**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Willie L. Brown, Jr., Mayor**

**Department of Public Health**



# MINUTES

## JOINT CONFERENCE COMMITTEE MEETING FOR SAN FRANCISCO GENERAL HOSPITAL

**Tuesday, April 10, 2001**
**3:45 p.m.**
**1001 Potrero Avenue, Room #2A6**
**San Francisco, CA 941102**

## 1) CALL TO ORDER

The regular meeting of San Francisco General Hospital was called to order by Commissioner Lee John I. Umekubo, M.D., at 3:45 p.m.

Present: Commissioner John I. Umekubo, M.D.
Absent: Commissioner Lee Ann Monfredini

CHN Staff: Mitchell Katz, M.D., Sue Currin, Melinda Garcia, Alan Gelb, M.D., Fanny Lee, John Luce, M.D., Alison Moed, Gene O'Connell, Hiro Tokubo, Kathryn Thurow, Anthony Wagner, Chris Wachsmuth, Connie Young

## 2) APPROVAL OF MINUTES OF THE JCC-SFGH MEETING OF MARCH 13, 2001

Action Taken: The Committee adopted the minutes of March 13, 2001.

## 3) HOSPITAL HEALTHCARE UPDATE

(Gene O'Connell, Executive Administrator, San Francisco General Hospital Medical Center)

## SURVEY OF CITY FACILITIES FOR ENERGY CURTAILMENT PROGRAM

As requested by the Public Utilities Commission (PUC), San Francisco General Hospital, in representing the Department of Public Health, responded to the PUC's survey on energy efficiency

measures. Out of all of the City departments, 14 departments did not respond to the PUC survey. John Kanaley, Director of Facilities, serves as the point person for the Department of Public Health in relaying to the PUC our efforts to curtail our use of energy.

## ROTATING POWER OUTAGES

San Francisco General Hospital Medical Center is exempt from rotating outages as mandated by the California Public Utilities Commission (CPUC). However, the Mental Health Rehabilitation Facility (MHRF) is not exempt. The MHRF was subjected to a rotating blackout on Monday, March 19, 2001, from 6:35-7:40 p.m. All backup generator within 10 seconds per Title 22 requirements. There were no adverse effects on patient care due to this outage.

A follow-up critique was conducted by Plant Services. Three minor improvements will be made before April 30, 2001 to address identified issues. They are as follows:

1. Kitchen lighting was insufficient
2. SureMed dispensers not on emergency power
3. South fire door is not on emergency power

Exemption Status for Hospitals

During the 1970's, the CPUC adopted a priority system for the curtailment of electricity during periods of time where the demand exceeded the supply. At that time hospitals with 100 beds or more were determined to be exempt from rotating outages. In a further review in 1982, it was determined that customers with sufficient standby generative equipment for their essential load would not be protected from rotating outages. Over the past few months, PG&E and Southern California Edison began to include hospitals with sufficient standby generating equipment in their rotating outages. On March 23, 2001, CPUC clarified their ruling and passed a motion declaring all hospitals with 100 beds or more shall be exempt from rotating outages. This ruling does not include skilled nursing facilities.

SFGHMC Plant Services Department is working with the CCSF Office of Emergency Services (OES) and PG&E to clarify the CPUC's ruling on skilled nursing facilities. We believe we may be capable of applying an exemption status to the MHRF as it is licensed under the hospital license and 215 beds. Paperwork requesting clarification from PUC should be sent out by April 9, 2001.

All other buildings on the SFGHMC campus, except the MHRF, receive their power through the main hospital distribution system, therefore making their supply of electrical power exempt from rotating outage.

Ms. O'Connell will continue to provide updates to the JCC-SFGH she receives more information.

## REMINDER: EARTHQUAKE EXERCISE – APRIL 18, 2001

As reported in the last Hospital Healthcare Update Report, April is Earthquake Preparedness Month in California. On the morning of April 18, 2001, SFGH will be coordinating a functional emergency exercise with participation from the San Francisco Fire Department (SFFD), SFFD EMS and Special Operations Sections, the Mayor's Office of Emergency Services, and the San Francisco Emergency Medical Services Section.

In order to make the exercise as representative of an actual earthquake, coordinators are hoping to receive the participation of 100 volunteers to act as victims. They are still looking for volunteers and, if individuals are interested, they should contact Ann Stangby, Disaster Coordinator, at 206-3397.

## SFGH/UCSF AFFILIATION AGREEMENT

San Francisco General Hospital Medical Center and the UCSF Dean's Office have hired ECG Management Consultants to aid in the development of a revised payment methodology for the UC Contract. ECG is familiar with the organizational structure of both SFGHMC and UCSF, as well as the U.C. Contract, having worked on the U.C. Contract five years ago.

To gain an understanding of both parties' concerns and issues connected to the U.C. Contract, a Steering Committee consisting of Gene O'Connell, Philip Hopewell, Monique Zmuda, and Cathryn Thurow has been created.

By direction of the Steering Committee, ECG will be identifying which payment model will maximize potential revenue while addressing both parties' concern of defining what unit is being purchased through the contract (FTEs vs. service), basis for purchasing through the contract, and determining the process of discussing changes in the contract. In their first steps to determine which payment model best suits the contract, ECG will begin looking at our outpatient services.

## INQUIRIES CONNECTED TO THE TRAUMA FOUNDATION AND THEIR RELATIONSHIP WITH THE MILLION MOM MARCH FOUNDATION

In February 2001, SFGHMC began receiving multiple inquiries regarding our relationship to the Million Mom March Foundation. Individuals who are affiliated with pro-gun organizations initiated these inquiries. They have requested information, through the Public Records Act, focused on the amount of rent-free space that is provided to the Trauma Foundation on the SFGHMC Campus.

SFGHMC has had a long, mutually beneficial relationship with the Trauma Foundation dating back to 1973 when the Foundation was first established as the Burn Council. The Burn Council evolved into the Trauma Foundation in 1980.

Since SFGHMC is the City's only Trauma Center, it has a vested interest in trauma and violence prevention. Trauma and violence prevention is also the primary mission of the Trauma Foundation. Accordingly, in order to facilitate a close relationship and joint efforts regarding these issues, SFGHMC has provided rent-free space in Building 30 to the Trauma Foundation for well over a decade.

In 1998, the Trauma Foundation received a grant for a program called the "Bell Campaign". This grant focused specifically on injury prevention related to guns.

The Bell Campaign was started as a stand-alone non-profit 501(c)3 organization. In 2000, the Million Mom March campaign was launched. Due to the infrastructure that the Bell Campaign already had in place and the mission that it shared with the Million Mom March Campaign, the "Bell Campaign" was transformed into the Million Mom March Foundation. Additionally, its tax status was changed to 501(c)4. Under this new tax status, the Million Mom March Foundation was still a non-profit; however, it could now engage in lobbying activities.

As the Million Mom March Foundation grew and began lobbying activities, it also leased additional space on South Van Ness; however, its relationship with the Trauma Foundation remained very close.

The Million Mom March Foundation tried to ensure that its lobbying activities operated from its Van Ness office; however, for conveniences sake, it frequently used the Trauma Foundation's SFGHMC address.

All of this has set a complex stage for allegations that SFGHMC has improperly allowed City resources to be used for gun lobbying activities. Gun activists have submitted several request for information under the Public Records Act, made repeated phone calls to administrative staff, made visits to the SFGHMC campus, posted notes regarding SFGHMC on various pro-gun web sites, and published an article regarding this matter in Gun Weekly.

SFGHMC feels strongly that it should continue its efforts to approach violence as a public health issue. To this end, the presence of the Trauma Foundation on the SFGHMC campus is mutually beneficial. The gun activists have yet to make a single argument or allegation to make us even question this position.

We have also had numerous conversations with the City Attorney's Office regarding this arrangement. They have found no legal basis as to why SFGHMC can not permit the Trauma Foundation to occupy space on the SFGHMC campus at no charge.

SFGHMC will continue to monitor the situation and keep you informed.

## CITY AND COUNTY OF SAN FRANCISCO TRAUMA PLAN

Trauma Plan Overview

The State of California has updated trauma regulations in Title 22 for both Trauma Centers and Systems throughout the State. SF County, through its EMS Agency must submit a Health Commission approved Title 22 compliant Trauma System Plan to the State EMS Authority by August 12, 2001. As the only designated SF County Trauma Center, SFGH and its trauma operations are a key component of this Plan. A draft plan has been written by the SF EMS Agency and is now in the "public comment" period until May 7.

This version of the SF Trauma Plan is the first revision of the plan originally approved by the State in 1990. In 1991 the American College of Surgeons designated SFGH as the County's Level 1 Trauma Center after a trauma center verification site survey. Consequently, the 2001 Trauma Plan was completely re-written incorporating the following state mandated components:

- ?? Trauma system needs assessment including fiscal impact to system
- ?? Plan design inclusive to all receiving hospitals, EMS field providers, the Trauma Center, and the local EMS Agency
- ?? Trauma Center and other hospitals must participate in EMS directed data reporting and system performance improvement processes
- ?? Coordination with neighboring trauma systems, and
- ?? Trauma system evaluation program.

Impact on SFGH Trauma Center

Trauma Center physicians and SFGH Administrators convened recently to discuss the key components of the new plan and its impact on SFGH operations. The consensus was that SFGH will be able to meet the new Title 22 trauma requirements for a Level 1 Center as these regulations are nearly identical in scope and intent to the new American College of Surgeons [ACS] trauma standards. SFGH is now intensively preparing for an ACS site survey to be scheduled for late winter/early spring 2002. The ACS will jointly conduct this designation – trauma center verification

survey with the SF EMS Agency. Since SFGH provides Level 1 trauma services to San Mateo County, that EMS Agency will also be notified of the trauma survey results.

Areas of the plan, which will require further SFGH attention, include:

- ?? Participation in a trauma data management system to-be-developed by the EMS Agency (data elements must include: ED, ICU and OR patient care information, discharge diagnosis and date, hospital charge information, treatment dates, times)
- ?? Transfer agreements with other trauma centers
- ?? Pediatric trauma transfer issues (where and how)
- ?? Trauma diversion (circumstances and back-up center identification), and
- ?? Aero-medical access to and from SFGH.

Identified Gaps and Critical Issues

In the critique and discussion of the new Plan, the SFGH Trauma Center leaders identified the following system gaps and critical issues, which must be addressed in an inclusive trauma system design for the City and County:

1. What is the plan for caring for a critically injured infant in San Francisco since there is no Pediatric Trauma Center in SF or within a reasonable (i.e. 15-20 minute) ground transport time of SFGH ?

2. What is the plan for responding to sudden and unexpectedly large numbers of major and minor trauma patients arriving at SFGH either from one event or a number of events within a short period of time? What is the "back-up" plan in this system when SFGH can no longer accept additional trauma patients due to plant disruption, patient overload or multicasualty incident?

3. What is the plan for insuring that all victims of major injury in SF receive optimal trauma care? How are major trauma patients assured of appropriate transfer to SFGH? How will this be monitored and enforced? How is the quality of care assessed for major trauma patients retained at community hospitals in SF (i.e., non-trauma centers)?

4. In the event of a mass casualty event either in SF or neighboring counties (i.e., San Mateo and Marin), how will critical patients be transferred in or out?

5. How will SF participate in regional trauma care and serve the Bay Area (regional) needs for Level 1 services?

6. How will the possible need for emergency air medical transport capability be evaluated for SF? What data will be necessary? What consultants will be retained? What local constraints will be considered and evaluated?

## ANNOUNCEMENTS

SFGH staff appreciation day

In thanking all of our staff for their hard and dedicated work, SFGH and UCSF will be sponsoring a staff appreciation day at SFGH on April 18th. All staff will be invited to the Main Cafeteria on April 18th from 2:00 to3:30 p.m. for cake and ice cream. Administrators and managers will be serving all of the staff who attends.

**5) PATIENT CARE REPORT**
(Sue Currin, R.N., Chief Nursing Office)

Ms. Currin presented the attached report (Attachment A).

**6) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Fannie Lee, Finance Analyst, SFGH)

On behalf of Monique Zmuda, Ms. Lee submitted the Statement of Revenue and Expenses ending March 30, 2001, and the Summary Statistical Information ending March 30, 2001, (Attachment B).

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

None.

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

None.

The Committee went into Closed Session at 5:05 p.m.

Individuals present in the Closed Session were the same as in the Open Session, except for Fanny Lee.

**9) CLOSED SESSION PURSUANT TO EVIDENCE CODE SECTIONS 1157(a) AND (b); 1157.7, HEALTH AND SAFETY CODE SECTION 14641; AND CALIFORNIA CONSTITUTION, ARTICLE I, SECTION 1**

Action Taken: The Committee approved the Closed Session minutes of March 13, 2001

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

The Committee came out of Closed Session at 5:23 p.m.

**10) RECONVENE IN OPEN SESSION**

Action Taken: The Committee voted not to disclose any discussions held in Closed Session, (San Francisco Administrative Code Section 67.12(a).

The meeting was adjourned at 5:30 p.m.

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Arthur R. Greenberg
Interim Health Commission Secretary

Attachments (2)

**4) UPDATE ON THE SAN FRANCISCO GENERAL HOSPITAL REBUILD PLANNING COMMITTEE**

**5) PATIENT CARE REPORT**
(Sue Currin, R.N., Chief Nursing Office)

Ms. Currin reported the following:

**Vacancy Rates**

| | Acute Care | Psych | MHRF |
|---|---|---|---|
| | 4/4/01 | 4/4/01 | 4/4/01 |
| **RN** | 6% | 15.4% | 10% |
| **LVN/LPT** | 13% | 18 % | 21% |

Note: There are new hire RNs and LVNs in progress for 4B, 7D, and Psych that are not counted in these vacancies as they are still being processed.

**NURSING RECRUITMENT AND RETENTION ACTIVITIES**

SFGHMC's current recruitment efforts are being focused on the development of a master recruitment plan. The plan will incorporate recommendations from multiple nursing workforce shortage reports including the most recently released reports from the National Association of Public Hospitals (NAPH) and the UCSF Center for Education. By analyzing vacancy data, identifying the profile of the SFGHMC nurse candidates for recruitment, examining recruitment and hiring inefficiencies, and incorporating workforce trends, the recruitment plan will provide at template for SFGHMC to meet the challenges of the current nursing shortage.

In addition to developing the master recruitment plan, we continue to research opportunities in housing, childcare, and expansion of educational opportunities for nurses. Through the Hospital Council, SFGH is working on two related initiatives: (1) through a housing task force, looking into housing opportunities at Treasure Island and (2) through an education task force, exploring opportunities for collaboration between San Francisco hospitals and colleges. In addition to these two initiatives, SFGH has also participated with the Hospital Council in the "School to Career Partnership Networking Day" for high school teachers. The program links teachers with hospital resources in an effort to encourage high school students to enter health care careers.

As reported in the last Patient Care Report, we are still pursuing H1-B visas to be able to recruit more nurses. We have completed two applications for H1-B visas for both an ER nurse from New Zealand and a medical-surgical nurse from Spain. In addition these two nurses, we have 10 other nurses who are very interested in working at SFGH and are currently collecting the necessary documents to process an H1-B visa.
Lastly, our training programs have proven very effective in recruiting nurses. Training programs are being planned for all specialty areas including Medical Surgical, Acute and Long-term Psychiatry/Mental Health, the Emergency Department, Critical Care, and the Operating Room. In Critical Care's training program, 12 nurses are expected to complete their program by mid-June. As spring graduation approaches for many Bay Area colleges and universities, SFGH nursing will continue to try to recruit new graduates by being present at all career fairs.

## IMPLEMENTATION OF THE NEW RESTRAINTS POLICY AND PROCEDURE

The revised policy and procedure for restraints was implemented in late February. Training on the new policy and procedure was offered to all areas that utilize restraints. The Nursing Quality Improvement Committee is working with Quality Management to design and implement the ongoing process of restraint monitoring. Restraint utilization will be monitored in all patient care areas to track restraint usage and identify indicators that may require further study. In addition, compliance with the policy will also be monitored. The use of restraint protocols for specific patient conditions (i.e. head trauma) is being explored in order to maximize nurses' scope of practice and promote quality patient outcomes.

## CHANGE IN THE RAPE TREATMENT CENTER PROGRAM MODEL

On February 26, 2001, the Rape Treatment Center implemented a new model of care for adult victims of sexual assault. The provider staff now consists of 5 Nurse Practitioners and 1 Physician Assistant on site at the Rape Treatment Center and/or the Emergency Department 24 hours/7 days a week. In addition to this change, providers implemented a Universal Screening tool for Intimate Partner Violence, and are now part of the medical care team for identified domestic violence cases in the Emergency Department. The staff continues to perform medical follow-up for clients, and has experienced an increased return rate of follow-up visits by clients in comparison to when the previous model was in place.

## OZANAM PROGRAM UPDATE

The Ozanam Program is a community-based 20-bed Level II/III medically assisted detoxification program, housed in the St. Vincent DePaul social detoxification program at 1175 Howard Street in San Francisco. The program is a joint Community Substance Abuse Services (CSAS)/UCSF project and has the primary focus of providing detoxification services to substance dependent patients while facilitating continued medical, psychiatric, and substance treatment as appropriate. A multi-disciplinary team including a Medical Director/physician, registered nurses, LVNs, licensed psychiatric technicians, program aides, and a nurse practitioner staffs this program. Staff is currently being oriented and recruitment efforts are in progress to fill the remaining vacancies.

## ANNOUNCEMENTS

Proposed Nurse-Staffing Ratios

Assembly Bill (AB) 394 was enacted in 1999 and requires the California State Department of Health Services (DHS) to adopt a minimum nurse-to-patient ratio for 13 different categories of hospitals by 1/1/02. Various organizations, including the California Healthcare Association (CHA) and the California Nurses Association (CNA), have submitted their proposed ratios for consideration by DHS. CHA recommends that staffing ratios be coupled with the acuity system. The main concern of majority of hospitals is that the minimum staffing ratios will further exacerbate the current effects of the nursing shortage. We will be following the developments closely to determine the possible impact the proposed minimum staffing ratio will have on SFGH.

Change in Nursing Leadership of Perinatal Services

Effective on March 26, 2001, Joseph Pendon, Director of Nursing for Medical Surgical units will also provide leadership for the Perinatal Services provided on the 6C-Birth Center and the 6H- Nursery. We are currently in the process of recruiting for a permanent Nurse Manager for the Birth Center who will oversee the unit's operations and major initiatives (i.e. mother-baby care and breastfeeding).

Nurse Week activities

On May 8th, in honor and recognition of all SFGH nursing staff, the Nursing Department will be sponsoring an ice cream social. The nursing management team will scoop ice cream and make sundaes for staff on all shifts. In addition to the ice cream, there will be prizes awarded at the door.

**DIVERSION**

The Emergency Department [ED] recorded 40 episodes of diversion for 178 hours representing a rate of **23.5% for March 2001.** This is a 5.5% decrease in diversion since February 2001.

The 43 episodes of diversion are categorized as follows:

| Diversion Type | # Episodes | Hours | Rate | Change from previous month |
|---|---|---|---|---|
| Total diversion | 36 | 167 | 22% | 4% decrease |
| Trauma over-ride | 4 | 11 | 1.5% | 1.5% decrease |

The ED was impacted by capacity and high patient acuity during the episodes of total diversion and trauma override. During this time, 172 patients were awaiting admission to in-patient beds [ICU-14, 4B/StepDown-54, MedSurg-104]. In March of 2000, the ED was on diversion 25.6% of the month. Trauma Override was invoked 0.8% of the month in March 2000.

**Total diversion** was recorded for 36 episodes, a total of 167 hours or a 22 % rate for March 2001. This is a 4 % decrease in total diversion from February 2001.

**Trauma override** was recorded for four episodes, a total of 11 hours or a 1.5 % rate for March 2001. This is a 1.5 % decrease in trauma override from February 2001. While on Trauma override the ED held 36 patients awaiting inpatient beds.

Ms. Currin submitted her report (Attachment A), and a Diversion Report (Attachment A)