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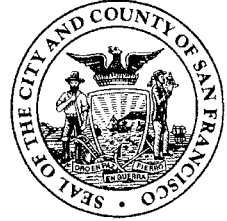
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Monday, November 10, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:15 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig
Commissioner Catherine Waters, RN, PhD

Staff: Sue Carlisle, M.D., Jeff Critchfield, M.D., Sue Currin, Kathy Eng, Myra Garcia, Valerie Inouye, Sharon Kotabe, John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Cathryn Thurow and Troy Williams.

2) APPROVAL OF THE MINUTES OF THE OCTOBER 14, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the October 14, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Hospital Administrator, presented her report.

Proposition A

Proposition A, the \$887.4 million general obligation bond measure to build a seismically safe SFGH, passed with 84% of the electorate in support of the measure!

SFGH Rebuild Update

A Planning Commission hearing for approval of the Conditional Use Permit that addresses the bulk and parking issues identified in the EIR is scheduled for November 20. At the meeting, the Zoning Administrator will also address excess height issues. Meanwhile, SFGH, DPW, and Webcor are continuing to develop site logistics for the rebuild. The Building 90 trailers will be dismantled the week of November 10 for relocation to the Southeast Health Center. Grading of the vacated area to expand parking will begin the week of November 17 ; this is to offset parking spaces that will be lost once the initial phases of utilities relocation begins.

Flu Vaccine Campaign

SFGH's flu vaccine campaign is underway. To get a jump on the influenza season, a roving flu cart visited units in late October and our stationary clinics began on November 3. Information packets with clinic schedules, a "Myths and Facts" sheet, talking points and general educational information have been distributed to managers. This year, everyone who works on the SFGH campus is strongly advised to receive the flu vaccine, except for those with a documented allergy. Employees who choose not to have the vaccine must take a HealthStream tutorial and quiz to ensure that an informed decision is made.

Grants & Acknowledgements

On November 4, CAPH and SNI announced that San Francisco General Hospital's "Baby Friendly Hospital Initiative" won an Honorable Mention award for this year's Quality Leadership Awards.

Patient Flow Report

The Committee discussed the Patient Flow Report (Attachments A and B) for November 2008, which was provided at the meeting.

Quality Council Minutes

The Committee reviewed the Quality Council minutes for September 2008.

Comments/Follow Up

- The December JCC agenda will include reports from Liz Gray on Long Term Care and Dr. Michael Drennan on Community Oriented Primary Care.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N. MS, Chief Nursing Officer, presented the Patient Care Services Report.

October 2008 2320 RN Vacancy Rate

Overall 2320 RN vacancy rate for areas reported is 6.28%

SFGH Ratio Staffing Data By Number of Shifts – 10/01/08 to 10/31/08

SFGH was able to meet staffing ratios in all areas except in Psychiatry where there was one shift when the area was unable to cover breaks.

Organizational Coordination for RN Training Programs

Leslie Holpit RN, MSN, who has had responsibility for preceptor training, the new graduate transition program and professional nurse role development, will assume responsibility for the professional nurse training programs in all nursing specialty areas.

The clinical educators and clinical nurse specialists (CNS) who currently have responsibility for the training programs will be accountable to Leslie for this piece of their role. The educators and CNSs will maintain their current reporting structure.

Through this new accountability, nursing-wide objectives related to professional role development and assessment of clinical competency for new professional nurses will be enhanced. This will further the collaboration between specialty areas and advance the standards for nursing competency.

RN Internship Program/New graduate Training: Sixteen medical-surgical RNs hired in the summer of 2008 are participating in a new graduate transition program meeting monthly and focusing on professional nurse role development. Currently, there is a work group revising the medical-surgical training program to strengthen the role of the unit preceptor and upgrade all training program related documentation.

Recruitment: A total of 30 LHH CNAs being displaced from their current positions have been reassigned to SFGH in the medical-surgical, psychiatric and critical care areas. Fifteen CNAs transitioned on October 27 and have begun training for their positions. The second group will begin on November 4.

Retention/Professional Development: SFGH is participating in the development of a grant proposal with academic partners SFSU, City College of San Francisco and College of San Mateo involving a demonstration model for collaborative education between baccalaureate and ADN pre-licensure nursing programs. This model, if funded, will provide a seamless transition from the ADN to BSN level of education and provides an exciting, progressive opportunity for SFGH RNs with associate degrees to advance their formal nursing education. The project is in response to the *Nursing Education Redesign White Paper* published in 2007 by the California Institute for Nursing and Healthcare.

Journey to Nursing Excellence

Nursing Services has launched our journey towards nursing excellence- using Magnet designation as the pathway to achieve shared governance, evidence based practice, improved patient outcomes and patient safety. Magnet Recognition is a prestigious international accreditation bestowed to healthcare facilities in recognition of excellence in patient care.

The Magnet Steering Committee, coordinated by Gillian Otway RN MSN, will select a consultant for the February 2009 gap analysis. The committee is reviewing Magnet standards, the application process as well as developing strategies for involvement of frontline staff and engagement of hospital wide participation and support.

On November 5, the journey to nursing excellence was introduced to the Nursing Executive Committee with an overview of what Magnet designation means and the goals of designation. On

December 17, the journey will be formally introduced to nursing staff, nurse educators, clinical nurse specialists and managers. The launch will involve a day long program focused on nursing practice and the enhancement of a shared governance structure to promote collaborative decision making in the promotion of excellence in nursing practice.

SFGH Transforming Care at the Bedside (TCAB)

TCAB committee is a national partnership between the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI). The partnership provides a *framework for change* that engages nursing frontline staff to improve the quality and safety of patient care on medical and surgical units. This framework or model of care is based on improvements in four main categories: safe and reliable care; vitality and teamwork; patient-centered care and value-added care processes.

The Robert Wood Johnson Foundation awarded SFGH scholarships to participate in the Institute for Healthcare Improvement (IHI) "Transforming Care at the Bedside" (TCAB) initiative. Approximately 40 hospital teams are enrolled in the TCAB Community in the IHI IMPACT Network with SFGH one of the few public hospitals enrolled.

On October 21, 2008, a multidisciplinary team from SFGH attended the first Transforming Care at the Bedside Conference (TCAB) and Community meeting in New Orleans. The TCAB Program was a 4-day workshop introducing high-leverage changes in each content area. A medical surgical multidisciplinary team was formed to participate in the model for change and attend the conference. The conference was attended by:

- Franco Herrera RN (TCAB Coordinator)
- Ana Sampera, RN, MS, CNS (Nursing Director Med/Surg)
- Arnold Dignadice, RN (Nurse Manager 5A -Pilot Unit)
- Brian Levardo, RN (Charge Nurse 5A)
- Lenie Devera, RN (Staff Nurse 5A)
- William Huen, MD (Hospitalist)
- Richard Brooks, MD (Hospitalist)

As a part of the TCAB community, the SFGH team seeks to increase the time a nurse is providing direct patient care at the bedside by 50% by June 2009. There is a large body of research showing improved patient outcomes (e.g. decrease LOS, reduction of pressure ulcers and falls incident rates) and fewer clinical complications (e.g. urinary tract infections, post-operative infection, and pneumonia) when nurses spend more time in direct care. The team will implement process improvements by streamlining communication pathways, eliminating redundant documentation and increasing proximity/availability of supplies and equipment where feasible. The TCAB team will spread this innovative framework for change onto other medical/surgical units upon successful completion of the 5A pilot project.

Palliative Care Consultation Service Funding

SFGH was recently awarded a \$250,000 grant from California HealthCare Foundation to implement an inpatient Palliative Care Consultation Service for a period of two years. Piera Wong, RN, CNS, MSN and Dr. Edgar Pierluissi, MD, with input from the Palliative Care Committee, submitted a grant proposal to support improving the quality of life for patients at SFGH with chronic and life-limiting illness, including those near the end of life. The team anticipates implementation of consultation services at the beginning of 2009.

PES -OCTOBER 2008

PES had 480 patient encounters during September and 478 in October. PES admitted a total of 139 patients to SFGH inpatient psychiatric units in October 2008, which was up from 131 in September 2008. In October, a total of 339 patients were discharged from PES, with 34 to ADUs, 33 to other psychiatric hospitals and 272 to community/home.

In October, PES was on Condition Yellow for a total of 8.17 hours, which was down from 11.05 hours September. The average length of Condition Yellow decreased in the month of October to 8.17 hours from 11.05 hours in September

There was a decrease in Condition Red from September to October. PES was on Condition Red for 113.63 hours during 11 episodes in October. The average length of Condition Red was 10.33 hours. In September, PES was on condition Red for 175.7 hours, during 18 episodes, averaging 9.71 hours. The average length of stay in PES for the month of October was 22.45 hours, which was a decrease from 25.16 hours in September.

ED Diversion Report - October 2008

The Emergency Department had a Diversion rate total of 25% (187 hours) for the month of October 2008. The ED had 4,011 patient encounters for the month of October.

During Diversion the ED held 362 admitted patients waiting for inpatient bed assignment (ICU-19, 4B/5D-174 Med/Surgical-169). During October 2008, the hospital was on Condition Yellow for 26% (195 hours).

Electronic Medication Administration Record (MAK)

The electronic medication administration record (MAK) went live on the pilot unit, 5C, September 30, 2008. The application provides many medication safety precautions and is a collaborative effort between Information Systems, Pharmacy and Nursing. The pilot is well received by nursing staff and facilitated identification of several system improvements. Reports generated from the application demonstrate a charting compliance of 99-100% for approximately 650 medications per day.

Roll out of MAK to Medical Surgical Units and Psychiatry will begin in June 2009, following an application upgrade and hardware upgrades.

Comments/Follow Up

- Ms. O'Connell said Sue Currin has changed the face of nursing at San Francisco General Hospital due to her success in getting outside funding.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

Proposition A

Dr. Critchfield thanked MEC members for their tremendous support to the PROP A campaign efforts and their ongoing commitment to SFGH.

Appointment of SFGH Psychiatry Service Chief

MEC unanimously approved the appointment of James Dilley, MD as the new Service Chief of Psychiatry. Dr. Dilley is the Interim Chief of SFGH Psychiatry, and the Director of the UCSF Aids Health Project, the largest HIV and mental health services organization in San Francisco.

Tom Bodenheimer, MD, Adjunct Professor in Family and Community Medicine, was elected into the Institute of Medicine, an honorific membership organization and a policy research organization. The purpose of the Institute is to provide national advise on issues relating to biomedical science, medicine, and health. Election to active membership is based on professional achievement and commitment to service. Dr. Bodenheimer's areas of interest are in chronic illness care, patient-clinician interaction, and Primary Care re-design. MEC acknowledged Dr. Bodenheimer's exceptional work in primary care, and his national role in the development of best clinical practice in primary care across the country.

Dr. Ed Chow , St. Louis University School of Medicine Alumni Merit Award

The Alumni Merit Award recognizes graduates who exemplify the University's Jesuit ideals of leadership and services to others. Thus, Dr. Chow is honored with this award for being an advocate for the health and well being for the underserved communities in the San Francisco Bay Area.

Medical Students/Residents Well Being

An article entitled "Medical Student Burnout and the Challenge to Patient Care" published in the NYTimes.com was discussed at MEC. The article noted studies indicating the high levels of distress in medical students and the need to identify causes and ways to facilitate student well being. MEC recognized the issue of medical student and housestaff burnout, and recommended that the Dean's Office look into available resources to develop a program to reduce stress and burnout, and sustain student/housestaff well being.

Bylaws Revisions

MEC unanimously approved the proposed revisions to the Bylaws presented by the Bylaws Committee, pending further language changes/corrections. The final draft of revisions shall be mailed to each eligible voter of the SFGH Medical Staff. The affirmative vote of 2/3 of the votes cast by Active members is required. Following approval, the revisions will be presented for approval to the JCC, and thereafter to the Health Commission.

Action Taken: The Committee approved the appointment of James Dilley, MD as the new Service Chief of Psychiatry.

6) REVIEW AND APPROVAL OF AMENDMENTS TO SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER GOVERNING BODY BYLAWS

Kathy Murphy, Deputy City Attorney, presented amendments to the governing body bylaws. The bylaws set forth the responsibilities of the governing body, the roles and responsibilities of the executive administrator and the leadership standards, among other provisions. These amendments will be presented to the Health Commission for review and approval on December 2, 2008.

Comments/Follow Up

- Commissioner Illig asked about the provision that the governing body cannot unilaterally amend medical staff bylaws. Commissioner Chow said CMA is strongly supportive of such language and he personally thinks that it is a reassertion of the need for the governing body and medical staff to work together.

- Commissioner Illig asked that the Commission received the Foundation's annual report and audited financial statements.

Action Taken: The Committee recommended the governing body bylaws to the full Health Commission.

7) **DPH FY2008-2009 PROJECTED SHORTFALL**

Valerie Inouye, Chief Financial Officer, reviewed the financial estimates for the current fiscal year. The Health Department is facing a \$25 million shortfall in the current year due to state budget cuts, revenue shortfalls due to a rapidly reduced census at Laguna Honda and other factors. DPH has submitted a plan to the Mayor's Office outlining how the Department will address the shortfall, including additional revenues and holding 75 percent of positions vacant. This is a very aggressive plan. The Mayor's Office has directed DPH to incorporate the spending plan into its first quarter financials.

Comments/Follow Up

- Commissioner Illig said that DPH got by far the largest percentage of cuts in the last budget rounds. He urged hospital administration and medical staff to meet with the newly elected supervisors and give them a tour of the hospital.

8) **REVIEW OF THE AFFILIATION AGREEMENT**

Gene O'Connell, SFGH CEO, and Sue Carlisle, M.D., UCSF Associate Dean provided a detailed overview of the affiliation agreement. San Francisco has a very unique agreement. It is a true partnership. Neither entity could do the work without the other. Dr. Carlisle said that a 2002 study showed that SFGH was receiving \$3 million more in services from UC than it was paying for. In 2008 the Health Department paid \$86.34 million through the affiliation agreement. One half of the budget is for staff rather than faculty. The majority of the funding is for the clinical laboratories.

Comments/Follow Up

- Commissioner Illig asked why there are so many non-physician staff in the agreement. Ms. O'Connell and Dr. Carlisle said the agreement used to be only for specific physician services. As the years passed more services were added to the agreement based on need. Ms. O'Connell said SFGH is lucky that the university has been there to provide the services. Dr. Carlisle said she offered the non-physician employees back to the city a few years ago and the city turned her down. Commissioner Illig said it is important as we are approaching budget cuts that we understand what we are getting and what we are paying for.
- The Committee commended staff for the thorough and easy to read overview of the affiliation agreement and asked that it be distributed to all other Commissioners. Cathryn Thurow will see to this. Commissioner Illig asked that a summary of the 2002 ECG report be included as well.

9) **PUBLIC COMMENT**

None.

10) **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 5:25 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Sue Carlisle, M.D., Associate Dean, Jeff Critchfield, M.D., Chief of Medical Staff, Sue Currin, Chief Nursing Officer, Myra Garcia, Medical Staff Services, Sharon Kotabe, Pharmacy Director, John Luce, M.D., Chief Medical Officer, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Troy Williams, Director, Risk Management and Michele Seaton, 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 OCTOBER 14, 2008

Action Taken: The Committee approved the October 14, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

REVIEW OF JOINT COMMISSION SURVEY FINDINGS

D) Reconvene in Open Session

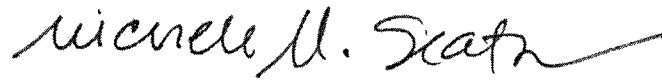
The committee reconvened in open session at 5:35 p.m.

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.

11) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.



Michele M. Seaton
Health Commission Executive Secretary

Patient Flow Report for October 2008

Attached (Attachment B) please find a series of charts depicting changes in the average daily census.

Medical/Surgical

Average Daily Census was 230.7, which is 9% over budgeted beds and 95% of physical capacity of the hospital. 13% of the Medical/Surgical days were lower level of care and 3% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, **excluding 7L**, was 58.5, which is 93% of budget and 91% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.2, which is 75% of budget and 44% of physical capacity. Latest Utilization Review data from the Mental Health billing system, month of September, shows 71% non-acute days (20% lower level of care and 51% non-reimbursed). This data is based on discharges, do not include our 7L Forensic patients or days where the patients have not been discharged.

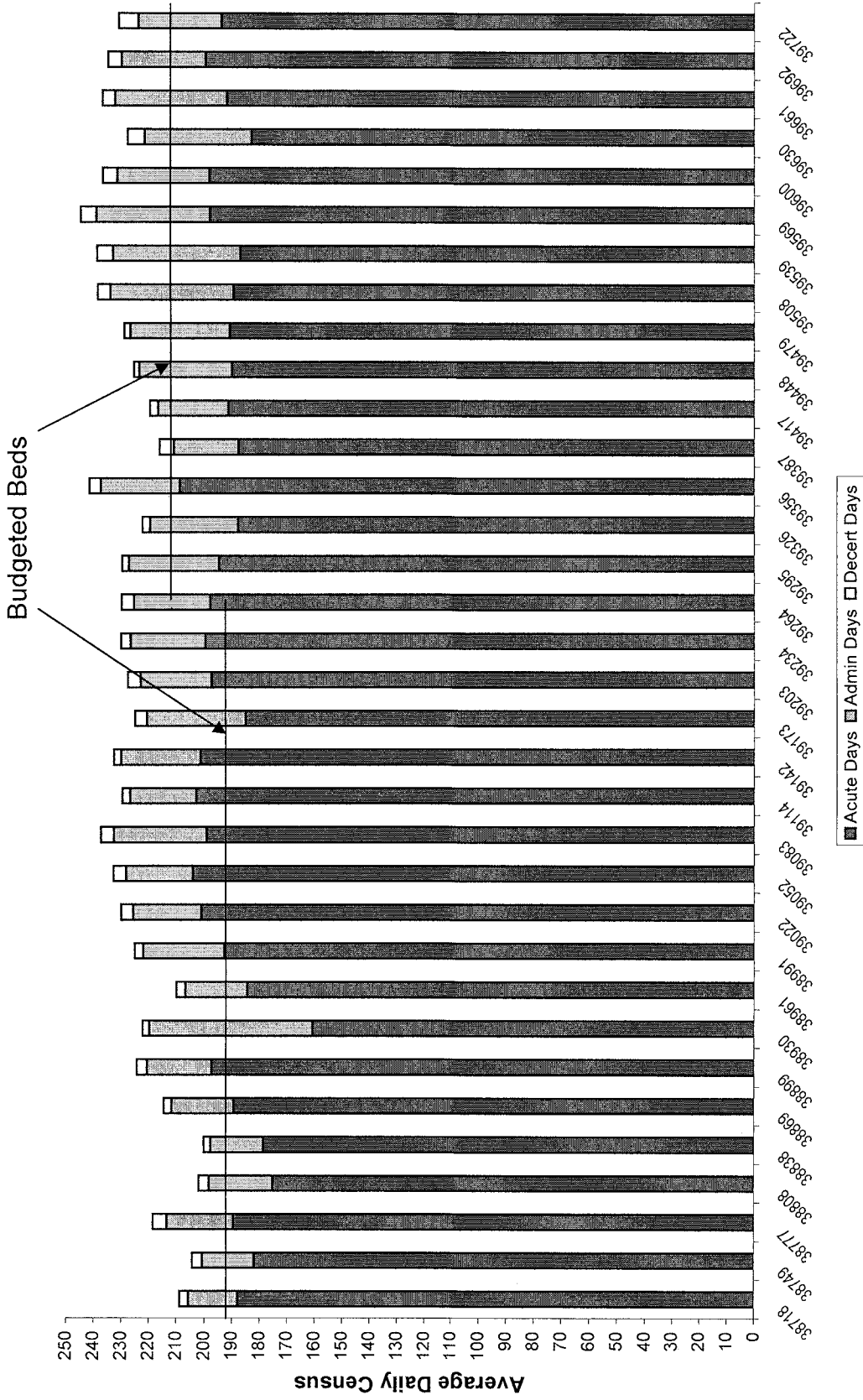
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 29.5, which is 5% over our budgeted beds and 98% of physical capacity.

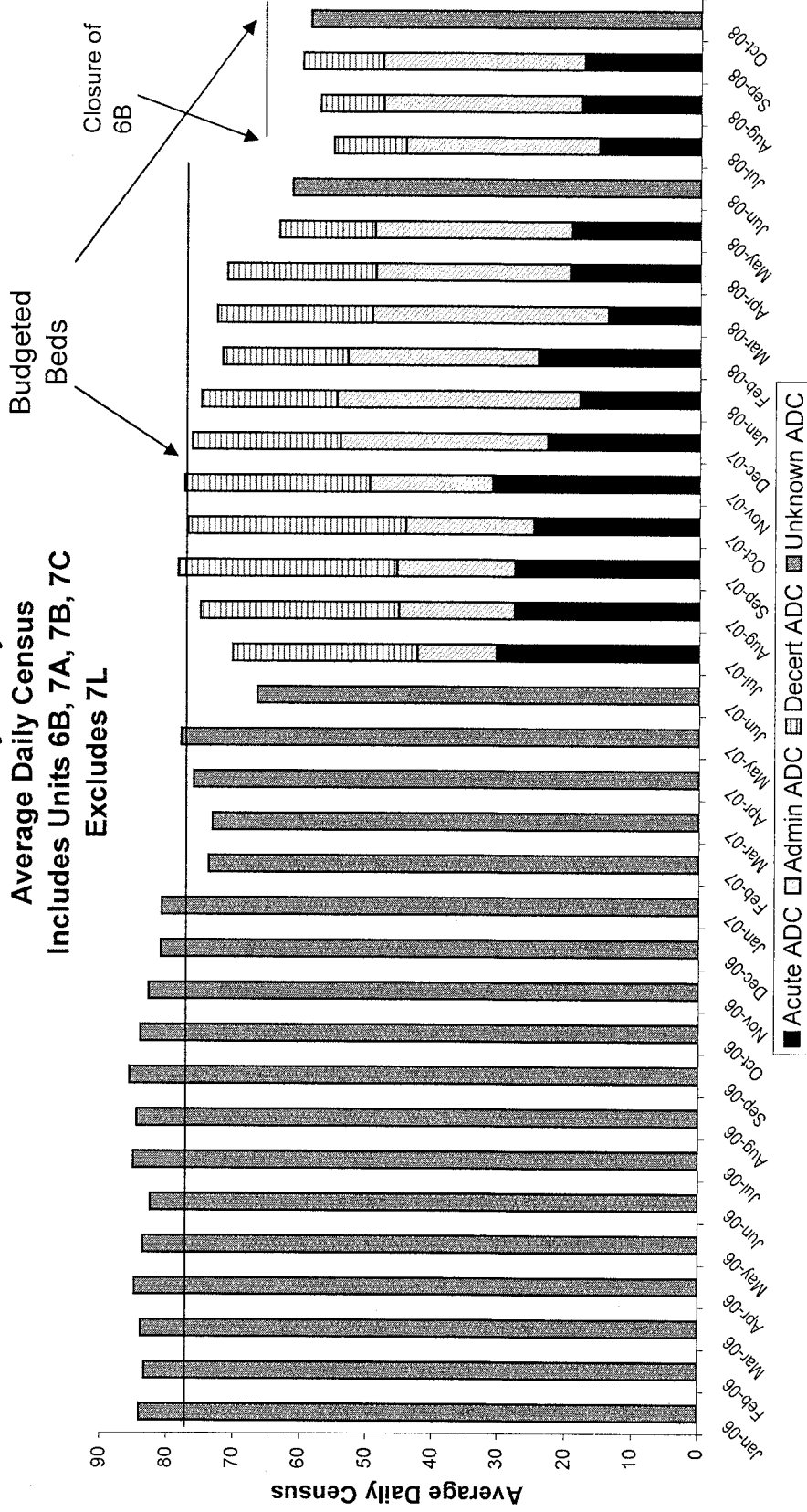
San Francisco Behavior Health Center

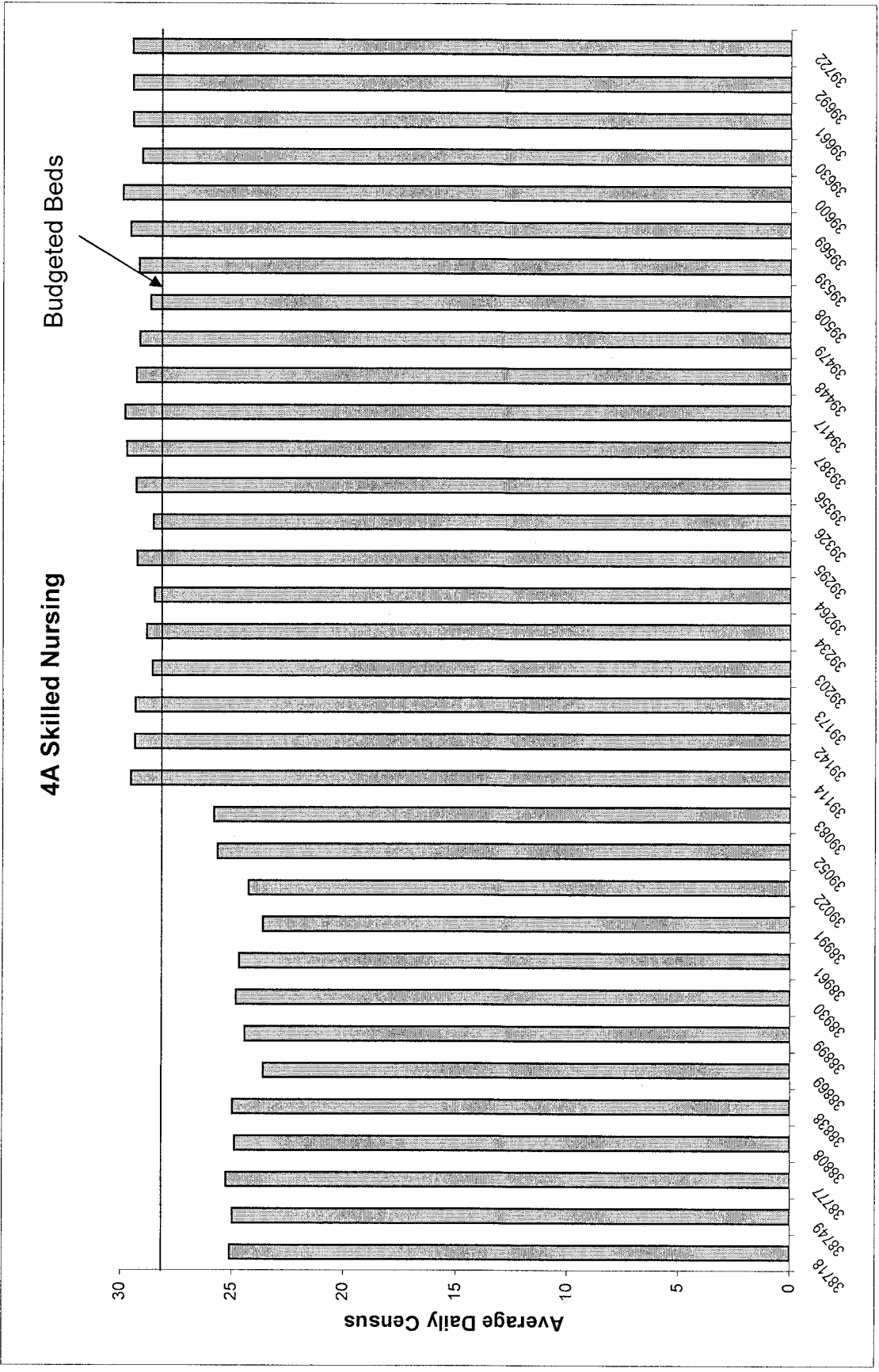
ADC for the San Francisco Behavior Health Center was 101.9, which is 4% below both our budgeted beds and our physical capacity.

Medical/Surgical



**Acute Psychiatry
Average Daily Census
Includes Units 6B, 7A, 7B, 7C
Excludes 7L**





SFBHC: Mental Health Skilled Nursing and Mental Health Rehabilitation

