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MINUTES

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

Tuesday, June 11, 2002
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

The San Francisco General Hospital Joint Conference Committee meeting was called to order by Commissioner Lee Ann Monfredini at 3:45 p.m.

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

Staff: Wahid Choudhury, Myra Garcia, Phillip Hopewell, M.D.,
Seth Ingram, John Luce, M.D., Sharon McCole-Wicher,
Alison Moed, Gene O'Connell, Roland Pickens, Gregg Sass,
Hiroshi Tokubo, Chris Wachsmuth, Connie Young.

2) APPROVAL OF MINUTES OF MAY 14, 2002

Action Taken: The Committee approved the minutes of the May 14, 2002 San Francisco General Joint Conference Committee meeting.

3) HOSPITAL HEALTHCARE UPDATE

Gene O'Connell presented the Hospital Healthcare Update.

Program Updates

JCAHO Final Results and Next Steps

Last week, San Francisco General Hospital received the final findings and accreditation report from JCAHO. The final report does not differ significantly from the preliminary report given on the last day of the survey and the scores for all three surveys remain the same.

Prior to receiving the final report last week, Hiroshi Tokubo, Director of Quality Management, with the Associate Administrators had assigned each Type I to a member of the Executive Staff. In all, SFGH received nine (9) Type I's. SFGH has 30 days from the receipt date of the final report to appeal the Type I finding and will be appealing three (3) of the Type I's. Plan of Corrections will be created for the remaining six (6) Type I's and will be submitted to JCAHO by the deadline of December 4, 2002.

In addition to addressing the Type I's, the Executive Committee will be addressing the supplemental recommendations provided to us by JCAHO and will be developing internal action plans to address them.

Computerized Provider Order Entry (CPOE)

San Francisco General Hospital Medical Center is currently engaged in an effort to implement and introduce Computerized Provider Order Entry (CPOE) into the system. CPOE allows all diagnostic departments, pharmacy, nursing and other providers to work off one electronic set of prescriber orders. The benefit, which SFGH is particularly interested in, is the potential and ability of CPOE to improve patient safety, particularly in reducing medication errors. This was discussed at an earlier JCC-SFGH as part of SFGHMC's Plan to the California State Department of Health Services on how we would meet SB 1875. CPOE was mentioned within the SB 1875 action plan as a mechanisms we would utilize to decrease medication errors.

SFGHMC is currently in the planning stage in looking at CPOE. The Steering Committee and work groups have been established to determine how providers would like to customize CPOE and more importantly look at workflow issues. The Steering Committee is co-chaired by Robert Brody, M.D. and Sue Currin, R.N.

SFGH will be certain to continue to report into the JCC-SFGH as the CPOE project progresses.

Re-engineering Patient Access

Patient Financial Services is spearheading an effort to make patient registration easier for those who come to receive ambulatory services at SFGH. Back in July 2000, HCFA regulations mandated that the registration process be changed from monthly registration to per encounter visit, also known as episodic registration. In addition to creating additional work for Patient Financial Services, it also created more work for patients who would now have to receive a new registration card for every ambulatory visit. With the goal of making registration easier for everyone and increasing access for patients, a workgroup was formed with the charge of redesigning the appointment and registration

processes on Invision, in order to facilitate and ease the flow of patient access to care providers and services.

Through a lot of work and coordination with Information Systems and Ambulatory Services, Patient Financial Services will soon be introducing a new permanent registration card to all ambulatory patients. This "swipe" card will have the ability to positively identify the patient in the computer system, reduce generation of duplicate medical record numbers, reduce the amount of data entry, and overall will improve patient satisfaction by eliminating the need for each patient to receive a new card for each ambulatory visit.

SFGH looks forward to keeping the JCC-SFGH informed as the "live" date of the card in Winter 2002 approaches.

Announcements

Annual Medical Staff Dinner

The Annual Medical Staff Dinner will be held on Wednesday, June 12th at 6:00 p.m. in the Main Cafeteria. The Dinner is held each year to thank the medical staff for their hard work and dedication, as well as publicly acknowledge certain interns and residents for their outstanding work. It is also at this dinner/meeting that the new Chief of Staff-Elect will be announced. The Medical Staff elects the Chief of Staff-Elect into the position.

Departures

Ms. O'Connell announced that there will be two staff members leaving San Francisco General Hospital Medical Center over the next couple of months.

John Kanaley, Sr., Associate Administrator for Support Services, will be resigning effective July 5, 2002 to pursue a new opportunity with Kaiser in Santa Clara. In his new position, John will be responsible for overseeing the development and building of a new hospital.

Connie Young, Executive Assistant, will be resigning effective August 2, 2002 to relocate back to Boston. Connie has been here for four years, first joining DPH as the first and last CHN Administrative Fellow. Connie's husband, Rob, has just recently been accepted to Boston University for a 2-year Master in Business Administration and Master in Information Technology. Both Connie and Rob's immediate family are in the Boston area, prompting the difficult decision to move back to Boston.

Both John and Connie will be surely missed. Recruitment efforts for both of their positions is underway with the hope to fill these positions by early Fall 2002.

Commissioners' Comments

- Commissioner Umekubo asked if SFGH has contracted with a vendor for the Computer Provider Order Entry. Ms. O'Connell said that they have contracted with Siemens. However much of the work will be done through the use of volunteers and reallocating resources.

- Commissioner Monfredini asked that the Re-engineering Patient Access report be presented to the San Francisco General Hospital Joint Conference Committee.

4) **PATIENT CARE REPORT**

Sharon McCole-Wicher, Director of Nursing for Psychiatry, updated the committee on the CHN Patient Flow Committee. The purpose of the committee is to address the identified problem of reduced reimbursements at SFGH due to the inordinately high number of administrative and denied days and the higher cost of fee-for-service hospitalization due to a lack of capacity at SFGH.

In February 2002 the Director of Health established a goal to eliminate administrative days for SFGH Inpatient Psychiatry. The Patient Flow Committee was established with Barbara Garcia and Gene O'Connell as co-chairs. Two committees were created, one to deal with policy issues and the other with patient placement. The Placement Committee established four sub-committees. The Placement Committee is authorized to place patients at all levels of care at DPH. Weekly acuity rounds were initiated on inpatient units and inpatient units developed and implemented strategies to more aggressively review discharge plans and coordinate discharges. Inpatient units initiate early identification of patients with difficult problematic disposition issues.

Between March and May 2002 the placement committee achieved 59-64% reduction in administrative days per discharge. There was a 28% increase in admissions from January/February 2002. They also established a process for providing Utilization Review at all levels of care.

In May 2002 a Community Mental Health Services (CMHS) RN was based at SFGH to provide ongoing assessment, consultation with treatment teams and facilitation of patient placement. The RN is able to assess, make referrals and place a patient within a shift. In addition 50% of residential treatment beds were prioritized for acute inpatient and MHRF patients. PES achieved 100% compliance with referral of all SF Medi-Cal to SFGH. The Residential Discharge Committee met daily with representatives of acute and residential treatment programs, and the referral process efficiency increased. Also in May was the suspension of Bed Committee referrals, and the decision that inpatient UR be completed by SFGH staff.

Ms. McCole-Wicher presented a comparison of costs associated with administrative days, comparing May 2001 with May 2002, as well as cost savings associated with non-use of fee-for-service hospitals.

Ms. O'Connell stated that this effort has been a true collaboration that has been successful because of the people working on it. She added that the effort is about quality of care for the patients they serve, not just about cost.

Commissioners' Comments

- Commissioner Umekubo asked about the process for determining administrative and denied days. Community Mental Health Services (CMHS), as dictated by the State's one-plan model, is responsible for review, with an annual audit. Previously both UC and CMHS had done UR at the hospital. Under the new process UC will do UR at the hospital and CMHS will now be able to do UR at other levels of care.

- Commissioner Monfredini asked what happens on the weekend when the CMHS RN is not on duty. Ms. McCole-Wicher replied that there are social workers on staff on the weekend. In addition, many discharge packets are prepared in advance of the weekend.

5) **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**

Gregg Sass presented the Finance Report (Attachment A).

Commissioners' Comment

- Commissioner Umekubo said it seems that staff has a handle on pharmacy costs, and asked if this was the case. Mr. Sass replied that it was, since much of the costs are in the PBM contract. He added that Inpatient Pharmacy is under budget, which is partially a result of rebate programs. Ms. O'Connell commended Sharon Kotabe for all of her efforts.

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

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:40 p.m. Present in closed session were the same people who were present in open session with the exception of Gregg Sass and Wahid Choudhury.

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 MAY 14, 2002

Action Taken: The Committee approved the closed session minutes of May 14, 2002.

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the credentials report.

MEDICAL STAFF REPORT

D) Reconvene in Open Session

The Committee reconvened in open session at 5:20 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(b)(2).)

Action Taken: The Committee voted not to disclose any and all discussions held in closed session.

8) **ADJOURNMENT**

The meeting was adjourned at 5:21 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)