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Jim Soos
Acting 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, February 10, 2009
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:15 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner Catherine Waters, RN, PhD, Member
Commissioner David J. Sanchez, Jr., PhD, Member

Staff: Jeff Critchfield, M.D., Kathy Eng, Delvecchio Finley, Myra Garcia, Valerie Inouye, Kathy Jung, Sharon Kotabe, Pharm. D., John Luce, M.D., Todd May, M.D., Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Roland Pickens, Dan Schwager, Cathryn Thurow, Sharon McCole Wicher, Troy Williams.

2) APPROVAL OF THE MINUTES OF THE JANUARY 13, 2009 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the January 13, 2009 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Chief Executive Officer, presented her report.

Budget Update

The Revenue and Expenditure Report for the 2nd Quarter FY 2008-09 was attached to the report.

SFGH Rebuild Update

Activities planned for the next two weeks include the continuation of exploratory potholing and core sampling at various locations (West lawn, B/C Parking Lot (south side of campus), outside of the Outpatient Clinic Entrance, the driveway entrance at 23rd Street, and the ground floor of the hospital. Demolition of the Volunteer trailer and relocation of the mammography van (to behind Bldg 90) will begin in order to construct a new vehicle turn around for patient and visitor drop off and provide space to relocate ADA accessible parking that is currently in place west of the front lawn.

SFGH Triage Project Update

Facilities staff conducted a tour of the Emergency Department triage area and reviewed triage issues. An updated report will be provided at the next SFGH JCC meeting. Commissioner Chow noted that the triage of ambulatory patients should not require patients to walk outside the building to travel between the triage area and the waiting room.

BHC-SNF 5-Star Rating

On December 18, 2008 the Centers for Medicare & Medicaid Services (CMS) unveiled the "Five Star Rating System" on Nursing Home Compare. Nursing Home Compare is one of the options on the federal website, Medicare.gov, providing information about nursing homes that are certified to participate in Medicare and/or Medicaid and also provide skilled nursing care.

Within the City and County of San Francisco, there are 21 certified nursing homes, with six receiving five-star overall ratings; four of these six facilities are owned by for-profit corporations, one is owned by a non-profit corporation, and one is a government / city and county facility. There are seven hospital-based or distinct / part skilled nursing facilities (D/P SNFs), with only one receiving an overall rating of five stars, a government / city and county facility, the Distinct / Part SNF of San Francisco General Hospital and Trauma Center.

The D/P SNF at San Francisco General Hospital and Trauma Center has two components. The SFGH 4A 30-bed medical SNF provides skilled nursing to hospital patients who no longer require acute-level care; the San Francisco Behavioral Health Center (BHC) 59-bed psychiatric SNF provides skilled nursing and psychiatric care to patients who have both severe mental illness and medical conditions which require 24-hour nursing care.

The Five-Star Rating System was created to help consumers, their families and caregivers compare nursing homes more easily. The ratings are taken from three sources of data, health inspections, staffing and quality measures, to provide a "snapshot" of the care that individual nursing homes provide. The three ratings are combined to calculate an overall rating.

- Health Inspection Results. Nursing home health inspections look at all major aspects of care, and consist of onsite visits by trained inspectors who check on the quality of care. The work of the state surveyors is reviewed by CMS, to make sure that national standards are followed.

- Staffing. The quality ratings look at the overall number of staff compared to the number of residents and how many of the staff are trained nurses, also considering how sick the nursing home residents are, since that will make a difference in the number of staff needed. Staffing hours are reported to the state survey agency, which in turn reports to CMS. CMS converts the staffing hours reported by the nursing home into a measure that shows the number of staff hours each resident receives on a particular day or shift.
- Quality Measures. The quality measures provide an in-depth look at how well each nursing home performs on ten important aspects of care. The quality of care measures in the Five-Star Rating are used nation-wide, in all nursing homes, and report on physical functioning, mental status, and general well-being. For example, the measures include how the nursing home helps residents keep their ability to eat and dress, and how well skin ulcers are prevented or treated.

SFGH Power Outage

On Thursday, February 5, SFGH experienced a campus-wide power outage due to a PG&E grid failure. The hospital immediately switched to emergency power, placed the ED on divert, and continued hospital operations during the two hour outage. No patients, staff, or visitors were seriously affected.

Special American Business Internship Training Program Perinatal Visit

On January 29, 2009 the SFGH Birth Center hosted senior-level health care executives from Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. The purpose of the visit was to provide an overview of our Perinatal Division and facilities; RN training program; security; and to visit with perinatologists and labor and delivery nurses. The delegates were here as part of the Special American Business Internship Training (SABIT) Program, designed to familiarize senior-level hospital administrators with U.S. industry standards and trends in hospital administration. The SABIT program is a division of the U.S. Department of Commerce, International Trade Administration.

Patient Flow Report for January 2009

A series of charts depicting changes in the average daily census for Medical/Surgical, Acute Psychiatry, 4A Skilled Nursing Unit, and the San Francisco Behavioral Health Center were attached to the report.

Quality Council Minutes

The Quality Council minutes for December 2008 were attached to the report.

Commissioners' Comments/Follow-Up Action

- Commissioner Chow suggested that the BHC-SNF 5-Star Rating be provided for the next Director's Report.

4) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Director of Nursing, Psychiatry, presented the Patient Care Services Report.

January 2009 2320 RN Vacancy Report

Overall 2320 RN vacancy rate for areas reported is 4.8 %.

SFGH Ratio Staffing Data, By Number of Shifts – 1/01/09 to 1/31/09

SFGH was able to meet staffing ratios in all areas except in Medical Surgical and Psychiatry where there was one shift in each area when the areas were unable to cover breaks.

Recruitment/Retention/Training/Professional Development

RN Internship Program/New Graduate Training: Monthly classes continue for new graduates in the medical-surgical area. A new series of classes will be held in the spring for the most recent new graduate RN hires.

Recruitment: The ED will be interviewing for a training program to begin in March.

Retention/Professional Development: SFGH Nursing through the SFGH Foundation submitted a grant to the San Francisco Foundation for the *Partners in Nursing Education Program*. If funded, this program will focus on SFGH employees in unlicensed nursing positions who are under-represented minorities and are interested in pursuing a RN degree. The program will provide wrap-around educational support services such as mentoring, and tutoring and will include a stipend to compensate for decreased work hours. Potential partners for this program include Dominican University of California and Jewish Vocational Services. The funding decision will be released in the spring.

Nursing Excellence

The first meeting of the SFGH Nursing Practice Council was held on January 20. The Practice Council will have staff nurse representation from all nursing areas and is an integral component of shared governance. The goal of the council is for nurses to have control and accountability for nursing practice. The council will: define, implement, and maintain nursing practice; select a theory base for practice, set practice and performance standards and define career advancement. The first meeting of the council included an overview of the council's purpose and membership, meeting schedule and council leadership. Patty Coggan MS, RN has been identified as the co-chair of the council with Nela Ponferrada RN, MSN, CNL as the council advisor. Staff nurse members are being finalized.

SFGH will participate in a Magnet Readiness Assessment to be conducted on February 25, 26, and 27. Utilizing funds from the Gordon and Betty Moore Foundation, a consultant will visit SFGH and meet with staff and nursing and hospital leadership to discuss magnet standards and preparation as well as provide education regarding the magnet journey and a strategic plan. Kathleen Stoltzenburg PhD, RN is a consultant with the American Nurses Credentialing Center who will provide the magnet consultation.

ED Diversion Report – January 2009

The Emergency Department had a Diversion rate total of 19% for the month of January 2009. The ED encounters for the month of January were 4,285.

During Diversion the ED held 265 admitted patients waiting for inpatient bed assignment (ICU-22, 4B/5D-134, Med/Surgical-183). The hospital was on Condition Yellow hours for 19% of the month.

PES – December 2008

PES had 458 patient encounters during December 2008 and 495 in January 2009. PES admitted a total of 147 patients to SFGH inpatient psychiatric units in January 2009, which was up from 137 in

December 2008. In January, a total of 348 patients were discharged from PES, with 36 to ADUs, 13 to other psychiatric hospitals and 299 to community/home.

In January, PES was on Condition Yellow for a total of 4.7 hours, which was up from 0.0 hours in December.

There was a decrease in Condition Red from December to January. PES was on Condition Red for 110.5 hours during 13 episodes in January. The average length of Condition Red was 8.49 hours. In December, PES was on condition Red for 120.5 hours, during 11 episodes, averaging 10.95 hours.

The average length of stay in PES for the month of January was 22.74 hours, which was a decrease from 24.45 hours in December.

Geriatric Nursing Leadership Academy (GNLA) - Bridge the Gap of Geriatric Knowledge Project
On January 29, 2009, Cynthia Johnson, RN, MS, NP, the Geriatric Nurse Practitioner for the 5C Acute Care for Elders (ACE) unit, hosted a lunchtime meeting between SFGH and the Geriatric Nursing Leadership Academy (GNLA). The GNLA is a joint effort of Sigma Theta Tau International Nursing Honor Society of Nursing and the John A. Hartford Foundation of Geriatric Excellence. Ms. Cynthia Johnson, RN, MS, NP is one of 16 nurse leaders selected from across the United States to participate in this fellowship. Ms. Johnson's mentor for this 18 month fellowship is Mark Hawk, RN, MSN, ACNP, who is a Trauma Nurse Practitioner at SFGH and Asst. Clinical Faculty in the School of Nursing at University of California, San Francisco (UCSF). The purpose of this meeting was to present Ms. Johnson's project for SFGH entitled "Bridge the Gap of Geriatric Knowledge". This project provides standardized geriatric education to nurses from different levels of care in order to insure safe, competent transitions for older patients from one level of care to another.

The Geriatric Nursing Leadership Academy is an 18-month, mentored leadership experience for nurses. Learning methodologies utilized throughout the academy include content in leadership theory and skills; leadership self-assessment and development; inter-professional team development, project development, management and evaluation; and dissemination of lessons learned as well as project outcomes. The Geriatric Nursing Leadership Academy is based on the successful Maternal-Child Health Leadership Academy the honor society has conducted for more than five years with support from Johnson & Johnson.

Attendees at the meeting included: Deb Cleeter, MSN, EdD representing the Hartford Foundation and Sigma Theta Tau International; Meg Wallhagen, PhD, GNP-BC, AGSF, FAAN representing the John A. Hartford Center of Nursing Excellence at UCSF; Mark Hawk, RN, MSN, ACNP, Trauma Nurse Practitioner at SFGH; Gene Marie O'Connell, RN, MS, CEO at SFGH; Sue Currin, RN, MS, COO/CNO at SFGH; Catherine Dodd, PhD, RN, Deputy Chief of Staff for Mayor Gavin Newsom; Edgar Pierluissi, MD, Medical Director of the ACE Unit at SFGH; Ana Sampera, RN, MS, CNS, Director of Nursing and Director of the 4A Skilled Nursing Facility (SNF); Irin Blanco, RN, MSN, NP, Nurse Manager of 5C and ACE Acute Care Units; Gail Cobe, RN, MSN, CNS, of the Dementia Program at Laguna Honda Hospital; Carla Graf, RN, MS, CNS, Geriatric Specialist at UCSF, and Joshua Luria, PT, MS, Rehabilitation Supervisor.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

SFGH Foundation Heroes and Hearts Luncheon: MEC members were invited to support and attend the 2009 Heroes and Hearts Luncheon Event to be held on Feb 12, 2009, Union Square, 11:30 AM. Members were also informed about an Opportunity Drawing with great prizes to be held at the luncheon event. All proceeds benefit the SFGH Foundation.

Operating Room Efficiency – MEC was informed that OR Committee has recently instituted an OR Efficiency Program, which was funded by a grant from the CA Healthcare Foundation. The goal of the grant is to stimulate the use of management engineering in operating rooms in safety net hospitals. Outside operations research engineers from USC have come in to look at the hospital OR's processes, flow, etc. The program took effect February 2, 2009, and is expected to enable OR to have more cases done, bring in more revenue, and take better care of patients.

Gastroenterology Service Efficiency – Over the past two years, the GI service instituted program efficiencies to increase productivity.

- Hospitalized patients - In 2008, 93% of inpatient GI procedures performed in the GI suite were completed within 24 hours of initial GI consultation. Of the 517 total cases that were performed the principal factors preventing us from reaching 100% were related to inadequate bowel preps, conservatorship issues, and non-compliance with NPO status (i.e., factors largely out of our control). This accelerated service promotes increased patient flow through the hospital
- Ambulatory patients - During 2008, the no-show rate for outpatient GI procedures performed on 3D has been reduced to 16% from a rate of 45% in 2007. Given our diverse population of patients this is really a remarkable achievement.

Hospitalized Non-Acute Patients – MEC approved a memorandum drafted by the Non-Acute Task Force which outlined recommendations to address the issue of patients admitted in the hospital who have no skilled nursing needs, or have medical needs that can be addressed in another facility at a lower level of care. Since January 2008, there has been a 30% increase in the number of these patients hospitalized at SFGH. Excluding the psychiatric services, each day the medical-surgical wards at SFGH have 20-40 patients who are non-acute or awaiting placement to a lower level of care. This represents 15-20% of all staffed medical-surgical beds in the hospital. To meet current needs while addressing a likely rise in need for hospital resources as the rate of unemployment increases, this interdisciplinary task force (representing multiple clinical services, the Ethics Committee, Risk Management and Legal Counsel) has made recommendations to provide guidance at the organizational level to support decisions made by hospital caregivers regarding admissions and discharges.

MRSA Screening – A memo from Infection Control Committee was recently sent to the medical staff regarding a State mandate effective January 1, 2009 requiring all hospitals in CA to implement MRSA screening for certain groups of patients admitted to the hospital. The legislation requires the attending physician to inform the patient of positive results and to discuss the implications. The Infection Control Committee is working on improving the system for identifying patients, screening them, and informing them of results. Members were requested to alert their medical staff that this legislation is in effect and that screening has started.

Rite Aid Pharmacies – MEC was informed that Walgreens bought the San Francisco Rite-Aid chain of pharmacies. Rite-Aid has an agreement with SFGH to fill prescriptions for hospital patients. Discussions with Walgreens are forthcoming. MEC will be kept apprised of latest developments.

Neurosurgery Annual Service Report – MEC commended Dr. Geoffrey Manley, Chief, Neurosurgery for his excellent Annual Service Report, which highlighted the Service's Informatics System and translation of research data to improve clinical care. This is clearly evident in the TBI Initiative, which over the years, has significantly decreased death rate, and has improved patient outcomes.

Commissioners' Comments/Follow Up Actions

- Commissioner Chow asked Sharon Kotabe, Pharm. D., to provide a follow-up report regarding the Walgreens Company purchase of Rite Aid's San Francisco stores and the impact on the CHN pharmacy benefit for sliding scale, Healthy San Francisco, and Healthy Worker patients.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:20 p.m. Present in the closed session were Commissioner Chow, Commissioner Waters, Commissioner Sanchez, Jeff Critchfield, M.D., Delvecchio Finley, Myra Garcia, Sharon Kotabe, Pharm. D., John Luce, M.D., Todd May, M.D., Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Roland Pickens, Dan Schwager, Cathryn Thurow, Sharon McCole Wicher, Troy Williams.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 13, 2009

Action Taken: The Committee approved the January 13, 2009 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 4:55 p.m.

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 voted not to disclose discussions held in closed session.

10) **ADJOURNMENT**

The meeting was adjourned at 4:55 p.m.



Jim Soo
Acting Executive Secretary to the Health Commission