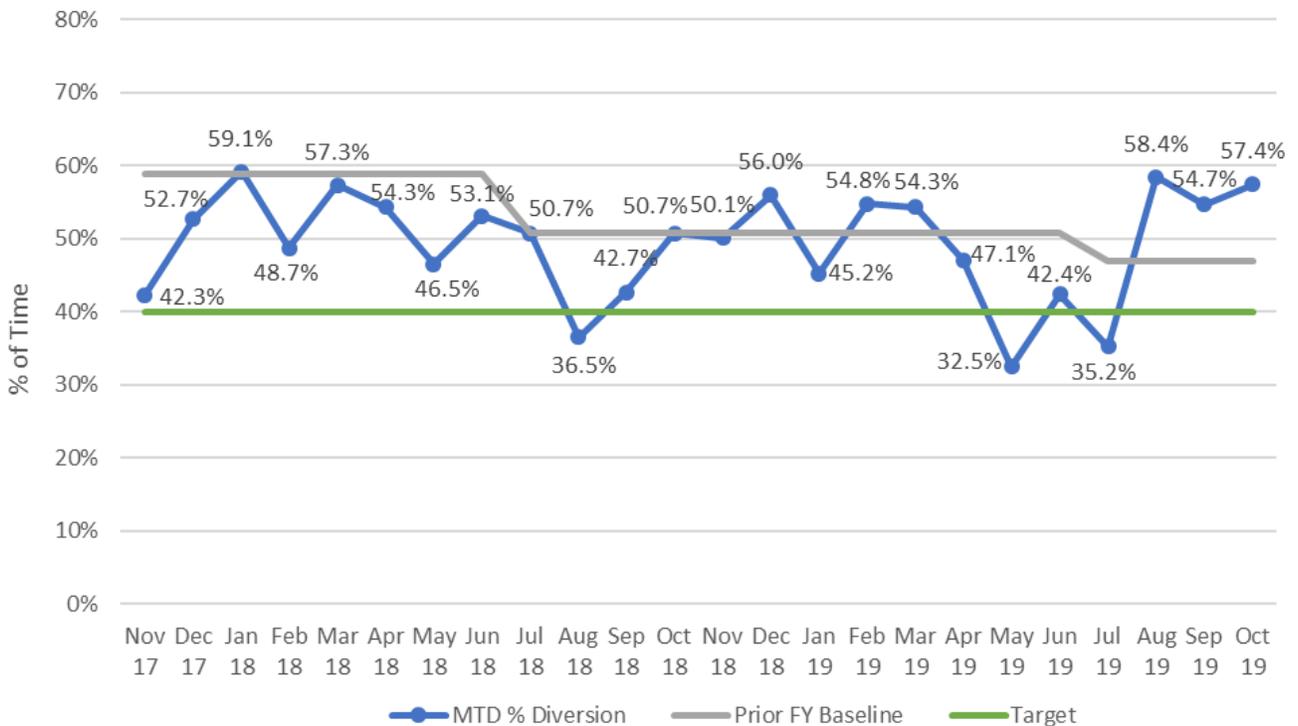
# QUALITY Emergency Department Activities



### % LWBS/LWBT

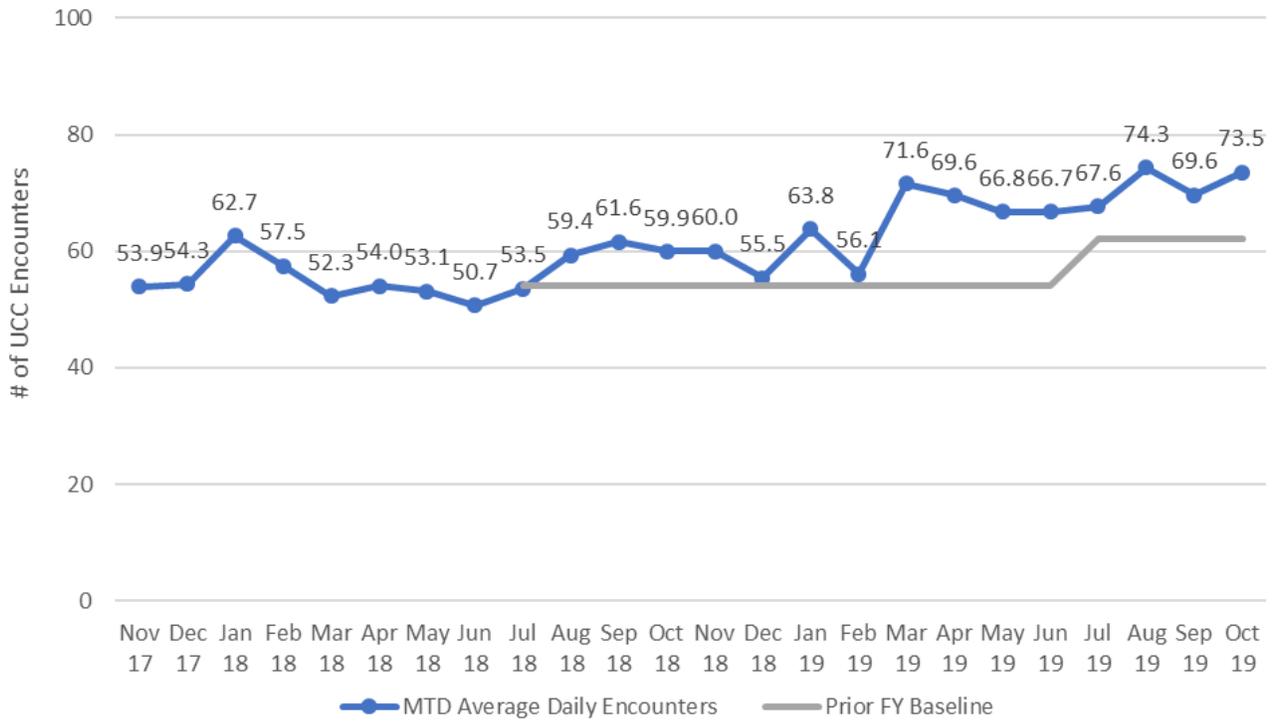


### % Diversion

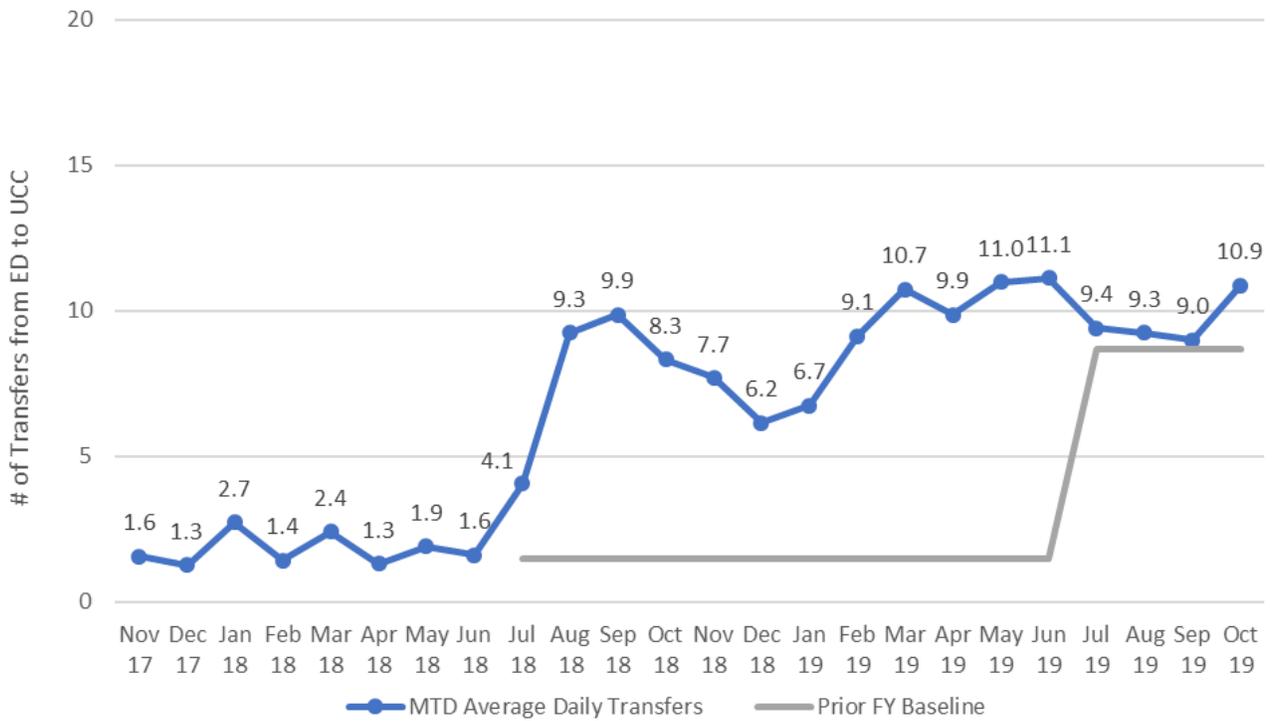


# QUALITY Urgent Care Clinic Activities

## Average Daily Encounters

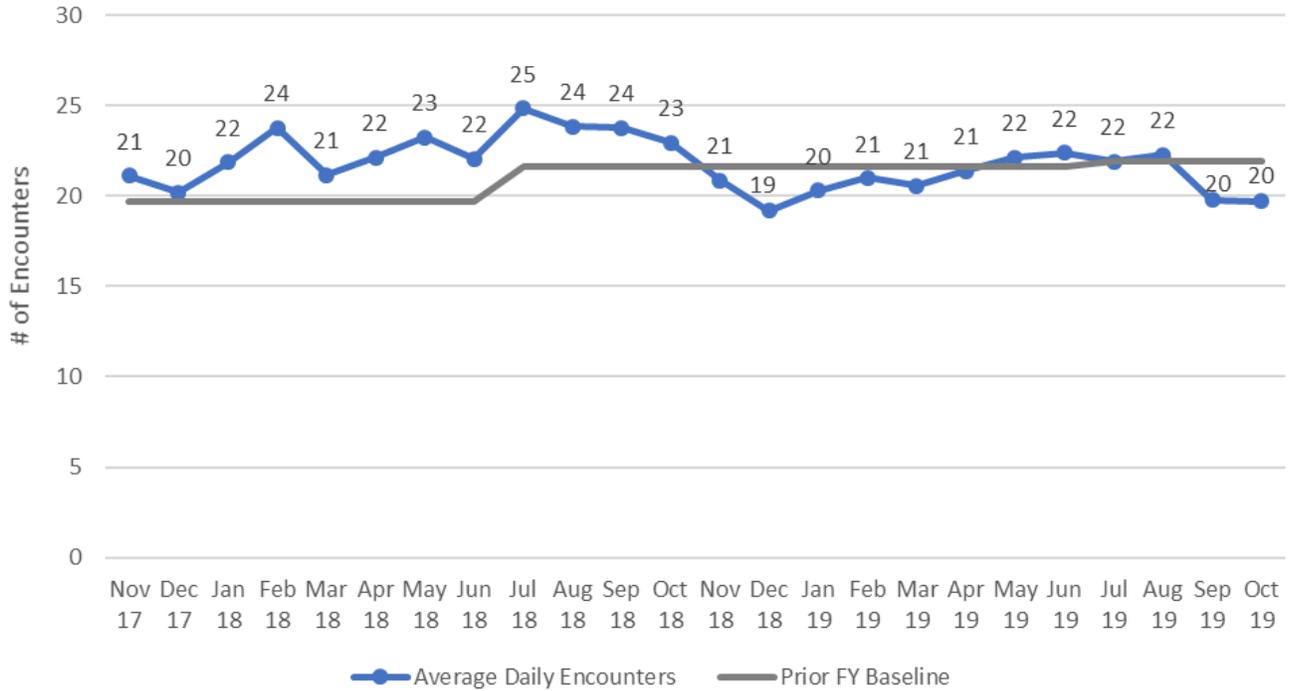


## Average Daily Transfers from ED

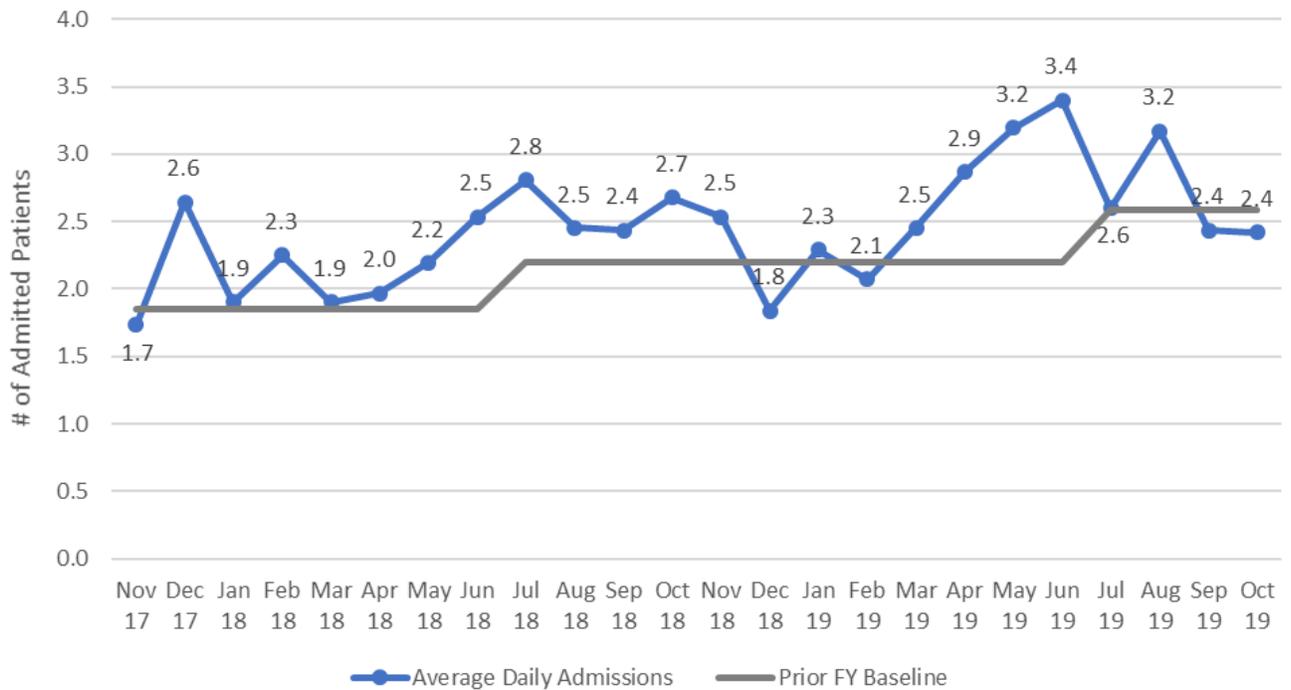


# QUALITY Psychiatric Emergency Services Activities

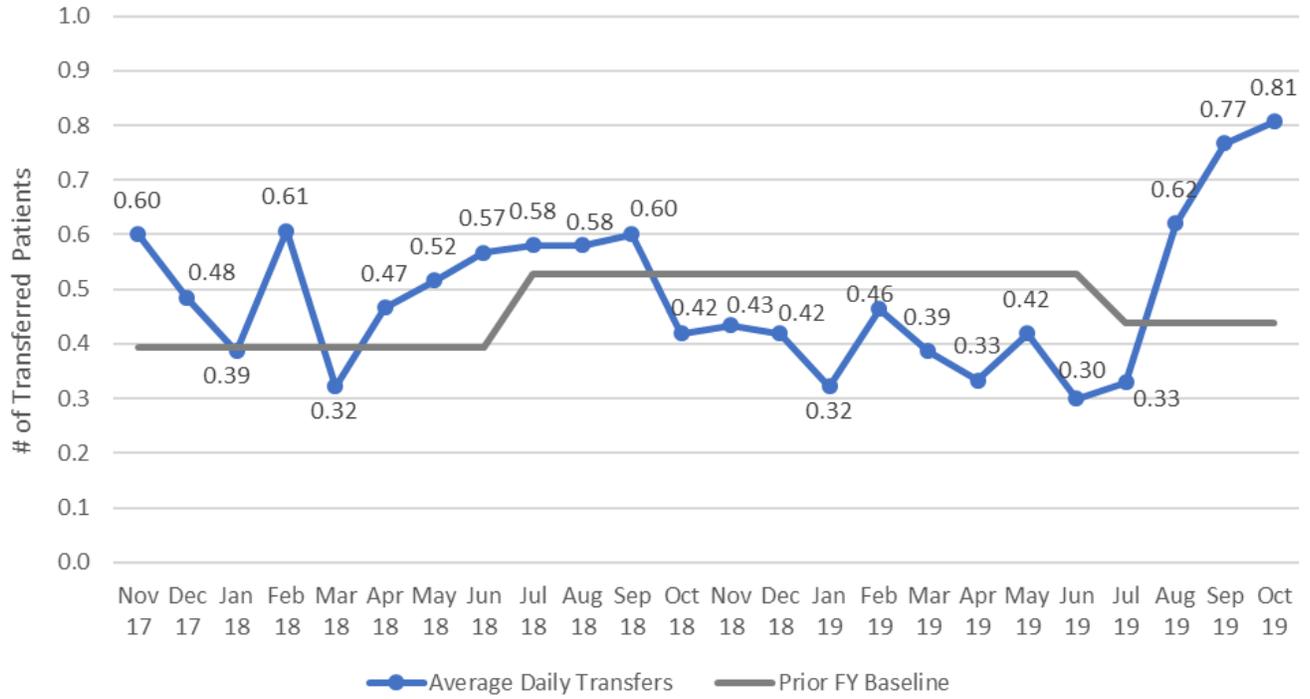
## Average Daily PES Encounters



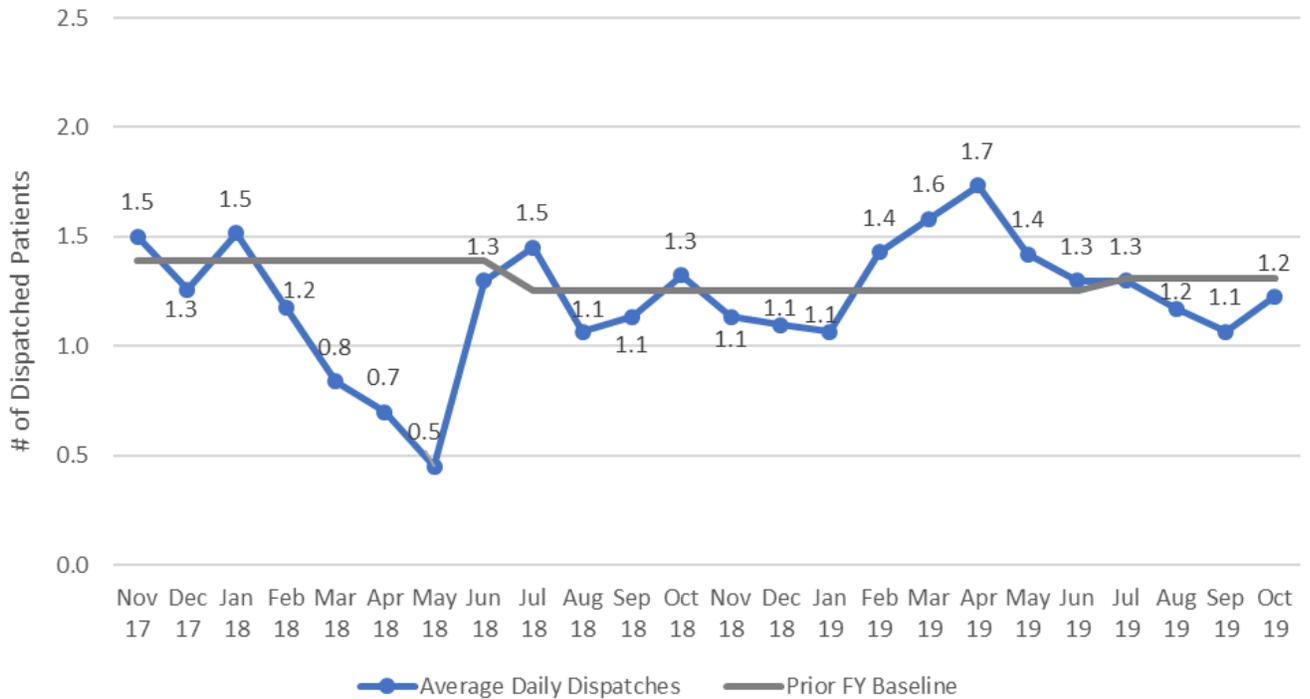
## Average Daily Admissions to Inpatient Psych (7B, 7C, 7L)



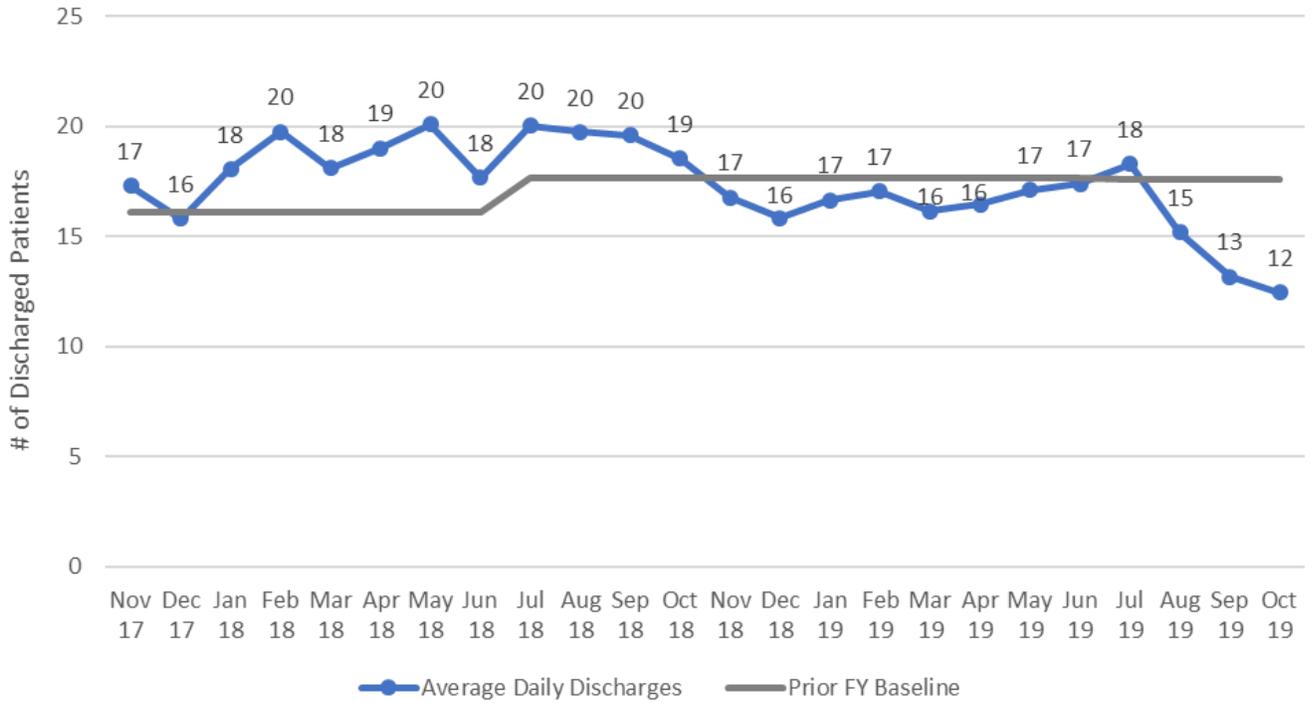
### Average Daily Transfers to Private Hospital



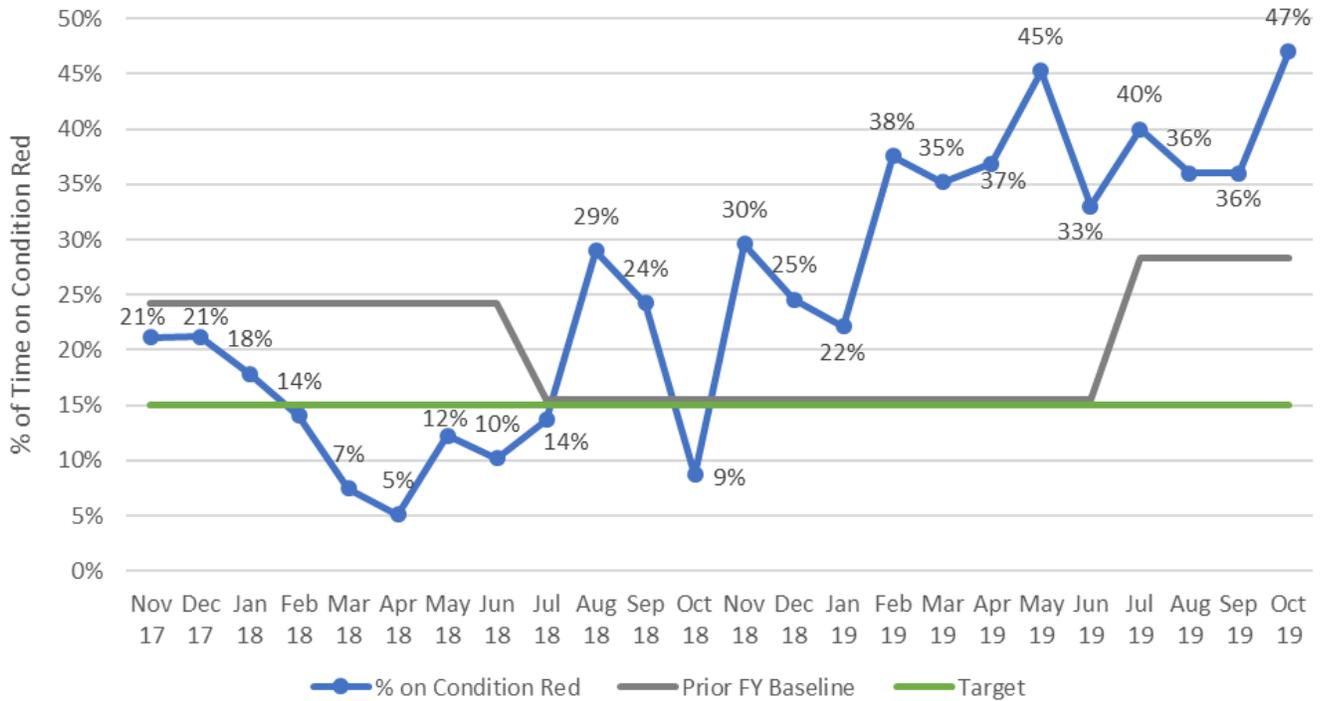
### Average Daily Dispatches to Dore Urgent Care Clinic (DUCC)



### Average Daily Discharges to the Community



### PES Condition Red



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# QUALITY Average Daily Census

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## **MEDICAL/SURGICAL**

Average Daily Census of Medical/Surgical was 179.35 which is 114.97% of budgeted staffed beds and 100.20% of physical capacity.

## **INTENSIVE CARE UNIT (ICU)**

Average Daily Census of ICU was 28.29 which is 101.04% of budgeted staffed beds and 48.78% of physical capacity of the hospital.

## **MATERNAL CHILD HEALTH (MCH)**

Average Daily Census of MCH was 25.55 which is 85.16% of budgeted staffed beds and 60.83% of physical capacity of the hospital.

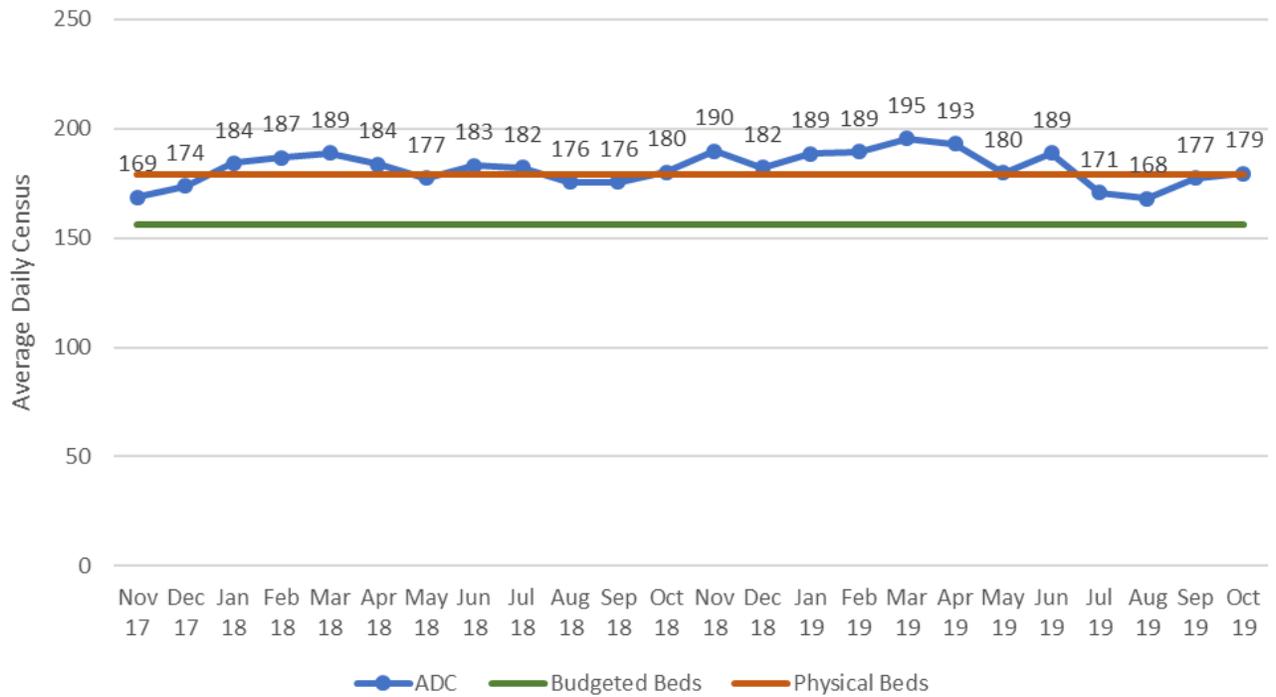
## **ACUTE PSYCHIATRY**

Average Daily Census for Psychiatry beds, excluding 7L, was 42.45, which is 96.48% of budgeted staffed beds and 63.36% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.16, which is 73.73% of budgeted staffed beds (n=7) and 43.01% of physical capacity (n=12).

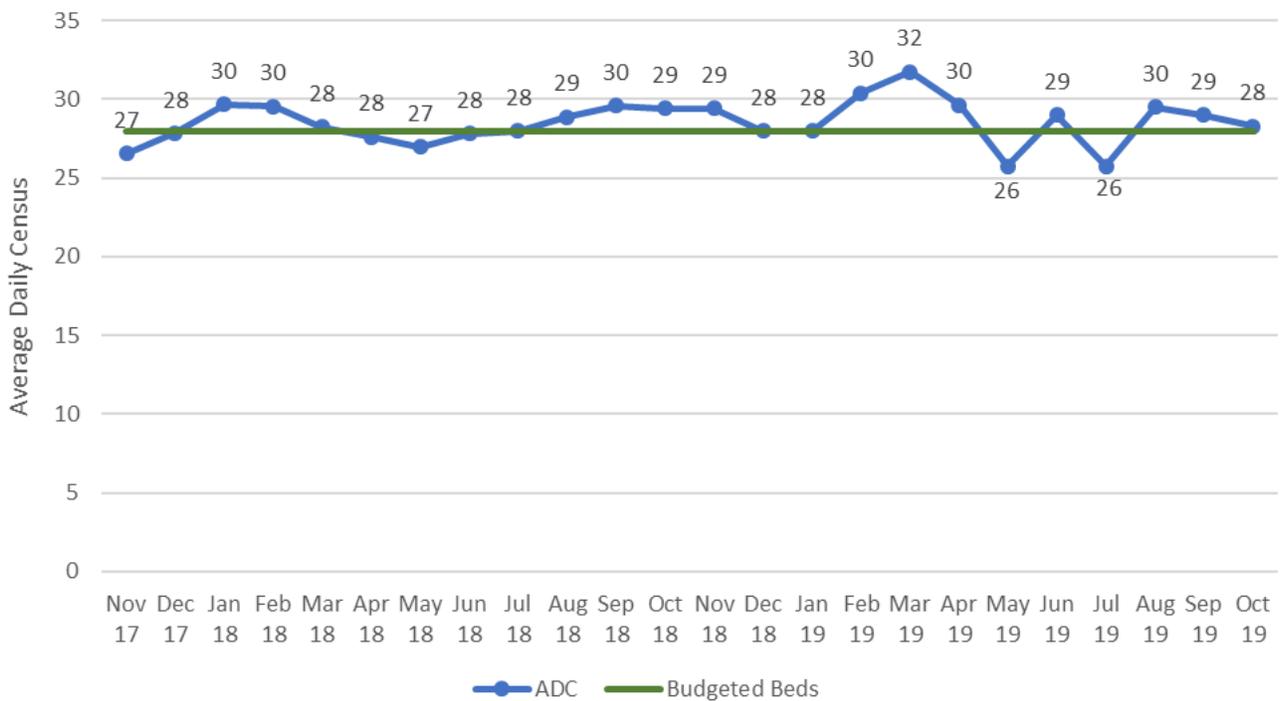
## **4A SKILLED NURSING UNIT**

Average Daily Census for our skilled nursing unit was 27.71, which is 98.96% of our budgeted staffed beds and 92.37% of physical capacity.

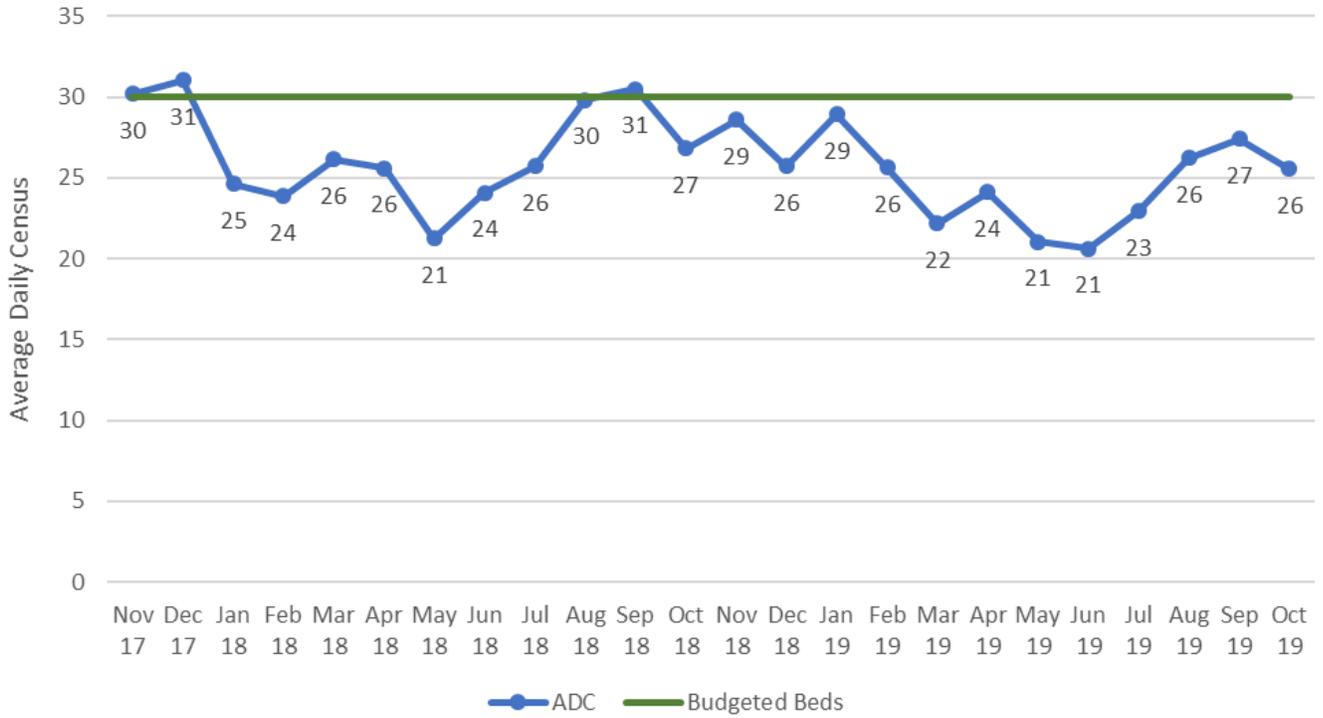
### Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census



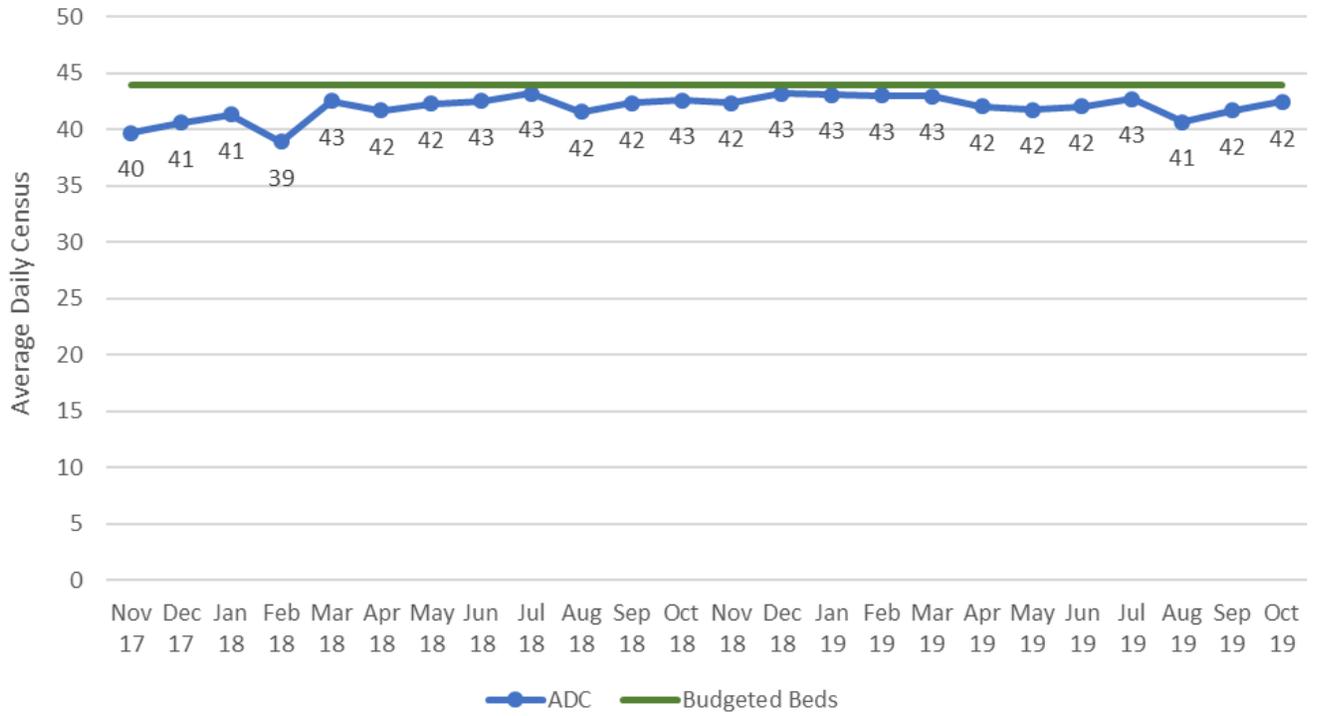
### Intensive Care Unit Average Daily Census



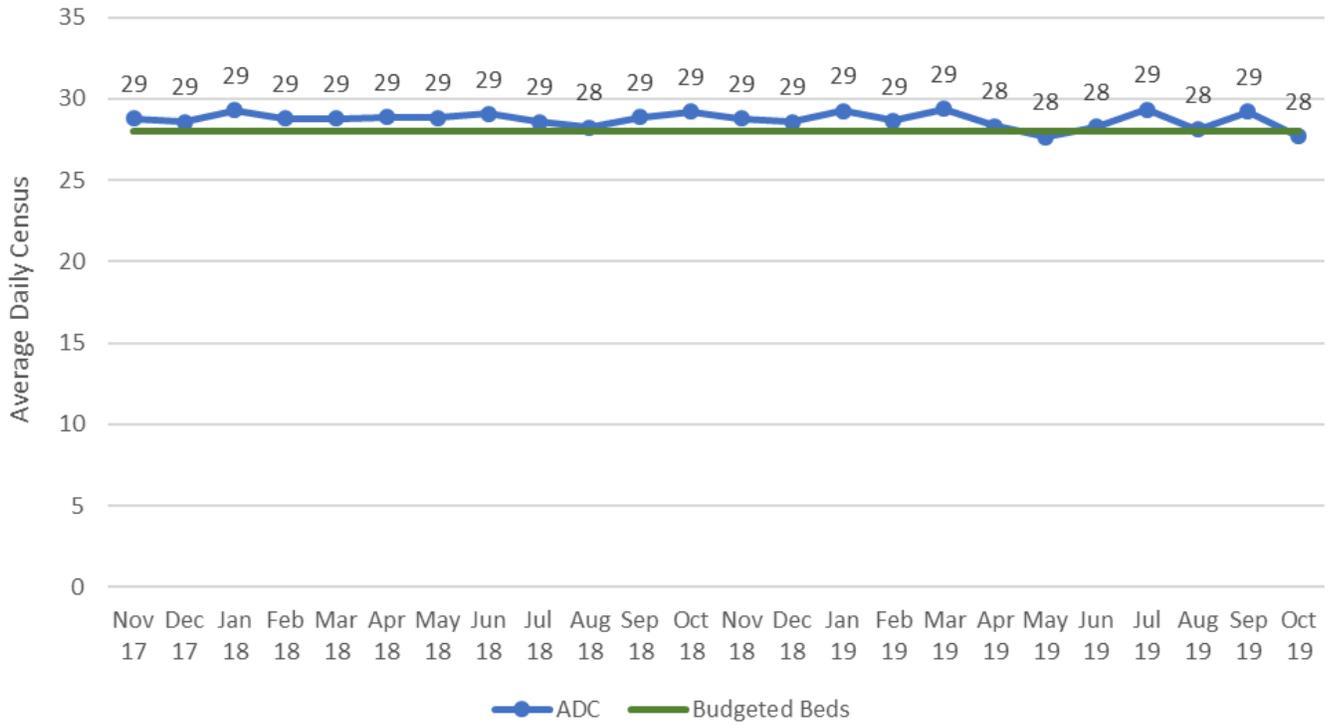
### Maternal Child Health Average Daily Census



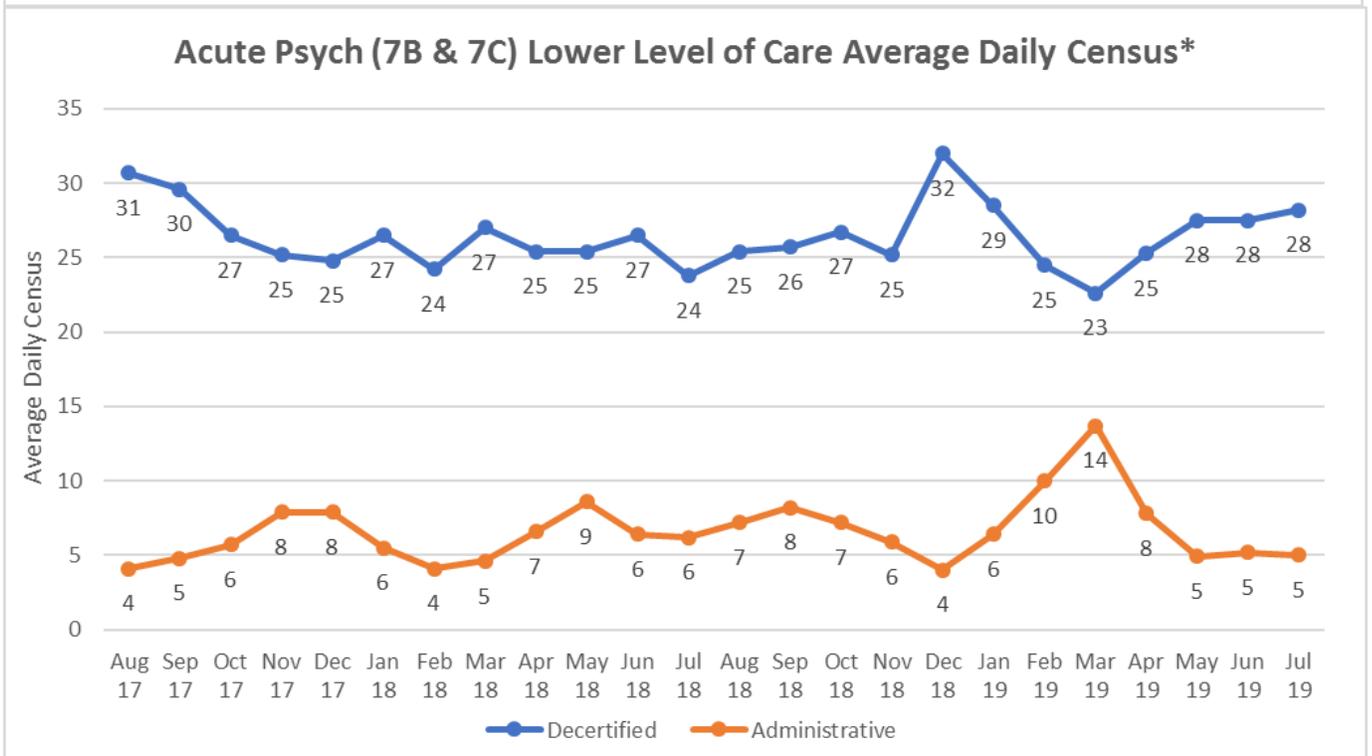
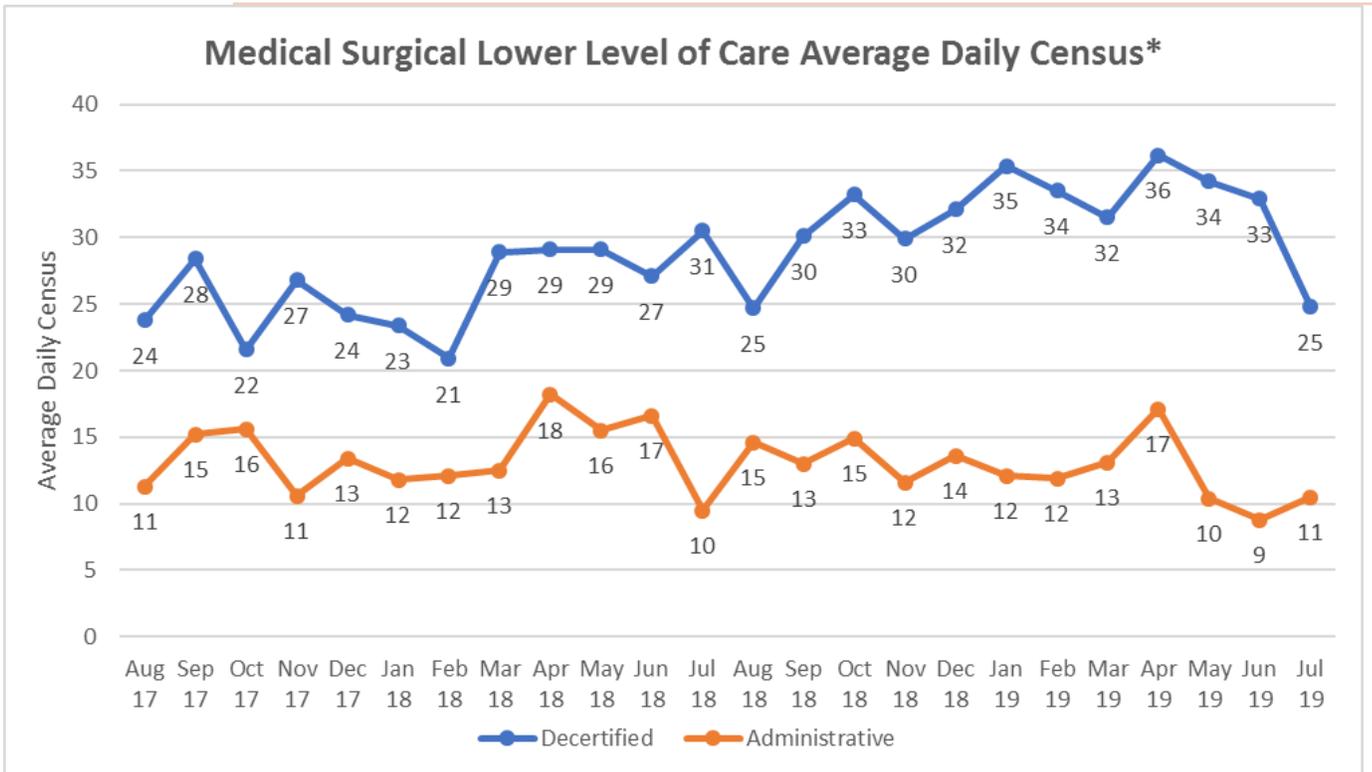
### Acute Psychiatry (7B & 7C) Average Daily Census

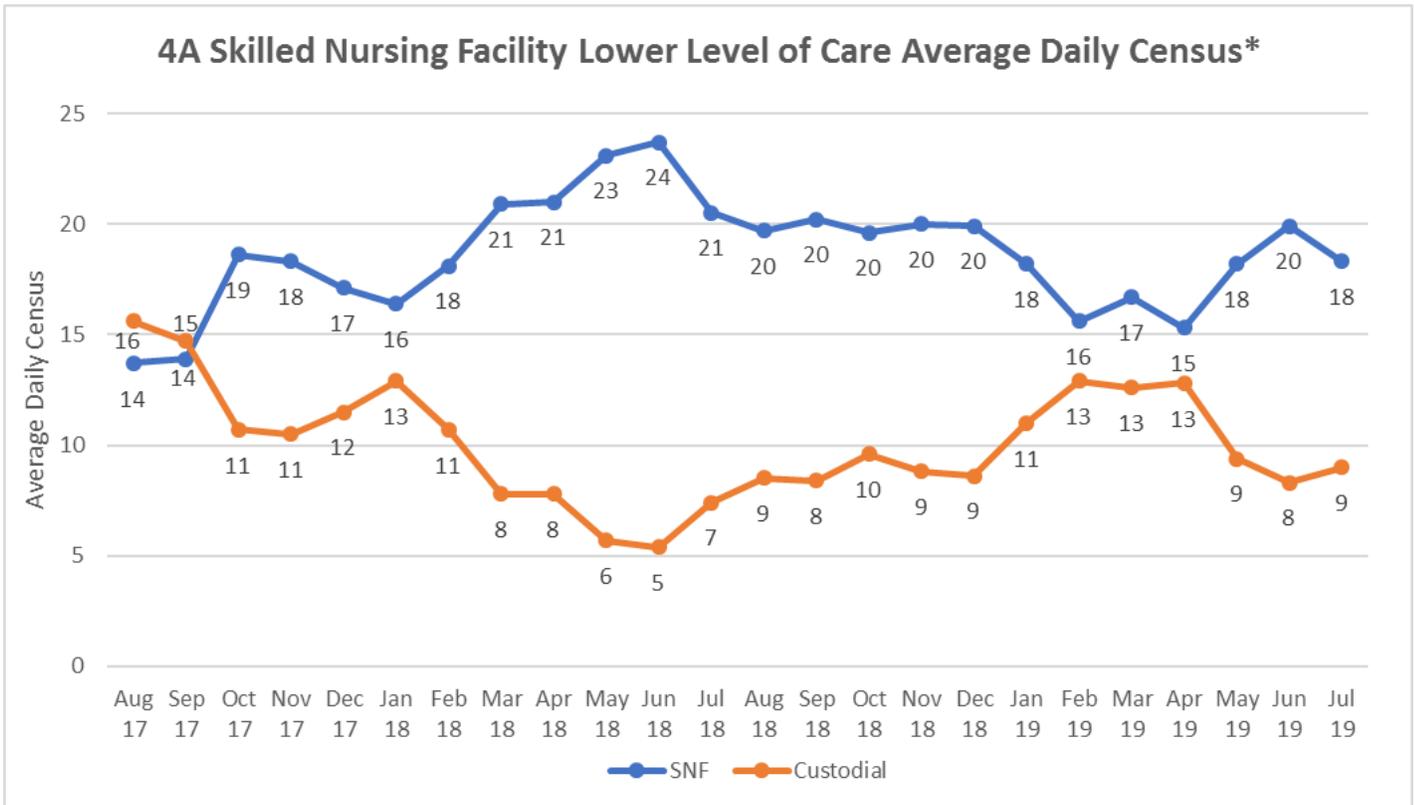


### 4A Skilled Nursing Facility Average Daily Census



# QUALITY Lower Level of Care Average Daily Census





## Financial Stewardship Salary Variance

For Pay Period Ending (PPE) October 18, 2019, Zuckerberg San Francisco General recorded an unfavorable 1.16% salary variance between Actuals and Budget – specifically, actuals were \$186,416 over budget. For Fiscal Year 2019-2020 year-to date variance through PPE October 18, 2019, ZSFG has an unfavorable variance of 1.89% / \$2,357,506 over budget.

Commissioner Comments:

Commissioner Chow asked for more information regarding the EPIC data validation process. Dr. Ehrlich stated that the team is focused on validating required data first. She noted that the lower level of care data is the last batch to be validated.

**7) ZSFG HIRING AND VACANCY REPORT**

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

Commissioner Comments:

Commissioner Chow asked for current vacancies in the ZSFG Emergency Department. Mr. Johnson stated that there were 13 vacancies and noted that January is the second highest month for DPH retirements. Therefore, she expects additional vacancies to occur at the beginning of the new year.

## **8) MEDICAL STAFF REPORT**

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

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

#### **CDI Program**

MEC welcomed Dr. Pallabi Sanyal-Dey, and Dr. Aaron Harris, MD, new Co-Medical Directors for Clinical Documentation Integrity (CDI). Dr. Sanyal-Dey and Dr. Harris gave MEC a preview of their roles as Co-Directors for CDI Physician Advisors. Dr. Pallabi Sanyal-Dey has worked at ZSFG for six years, and now directs the clinical operations for the Division of Hospital Medicine, looking at both direct-care services medicine and also understanding the relationship with ZSFG's residency and all the other services in the hospital. Dr. Aaron Harris works in the ZSFG Emergency Department, and for the last three years, has been working with the Emergency Department's documentation improvement. He is looking toward to taking that experience and bring it to the hospital in general. Both began their roles as Co-Directors, Physician Advisors, of CDI in July this year.

CDI is relatively new to ZSFG having been around for about 2-3 years, and is still in its infancy. To put it into perspective, CDI has two full time nurse analysts who are reviewing all of the patient charts for ZSFG, compared to UCSF which has over 20 analysts reviewing the charts. Data about CDI, how it has been affected by Epic Roll Out, and how providers are documenting in medical records are still rolling in. Already, the CDI team has learned a lot, and has identified some metrics that they want to follow.

Dr. Sanyal-Dey and Dr. Harris will be back with more specific information in January 2020. For now, their main focus is work on case mix index (CMI) and the mortality index, and work to improve ZSFG's star rating. All the data metrics are from hospital-wide data on patients' interactions, but also on specific specialty service line data. MEC members' support in communicating the information to faculty and staff is crucial to the program's success. CDI champions in each division/specialty who will work with the CDI team are also needed.

#### **LLOC/PDSA AND Complex Long Stay Inpatient Cases**

Dr. Hemal Kanzaria, Medical Director of Department of Care Coordination (DoCC), presented a PDSA on Utilization Committee. This is one of many PDSAs aimed at improving lower level of care (LLOC) patient flow. The presentation included the following:

- Purpose of the UM Committee
- Regular Committee members
- Volume Statistics:
  - ED Social Medicine, Perceived Potential Reasons Short Stay Admissions (Pareto Chart)
  - Inpatient LLOC, Perceived Discharge Barriers for Lower Level of Care Patients (Pareto Chart)

The UM committee has over the past couple of months been doing a deep dive into LLOC to determine what the main barriers are that have resulted in challenges with moving a patient forward with their care plan and to the next phase of their care (graphs). Some of the barriers are internal to ZSFG, some are external. The DoCC has PDSAs aimed at addressed many of the main barriers to LLOC patient flow. One barrier discussed relates patient and/or clinician concern/hesitation with community care plans. Example cases from the past 1 month were shared, demonstrating challenges with frequent changes in attending physicians and perceived challenges navigating the ambulatory care system.

The team is rolling out a standard approach to problem solving when there is concern with discharge. Representatives from social services, equity, and executive leadership are involved in developing these standard processes. The team is asking MEC Leadership to identify a lower level of care representative from each service by December 15. The ideal representative is a senior member (e.g., chief, medical director) with whom the DoCC and the clinical team can coordinate when there is concern moving a patient care plan forward using a Standard Escalation Pathway. An example of a Standard Escalation Pathway was included. The goal is to favorably impact LLOC length of stay and increased organization capacity.

## **STAFF-PROVIDER 2019 ENGAGEMENT SURVEY RESULTS**

Dr. Jeff Critchfield and his Patient Care Experience Team shared the results of the 2019 Staff and Provider Engagement survey results, and informed members that communication of survey results will be continuous. Data will be shared and discussions will be facilitated. Engagement approach will guide the work.

### **CLINICAL SERVICE REPORT:**

#### **Medicine Clinical Service**

Dr. Neil Powe, Service Chief, presented his biennial Service Report at the December 9, 2019 Leadership MEC meeting.

#### Commissioner Comments:

Commissioner Chow asked for information regarding the UCSF Medicine residency program change requirements. Dr. Carlisle stated that UCSF is attempting to make changes in scheduling residents to enforce the 80-hour per week maximum work schedule. She noted that in some cases there are issues with dedicated residents not wanting to leave a patient before resolution of a situation. She added that EPIC documentation is also taking longer for some residents, which impacts their weekly work time. She also stated that all UCSF residency programs are encountering these issues. Commissioner Chow asked that the ZSFG JCC receive quarterly updates on this issue through the CEO Report.

Commissioner Green asked if there are best practices to use a guide in regard to the residency program issues. Dr. Carlisle stated that UCSF is reviewing national countermeasures that have proven to be effective.

Commissioner Chow requested that the Interventional Radiology NP/PA Standard Procedures be resubmitted for the January 2020 meeting to give the Committee members time to thoroughly review the final proposed revisions.

Action Taken: The following items were unanimously approved by the Committee:

- Triennial Review Management of Benign and Malignant Breast Conditions (NP/PA)
- Pediatrics Privileges List

### **9) OTHER BUSINESS**

This item was not discussed.

### **10) PUBLIC COMMENT**

There was no public comment.

### **11) 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**

## **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 December 2019 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose discussions held in closed session.

## **12) ADJOURNMENT**

The meeting was adjourned at 6:01pm.