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Director of Health

**Mark Morewitz, M.S.W.**  
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

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

**MINUTES**

**JOINT CONFERENCE COMMITTEE FOR  
SAN FRANCISCO GENERAL HOSPITAL  
Tuesday, June 10, 2014 3:00 p.m.  
1001 Potrero Avenue, Conference Room 7M30  
San Francisco, CA 94110**

**1) CALL TO ORDER**

Present: Commissioner Edward A. Chow, M.D., Chair  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner David B. Singer

Staff: Sue Currin, Barbara Garcia, Sue Schwartz, Jeff Critchfield, MD, Terry Dentoni, Roland, Pickens, Kathy Jung, David Woods, Jay Kloof, Dan Schwager, Jim Marks, MD, Aiyana Johnson, Ron Weigelt, Anson Moon, Dan Schwager, Shannon Thyne, MD, Shermineh Jafarieh, Jeff Critchfield, MD, Greg Wagner, Kathy Murphy, Mark Morewitz

The meeting was called to order at 3:04pm.

**2) APPROVAL OF THE MINUTES OF THE MAY 13, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The minutes of the May 13, 2014 SFGH JCC meeting were unanimously approved.

**3) SFGH REBUILD UPDATE**

Terry Saltz, SFGH Rebuild Project, Mark Primeau, DPH Capital Projects, and Ron Alemeida, Department of Public Works, gave the presentation.

**Commissioner Comments/Follow-Up:**

Commissioner Singer asked for more information on the plan to raise funds for furniture, fixtures, and equipment (FFE). Ms. Currin stated that of the \$170M needed, the Mayor has pledged \$105M

and plans are in place for the SFGH Foundation to raise the remaining \$65M; current commitments are over \$40M.

Commissioner Chow asked whether the \$40M included in the Rebuild Transition Budget designated for IT will go towards the electronic medical record system for SFGH. Director Garcia stated that this amount will go towards what is needed for the transition and is not for the electronic medical record system. Commissioner Chow asked for a more detailed breakdown of IT costs for the Rebuild transition at a later date.

Commissioner Chow asked how much a month delay in the Rebuild schedule will cost. Mr. Alemeida stated that the estimated cost of a month delay in the schedule will cost approximately \$1.2M. Mr. Saltz clarified that if the delay is due to a contractor, there will not be additional cost to SFGH.

#### **4) CLINICAL PRACTICE GROUP INCENTIVE PROGRAMS**

Alice Chen, MD, gave the presentation.

##### Commissioner Comments/ Follow-Up:

Commissioner Chow asked how incentive payments are routed to the individual providers. Dr. Chen stated that the funds do not go directly to the individual provider but to the provider group; she added that residents are included in the provider groups. Director Garcia stated that there is effort to include outcomes and quality metrics as part of the UCSF Affiliation agreement.

Commissioner Chow requested an update on this item at a future SFGH JCC meeting. Director Garcia suggested that December 2014 or January 2015 would be appropriate for an update.

#### **5) QUALITY MEASURES REPORT AND PATIENCE EXPERIENCE**

Sue Schwartz, Director Performance Improvement, gave the report.

##### Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on the graphs in regard to whether they are composites; Ms Schwartz stated that the graphs are labeled as composites or individual measures.

Commissioner Singer asked why pneumonia blood culture was removed as a measure. Ms. Currin stated that CMS removed this measure from the national list.

Commissioner Singer asked if SFGH staff feel it is doing generally well on the measures. Ms. Schwartz stated that SFGH is trending in the right direction for many of the measures.

Commissioner Singer suggested that SFGH consider voluntarily raising its benchmarks if it continues to meet its goals.

#### **4) HOSPITAL ADMINISTRATOR'S REPORT**

Susan A. Currin, Chief Executive Officer, gave the report.

##### *Unannounced One-Day Complaint Validation Survey*

Ms. Good, The Joint Commission Field Representative, arrived on June 3, 2014 for an unannounced one-day complaint validation survey. Her focus was on the Emergency Department and on policies

and procedures related to hospital safety and security. In her exit conference, Ms. Good noted the positive work that goes on in our institution regarding security and safety, and the close relationship the hospital has with the Sheriff's Department.

#### *Successful Commission on Cancer Survey*

Dr. Stephen Seagren arrived Thursday, May 22, 2014 to conduct our one day 2014 Triennial Commission on Cancer Survey. At the exit conference, Dr. Seagren noted no deficiency and acknowledged several commendable aspects of our program related to record keeping and quality improvement monitoring. San Francisco General Hospital has been an accredited Cancer Program of the American College of Surgeons since 1985.

#### *Lillian Chan Joins SFGH as Transition Director for the SFGH Rebuild Program*

I am happy to introduce Lillian Chan as Transition Director for the SFGH Rebuild program. Lillian will be working closely with hospital operations and other DPH departments to facilitate a smooth and timely transition into the new hospital building. Her responsibilities include serving as SFGH's liaison to the Rebuild program's external transition planning consultants.

Lillian comes to us from Kaiser Permanente where she oversaw and helped open 6 new and rebuilt hospitals in several localities throughout Northern California. Lillian's healthcare experience spans a broad array of hospital and ambulatory services, including roles as an assistant hospital administrator for an acute care hospital and primary care clinic manager. In addition, Lillian served as a consulting manager where she was responsible for various process improvement and program development initiatives, and most recently Director of Regional Planning for Kaiser's Northern California region.

#### *Responsibility of the Health Commission Regarding Adequate Resources and Staffing*

See attached memorandum.

#### *Hospital Safety and Security Improvements Update*

A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached. The listing is a compilation of findings and recommendations from the Center of Medicare and Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff's Department Corrective Action Plan (November 2013).

#### *Patient Flow Reports for May 2014*

A series of charts depicting changes in the average daily census is attached.

#### *Salary Variance to Budget by Pay Period Report*

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original minutes of the meeting.

#### Commissioner Comments/Follow-Up:

Commissioner Chow thanked Ms. Currin for including the memo regarding Health Commission oversight responsibilities at SFGH. He suggested that Mr. Morewitz gather similar information from LHH and other SFDPH documents for discussion at the August 19, 2014 Health Commission Planning meeting.

Commissioner Singer asked for an update on the SFGH Security issues. Ms. Currin stated that the Joint Commission surveyors reviewed security issues and noted improvements made.

Commissioner Singer asked Ms. Currin to identify an improvement area in the SFGH Security plan that she consider high priority. Ms. Currin stated that hiring the staff person in charge of security and obtaining necessary technology are important aspects of the plan. She noted that the Sheriff Training has had a positive impact on the quality of security at SFGH. Ms. Dentoni noted that nurses reported that recent improvements in the Sheriff's training and deeper collaboration with SFGH has had a positive impact on the SFGH inpatient units.

Commissioner Singer asked for more information on the \$10.8M salary variance. Mr. Wagner stated that the areas where SFGH is below budget, there are savings. Some vacant positions are back-filled with per-diem. He noted that 40% of the variance is due to a low patient census and 60% is due to not being able to hire staff which results in the use of per-diem or overtime.

Commissioner Singer asked if the low Psychiatry and Mental Health Rehabilitation census impacted budget projections. Mr. Wagner stated that data from these units was considered during the budget process.

#### **5) PATIENT CARE SERVICES REPORT**

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

May 2014 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 11.9%

Staffing Ratio Data for the Month of March 2014; all shifts were met.

#### ***Professional Nursing for the Month of April 2014***

##### **Retention/Professional Development:**

A 3P (I) Lean Workshop was held the week of May 19 to focus on the Interdisciplinary team (IDT) and IDT rounds in the new hospital building. The workshop team spent the week focusing on bedside rounds with the core IDT team and expanded IDT rounds. Two key factors considered in making the rounds impactful were including patients and families in the bedside rounds and including Nursing in rounds both at the bedside and when the expanded IDT team meets. The workshop was able to produce standard work for both the bedside and expanded rounds and began to address operational barriers to making the rounds occur. The rounds are one method of fostering communication between all members of the IDT and patients.

Two staff members who participated in the Partners in Education program have been accepted in to RN programs: Susana Castro MEA in the 1M Clinic has been accepted at the University of San Francisco and Vincent Morrone MEA from Pediatrics will start at College of Marin.

On Friday June 6 a workshop for SFGH nurse leaders will be facilitated by Wanda Borges RN, PhD, USF Associate Dean of the School of Nursing. The workshop will focus on the Patient Centered Nursing Care Delivery model to be implemented in the new hospital building and the future of Nursing Shared Governance. The workshop will produce a list of actions to be implemented for advancing the Care Delivery model and revitalizing Nursing Shared Governance.

## **Emergency Department (ED) Data for the Month of March 2014**

### **May 2014**

Diversion Rate: 35% (ED diversion – 246 hours/33% + Trauma override -16 hours/2%)

ED Encounters:

- Total Patients: 5486
- ED Admissions: 802
- Patients Discharged: 4138
- ED Admission Rate: 16%

### **Psychiatric Emergency Service (PES) Data for the Month of March 2014**

PES had 613 patient encounters during April 2014 and 631 in May 2014. PES admitted a total of 136 patients to SFGH inpatient psychiatric units in May, an increase from 120 inpatient admissions in April. In April a total of 495 patients were discharged from PES: 46 to ADUs, 29 to other psychiatric hospitals, and 420 to community/home.

There was a decrease in Condition Red hours from April to May. PES was on Condition Red for 52.4 hours during 14 episodes in May. The average length of Condition Red was 4.54 hours. In April, PES was on Condition Red for 80.2 hours, during 16 episodes, averaging 5.17 hours.

The average length of stay in PES was 17.6 hours in the month of May. This was an increase from the April LOS of 16.74 hours.

### **Request for Inter-Facility Transfer to PES from other Hospitals**

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

- *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit.
- *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.
- *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between April and May the percentage of which the patient was accepted and was admitted to PES increased from 52% to 53%. The percentage of which the referral was accepted but cancelled increased from 14% to 26%. This month saw an increase in patients who

were presented but then cancelled shortly after. This month, 21% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased from 96 in April to 89 in May.

Public Comment:

Bob Ivory, SFGH nurse, congratulated SFGH for completing the negotiation of the MOU with the SFGH nurses. He also stated that based on the law and a SFGH policy, SFGH nurse staffing should be based on acuity. He requested the ability to regularly present data to the Health Commission related to SFGH nursing issues. He added that there has been no PCS meeting for over two years.

Norlissa Cooper, SFGH Nurse, acknowledge the hard work put in at the negotiations. She added that necessary forms have not been updated to include patient acuity in relation to nurse staffing.

Aaron Cramer, SFGH; thanked the Health Commission for looking into SFGH nursing staff issues and he also thanked Ms. Dentoni. He requested that every nurse receive appropriate breaks on ever shift at SFGH.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if there are specific days, such as some holidays, that can be better planned in regard to knowing that many staff may be out and there will be need for coverage; he gave the example of Mother's Day. Mr. Dentoni stated that she has worked with nurse managers to ensure that there is enough core staff on these types of holidays; per diems are also used to fill in.

**6) MEDICAL STAFF REPORT**

Shannon Thyne, M.D., Chief of Medical Staff, gave the report.

**MEDIA/PRESS RELEASES:**

- New York Times Article about the SFGH OB Services – SFGH work in labor and delivery services was featured in the New York Times Fixes column on May 7, 2014. The story titled, "In Delivery Rooms, Reducing Births of Convenience", featured the many ways that SFGH OB Services provide evidence-based medicine, and exceed national standards in obstetric services.
- SF Examiner Article May 12, 2014 Edition – The SFGH Trauma Service, from the perspective of a grateful patient, was featured in the cover story of the May 12, 2014 SF Examiner. The story was about a patient saved by the hospital after a bicycle accident four years ago, and his efforts to give back to the hospital with a footrace fundraiser.

**ADMINISTRATION/LEADERSHIP:**

- New SFGH Surgery Chief – Dt. Peter Muskat, new SFGH Surgery Chief, started today. Dr. Muskat is still awaiting Medical Board of CA licensure approval and his application for SFGH Medical Staff membership and privileges is in process.

**CLINICAL SERVICE REPORTS:**

**Psychiatry-** James Dilley, MD, Service Chief

The report provided an overview of the following:

- Clinical Services – Updates about each of the six Divisions in Psychiatry – Acute and Emergency Services (AES), Citywide Focus Case Management (CWF), Division of Substance Abuse and Addiction

Medicine (DSAAM), Infant, Adolescent and Child Programs (ICAP), Psychosocial Medicine (PSM) and Alliance Health Project (AHP).

- SFGH Training – Residency Training Programs, Psychology Training, Public Psychiatry Fellowship.
- Performance Improvement – UHC Hospital Based Inpatient Psychiatry – Discharge Measures: Multiple Antipsychotic Medications at Discharge Overall Rate%, Multiple Antipsychotic Medications at Discharge with Appropriate Justification – Overall Rate%, Post Discharge Continuing Care Plan Overall Rate%, and Post Discharge Continuing Care Plan Transmitted Overall Rate%.
- Research – Substance Abuse, LGBT disparities, Latino mental Health, Child Trauma Research and mental Health Services Research: HIV prevention Studies
- Leadership – Current Faculty Service on SFGH Committees
- Budget Overview – FY11-FY 14 SFGH Psychiatry Departmental Budget by Division/Program and FY 13-14 Faculty Staff and Post-Doc statistics.

Challenges in the immediate future include plans to implement an ambitious re-casting of inpatient clinical programming and improved documentation, work to maintain an aggressive patient flow while improving communication with SF Mental Health Plan colleagues, find new sources of funding: increase mental health FQHC and Medi-Cal billing, continue to improve/promote clinical research: (3 major recruitments, : HIV/LGBT, Alcohol and Director of ICAP), begin to implement new residency training curriculum with July 2014 interns. Members applauded Dr. James Dilley for his excellent report, and commended the Psychiatry Service's strong collaborative work with other Clinical Services.

#### Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification regarding the Physician Assistant protocols for Radiology Standardized Procedures. Dr. Thyne stated that current CCSF policies refer to Nurse Practitioners and Physician Assistants interchangeably, but the licensing process is different between these types of positions.

Commissioner Chow asked how acupuncture is being monitored at SFGH. Dr. Thyne stated that acupuncture privileges are only for physicians; monitoring is conducted by other physicians who are licensed acupuncturists.

Action Taken: The following were unanimously approved by the SFGH JCC:

#### **ACTION ITEMS:**

##### **Approved Privilege/Form Revisions:**

- Revised Credentials Manual
- Board Certification Letter
- Outside Proctoring Template
- Medicine Privilege Lists – Addition of “Punch Biopsy Normal Skin”

##### **Approved Standardized Procedures (SP):**

- SP Interventional Radiology Procedure Assistant

##### **Psychiatry Rules and Regulations**

##### **Anesthesia Rules and Regulations**

#### **7) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS**

Todd May, MD, Chief Medical Officer, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that Medical-Surgical and Psychiatry data should be reported separately.

Ms. Currin noted that Ms. Dentoni worked with the 5D unit, where patient Lynne Spaulding was located before her death, and there has been substantial improvement in performance measures.

Commissioner Singer asked which item is the most important for SFGH to focus on at this time. Ms. Currin stated that issues related to the death of Ms. Spaulding have been the focus and improvements have been made. SFGH will now focus on implementing the Psychiatry correction action plan.

**8) PUBLIC COMMENT**

There was no general public comment.

**9) CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

**APPROVAL OF CLOSED SESSION MINUTES OF May 10, 2014**

**CONSIDERATION OF CREDENTIALING MATTERS**

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**

**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 the May 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the June Credentials Report. The Committee voted not to disclose other discussions held in closed session.

**10) ADJOURNMENT**

Ms. Dentoni stated that in regard to the public comment made that there had been no PCS meeting for two years, the last PCS meeting was in November of 2013.

The meeting was adjourned at 5:56pm.