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## MINUTES

### JOINT CONFERENCE MEETING FOR SAN FRANCISCO GENERAL HOSPITAL

**Tuesday, May 9, 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 Commissioner Harrison Parker, Sr., DDS, at 3:30 p.m.

Present: Commissioner Harrison Parker, Sr., DDS

DPH Staff: Gene O'Connell, Connie Young, Tony Wagner, Hiro Tokubo, Beth Maloney, Melinda Garcia, Delores Gomez, Alan Gelb, M.D., and Catherine Thurow.

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

#### 1) CALL TO ORDER

#### 2) APPROVAL OF MINUTES OF APRIL 11, 2000

Action Taken: The Committee adopted the minutes of April 11, 2000.

**Note:** Dr. Alan Gelb, Chief of Staff for SFGH, introduced Beth Maloney, new Director of the Medical staff office. She came from UCSF and was formerly with SFGH a few years ago.

### 3) **HOSPITAL HEALTHCARE UPDATE**

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

#### **CQI Task Force Update Reports**

In an effort to improve performance processes within San Francisco General Hospital Medical Center, SFGHMC Executive Committee charges the formation of various CQI Task Forces. In charging the formation of a CQI Task Force, a member from the SFGHMC Executive Committee is assigned to the Task Force so to serve as an administrative liaison to the Executive Committee. In addition to the assigning of a member-liaison, the CQI Task Force reports into Executive Committee on a quarterly basis. Following, are the most recent update reports that SFGHMC Executive Committee has received from their charged CQI Task Forces:

#### **Performance Appraisal CQI Committee**

Charge: To improve the process of completing annual performance appraisals so that that they can be completed in a more timely manner.

#### Committee Composition:

- Human Resources Services
- Education and Training
- Licensing/Accreditation
- MHRF
- Acute Care
- Rehabilitation Services
- Acute Psychiatric Nursing
- Pharmaceutical Services
- Quality Management
- Specialty Care
- LHH
- Medical Social Services
- Respiratory Care Services
- Food and Nutrition Services

#### Current Status :

A survey of Management Forum participants determined that 78% of managers would like to see the format or the content of the current tool (performance appraisal) revised and 66% would like to see the process changed.

CQI Committee has created a new tool and is currently in 2-step pilot process. The first phase of the pilot entails customization of the tool to the pilot department as well as assigning each pilot department a "CQI team member mentor" to help the department with the evaluation process. The first phase of the pilot will end on 6/30/2000 when the performance evaluation appraisals are due. In July, the CQI committee will meet with each Phase I pilot manager to evaluate format, content, and the process of the evaluation. Using this information, the package will be revised in preparation for Phase II. Phase II will be the same as Phase I with the exception that participating pilot departments will be different. Phase II is to be completed by September 20<sup>th</sup>.

Ms. O'Connell reported the performance appraisal report will go to the full Commission.

#### **Security Alias Names**

Charge: Promote employee, patient, and visitor safety by ensuring the anonymity of patients where disclosure of their identity would place them at risk for threats, acts of violence, or invasion of privacy.

Committee Composition:

- Acute
- Nursing
- Information Systems
- Institutional Police
- Blood Bank
- Volunteers
- Critical Care
- Admitting/Eligibility
- Trauma
- Emergency
- Medical Social Services
- Medical Records
- Specialty – OR
- Quality Management

Current Status :

The CQI Task Force has found that the most effective method of alerting providers that a patient has a security alias is by placing a “flag” in the patient’s electronic medical record on INVISION. The “flag” alerts providers and anyone trying to access the patient’s names or files of the patient’s security alias by placing a banner (i.e. **RESTRICTED INFORMATION, DIVULGING THIS PATIENT’S INFORMATION IS RESTRICTED TO AUTHORIZED PERSONNEL ONLY**) across each of the patient’s medical record computer screens. Security Alias Names will be assigned locally at the Nursing Unit of Admission and will be assigned consequently with each new internal transfer.

In putting the “flagging” system into place, Information Systems and the Department of Education and Training will be training all staff who access patient records how to utilize the patient name security system. Staff will also be trained on the criteria, enclosed in the hospital policy and procedure, determines the necessity of a security alias name.

**EMTALA**

Charge: To develop, implement, and monitor procedures to ensure that all parts of SFGH are in compliance with the EMTALA regulations

Committee Composition:

- Emergency Department
- Labor and Delivery
- Women’s Clinic
- Risk Management – UCSF and SFGH
- Ambulatory Care: Primary and Specialty Clinics
- Medical Records
- House Supervisor
- PES
- Patient Referral and Assistance
- Urgent Care
- Admitting/Registration
- Ortho Clinic

Current Status :

The deliverables from this committee include the drafting of a hospital-wide policy and procedure for EMTALA compliance, development of departmental policies and procedures in those areas that provide urgent/ emergent services and screening examinations, revising existing hospital transfer policies, developing guidelines for investigating possible EMTALA violations on the part of other hospitals (i.e. patient dumps), developing a training program for hospital employees, and implementing monitoring mechanisms for ensuring ongoing compliance.

This committee has been meeting every other week since March. Taking regulations that were developed for emergency departments and applying them to clinic settings is proving to be very tricky. However, the committee members have been highly dedicated to working through these difficulties and have made substantial progress. A draft hospital policy and procedure is completed as well as many of the supporting documents. Additionally, many of the clinics are already proceeding with making operational changes.

### **GOALS OF SFGH**

In further discussing performance improvement priorities, SFGHMC Executive Committee has determined the following projects as their priorities for FY 2000-2001 in meeting the changes of:

- Development of the SB 1953 Master Plan
- Wound Care Center
- Achieving Level I Trauma Designation
- JCAHO Planning
- Identifying Appropriate Levels of Care for SFGH/MHRF Patients
- Interfaces with Mental Health/Substance Abuse

### **UPDATE STATUS ON WOUND CARE CENTER PROJECT**

The 4C Wound Care Initiative is progressing along towards implementation. The second round of interviews for the Nurse Practitioner positions will be completed by May 10<sup>th</sup>. Representatives from Surgery, Emergency Department, Surgical Clinics and Substance Abuse Services participate in the interviewing panel as well as the selection. Two candidates for the Services should be hired by end of May.

Administrative and Facilities staff have already rounded 4C to discuss and determine room assignments and renovations to the Unit. Equipment and supply lists for the unit have been set up and are on order and Eligibility processes and billing forms are in development.

Meetings are scheduled with Anesthesia and Infectious Diseases Services to discuss Sedation, Pain Management and Antibiotic Treatment protocols for the Soft Tissue Infection population. Planning is also underway for the development of the most appropriate model for substance abuse counseling and referral to methadone treatment, focused around 4C Wound Care Center Activities. The need for respite beds for this population has also been identified by 4C staff and has been brought to the attention of the larger committee.

SFGH continues to work with Population Health and Prevention through the larger committee to ensure coordination of activities and efforts.

### **UPDATE STATUS ON THE DEVELOPMENT OF A PHARMACY BENEFITS MANAGEMENT SERVICES PLAN**

#### *1. Eligibility/Information Systems Issues*

A group with members representing pharmacy, eligibility, registration, finance, information systems, and compliance met weekly in March. The following major issues (not an inclusive list of all issues discussed) were clarified with CHN Leadership and/or resolved for purposes of developing an RFP for pharmacy benefits management services:

- Eliminate retroactive patient/third-party (i.e. Medi-Cal) billing
- Allow contracted pharmacies to bill SF County for unmet Medi-Cal share-of cost
- Develop mechanism(s) to apply medical and other services to Medi-Cal share-of-cost payment at the time of the visit/other service (include Consortium Clinics)
- Do not allow contracted pharmacies to waive \$2 co-pay; develop 'prior authorization' of co-pay waiver at the time of Eligibility screening
- Provide discharge medication services through SFGH pharmacy
- Establish 'maximum allowable charge' structures for selected pharmaceuticals (use Medi-Cal model)
- Provide/develop interfaces with hospital information systems and selected pharmacy benefits manager
- Require electronic claims submissions by pharmacy benefits manager to CHN
- Require prescriptions be signed by CHN-recognized providers
- Accept eligibility information supplied by Consortium Clinics (currently, patient must also go through CHN eligibility processes)
- Non-prescription drugs and nutritional supplements distribution not to be part of the pharmacy benefits management package

The group will meet on an as-needed basis to address additional issues that may arise. The individual, affected departments will implement policy decisions. Information that was collected from other counties that have implemented PBMs indicate that IS issues between the county and the PBM were major stumbling blocks. This issue will be monitored and hopefully ameliorated by continuing to work closely with the IS department as the PBM contractor is selected.

## 2. *Development of RFP*

The first draft of the description of need and scope of desired services to be published in a request for proposal (RFP) for a pharmacy benefits management (PBM) company was forwarded to the Contracts Office on May 5, 2000. The RFP will require additional work and time before it finalized, and publication is targeted for May 26.

A recently hired SFGH Pharmacy Director joined the organization on April 24. He will work with the CHN Director of Pharmaceutical Services to finalize the language for the RFP.

## 3. *Staff Reassignments*

The following activities have occurred to date:

- Open CHN pharmacy positions identified, and staff to potentially be reassigned identified
- Staff reassignment plan developed and approved by Human Resources
- Preliminary meeting with labor (SEIU) representatives held to outline reassignment plan; and an initial meet-and-confer session was held.
- Meetings with CHN pharmaceutical services staff to outline reassignment plan
- Parts of plan implemented to address staffing shortages throughout the CHN (e.g. Board of Pharmacy requirement for pharmacist vacancy in Jail Health necessitated reassignment of a staff pharmacist)

A preliminary 'meet-and-confer' session was held on April 28 with representatives of SEIU Locals 250 and 790. Representing CHN at the meeting were Rod Auyang, Human Resources; and Sharon

Kotabe and Fred Hom, pharmacy administration. Labor has agreed to submit, in writing, specific information they are requesting regarding the proposed closure of the outpatient pharmacy and the proposed staff reassignment plan. Labor continues to hold the belief that the closure of the outpatient pharmacy constitutes a breach in the memorandum of understanding between SEIU and the City. Local 250 (and perhaps Local 790 as well) objects to extending the pharmacy registry contract and continues to believe that the pharmacy registry contract is linked to the proposal to close the outpatient pharmacy (CHN representatives do not share this opinion.)

#### 4. *Communications Plan*

A communications 'game plan' was developed on May 3, 2000. Strategies regarding communicating outpatient pharmacy service changes were outlined. Key strategists, publics and communicators were identified, and major tactics or deliverables were agreed upon. Work has begun on development of a visual representation of how the 'new' system will operate, and 'frequently asked questions' (FAQ) sheets.

### **PSYCHIATRY**

In meeting with the budget initiative of closing 21 psychiatry beds, a memo was sent out to all Psychiatry staff on May 3<sup>rd</sup> encouraging them to voluntarily apply for a new position within the Department. To review the list of available positions, all staff were given a contact name at Human Resources Services. The memo also indicates that we would have to commence mandatory reassignment on May 10<sup>th</sup>, beginning with staff with the least seniority in each classification. A seniority roster was made available in the Psychiatry Administrative Suite. Under the direction of the CHN, there have also been meetings to determine appropriate triaging of patient flow and placement.

Commissioner Parker inquired about the cultural competency in the psychiatry units, the status of the billing system, violence prevention in the workplace, and the filling of critical vacant staff positions.

At a future Joint Conference Committee meeting, the proposed Departmentwide harm reduction policy will be an agenda item.

This year the Commission would like to have one of its meetings in the SFGH Carr Auditorium. Ms. O'Connell recommended at this meeting, an annual SFGH report could be a main agenda item.

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

*(Dolores Gomez, RN, MS, Chief Nursing Officer, SFGH Associate Administrator for Acute Care Services, CHN)*

### **Plan for the Provision of Patient Care**

The annual review of the Hospital Plan for Providing Patient Care at San Francisco General Hospital is currently under review/revision for presentation at the SFGHMC Joint Conference Committee in June. This policy defines the hospital mission/goals, identifies the population served, and describes the structure and processes utilized. The Joint Commission utilized this policy as a "primary" policy and a foundation to focus many of their survey activities while at the hospital. Review includes updating our statistics, budgetary impact/implications, and clinical review of programs and services.

## **New Appointments**

The budget problems have required SFGH to look critically at each and every position and make decisions on what position to keep vacant and which to proceed forward and fill. Many so called administrative on non-direct care positions have been kept vacant while SFGH has focused on hiring into the direct care clinical positions. This has allowed SFGH to maintain staffing and quality standards for care provision.

There are, however, key management positions that SFGH has had extreme difficulty in recruitment that are required for on going hospital operations. Ms. Gomez announced the following individuals as new members of the nursing management team:

Mark Crider joins the Mental Health Rehabilitation Facility as the new Director of Nursing. Mark comes from Walnut Creek Psychiatric Hospital in Pennsylvania, and has extensive knowledge in psychiatric nursing and organizational behavior.

Susan Massey joins the Surgery Department as a Nurse Manager in the Operating Room. Susan comes to us with extensive surgical nursing and management experience from the Sutter HealthCare System.

## **Retirement**

Deanna Mooney, Director for the Surgical Department has announced her retirement from San Francisco General Hospital Medical Center after over 30 years of service. She will be leaving her position at the end of June. Recruitment activities for a replacement will begin in the Fall.

## **Labor Negotiations**

Citywide Local 250 SEIU negotiations are underway. This Union represents many classifications at the hospital, both in the non-direct and direct care areas. In addition, Local 790 SEIU negotiations are also underway, which is the RN bargaining unit in the Department of Public Health. The Teamsters who represent nursing management positions have also begun to meet this week. Hopefully, these contracts will be completed by the end of May/early June for planning purposes for the next budget year.

### **5) STATEMENT OF REVENUES AND EXPENDITURES** *(Ken Jensen, Chief Financial Officer, CHN)*

Mr. Jensen submitted the March Revenue and Expense Summary, (Attachment A).

### **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.

The Committee went into closed session at 4:23 p.m.

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**

**ACTION ITEM:**            **TO APPROVE CLOSED SESSION MINUTES OF APRIL 11, 2000**

Action Taken:            The Committee approved the closed session minutes of April 11, 2000.

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

Closed session ended at 4:55 P.M.

Individuals in the closed session were Commissioner Harrison Parker, Sr., DDS, Gene O'Connell, Connie Young, Delores Gomez, Hiro Tokubo, Dr. Alan Gelb, Melinda Garcia, Beth Maloney, Tony Wagner, Catherine Thurow and Sandy Mori.

8) **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 Committee voted not to disclose any discussions held in closed session.

The meeting was adjourned at 4:56 p.m.

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Sandy Ouye Mori  
Executive Secretary to  
the Health Commission

Attachment (1)