

**SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

**SUMMARY OF KEY FINDINGS, RECOMMENDATIONS AND IMPROVEMENTS RELATED TO HOSPITAL SAFETY AND SECURITY**

- CMS Survey: Center for Medicare and Medicaid Services Validation Survey (only the components of the survey related to safety and security are included in this summary)
- UCSF Review: University of California – San Francisco Independent Review of SFGH’s Security Program
- SFSD CAP: San Francisco Sheriff’s Department Corrective Action Plan

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|--|--|--|
| <b>I. LEADERSHIP</b>   |  |  |
| <p>A. Leadership/Governing Body failed to improve contracted security within the hospital. [CMS; UCSF]</p> <p>B. Leadership/Governing Body failed to provide a safe environment for vulnerable patients. [CMS; UCSF]</p> <p>C. Communications between SFGH leadership and the Sheriff’s Department was limited. [UCSF; SFSD CAP]</p> | <p>1. Chief Executive oversight of the DPH contract with SFSD by the Director of Health and the San Francisco Sherriff. [SFSD CAP]</p> <p>2. DPH staff will develop contract performance monitoring plan with metrics and provide orientation to SFSD on contract monitoring process. [SFSD CAP]</p>   | <p>a. Implemented a new protocol for timely notification of sentinel events to SFGH and SFDPH leadership.<br/><b>Completed: 11/2013</b></p> <p>b. Director Health initiated monthly meetings with the San Francisco Sheriff and developed a plan of correction to monitor compliance with specified performance measures.<br/><b>Initiated 12/05/2013 and on-going</b></p> <p>c. SFGH Chief Executive Officer initiated a weekly meeting with hospital leadership and SFSD leadership to address identified challenges/concerns in real time.<br/><b>Initiated 11/12/2013 and on-going</b></p> <p>d. DPH developed an initial scope of work for and commissioned an independent external review of SFGH safety and security systems.<br/><b>Initiated 10/28/2013; Completed 03/24/2014</b></p> |
| <b>II. PATIENT SAFETY</b>  |  |  |
| <p>A. Lack of a comprehensive security management plan as required by The Joint Commission. [UCSF; SFSD CAP]</p>   | <p>1. Develop a comprehensive written Security Management Plan. [UCSF]</p> <p>2. Appoint a full-time Hospital Security Program Manager to promote a “culture of safety” throughout the organization. [UCSF]</p> <p>3. Hospital Security Program Manager should have the responsibility to develop a Comprehensive security management plan. [UCSF]</p> | <p>a. <b>As of 5/29/2014:</b> A new permanent DPH Security Program Manager position has been budgeted for FY 14/15. Creation of the position: Will request it as an interim exception to the Annual Salary Ordinance (ASO). This will allow for us to begin recruiting for the position now, with a budgeted hire date of 7/1/14. Job description to include having the responsibility for developing a comprehensive security management plan.</p> <p><b>Update (7/1/14): Creation of the requisition in process.</b></p>   |

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| <p>B. Lack of staff training, awareness, and confidence in security. [UCSF]</p>  | <ol style="list-style-type: none"> <li>1. Incorporate SFSD into day-to-day hospital operations of SFGH and develop clearly defined roles, responsibilities, and accountabilities related to policies and procedures, response protocols, staffing, security equipment, and reporting. [UCSF]</li> <li>2. Communication of security policies, procedures, and programs to all staff on a timely basis and create a central location where this information can be easily accessed. [UCSF]</li> <li>3. Ongoing performance improvement benchmark should be established to test effectiveness of training. [UCSF]</li> </ol> | <ol style="list-style-type: none"> <li>a. <b>As of 5/29/2014:</b> 100% of SFSD staff assigned to SFGH have received Hospital Orientation and SMART training</li> <li>b. Effectiveness monitoring has been initiated and includes:               <ul style="list-style-type: none"> <li>• Auditing of calls for professionalism and privacy compliance.</li> <li>• Debriefing on all Code Green activations.</li> <li>• Auditing calls with corresponding reports and paperwork to ensure consistency.</li> </ul> </li> <li>c. Effectively Communicating security policies, procedures and programs has been accomplished by presentations at Management Forum, distribution of hospital-wide memos, discussions/presentations during unit staff meetings, training/presentations by SFSD leadership and hospital wide security alerts. Further, SFSD personnel have been actively involved in all security/safety committees and have taken an active role in EOC rounds, 8am morning huddles and department specific trainings.<br/><b>Initiated 11/08/13 and On-going</b></li> </ol> |
| <p>C. Lack of a coordinated search plan for missing persons. [CMS; SFSD CAP]</p> | <ol style="list-style-type: none"> <li>1. SFSD to develop a “Missing Persons” Search Policy to standardize the steps taken by SFSD to search for “At Risk” patients. [SFSD CAP]</li> </ol>  | <ol style="list-style-type: none"> <li>a. Developed and implemented a new SFSD protocol for conducting searches for missing/at risk person(s) on the SFGH hospital campus.<br/><b>Initiated 11/12/2013; Completed 01/03/2014</b></li> <li>b. Hospital leadership purchased an electronic tracking system (Aero Scout) for monitoring at risk patients.<br/><b>Initiated 11/13/2013; Testing to begin June 2014</b></li> <li>c. The SFSD initiated daily emergency exit stairwell checks for audible alarm activations in the Main Hospital.<br/><b>Initiated 10/09/2013 and on-going</b></li> <li>d. Emergency exit stairwell alarm deactivations and stairwell</li> </ol>   |

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|  |  | <p>checks are tracked and reported.<br/> <b>Initiated 10/09/2013 and on-going</b></p> <p>e. Initiated daily checks of all internal and external emergency exit stairwells in the main Hospital.<br/> <b>Initiated 10/12/2013 and on-going</b></p> <p>f. Developed and implemented protocols to operationalize the emergency exit stairwell door alarm response.<br/> <b>Completed 10/18/2013</b></p> <p>g. Standardized the emergency exit stairwell door alarms for the main hospital so that the alarms now maintain an audible constant alarm until manually deactivated by a key and the completion of a full stairwell check.<br/> <b>Initiated 10/09/2013; Completed 10/26/2013</b></p> <p>h. Standardized the signage on the emergency exit stairwell doors in an effort to minimize use of these exits by patients, staff, and visitors.<br/> <b>Completed 12/24/2013</b></p> <p>i. Purchased an electronic patient tracking system (Aero scout) for monitoring “At Risk” patients. <b>Initiated 11/2013</b></p> <p><b>Update (7/1/14): Testing of the Patient Elopement tracking system has begun. Looking for a pilot phase where we will actually start tagging patients by end of July. Targeting August for actually go live.8y</b></p> |
| <p>D. SFSD has not consistently assisted SFGH staff with detaining “At Risk” patients who attempt to leave SFGH before the completion of her/his treatment. [SFSD CAP]</p> | <p>1. SFSD will provide appropriate response to requests for assistance when notified by hospital staff that a patient has been declared AWOL “At Risk”. SFSD will follow the SFGH Administrative Policy 1.10 AMA, AWOL, AWOL “At Risk”: Patients Leaving SFGH Prior to Completion of Their Evaluation or Treatment. [SFSD</p> | <p>a. Revised Admin Policy 1.10/AMA, AWOL, &amp; AWOL At-Risk: Patients Leaving SFGH Prior to the Completion of Their Treatment or Evaluation to add an “AWOL/AMA Packet” to assist staff in managing situations where a patient leaves or attempts to leave the hospital prior to completion of their treatment.</p>  |

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|   | CAP]   | <p><b>Completed 01/06/2014</b></p> <p>b. SFSD has actively participated on the SFGH Code Green Task Force and has appropriately responded to requests for assistance when notified by hospital staff of an AWOL “At Risk” patient. Analysis of code green data is presented to the EOC Committee, Quality Council and the Joint Conference Committee.</p> <p><b>Initiated 10/09/2013 and on-going</b></p>   |
| <p>E. The hospital Quality Assurance Performance Improvement (QAPI) program failed to set priorities focused on improving security for patients that go missing. [CMS]</p>  | <ol style="list-style-type: none"> <li>1. Define and implement hospital-wide interdisciplinary security risk assessment plan. [UCSF]</li> <li>2. Develop a written plan and staffing for screening measures as well as a visitor management system. [UCSF]</li> <li>3. Develop an Environment of Care rounds/security checklist. [UCSF]</li> </ol>   | <ol style="list-style-type: none"> <li>a. Hospital leadership created a Missing "At Risk" Patient Response Task Force which has developed and has implemented SFGH response procedures for missing "at risk" patients “Code Green”.<br/><b>Initiated 11/26/2013 and on-going</b></li> <li>b. Environment of Care rounds are currently being conducted with SFSD participation.<br/><b>Initiated 03/17/2014 and On-going</b></li> </ol> <p><b>Update (7/1/14): Code Green drills continue. Three drills were conducted in the month of June spanning all shifts. No issues identified.</b></p> |
| <p><b>III. CONTRACTED SERVICES</b></p>  |  |   |
| <ol style="list-style-type: none"> <li>A. MOU between DPH and SFSD does not outline specific expectations of security provider’s performance and knowledge. [UCSF; SFSD CAP]</li> <li>B. Transparency, communication, and coordination of staffing mix (i.e., Deputy Sheriffs, civilian uniformed cadets) lacking, resulting in cost and resource deployment inefficiencies. [UCSF; SFSD</li> </ol> | <ol style="list-style-type: none"> <li>1. SFSD and DPH will work cooperatively to develop a new MOU. [SFSD CAP]</li> <li>2. DPH and SFSD finance directors to establish budget that clearly delineates services and resources to be covered by SFSD in the work order. [SFSD CAP]</li> <li>3. DPH and SFSD will develop a system to ensure SFSD staff who works within the DPH are well matched to the specific post assigned. SFSD personnel that are under investigation or who hospital leadership</li> </ol> | <ol style="list-style-type: none"> <li>a. <b>As of 5/29/2014:</b> City Attorney’s Office working on updating MOU with SFSD to include developing performance metrics, defining SFSD roles &amp; responsibilities, DPH specific competencies, compliance with DPH Policies and Procedures, dress code etc.</li> <li>b. <b>As of 5/29/2014:</b> DPH Budget Office working with SFSD CFO on staffing budget.</li> <li>c. DPH and SFGH has developed a process to ensure SFSD staff</li> </ol>  |

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| CAP]  | <p>determine not meet performance expectations will not be assigned to work at SFGH. [SFSD CAP]</p> <ol style="list-style-type: none"> <li>4. SFSD will agree to comply with SFGH policy and procedures including those pertaining to patient and staff safety and patient confidentiality of protected health information as defined by HIPAA. [SFSD CAP]</li> <li>5. Civilian security personnel assigned to the hospital should wear a consistent and easily recognizable uniform that can be distinguished by SFGH staff and the public from visiting law enforcement. [UCSF]</li> <li>6. SFSD will review all Unusual Occurrence reports regarding patient and staff safety on campus and respond within 15 days with their investigation and follow-up actions. [SFSD CAP]</li> </ol> | <p>assigned to DPH posts are well matched and appropriate to interact with DPH staff and patients.<br/> <b>Initiated 11/08/2014 and On-going</b></p> <ol style="list-style-type: none"> <li>d. SFSD has agreed to comply with SFGH policies regarding patient confidentiality of protected health information as defined by HIPAA<br/> <b>Initiated 11/08/2014 and On-going</b></li> <li>e. SFGH Unusual Occurrence reports regarding patient and staff safety are being reviewed and investigated appropriately by SFSD.<br/> <b>Initiated 11/08/2014 and On-going</b></li> </ol> <p><b>Update (7/1/14): City Attorney’s Office and the Sheriff’s legal counsel are working on developing a new MOU between DPH and the SFSD.</b></p> |
| C. Performance criteria and/or related metrics to evaluate the effectiveness of security services and response times were absent. [CMS; UCSF] | <ol style="list-style-type: none"> <li>1. Formulate security management performance metrics and targets and establish a process for continually monitoring, reporting, and investigating security incidents. [UCSF]</li> <li>2. Define performance metrics for emergency and non-emergency response times based on best practices and align staff to meet acceptable standards. [UCSF]</li> <li>3. Employ a data-driven model to project staffing levels required by time of day, hours of operation to meet pre-determined response times. [UCSF]</li> <li>4. Response times for emergencies should be routinely evaluated for appropriateness. [UCSF]</li> </ol>  | <ol style="list-style-type: none"> <li>a. Performance metrics have been developed for the SFSD and will be reported quarterly to the Environment of Care (EOC) Committee, the SFGH Quality Council and the SFGH Joint Conference Committee. Performance metrics will require reassessment and refinement on a routine basis based on the needs of SFGH/DPH.<br/> <b>Completed 12/17/2013</b></li> </ol> <p><b>Update (7/1/14): Performance metrics are being presented quarterly to the Quality Council. Next update to JCC 8/26/14.</b></p>   |

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| <p>D. SFSD has not actively or consistently participated in key hospital committees addressing campus safety and security issues. [SFSD CAP]</p> | <p>1. A representative from SFSD will attend all committees and task forces with security/law enforcement involvement. A list of committees has been developed by SFGH and provided to the SFSD. Attendance will be monitored for compliance. [SFSD CAP]</p>   | <p>a. SFGH leadership will ensure the SFSD, as a contracted service with the CCSF-DPH, is a participant on the key hospital committees addressing campus safety &amp; security issues.<br/><b>Initiated 11/08/2013 and on-going</b></p> <p>b. SFSD leadership implemented assignment of SFSD staff to attend the twice daily admin/nursing “bed huddle” meetings and engage in communication regarding important patient care issues, including patients reported as AWOL/ missing, and relevant updates on training and policies/procedures.<br/><b>Initiated 11/08/2013 and On-going</b></p> <p>c. <b>As of 5/29/2014:</b> SFSD committee assignments and participation clarified and participation is 100%</p>   |
| <p>E. Lack of a comprehensive orientation and ongoing training program for security. [CMS; UCSF; SFSD CAP]</p>                                   | <p>1. SFSD will assign a Training Coordinator to implement a revised training program to establish and maintain professional standards [SFSD CAP]</p> <p>2. SFSD will conduct daily muster training with mandatory attendance. [SFSD CAP]</p> <p>3. SFSD assigned to work at SFGH will complete mandatory Hospital Orientation and SMART training within 30 days of assignment. [SFSD CAP]</p> <p>4. SFSD will complete annual training updates by due dates. [SFSD CAP]</p> | <p>a. The CCSF Sheriff created a new position of Training Coordinator to add to the SFSD staff at SFGH in order to assist in the on-going training of SFSD staff, to ensure SFSD staff complete hospital orientation, annual training, and in-servicing on new/revised hospital policies and procedures, and to participate in review/revision of key hospital policies/procedures.<br/><b>Completed 11/25/2013 and on-going</b></p> <p>b. SFSD leadership implemented daily "musters" (communication huddles/reports) with SFSD staff; these occur at change of shift to communicate important information including updates on trainings and policies/procedures.<br/><b>Initiated 12/06/2013 and on-going</b></p> <p>c. SFSD developed a six week officer training program specific to SFGH hospital for all new staff. Four officers have gone through the training and three have passed. Training specific to LHH and clinics will also be conducted.<br/><b>Initiated November 2013 and on-going</b></p> |

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| <p>F. Overall, sufficient resources and sworn personnel appear to be allocated for security response and patrol duties [UCSF]</p>                               | <p>1. Allocate and deploy security personnel based on the type of situation (e.g. emergency, urgent, routine, and scheduled tasks) and match security and staffing needs. [UCSF]</p>  | <p>a. SFSD assigned a Captain and an additional Lieutenant to SFGH for a total of three supervising officers to provide seven day a week supervisory coverage.<br/><b>Completed 11/08/2013</b></p>  |
| <p>G. Existing security communications office is staffed by civilians that are not trained emergency dispatchers nor trained security professionals. [UCSF]</p> | <p>1. SFSD has assigned a deputy to assess operations in the dispatch center to identify opportunities for improvement and to ensure accuracy of record keeping. [SFSD CAP]</p> <p>2. SFSD leadership to develop standard work processes (e.g. scripts for radio telephone operators in the dispatch center) to ensure all required documentation is completed thoroughly and accurately. A monitoring plan will be developed to ensure compliance. Long term plan is to implement a computer aided dispatch system. [SFSD CAP]</p> <p>3. Utilize a fully certified 911 communications center to handle emergency calls for service. [UCSF]</p> | <p>a. SFSD leadership assigned an SFSD deputy to assess operations in the SFGH SFSD radio/telephone communications center to identify opportunities for improvement and to ensure accurate record keeping.<br/><b>Completed 12/27/2013</b></p> <p>b. SFSD leadership created and implemented standard work/scripts for the radio/telephone operators in the SFGH SFSD communications center to ensure that accurate information is obtained and transmitted when SFGH staff calls SFGH SFSD for assistance.<br/><b>Initiated 11/26/2013; Completed 01/06/2014</b></p> |

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| <b>IV. FACILITY IMPROVEMENTS</b>   |  |   |
| <p>A. Designated security communications office lacks adequate space and equipment to accommodate the functions of a contemporary hospital security department. [UCSF]</p>   | <p>1. Establish a hospital security operating center (SOC) appropriately equipped to handle 24/7 requests with appropriate levels of staffing and oversight. [UCSF]</p>      | <p>a. <b>As of 5/29/2014:</b> Sheriff Operations Center is in the process of relocating to a larger space on the first floor of the main hospital.</p> <p>b. In collaboration with SFGH Rebuild, developing a plan for a security system upgrade (Lenel OnGuard).</p> <p>c. Proposing two year plan for equipment and technology enhancements – cameras, security hardware and networking.</p> <p><b>Update (7/1/14): Kroll Security Solutions has been contracted with to assist with design of new SOC. They will begin work by mid-July.</b></p> |
| <p>B. Overall the existing security equipment and hardware do not meet the needs of health care facilities with the size, breadth of services and clientele at SFGH [UCSF]</p> <p>C. No systematic reviews were in place to identify malfunctioning security hardware, identify security risks, and test staff knowledge on security protocols throughout the hospital. [UCSF]</p> | <p>1. Design a comprehensive security equipment plan, implement security equipment standards, and install an integrated and networked security management system [UCSF].</p> | <p>a. Hospital leadership clarified for the SFSD the video recording capabilities of existing equipment and the technical procedure for ensuring footage is saved. Additionally, the SFGH camera surveillance system was assessed and brought up to full functionality.</p> <p><b>Completed 10/15/2013</b></p> <p><b>Update (7/1/14): equipment plan, equipment standards and installation of integrated and networked security management system is part of the work scope of Kroll Security Solutions (see above).</b></p>                        |