MINUTES
JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, August 25, 2020 3:00 p.m.
REMOTE MEETING VIA WEBEX EVENT

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Susan Belinda Christian, J.D.
Commissioner Laurie Green, M.D.

Staff: Susan Ehrlich MD, Lisa Winston MD, Claire Horton, MD, Dan Schwager, Terry Dentoni,
Kim Nguyen, Karrie Johnson, Leslie Safier, Sue Carlise MD, Karen Hill, Basil Price, Leslie Safier,
Jennifer Boffi, Lukejohn Day MD, Michael Gerchow, Andrea Turner, Mary Gray MD, Dan
Schwager, Will Huen MD, Chris Ross

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

2) APPROVAL OF THE MINUTES OF THE JULY 28, 2020 ZUCKERBERG SAN FRANCISCO GENERAL JOINT
CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the July 28, 2020 meeting minutes.

3) REGULATORY AFFAIRS REPORT

Leslie Safier, Acting ZSFG Chief Quality Officer, presented the item.

Commissioner Comments:
Commissioner Christian asked for clarification for the term “elopement.” Ms. Safier stated that elopement in
this setting means 5150, a 72-hour hold, or a 5250, a 14-day hold.

Commissioner Chow asked for more information regarding the privacy breach. Ms. Safier stated that the staff
member thought it was appropriate to take the physical record off campus but this is prohibited. In response
to this incident, the DPH Office of Compliance and Privacy Affairs sent a reminder that the best practice for taking PHI off campus when absolutely necessary is on an encrypted device with password protection.

4) **ZSFG TRUE NORTH SCORECARD**  
William Huen, MD, Medical Director of Quality Management, & Chris Ross, Strategic Planning Manager, presented the item.

**Commissioner Comments:**  
Regarding the patient satisfaction data, Commissioner Chow asked if the type of patients who have come to ZSFG has changed due to the COVID-19 pandemic. Dr. Huen stated that because elective surgeries and procedures were delayed for several months, the type of patients entering ZSFG has changed. He noted that a deeper analysis of the data is necessary to better understand these differences.

Commissioner Green asked how EPIC has impacted ZSFG data collection. Dr. Huen stated that ZSFG is still learning how to use the system and he is optimistic the new tools in EPIC will be helpful. He noted that all Patient Safety and Adverse Event (PSI) data is flagged for analysis. He added that there are so few PSI that any miscoding of this data can have an impact on the dataset.

Commissioner Chow asked for an explanation of the star rating. Dr. Huen stated that the rating is measured through 51 metrics that are standardized across Medicare hospitals. CMS rates on a curve and assigns zero through 5 stars. He added that safety net hospitals are often at the bottom of the star rating scores because the system does not account for the complexities of this group’s patient populations.

Commissioner Christian asked if the star system is used beyond a general rating. Ms. Safier stated that the star rating is generally a customer rating for the public to view; it does not impact funding in any way. Dr. Ehrlich stated that other ratings do impact funding and/or reimbursement rates.

5) **ZSFG CHIEF EXECUTIVE OFFICER’S REPORT & EMERGENCY DEPARTMENT NEWSLETTER**  
Susan Ehrlich, MD, Chief Executive Officer, presented the item.

*(See next page)*
Hospital Operations & Patient Care Report
Presented to the Health Commission – ZSFG on August 25, 2020
ZSFG Executive Team Report

Report Updates

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• Urgent Care Clinic Activities
• Psychiatric Emergency Services Activities
• Average Daily Census
• Lower Level of Care

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• Occupational Health COVID Testing
• Workplace Violence Activity

Data Updates
COVID Preparedness
For the past six months, ZSFG has been fully engaged with the SFDPH and the city to plan to manage the CoVid-19 pandemic, including planning for a potential surge in patients, as well as a demobilization. In doing so, we have been working closely with all other hospitals in the city to plan for as much capacity as possible, as well as using state and federal regulatory flexibility to use all spaces as efficiently as possible. ZSFG is part of the city’s incident command team that identifies and operationalizes spaces that can be used as field clinics, field hospitals and medical shelters. The entire city structure is poised with us to meet the pandemic head on.

Updating Guidelines for Discontinuing Isolation
On August 12, 2020, in accordance with the Centers for Disease Control and Prevention (CDC), ZSFG updated its guidelines for discontinuing isolation for patients who have tested positive for COVID-19 and corresponding personal protective equipment (PPE). These changes apply to all inpatient, outpatient, and peri-op areas, as well as the Emergency Department and Skilled Nursing Facility. The decision to discontinue isolation is multifactorial based on symptoms, severity of illness (mild, moderate, severe, or critical) and/or severely immunocompromised.

Monitoring COVID Workforce Infections
This past month our Occupational Health Services (OHS) team has developed a new dashboard to track and display employee testing and positive cases at ZSFG. The dashboard now includes staff positivity rate, positive cases by symptomatic status and returned to work status, as well as positive staff by role and department.

Many thanks to OHS for developing this new dashboard to more efficiently display and monitor our COVID workforce infections!

Preparing for the Second Wave
San Francisco has entered the second wave of the COVID-19 spread. The growth rate of cases is higher than our previous peak and, while the growth rate of hospitalizations is declining, the number of hospitalizations is above the levels of our previous peak. In mid-August, ZSFG hit two major milestones – having 42 COVID+ patients, the largest number of COVID+ patients in the hospital since the pandemic began, and having 43 patients in our ICUs, the most ICU patients the hospital has had since moving into Building 25. However, because we've been through a surge before and have prepared, we're confident about our ability to respond effectively.

Compared with the last time we faced a COVID surge, we do have some advantages. We’ve gained months of experience in treating COVID patients, in keeping our staff safe and healthy, and in managing necessary systems, like entrance screening. We are paying very close attention to the data and have surge plans in place to keep the city’s healthcare system and our hospital from being overwhelmed. We’ve ensured extra inpatient capacity and are prepared to reactivate COVID-only units. Supplies, including PPE, have been acquired. And the city has prepared facilities, like the Lower Acuity Continuing Care Site (LACC) in the Presidio, to decompress lower acuity patients without COVID from all hospitals in the city. We believe we know what’s ahead and are doing all we can to prepare for it.

Many thanks to our staff and their dedication to one another. Our staff is our greatest asset and we would not be the remarkable institution we are today without the amazing work they do each day.
August 3, 2020 marks the one-year anniversary of ZSFG’s Epic implementation. During this crisis, Epic provided a crucial foundation for the response to the COVID-19 pandemic in San Francisco, that allowed us to better support our patients. Here are some of Epic’s highlights during the pandemic:

Epic has allowed us to better understand and model the pandemic:
- Epic dashboards were created with real-time metrics to support operational decisions.
- Epic data has enabled epidemiologic modeling to monitor and predict surge risk.

Epic has facilitated our ability to provide excellent inpatient care now and in a surge:
- Epic was adapted for our Intensive Care Unit (ICU), Psychiatry, long term care and inpatient service teams.
- Epic workflows were created for the pop-up field care clinic at Southeast Health Center, and for the Epic field hospital.

Epic has helped us adapt primary care services to ensure our patients are served, especially those most at risk:
- Epic enabled us to implement telehealth – phone and video – across primary care, specialty care, rehabilitation services, and other ambulatory services.

Epic population risk models were used to conduct telehealth outreach. Epic has facilitated our ability to provide testing services:
- ZSFG implemented COVID screening tools and clinical decision support across all care settings.
- ZSFG implemented multiple alternate testing sites for high volume testing, including the ZSFG Screening Tent, Castro Mission Health Center, Southeast Health Center, and a Mobile Testing Team for testing at congregate living settings.
- ZSFG developed Epic tools to improve access to Public Health Lab results.

Epic has helped us enact community mitigation efforts that will slow transmission:
- Epic was used for documentation at containment sites to ensure care across transitions.
- We partnered with researchers from studies like Unidos En Salud and SFHN leadership to facilitate care for COVID+ participants.

Epic research module is enabling UCSF researchers at ZSFG to conduct clinical trial investigation of COVID therapies and has helped improve patient experience:
- To mitigate the social isolation of our inpatients due to visitor restrictions, we provided donated devices to allow patients to communicate with their loved ones in the hospital.
- The MyChart patient engagement portal has improved our patients’ ability to receive messages, review labs and feel engaged in healthcare despite limited in-person interactions with care team.
- As one of our patients said: “Due to my infrequency of visits to ZSFG I find myself using MyChart more. It has been very helpful in appointment reminders and from getting my COVID test results.”

Incredibly, this represents a summary of all the ways Epic has helped us manage this pandemic. A major thank you to our SFDPH IT Department, and all those who have worked with that team, for these incredible accomplishments at ZSFG and throughout the SFHN.
3. 21-Day Racial Equity Challenge

On July 21, ZSFG, began participating in DPH’s 21-Day Racial Equity Challenge. Led by Dr. Ayanna Bennett, DPH’s Office of Health Equity challenged all DPH staff to read, watch, listen and learn about the racial inequities that have and are currently taking place across the country. The goal of the challenge was to build an effective and sustaining practice for learning and doing work towards racial justice and equity. Each week focused on a specific topic spanning from the history of racism, to racism in Public Health, to racial justice social movements past and present.

Specifically, ZSFG’s Executive team intentionally focused their time in this challenge, dedicating 45 minutes of three of their weekly Executive Team meetings to discuss and reflect on each member’s personal learnings based on readings assigned the prior week by our Equity Director, Anh Thang Dao-Shah, and to improve our equity lens for making strategic and operational decisions. Through our focus, the Executive Team aims to push our thinking to better understanding power, privilege, and equity.

Many thanks to DPH’s Office of Health Equity for coordinating this incredible and important event and to all 4,000 staff who participated!

4. Equity Retreat

On August 14, the ZSFG Equity Council held their second retreat to discuss how ZSFG can be more responsive to this unique moment. The ZSFG Equity Council was created in 2017 and is comprised of 17 members from all different levels of the hospital. The council meets on a monthly basis and provides governance through:

- Consultation for equity related initiatives and issues at ZSFG;
- Ensuring measurable progress in achieving ZSFG’s goals;
- And communicating with our constituents (executive leadership, department and unit leaders, clinicians, frontline staff, and patients) and community about equity efforts.

During the retreat, council members reflected on the strengths of the council as well as identified areas where the council could benefit from more knowledge and expertise to address increased demands from the community at large. Finally, the council determined the following next steps:

- Improve communication to make the Equity Council and their specialty area more visible to the ZSFG community
- Provide regular report outs on members’ internal and external equity work to align our efforts
- Increase tools for council members to help build motivation and capacity to advance equity throughout the rest of the organization

Much gratitude to the Equity Council for all their incredible work advancing equity throughout ZSFG!

5. Staff Engagement Pulse Survey

Last month, the Care Experience team developed and disseminated a Staff Engagement Pulse Survey to better understand how ZSFG can improve communication, recognition, wellness and leadership support for our staff. Within a month, nearly 400 staff responded. From our last staff engagement survey in 2019, our organization has made improvements in two out of four of our operational areas: (1) effective communication and (2) confidence in our leaders. Although there is much work to be done around improving wellness, job stress and recognition, Care Experience already has countermeasures in place to help support these areas. For example, they have implemented daily fitness classes, staff appreciation meals, bi-weekly all staff giveaways and increased spiritual care support.
In addition to activities, the team’s countermeasures included (1) focusing on obtaining direct staff feedback in order to inform countermeasure plans with governance and structure and (2) identifying and developing unit or department-based recognition programs to serve as best practices, then replicating the best practice program widespread. This pulse survey was a informative in understanding where this organization stands today and the next steps to help make ZSFG the best place to work.

Many thanks to the Care Experience team for continuing to support our staff during this pandemic.

![Staff Engagement Survey and Pulse Survey Comparison](image)

- Communication: Different levels of this organization communicate effectively with each other.
- Leadership: I have confidence in senior management’s leadership.
- Wellness: The amount of job stress I feel is reasonable.
- Recognition: I am satisfied with the recognition I receive for doing a good job.

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QUALITY  ZSFG COVID+ Cases

Number of COVID+ Patients at ZSFG

![Chart showing the number of COVID+ patients at ZSFG from June 2 to August 21, 2020. The chart includes a bar graph with days ranging from June 2 to August 21 and the number of COVID+ cases on the y-axis. The bars are divided into two categories: Med/Surg and ICU. The chart displays a notable increase in the number of COVID+ patients towards the end of the period.]
QUALITY  Urgent Care Clinic Activities

Average Daily Encounters

Average Daily Transfers from ED
*We are using condition red as an external communication tool to signal that patients can not directly come to PES. They must be cleared by ED first.
QUALITY Average Daily Census

MEDICAL/SURGICAL
Average Daily Census of Medical/Surgical was 168.29 which is 107.88% of budgeted staffed beds and 94.02% of physical capacity. 16.91% of the Medical/Surgical days were lower level of care days: 5.96% administrative and 10.94% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)
Average Daily Census of ICU was 24.81 which is 88.59% of budgeted staffed beds and 42.77% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)
Average Daily Census of MCH was 19.35 which is 64.52% of budgeted staffed beds and 46.08% of physical capacity of the hospital.

ACUTE PSYCHIATRY
Average Daily Census for Psychiatry beds, excluding 7L, was 39.77, which is 90.40% of budgeted staffed beds and 59.36% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.29, which is 75.58% of budgeted staffed beds (n=7) and 44.09% of physical capacity (n=12). Utilization Review data shows 80.37% non-acute days (39.90% administrative and 40.47% non-reimbursed).

4A SKILLED NURSING UNIT
Average Daily Census for our skilled nursing unit was 15.97, which is 57.03% of our budgeted staffed beds and 53.23% of physical capacity.
4A Skilled Nursing Facility Average Daily Census

Average Daily Census

28 | 29 | 29 | 29 | 29 | 28 | 29 | 29 | 29 | 28 | 29 | 28 | 29 | 28 | 29 | 28 | 29 | 28 | 29 | 28 | 29 | 28 | 29 | 28 | 29 | 25 | 16

Blue line represents ADC
Green line represents Budgeted Beds
The following data is reported as of August 18, 2020:

- 1,659 total ZSFG employees have been tested (at ZSFG Trailer and offsite testing locations).
- 73 ZSFG employees on campus have tested positive for COVID-19. Of the 73 cases, 23 employees are off work and 49 employees have now returned to work.
- ZSFG has a 4.40% positive test rate (73 positive cases/1,659 employees who have been tested).
Commissioner Comments:
Commissioner Chow asked for more information regarding COVID-19 protocol changes. Dr. Ehrlich stated that new CDC guidelines use a time/symptom based strategy for best practices of quarantine protocols. Dr. Winston added that CDC has recommended that hospitals not conduct repeat testing of those patients known to be COVID-19 positive because many individuals continue to shed non-infectious RNA for several months.

Commissioner Green asked for more information regarding the number of respondents to the staff surveys in 2019 and 2020. Dr. Ehrlich stated that approximately 100-200 more staff responded to the survey in 2019. However, the approximately 300 responses to the 2020 survey are a reasonable reflection of staff views. She noted that the scores on staff recognition are important because it shows that staff want to hear from their direct supervisors and peers rather than being recognized by the ZSFG institution.

Commissioner Chow asked for lessons learned from the workplace violence data trajectory. Dr. Ehrlich stated that the data reinforces the understanding of prior events that occurred mostly in the Emergency Department, Psychiatric Emergency Services, and inpatient areas. Many of the events related the patients’ psychiatric issues. She added that ZSFG is conducting a train-the-trainer program with an emphasis on reporting incidents.

Commissioner Green asked for more information regarding the Skilled Nursing Facility and Lower Level of Care data. Dr. Ehrlich stated that the line going up and down indicates that the unit closed down when patients or staff tested positive for COVID-19. She added that because LHH was closed for 3 months, ZSFG had to find new discharge pathways for its lower level of care patients. Several hundred ZSFG patients have been discharged to City-funded hotels during the pandemic.

Commissioner Christian asked for an explanation of decertified and administrative day definitions. Dr. Ehrlich stated that ZSFG receives a small reimbursement for patients classified as administrative; it receives no payment for patients classified as decertified.

6) ZSFG HIRING AND VACANCY REPORT
Karrie Johnson, Departmental Personnel Officer, DPH, presented the item.

Commissioner Comments:
Commissioner Chow acknowledged that the time to hire new ZSFG employees has been reduced.

7) MEDICAL STAFF REPORT
Lisa Winston, M.D., Chief of Medical Staff, presented the item.

Commissioner Comments:
Commissioner Green stated that the FCM NP/SD does not have the number of insertions for a new provider to complete. Dr. Winston stated that this is a typo that will be corrected.

Commissioner Chow noted that on page 64 of the FCM Standard Procedure, there is no definition of anemia. He asked how staff get guidance on this issue. Dr. Winston stated that the hospital and blood bank have specific guidelines for transfusions and blood products; compliance is monitored thoroughly. Dr. Horton noted that guidelines are maintained separately from standardized procedures because they are updated separately.
The following items were unanimously approved by the ZSFG JCC:

- New ZSFG Dermatology Chief
- Interim Chief of Community Primary Care
- Neurology Rules and Regulations
- FCM NP/PA Standard Procedures
- Orthopaedic Surgery NP/PA Standard Procedures
- Surgery NP/PA Standard Procedures
- Psychiatry Privileges list

8) **OTHER BUSINESS**
This item was not discussed.

9) **PUBLIC COMMENT**
There was no public comment.

10) **CLOSED SESSION**
A) Public comments on All Matters Pertaining to the Closed Session

B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

**CONSIDERATION OF CREDENTIALING MATTERS**

**CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY 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.

11) **ADJOURNMENT**
The meeting was adjourned at 5:13pm.