

**James M. Illig**  
President

**Sonia E. Melara, MSW**  
Vice President

**Edward A. Chow, M.D.**  
Commissioner

**Margine A. Sako**  
Commissioner

**David J. Sanchez, Jr., Ph.D.**  
Commissioner

**Steven Tierney, Ed.D.**  
Commissioner

**Catherine M. Waters, R.N., Ph.D.**  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
**Gavin C. Newsom, Mayor**  
Department of Public Health



**Mitchell H. Katz, M.D.**  
Director of Health

**Michele M. Seaton**  
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 12, 2008  
3:45 p.m.  
1001 Potrero Avenue, Conference Room 2A6  
San Francisco, CA 94110

#### 1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Edward Chow, MD, Chair  
Commissioner James Illig, Member  
Commissioner Catherine Waters, RN, PhD, Member

Staff: Kosal Bo, Jeff Critchfield, M.D., Delvecchio Finley, Valerie Inouye, Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Nela Ponferrada, Dan Schwager, Sue Carlisle, M.D. and Troy Williams

#### 2) APPROVAL OF THE MINUTES OF THE JANUARY 24, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the January 24, 2008 San Francisco General Hospital Joint Conference Committee.

#### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Hospital Administrator, presented her report.

## **PROGRAM UPDATES**

### **SFGH&TC Rebuild Town Hall Meeting**

San Francisco General Hospital & Trauma Center will hold a SFGH Rebuild town hall meeting from 6:30 – 8:00p.m. in Carr Auditorium on Wednesday, February 13, 2008. The purpose of the meeting is to provide a summary of the work done to date, including an update on the project's progress in the Planning Department.

### **Budget Status Update**

The Controller's Office Six-Month Budget Status Report indicates that the projected available General Fund balance has worsened from the \$25.40 million assumed in the initial 2008/09 budget projections to \$21.37 million. In response to this report and proposed budget cuts in Sacramento, the Mayor has announced plans to implement mid-year cuts City-wide. For the Health Department, mid-year cuts will total \$3,230,624 for the current year, comprised of \$1,488,624 in service cuts plus \$1,742,000 related to delays in implementing certain initiatives until later in 2008. The cuts will save an additional \$6,854,161 for the 2008/09 budget year and will reduce FTEs by 60.

The mid-year cuts of \$1,488,624 will be implemented on April 15. The mid-year cuts at SFGH are:

### **Closure of Worker's Compensation Clinic at SFGH (March 15 closure)**

General Fund Savings	\$214,799 in FY 2007-08, annualized to \$736,453 in FY 2008-09
FTE's Impacted	8.12 on annual basis, Every effort will be made to reassign the employees
Description	Effective 3/15/08, close SFGH Worker's Compensation clinic. Other clinics are available in the City and many workers already use them.
Impact on clients	2,759 initial visits with 9,005 visits annually including follow-up

### **Oral Surgery Clinic Reduction in Hours of Operation at SFGH**

General Fund Savings	\$87,603 in FY 2007-08, annualized to \$420,724 in FY 2008-09
FTE's Impacted	3.80 on annual basis, Every effort will be made to reassign the employees
Description	Effective 4/15/08, reduce hours of operation of the SFGH Oral Surgery Clinic from 5 days per week to 3 days per week.
Impact on clients	2,600 visits per year

### 8-Hour per Day Reduction in OR Time at SFGH

General Fund Savings	\$219,205 in FY 2007-08, annualized to \$1,052,760 in FY 2008-09
FTE's Impacted	18.71 on annual basis, Every effort will be made to reassign the employees.
Description	Effective 4/15/08, reduce 8 hours of operating room time per day, targeting both "Come and Go" and "Come and Stay" elective surgical procedures. OR Case Priority will be: Trauma, Emergency surgeries, Cancer, Children, In-house patients, Elective procedures.
Impact on clients	720 cases per year and reduction of staffing for 4 surgical inpatient beds

### Elimination of Chronic Care Public Health Nursing Program

General Fund Savings	\$451,064 in FY 2007-08, annualized to \$2,166,295 in FY 2008-09
FTE's Impacted	20.09 on annual basis, Every effort will be made to reassign the employees.
Description	Effective 4/15/08, eliminate public health nursing case management services to chronically ill and disabled adults. Nurses provide chronic disease management, prevention strategies and education.
Impact on clients	6,000 home visits to 465 unduplicated clients

### Smoke Free Campus Initiative

On July 1, 2008, San Francisco General Hospital and Trauma Center will become a smoke free campus. Patients, visitors and staff will not be permitted to smoke inside hospital buildings, grounds, parking lots and gardens.

Over the next four months, we will be educating staff, preparing smoking cessation literature, providing smoking cessation resources, and advertising the implementation of our policy. We have received a \$10,000 grant from the San Francisco Tobacco Free Program for promotional materials. We look forward to promoting positive health changes in the lives of San Franciscans.

### Patient Flow Report for January 2008

Ms. O'Connell presented the census data and patient flow report, which was attached.

In January 2007, the Average Daily Census was 434.7, which is 1% over budgeted beds (n=429) and 91% of physical capacity of the hospital (n=478).

- Our ADC for Medical/Surgical beds was 225.3, which is 7% over our budgeted medical/surgical beds (n=211) and 92% of our physical capacity (n=244). 14% of the Medical/Surgical days were non-acute.
- ADC for Psychiatry beds was 79.7, which is 95% of budgeted Acute Psychiatry beds (n=84) and 81% of physical capacity (n=98). 40% of the Psychiatry days were non-acute.
- ADC for our skilled nursing unit was 29.3, which is 5% over our budgeted beds (n=28) and 98% of physical capacity (n=30).
- ADC for the San Francisco Behavior Health Center was 100.4, which is 5% below both our budgeted beds and our physical capacity (n=106).

#### Commissioners' Comments

- Commissioner Illig said the Commission will prioritize what they want restored if there is money, and he asked staff to think about its priorities. Commissioner Illig said we need to track in the LCR the patients who are currently served by the Chronic Care program and see what happens to them. Ms. O'Connell said there are many variables with the chronically ill and this would require a lot of staff time. She noted that all patients have been assigned a primary care home.
- Commissioner Chow said it would help the Commission to know that these 465 individuals have been assigned a medical home that is responsible for getting ancillary services to these patients. Ms. O'Connell will get this information before the next Health Commission meeting.
- Commissioner Illig said the report he received from Liz Gray has different data for Psychiatry acute and decertified days that want is in Ms. O'Connell's report. He asked Ms. O'Connell to review the reports and provide the JCC with the correct data. Ms. O'Connell will do so.

#### **4) PATIENT CARE SERVICES REPORT**

Nela Ponferrada, Director of Nursing for Perinatal Services, presented the Patient Care Services Report.

##### January 2008 2320 RN VACANCY RATE

Overall 2320 RN vacancy rate for areas reported is 4.11%

##### SFGH Ratio Staffing Data

By Number of Shifts – 01/01/08 to 01/31/08 - SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were times when the area was unable to cover breaks.

##### Patient Care Documentation

The electronic admission assessment documentation will be rolled out to all non-psychiatry inpatient areas, Critical Care and Birth Center by April 2008. Acute psychiatry is in the process of evaluating their network (UCSF vs. SFGH) and planning for wireless connectivity via mobile hardware. Electronic Medication Administration and documentation will follow in 2009. Concurrently, an update of the Critical Care documentation system, CareVue, is planned for December 2008.

##### Recruitment

Applicants are beginning to inquire about the availability of new graduate programs for the summer 2008. Recent data from California Institute for Nursing and Healthcare shows a 69% increase in new graduates in California since 2004. However, this increase is mainly due to time-limited

funding. Sustainable solutions to the long-term nursing shortage in California remain unsolved. The bay area is currently at the national average of 825 RNs per 100,000 population. There is still a nursing faculty shortage that continues to be a critical problem throughout the industry.

#### Medical-Surgical Nursing Annual Update

An annual survey is administered to assess their skill level/competency on new and revised hospital and nursing policies/procedures. Survey results are used to develop the training curriculum which focuses on case scenarios highlighting identified patient care issues and changes in practice. The annual update training is mandatory and consists of four-eight hour sessions scheduled between 02/01/08 to 02/15/08.

#### Medication Management

The medical-surgical area is implementing a medication management and “high risk/alert medications” training program. The program reviews medication errors, safe medication management, adverse drug reaction reporting and highlights patient safety strategies such as “independent double-check” prior to the administration of high alert medication.

#### Emergency Department Decontamination Shower

The Emergency Department (ED) at San Francisco General Hospital and Trauma Center has recently acquired a new, state of the art, Decontamination Shower. The decontamination shower enhances the ability of ED personnel to respond to any man-made or natural occurrence that requires patient decontamination. The new unit allows the ED to decontaminate 25 to 50 clients an hour. Monthly drills are scheduled throughout 2008 to keep staff familiar with the operation of the decontamination shower, the activation procedures, and the standards set forth by the Joint Commission for disaster readiness, and management of the hazardous material (Hazmat) patients.

#### Administrative/Denied Days – Inpatient Psychiatry

Under the new leadership of Dr. Dilley, inpatient acute psychiatry has undertaken multiple initiatives and policy changes during the month of January to decrease the percent of administrative and denied patient days. These efforts involve the multiple services within behavioral health and have already resulted in significant improvements, such as, increased availability of open beds in acute psychiatry, improved patient flow from PES to inpatient, decreased PES Condition Red (17% through February 05, 25% in January, as compared with 30+% for most of 2007).

The initiatives include increased intensity of pre-admission review in Psychiatric Emergency Services (PES) and on the Consult-Liaison Service to eliminate non-acute admissions, increased multi-disciplinary supervision related to documentation of acuity on inpatient psychiatry and PES, a general policy change to discontinue hospitalization of non-acute patients for the purpose of waiting for residential treatment and other unlocked placements (exceptions to be made in special circumstances with clinical administrative review).

### **5) MEDICAL STAFF REPORT**

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

#### ANNOUNCEMENTS

- Dr. Jim Marks, Chief of Anesthesiology has been named the Chair of the Operating Room Committee. We thank Renee Navarro for her 13 years serving in this role.

- In order to facilitate timely, productive discussions of sentinel event reviews, Risk Management leadership have convened a regular meeting of the Root Cause Analysis committee. Comprised of senior leadership from clinical services, risk management, and administration, the group has a standing meeting every two weeks where cases will be reviewed with the providers directly involved in the clinical matter. The group has met once to date with a valuable discussion suggesting this new format will be positive improvement to the review process.
- The eReferral team offered a report to the MEC on February 7<sup>th</sup> sharing the positive effects the innovation has brought to the CHN. The technology, which allows subspecialists in the medical and surgical clinics to communicate through online interactions with referring primary providers, has yielded more effective use of resources for the clinics. For example patients referrals that are not appropriate or not yet completely prepared for the subspecialty appointment are deferred with suggestions for next steps to the primary provider. In this way subspecialty clinic slots are used only for those patients who truly need the service. In addition, patients who may be in urgent need of the service can be screened then fast tracked for sooner appointments to expedite appropriate care. Because the communication is all on line, the interactions are legible and trackable. Approval ratings from primary providers and specialists are very high. There are plans to extend the service into Radiology.
- The Smoke Free Campus group offered a report to the MEC. With research of national best practice the initiative will be kicked off on July 1<sup>st</sup>. Smoking will not be allowed anywhere on the campus. Already hospitalized patients are being offered nicotine patches with counseling on smoking cessation. The group has been led by Troy Williams of Risk Management.

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 5:15 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Kosal Bo, Medical Staff Analyst, Sue Carlisle, M.D., Associate Dean, Jeff Critchfield, M.D., Chief of Staff, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Nela Ponferrada, Director of Nursing for Perinatal Services, Dan Schwager, Director of Medical Staff Services, Delvecchio Finley, Associate Administrator, Troy Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

- 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 24, 2008**

Action Taken: The Committee approved the January 24, 2008 closed session minutes.

**CONSIDERATION OF CREDENTIALING MATTERS**

Action Taken: The Committee approved the Credentials Report.

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

- D) Reconvene in Open Session

The committee reconvened in open session at 6:00 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.

8) **ADJOURNMENT**

The meeting was adjourned at 6:00 p.m.



---

Michele M. Seaton  
Executive Secretary to the Health Commission