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MINUTES

JOINT CONFERENCE MEETING FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, March 14, 2000
3:30 p.m.
1001 Potrero Avenue, Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of San Francisco General Hospital was called to order by Chairperson Commissioner Lee Ann Monfredini at 3:34 p.m..

Present: Commissioner Lee Ann Monfredini, Chairperson
Commissioner Edward A. Chow, M.D.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF FEBRUARY 22, 2000

Action Taken: The Commissioners unanimously adopted the minutes of February 22, 2000.

3) HOSPITAL HEALTHCARE UPDATE

(Gene O'Connell, SFGH Executive Administrator)

RADIOLOGY DEPARTMENT UPDATE

Radiology CT/MRI Wait Times

The current wait times for outpatient CT and MRI are 17-18 and 30-38 days respectively. Emergency CTs and MRIs are always given highest priority and bump all other cases. A recent

study of Emergency Department CT scans demonstrated that the average time from computerized request (Order Entry) to completion of the study was one hour, with a range of 0 minutes to 7 hours, 50 minutes. This longest case was repeatedly bumped for other trauma cases, and a screening sonogram was completed to ensure the patient's safety during the long wait. Although the one-hour average is acceptable, the study will be repeated in September 2000, with the expectation that the longer wait times will be decreased. A Policy and Procedure was recently adopted to clearly define under what circumstances the second scanner will be opened during off-hours. It also defines the number and type of staff required to accomplish this.

Overall, radiology volume has increased slightly, from 143,000 exams in 97/98 to 150,000 exams in 1998/99. The most significant trend has been the increasing utilization of CT, MRI, ultrasound, mammography and interventional procedures. These are all personnel intensive. While the Department would like to establish a seven-day standard for first available CT/MRI appointment, the wait times have slowly crept up with increasing demand for the services and a static labor pool. The Department has not maximized its CT, MRI, mammogram and ultrasound capacity in the evening and weekend hours due to staffing levels, but could reduce wait times if additional funding could be identified.

Radiology Transcription

Last summer, the Radiology Department, working with the IS Department, evaluated the SMS Radiology Information System as a potential system for conversion to be Y2K compliant.

Numerous systems and interface problems, as well as training issues, plagued the conversion in November and December of 1999. While the Y2K issues were minimal, the version installed was found to have a transcription program that was only 60% as efficient as the previous transcription system. Dictation of results has not been a problem. This has created a 40% untranscribed rate of daily dictations from mid-November to date.

This issue has been reviewed with Quality and Risk Management, and steps are underway to rectify the problem. In addition to an outside consultant engaged to evaluate the professional fee billing system, an SMS consultant group has been convened to perform a diagnostic review and assist the Department in resolving the problems.

The Department has implemented the following:

- Engaged additional external transcriptionists and determined a procedure to ensure entry of all results into LCR
- Mandated that radiologists promptly verbally communicate abnormal results found
- Ensured abnormal results are flagged/prioritized for immediate transcription
- Prioritized mammogram and ultrasound results for immediate transcription
- Ensured that Radiology staff respond promptly to calls from care providers and make all efforts to locate films and have them read promptly over the phone by Radiologists
- Begun exploring a variety of Voice Recognition Systems to substitute for the SMS dictation and transcription program

ANNOUNCEMENTS

Personnel Changes

Over the past month, many SFGH staff has assumed new positions with the Department of Public Health.

- Phyllis Harding, former Associate Administrator for Psychiatry and Substance Abuse, has recently assumed the position of Director of Substance Abuse Services within the Population, Health and Prevention branch. Chris Wachsmuth's responsibilities as an

Associate Administrator have been expanded to now also include Psychiatric Emergency Services (PES). Leslie Holpit, who is currently the Director of Psychiatric Nursing, will now also be responsible for acute inpatient and behavioral health services.

- Robert Christmas, former Associate Administrator of Licensure and Accreditation Services, has assumed the new role of Chief Operating Officer at Laguna Honda Hospital. The responsibility of coordinating JCAHO activities will now be the responsibility of Hiroshi Tokubo, Director of Quality Management and his department.
- Greg Johnson, former Director of Employee Services, has assumed the new position as Executive Assistant to the Laguna Honda Hospital Executive Administrator. LaFrancine Tate will now assume his responsibilities.
- Anne Hughes, clinical nurse specialist for HIV Disease/Oncology, will assume the new position of clinical nurse specialist for palliative care. A clinical nurse specialist for the Medical –Surgical units will be hired in the future.

New Assignments

- Angela Carmen, whose most recent appointment has been Assistant Administrator in Facilities Management, in charge of Parking, Transportation, and Property Management, will now also assume the responsibility for the departments of Materials Management, Patient Escorts, and Linen Services.

Department of Health Services Report

In May 1999, San Francisco General Hospital Medical Center participated in the Consolidated Accreditation and Licensure Survey (CALs), which included the surveying organizations of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the California Medical Association (CMA), and the California State Department of Health Services (DHS). Shortly after the survey, SFGH received both the JCAHO and CMA report. Just last week, SFGH finally received the report from DHS.

Since it has been 10 months since the survey, staff is currently in the process of clarifying some of the issues contained in the report with DHS. All issues have been assigned to appropriate administrators. Quality Management will be coordinating the response back to DHS.

Soft Tissue Infection Clinic

Work is continuing on “jump-starting” the Soft Tissue Infection program. Efforts to release the first Nurse Practitioner/Physician’s Assistant requisition are underway. The Wound Care Standards Subcommittee of the Management of Abscess/IVDU Task Force has met three times and has made significant progress in identifying the clinical issues. Discussion with surgical, nursing, and medical social services staff to create the Hospital-based program have been initiated. Implementation of the physical facility changes will begin in April. The next meeting of the Abscess/IVDU Task Force will be on April 21, 2000, at which time updates will be shared with all members.

Commissioner Chow expressed concern about the wait times in radiology.

Commissioner Monfredini would like to relook at this issue in September through a Quality Management Report.

4) PATIENT CARE REPORT

(Delores Gomez, RN, MS, Chief Nursing Officer, SFGH)

Ms. Gomez submitted the Patient Care Report, (Attachment A).

- 5) **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Ken Jensen, Chief Financial Officer, CHN)

Ms. Jensen submitted a Revenue and Expense Summary for January 2000, (Attachment B).

- 6) **GENERAL PUBLIC COMMENTS ON ANY MATTER WITHIN THE SUBJECT MATTER JURISDICTION OF THE JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL**

None.

- 7) **PUBLIC COMMENTS ON ALL MATTERS PERTAINING TO THE CLOSED SESSION**

None.

- 8) **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**

**CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE,
QUALITY ASSURANCE, AND CREDENTIALING MATTERS**

Alan Gelb, M.D., Chief of Staff, SFGHMC
John Luce, M.D., Medical Director SFGH-QUM

Closed session started at 4:40 p.m.
Closed session ended at 5:30 p.m.

- 9) **RECONVENE IN OPEN SESSION**

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 Commissioners voted not to disclose any discussions held in Closed Session.

The meeting was adjourned at 5:32 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

Patient Care Report

San Francisco General Hospital Medical Center

Submitted by: Dolores Gomez, RN, MN,
Chief Nursing Officer

Operating Room Nurse Training Program

As has been reported in previous Joint Conference Committee reports, there is a shortage of RNs throughout the U.S. and California, particularly in the high-tech/specialty areas. The Perioperative nurse shortage has continued to be acute with over 150 vacancies in Northern California. The average age of a nurse working in Perioperative Nursing is in the mid-50's and our own Operating Room (O.R.) is reflective of this as well.

In 1998, Perioperative Management recognized this issue as a major problem for SFGHMC and began meeting with all Bay Area hospitals. With limited in-house resources to train RNs, a training program was developed which included sending selected nurses through the Consortium Education Network O.R. Nursing Training Program. In addition to didactic training, nurses are given hands-on training at other facilities as well as here at SFGHMC. In June of 1999, three in-house RNs were sent through and completed training. Nurse training for the O.R. is extensive. The program itself costs \$4,000 for each candidate in addition to a 6-month training period to complete all training objectives. By the end of December we had three fully trained O.R. nurses capable of running most surgical procedures. The interview process (13 candidates interviewed) was completed for a second program which began on February 7th. Four RNs were selected, two internal employees and two external RNs. By July 2000 we will have a total of seven new skilled RNs in Perioperative Nursing.

Critical Care Nurse Training

Critical Care, Perioperative, and Emergency Nursing are the most difficult to recruit for areas in nursing nationwide, as well as locally. We are once again recruiting candidates for a Critical Care Nurse Training Program targeted to begin April 10th. Last fall we recruited both internally and externally and received only five interested applicants. Only one candidate passed the screening process at that time. We have interviewed eight candidates, of which three were selected to enter the training program in April.

New Med-Surg Nursing Director

Joseph Pendon, RN, MSN accepted the position of Medical-Surgical Nursing Director and began his employment on February 1st. Joseph comes to us from Contra Costa Regional Medical Center where he has functioned in a variety of roles, including New Programs Manager, Special Projects, and Nursing Supervisor. He brings with him 13 years of managerial experience in both community and county facilities.

4A SNF Nurse Manager

Ana Sampera RN, has accepted the reassignment from Utilization Management(UM) to the Nurse Manager position on 4A SNF. Ana has worked in a variety of settings at SFGHMC, most recently in UM as Case Manager for the 4A SNF resident population. In addition, Ana has served as the liaison with Laguna Honda Hospital regarding long term SNF placement.

Emy Revese has been the Acting Nurse Manager on 4A SNF since July 1998. Emy will stay on 4A SNF as MDS Coordinator and will assist with the transition of Ana to her new role. We thank Emy for her commitment and dedication to 4A SNF as acting Nurse Manager over the past 18 months.

Diversion

The Emergency Department recorded 35 episodes of Total Diversion during the month of February, or 24.1 % for the month. The majority of episodes were due to capacity issues within the Emergency Department.

Critical Care recorded six episodes of diversion or 7.9%. Critical Care census began to rise toward the end of December and has remained high through the month of February.

HART Diversion System Implementation

On March 1, SFGHMC joined other City of San Francisco hospitals and the SFFD Communication Center in implementing the new computerized hospital diversion alert system. The new HART (Hospital Ambulance Resource Tracking) system replaces the CHORAL/TRENDS system in providing up to the minute information on the open/divert status of all receiving hospitals in San Francisco. This system was created by the American Medical Response (AMR) ambulance company for use in both San Mateo and San Francisco Counties. SFGHMC will be able to display data on both Counties' systems. The system is internet-based and password protected for security and confidentiality of information. System status data will continue to be reported by the EMS Agency.

Antenatal Testing

Planning for the move of Antenatal Testing from the 6th Floor location to the 5^M Floor Women's Clinic has been underway to better meet the needs of pregnant women. Currently, pregnant women seen in 5M are required to walk up to the 6th floor for testing to be done. Relocating the Antenatal Testing Center to the 5M Clinic provides a "one stop shop" for prenatal care. The anticipated move is scheduled for April.

Conscious Sedation

The Conscious Sedation Task Force chaired by Gayling Gee has been meeting regularly to oversee all areas providing conscious sedation. Its charge is to ensure same standard of care provided, consistent nursing management, and documentation of conscious sedation/care provided as specified in the Hospital Policy and Procedure. A Site Review Tool and Chart Review Audit have been developed. The Task Force has recently been endorsed as an official subcommittee of the Nursing CQI Committee and will be reporting on a regular basis to the Committee.

Title XV Survey

The annual Title XV Survey of Units 7D, 7L, 7B, and the holding cell in Institutional Police took place on January 31st. There were minimal findings/deficiencies noted during the survey, which were quickly corrected and are no longer outstanding.