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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, May 08, 2007

3:00 p.m.

**1001 Potrero, Conference Room #2A6
San Francisco, CA 94110**

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:05 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

Staff: Gene O'Connell, Andre Campbell, M.D., Terri Dentoni, John Luce M.D., Sue Schwartz, Anson Moon, Myra Garcia, Valerie Inouye, Dan Schwager, Jeff Critchfield, M.D., A. Sue Carlisle, M.D., Kathy Murphy, Iman Nazeeri-Simmons, Delvecchio Finley, Roland Pickens, Sharon Kotabe and Troy Williams

2) APPROVAL OF THE MINUTES OF THE MARCH 13, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the March 13, 2007 San Francisco General Hospital Joint Conference Committee.

3) **HOSPITAL ADMINISTRATOR'S REPORT**

Gene O'Connell, CEO, gave the Hospital Administrator's report.

Gene O'Connell Honored by UCSF School of Nursing "Wall of Fame"

The UCSF School of Nursing and the Nursing Alumni Association Board commemorated the UCSF Nursing Centennial by establishing a "Wall of Fame", recognizing 100 outstanding alumni and faculty. Three notable nurses within the DPH family were honored: Pat Underwood, RN, DNSc, UCSF faculty, who was the first registered nurse to serve on the Health Commission during the Art Agnos administration; Catherine Dodd, RN, MS who is a current member of the Health Commission; and Gene O'Connell, RN, MS who is the Executive Administrator of SFGH.

Criteria for nominations were based on the previously established Jane Norbeck Distinguished Alumni Award criteria, which are: the nominee has made significant contributions to the nursing profession and/or health care; he/she has demonstrated service and/or leadership that contributed to the growth and development of the UCSF School of Nursing; and the service is/was continuous and sustained. The three above mentioned recipients clearly represent all of these qualities. The Wall was displayed at Alumni Day, at the School and at other Centennial events. Congratulations to Ms. Underwood, Ms. Dodd and Ms. O'Connell.

Hearing at Board of Supervisors on Victims of Gunshot Violence

On Monday, April 23rd San Francisco General Hospital staff testified before the Board of Supervisor's Public Safety Committee at a hearing that sought information on the prevalence of gunshot victims who have become permanently disabled. Dr. Andre Campbell, Chief of Staff, spoke about the increase in gunshot victims seen over the past four years at SFGH and the health challenges that these individuals face during their lifetime. Because of the excellent medical care available to victims, many more of them survive their injuries but face long rehabilitation or many years of challenging medical, social and housing needs. Patti O'Connor, Director of the Trauma Program at SFGH presented data from the trauma registry that illustrated the increase of injuries due to gun violence. Alicia Boccellari, Director of the Trauma Recovery Center and Liz Gray, Director of Long Term Care Services, also talked about the need and challenges inherent in finding appropriate supportive housing and services. The hearing provided the Board of Supervisors with a more realistic picture of the critical needs for an emerging population of our residents.

DHS EMTALA Survey

Department of Health Services surveyors presented on March 28, 2007 at 8:30 am to perform an unannounced full survey to determine SFGH compliance to EMTALA. Areas of focus were the Emergency Department, Psychiatric Emergency Services and Labor and Delivery.

The surveyors concluded their visit on March 29, 2007 at 1:35 pm. A summary of the Survey and Exit Conference are as follows:

- The surveyors did not find any EMTALA violations or deficiencies.
- Additional EMTALA signage was added in all three areas to ensure visibility.

Suggestions were made to improve EMTALA log format and documentation in Psychiatric Emergency Services and Labor and Delivery.

Primary Stroke Center Certification Survey

On April 2, 2007, San Francisco General Hospital went through a thorough evaluation by the JCAHO for Primary Stroke Center certification. JCAHO's standards are the most rigorous in the industry and certification is considered the "gold seal of approval." Strengths of being a Primary Stroke Center include an around-the-clock neurological acute response team, new diagnostic tests that pinpoint a stroke's location and cause, advanced surgical techniques, a state-of-the-art Neurosciences Intensive Care Unit, comprehensive rehabilitative care, and drugs that, if given early enough, can stop a stroke in its tracks.

The Stroke Program at SFGHMC is dedicated to preventing, diagnosing and treating strokes. Care is coordinated from the first point of contact with the patient, whether through the emergency department, the Stroke Program's inpatient or outpatient clinical services and rehabilitation services. Dr. Claude Hemphill, Director of the Stroke Program at SFGHMC, has brought together a multidisciplinary team of neurologists, neurosurgeons, neuroradiologists, nursing specialty staff and physiatrists who focus on comprehensive stroke management

While many centers are concerned mainly with managing acute stroke, the Stroke Program's state-of-the-art acute stroke management also focuses on aggressive prevention of future stroke with a combination of medications and changes in lifestyle. The program service an ethnically diverse stroke population. The provision of patient and family educational materials highlight aggressive preventive strategies. Closing remarks from the Joint Commission highlighted the exemplary performance improvement and data presentation of the program. Patient and family interviews reflected the excellence of care provided and staff conferences revealed high levels of knowledge, expertise and skill. The Stroke Program is expecting final certification.

Baby Friendly Resurvey

An assessor from the Baby Friendly Hospital Initiative visited San Francisco General on April 2nd, to re-assess our support of breastfeeding infants and their mothers. The hospital was initially inspected in May of 2006, and while the evaluators at that time were very positive about our practices, they found us to need improvement in a few areas. This year the assessor was very impressed with the changes she saw. She praised our excellent prenatal education, our full implementation of skin-to-skin contact after delivery, and that healthy infants room-in with their mothers throughout their hospital stay. She also found that postpartum mothers were much more confident in their ability to breastfeed. We await a final report from Baby Friendly USA, but feel very confident that San Francisco General Hospital will soon be named the first Baby Friendly Certified Hospital in San Francisco and only the second hospital in California!

Mental Health Rehabilitation Center Unannounced Survey

Department of Mental Health arrived April 30th to conduct an unannounced survey of the MHRC. Five surveyors participated in the survey for a total of five days. Overall the survey went very well with minor environment of care issues and ensuring that all staff (not only clinical) have a "Live Scan" background check completed and on file. The nursing component of the survey is still underway and is being conducted by a physician. The surveyors stated that they were very impressed with the facility and by the care provided, and the progress that has been made over the past three years.

Joint Commission Periodic Performance Review

The Periodic Performance Review (PPR) is a tool that is designed to promote continuous JCAHO standards compliance through a formalized assessment process. This process encourages the hospital to carefully review the standards, assess its compliance, develop plans of action and put them into motion. The goal is to incorporate the standards into routine hospital operations which will improve safety and quality of care.

JCAHO Accreditation Participation Requirements requires hospitals to complete the PPR and develop appropriate plans of action and necessary Measures of Success (MOS) for any standards that are out of compliance. Completion of the PPR is required annually during the hospital's accreditation cycle.

At SFGHMC various levels of staff, including physicians participate in completing the PPR. There are 13 standard chapters that are reviewed and completed. Chapter committees are comprised of a Chair, Quality Management liaison and other staff from various disciplines. Each chapter committee reviews the Elements of Performance and develops appropriate plans of action and MOS for any standards out of compliance. This will identify and provide an opportunity to correct problems well in advance of the survey.

The hospital can fulfill the PPR requirement by selecting one of four options. SFGH has selected Option 2 which allows the hospital to choose a consultative full announced or unannounced survey. During this survey the surveyor assesses the hospital against all applicable Elements of Performance using the PPR tool. The hospital will submit to the Joint Commission plans of action and a MOS for all standards that are out of compliance. During the full on-site survey, the surveyor reviews the MOS to ensure that plans of action were implemented and that performance has been sustained.

Patient Flow Report for April 2007

I am pleased to present a snapshot of the hospital's patient flow activities for the month of April. This report includes the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow.

- Average Daily Census was 339 which is 112% over budgeted beds and 91% of physical capacity of the hospital.
 - ADC for Medical/Surgical beds was 228 – this translates into 119% of budgeted beds and 93% of Medical/Surgical physical capacity.
 - ADC for Psychiatry beds was 81 which is 97% of budget and 83% of physical capacity.
- Average Length of Stay:
 - 5.7 days for Medical/Surgical
 - 13 days for acute Psychiatry
 - 33 days for our Skilled Nursing Ward
- Non-Acute Days:
 - 18% of the Medical/Surgical bed days (n = 1,226)
 - 52% of the Psychiatry bed days (1,271)
 - approximately 81% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=1,820)

- Admissions / Discharges:
 - Total number of admissions was 1,449
 - Total number of discharges was 1,414
 - There were 4,098 encounters in the Emergency Department; 19% resulted in an admission.
 - There were 611 PES encounters; 24% were admitted.

<u>Admit From</u>	<u>Med/Surg</u>	<u>Psych</u>	<u>SNF</u>	<u>SFBHC</u>
Emergency Dept	772	2		
Newborn	99			
SFGH Clinic	216			2
SFGH Surgicenter	3			
Discharge/Readmit	10	13	31	15
Correctional Fac.	1	20		
Oth SF Acute Hosp	5			
Labor and Delivery	109			
Psych Emerg	1	149		
Laguna Honda			1	

<u>Discharge to</u>	<u>Med/Surg</u>	<u>Psych</u>	<u>SNF</u>	<u>SFBHC</u>
Home	959	86	15	3
SFGH Longterm	32	2		
Forensic Fac.	27	42		
AMA	26	5	1	
SFGH SNF	26			
Oth SF Acute Hosp	25		1	
Died	22			1
Oth Rehab Fac	16			
SFGH Acute Care	14	5	6	11
Board and Care	7	3	1	2
Others	21	43	6	6

- Diversion:
 - Emergency Department had 39 episodes of diversion totaling 163 hours or 23% of the time. Diversion was due to bed capacity, overcrowding and high patient acuity.
 - PES was on Condition Red 33% for a total of 240 hours. Condition Red was due to overcrowding.

Commissioner Comment

- Commissioner Illig stated he is concerned about administrative days and length of stay in psychiatric beds. Sue Carlisle stated that she has been working on the causes of this in meetings with such staff as Liz Gray and Barbara Garcia.
- Commissioner Chow stated that the level of daily patient discharge and patient admittance is extraordinary. He also stated that after the Committee gets used to the data, it should be evaluated and that there is perhaps a better way of presenting the data. Gene O'Connell responded that data on admissions to LHH would be added.

4) PATIENT CARE SERVICES REPORT

Terri Dentoni, RN, Nurse Manager gave the patient care services report.

1. *RN Internship Program*

All components of the program are progressing in order to meet the goals of year 3 of the grant. Eleven new graduates continue in their RN positions. Three new graduates will be hired through the grant in the summer of 2007, bringing the total new graduate RN number to 50. Enrichment program participants have attended four class days. The enrichment curriculum has been updated to include an emphasis on RN professional role behaviors, and critical thinking tools to enhance clinical judgment. All program components will be completed in the fall.

2. *Recruitment*

The Nurse Recruiter attended the Advance job fair on March 15 and City College of San Francisco job fair on April 27. At this time, RN applications are exceeding vacancies. .

3. *Retention*

Chuba Chinasa RN from 5E was honored with a DAISY award for her compassionate work with critically ill patients and their families. Ms. Chinasa's outstanding clinical skills were noted as was her exceptional ability to empathize and support dying patients and their families. One situation which was shared at the award presentation involved a critically ill woman in 5E whose mother was unable to come to the hospital and say goodbye to her daughter in person. Chuba supported the patient and her mother by facilitating a phone goodbye. Holding the phone to the patient's ear for more than 20 minutes, Chuba made a real goodbye possible for the patient and her mother.

4. *Patient Care Clinical Documentation Update*

The Patient Care Documentation Workgroup completed the design and build of the new Vital Sign and Intake/Output functionality. The validation presentation was completed with nursing and physician staff. A pilot will start in June, 2007 on unit 5C. Additional wireless computers on wheels are currently being placed on Med-Surg units

The Patient Care Documentation Workgroup is now working on the design of the Admission Database. The design will include the patient history and risk assessments (e.g., falls, skin integrity, nutrition, vaccinations, smoking cessation). The pilot is scheduled for the third quarter.

5. April 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 7.72%

AREA	RN VACANCY RATE	NO. VACANT FTE	TRAINING PROGRAMS
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	5.6%	11.6 FTE	Recruitment ongoing. Hiring in process for training program.
Critical Care (Includes 4E/5E/5R)	10.5%	11.1 FTE	Recruitment ongoing. Hiring in process for training program.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	1.3%	0.9 FTE	Recruitment ongoing.
Perioperative (includes OR/PACU/Surgicenter)	3.5%	1.9 FTE	Recruitment ongoing.
Emergency	7.2%	5.1 FTE	Recruitment ongoing. Hiring in process for training program.
Psychiatry (includes PES & acute inpatient units only)	16.6%	14.7 FTE	Recruitment ongoing. Hiring in process for training program.
Behavioral Health Center	0.0%	0.0 FTE	
Clinics (includes Specialty clinics/ hosp.based Primary Care).	11.2%	6.7 FTE	Recruitment ongoing.
TOTALS	7.72%	52.0 FTE	

6. Medication Safety – Printed Medication Administration Record (MAR)

The printed MAR has been implemented on 5 Med-Surg units. Nursing, IS and Pharmacy have worked collaboratively with the Medication Reconciliation Task Force on this project. The printed MAR will next be implemented in Acute Psychiatry, Maternal-Child and Emergency department (admitted patients only). The nursing staff comments have been overwhelmingly positive. The project achieved the goal of legibility, decreased nursing time spent recopying medication records and decreased transcription errors. We will continue the rollout of this project and monitor the impact on medication errors.

5) **3rd QUARTER FINANCIAL REPORT**

Valerie Inouye, Chief Financial Officer, SFGH, gave the 3rd Quarter Financial Report.

San Francisco General Hospital: Year-end projections show a surplus of \$1,245,000.

Revenues are projected to be \$1,900,000 over budget after the supplemental is considered. This is caused by:

- Net favorable variances in Medi-Cal revenues of \$2,774,000 comprised of a \$4,774,000 favorable variance in Medi-Cal inpatient payments offset by a \$2,000,000 negative variance in Safety Net Care Pool payments.
- \$2,000,000 favorable variance in prior year settlements.
- \$2,874,000 unfavorable variance in Capitation Revenues associated with the Children's Health Initiative (C-CHIP) federal matching program. The budget assumed a longer retroactive application than what was finally approved.

Expenditures are projected to be over budget by \$655,000 due to:

- \$2,655,000 unfavorable variance in Salaries and Fringe Benefits due to labor shortages at SFGH combined with a high patient census that requires the use of as-needed staff and overtime.
- \$2,000,000 favorable variance in operating transfers out related to intergovernmental transfers for the C-CHIP program mentioned above.

Commissioner Comment

- Commissioner Illig asked if there would be another supplemental. Valerie Inouye stated that there not, as there would most likely be other areas to shift surpluses to cover the deficit in salaries.

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 4:14 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Chow, Commissioner Illig, Gene O'Connell, CEO, John Luce, M.D., Chair, PIPS, Myra Garcia, CPCS, CMSC, MSSD Analyst, Troy Williams, Director of Risk Management, Kathy Murphy, Deputy City Attorney, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Terri Dentoni, RN, Nurse Manager, Sue Currin, Nursing Director, A. Sue Carlisle, M.D., Associate Dean, University of California, San Francisco, Sue Schwartz, Quality Improvement Manager, Iman Nazeeri-Simmons, Director of Administrative Operations, Jeff Critchfield, M.D., Assistant Chief of Staff, Delvecchio Finley, Associate Administrator and Rebekah Varela, Acting 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 MARCH 13, 2007

Action Taken: The Committee approved the March 13, 2007 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

- D) Reconvene in Open Session

The Committee reconvened in open session at 4:56 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.

7) **ADJOURNMENT**

The meeting was adjourned at 4:57 p.m.

Rebekah R Varela
Acting Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**