

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Jim Soos
Acting Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, November 10, 2009
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 3:05 p.m.

Present: Commissioner Edward Chow, M.D., Chair
Commissioner Catherine Waters, R.N., Ph.D., Member

Excused: Commissioner David J. Sanchez, Jr., Ph.D., Member

Staff: Sue Carlisle, M.D., Jeff Critchfield, M.D., Sue Currin, Kathy Eng, Delvecchio Finley, Valerie Inouye, Sharon Kotabe, Todd May, M.D., Iman Nazeeri-Simmons, Marti Paschal, Roland Pickens, Baljeet Sangha, Dan Schwager, Sharon Wicher, Troy Williams, Hal Yee, M.D.

2) APPROVAL OF THE MINUTES OF THE OCTOBER 13, 2009 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the October 13, 2009 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, Chief Executive Officer, presented the report.

SFGH Rebuild Update

San Francisco General Hospital & Trauma Center held a successful groundbreaking ceremony for the new hospital on October 22, which was attended by hundreds of hospital staff, San Francisco city and county, health care and business leaders. Mayor Gavin Newsom spoke, along with Mitch Katz, Director of the San Francisco Department of Public Health, Sue Currin, CEO, SFGH, Sue Carlisle, Associate Dean, University of California, San Francisco, Judy Guggenhime, President of the San Francisco General Hospital Foundation, and Ed Reiskin, Director of the San Francisco Department of Public Works. Several Health Commissioners and members of the Board of Supervisors attended, as did Treasurer Jose Cisneros and UCSF Chancellor Susan Desmond-Hellman, among many other luminaries. The San Francisco General Hospital Foundation, which co-sponsored and helped organize the event, was represented by several board members. Other event sponsors included Webcor Builders, Fong & Chan Architects, Jacobs Engineering, Arup North America, PB Strategies, KHS&S Contractors, F.W. Engineers, SOHA Engineers, Critchfield Mechanical Inc, ACCO Engineered Systems, and W. Bradley Electric. The event enjoyed positive press coverage by several local media outlets, including the San Francisco Chronicle and the Examiner.

Since the groundbreaking, the main lawn has been fenced off and construction crews are busy with the site utilities relocation necessary to prepare the current campus to continue fully operating during the years of construction ahead.

Commission on Accreditation of Rehabilitation Facilities (CARF) Survey

On October 21, 2009, two surveyors from the Commission on Accreditation of Rehabilitation Facilities (CARF) arrived to conduct the three day triennial survey of the SFGH Opioid Treatment Program (OTP) on Ward 93/95 which included the off-site Methadone Clinic mobile vans at Walden House, Sunnyside, and Bayview. Kudos to Deborah Logan RN, Nurse Manager, Ed Pease RN, Charge Nurse, Dr. Stephen Dominy, Executive Director, Dr. Kevin Mack, Medical Director, and the wonderful OTP staff for a glowing accreditation survey exit conference.

Out of approximately 2500 standards, 21 recommendations were made - all of which are easily correctable. An official accreditation status report is expected to be issued by CARF in approximately 8-10 weeks and any corrective action plans requested will be due to CARF within 8-10 weeks following receipt of that report. We anticipate receiving a 3 year accreditation.

The following are several of the many complimentary quotes made by the two surveyors during the exit conference:

“it is evident that the organization has a strong commitment to CARF”

“the program's Medical Director is a psychiatrist - very unusual in OTPs and one of the reasons the SFGH program is so excellent”

“the medication management practices are excellent - among the best surveyed”

“the experience of the OTP Executive Director is an absolute strength - few OTPs have an executive director with his experience”

“the many special populations served (pregnant, TB+, HIV +) bring a special dimension of excellence and depth to the program”

“the use of the mobile van model to bring the program to where the clients are is creative and reflects the organizations' deep commitment to serve this underserved population”

“the Women's Drop-in Center is yet another unique and creative example of the organization's commitment to serving this population”

“the persons served praised the program for its commitment and quality of care - their comments during interviews were the kind of unscripted tributes that indicate that the work done here is excellent every day - not just when being surveyed!”

“the service is provided by staff who are clearly qualified, caring, competent, compassionate, passionate - and is provided with class”

CAPH Quality Leader Award for IDEALL

The SFGH/CHN IDEALL Project: Automated Telephone Self-Management Support Model for Diabetes received the California Association of Public Health Systems and California Health Care Safety Net Institute 2009 Top Honors Award. The Improving Diabetes Efforts Across Language and Literacy (IDEALL) Project, developed at San Francisco General Hospital/Community Health Network of San Francisco, was the genesis for an innovative program that combines accessible, multilingual communication technology with targeted interpersonal support to improve health outcomes for diabetes patients in a public “safety net” setting. In a large demonstration project, the IDEALL team, directed by Dean Schillinger, M.D., created an automated telephone self-management support model (ATSM). Compared to group-oriented support and ‘usual care’, ATSM was found to be far superior in terms of patient engagement, improved diabetes-related health outcomes and patient safety, and was highly cost-effective.

The project, funded by the San Francisco Department of Public Health, the Agency for Health Research and Quality, the Commonwealth Fund, the California Endowment, and the California Healthcare Foundation, involved 339 patients with type 2 diabetes and ran from 2003 to 2006. The ATSM system is now being scaled-up for nearly 800 patients in SFGH and DPH primary care clinics through a collaboration between the Center for Vulnerable Populations at SFGH and the San Francisco Health Plan. This program, entitled SMARTSteps, has enrolled 200 participants and anticipates an additional 300 participants in the next few months.

Because of its success, the ATSM system has been highlighted by various groups including funding organizations, ethnic media groups, and academic institutes. It has been recognized as a national model for reducing language- and literacy-related health disparities by both the Institute of Medicine and AHRQ, and as a model program for ambulatory patient safety by The Joint Commission.

SFGH Foundation Hearts Grants

On October 28, the San Francisco General Hospital Foundation awarded over \$1 million in Hearts Grants to various SFGH programs and initiatives. A list of the grant recipients, project titles, and project descriptions is attached.

Kaiser PHASE Grant

The Kaiser Foundation has awarded SFGH a two-year Prevent Heart Attacks and Strokes Everyday (PHASE) grant for \$300,000. PHASE, a model of care developed by Kaiser, is an evidenced-based, cost effective method of cardiovascular disease prevention in high risk patients. The key programmatic elements are a registry and panel management. SFGH received a PHASE grant in 2008-2009 to replicate the program in 4 DPH clinics: GMC, FHC, Ocean Park, and Chinatown. The 2009-2010 grant will be used to expand the program to the Maxine Hall, Southeast, and Silver Avenue clinics.

Patient Flow Report for October 2009

A series of charts depicting changes in the average daily census for Medical/Surgical, Acute Psychiatry, 4A Skilled Nursing Unit, and the San Francisco Behavioral Health Center were attached to the report.

Quality Council Minutes

The Quality Council minutes for September 2009 were attached to the report.

Commissioners' Comments/Follow-Up Action

- Commissioner Chow commended the IDEALL project and plans for its expansion. He questioned the number of admin and denied days for psych beds, noting that although the census has been lowered, the percentage of denied days has not significantly changed. Sharon McCole Wicher, Acting Chief Nursing Officer, noted that SFGH continues to work with the Community Behavioral Health Services placement team to address the patient flow issue.

Action Taken: The Commission reviewed and approved the Quality Council minutes and related policies, procedures, and reports, including the Patient Safety Plan.

4) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Acting Chief Nursing Officer, presented the Patient Care Services Report.

October 2009 2320 RN Vacancy Report

Overall 2320 RN vacancy rate for areas reported is 3.15%.

SFGH Ratio Staffing Data, By Number of Shifts – 10/01/09 to 10/31/09

SFGH was able to meet staffing ratios in all areas except Psychiatry where there were 13 shifts when the area was unable to cover breaks.

Recruitment/Retention/Training/Professional Development

The fall medical-surgical training program is underway.

Recruitment: Provided in the vacancy report.

Retention/Professional Development: Results from the NDNQI Nursing Satisfaction Survey have been received. Dissemination of survey results began at the Nursing Executive Committee on November 3 with the Magnet Champions in attendance. Results will be disseminated to all nursing areas that participated in the survey with the opportunity for direct care nurses to analyze results and create plans for improvement.

SFGH continues to participate in the CAL-Pros initiative with SFSU, City College of SF and College of San Mateo to integrate the ADN to BSN curriculums. A conference will be held November 14 at Laguna Honda Hospital for nursing faculty and staff from SFGH and other bay area health care organizations to explore the academic- service partnership and advance ADN-BSN nursing education within the Bay Area.

SFGH continues to support Jewish Vocational Services in the training of RNs. Gillian Otway, RN, MSN, CNL recently offered job counseling and advice to participants of the RN Refresher Program at JVS.

The Partners in Nursing Education Program is currently supporting three SFGH staff. One of the staff is in the CNL Program at USF and two of the participants are Medical assistants who are completing pre-requisites for entry into RN programs. The program offers support through tutoring and 8 hours of paid time per pay period to complete school work.

Nursing Excellence

Hospital-wide Nursing Practice Council member Sheree Bauer RN presented the nursing practice guidelines for “Patient Handoff” at NEC. The guidelines will be rolled out through the practice committees as well.

The Hospital wide Nursing Practice Council is currently reviewing the structure and process at SFGH for the determination of nursing practice related to medication administration. The goal is to insure that direct care nurses have input into the nursing role in medication administration.

Nursing Research Conference

On October 29th and 30th, SFGH nurses participated in the 11th annual Research in Action Days conference highlighted with workshops and podium and poster presentations. This event is conducted by Dr. Nancy Donaldson RN, DNSc, through the Center for Nursing Research and Innovations, a joint UCSF and Stanford University venture. SFGH, along with eleven other hospitals, serve as sponsors for this nursing seminar that celebrates practice excellence, innovation, research and quality improvement in patient care.

SFGH was represented with 20 RN participants in the two day program. Of these nurses, nine submitted abstracts of their research efforts or innovative clinical practices. SFGH nurses presented seven posters demonstrating nursing initiatives with two abstracts selected for podium presentations. The podium presentations were as follows:

- Charlotte Kuo, RN, NP from the SFGH Diabetes Clinic presented “Preliminary Results of Two Targeted Interventions Led by Advanced Practice Nurses for Adult Patients with Poorly Controlled Type 2 Diabetes”.
- Nora Brennan MS, CWOCN, RN from SFGH Critical Care Units presented “Pressure Ulcer Prevention in the Critical Care Setting”.

Betty and Gordon Moore funding for continuation of the Integrated Nursing Leadership Program (INLP) Sepsis Project

Julie Kliger RN, Program Director for INLP announced the receipt of additional funding for the INLP sepsis cohort. Each hospital will receive an additional \$40,000.00. These monies will be in addition to the \$20,000.00 already set-aside to support each hospital’s data collection efforts.

These additional funds will go towards providing release time for the INLP Team. Specifically, these monies will be applied to off-set the costs of release time for the INLP Team members to attend off-sites and on-sites activities, along with any related work required to drive improvement within participating hospital.

SFGH has participated in the INLP sepsis project since October 2008. This project supports our patient safety goals through collaborative team approach for early identification and treatment of sepsis with reduction in the incidence of mortalities and morbidities.

INLP Medication Safety Project

The second cohort of the Integrated Nurse Leadership Program (INLP) graduated on October 28, 2009. This program, led by Julie Kliger RN, from the UCSF Center for Health Professions, was a two year program focused on decreasing medication errors. In addition to medication safety this program developed frontline staff leadership skills, increased staff involvement in performance improvement initiatives, and enhanced staff nurses' capacity to create and lead sustainable systems change.

The graduation celebration brought SFGH participants and nursing leaders together with INLP nurses from eight other bay area hospitals to share successes and accomplishments realized through the project. Participants from medical-surgical units, labor and delivery, and nursery units, gained the experience and confidence to operationalize improved systems and processes for medication administration on each of their individual wards.

Through the efforts of these improved practices, SFGH realized a decrease in medication errors as demonstrated by CALNOC med- pass observation data. Staff nurses reported an increase in awareness about medication safety related to administration while demonstrating improved patient outcomes, increased leadership capacity and an increase in patient participation in medication administration safety.

ED Diversion Report – October 2009

The Emergency Department had a Diversion rate total of 24% (178 hours) for the month of October 2009. The ED used 37 (5%) hours of Trauma Override during citywide Diversion suspension. The ED encounters for the month of October were 3789 patients and 809 admissions.

PES – October 2009

PES had 493 patient encounters during September 2009 and 450 in October 2009. PES admitted a total of 120 patients to SFGH inpatient psychiatric units in October 2009, which was down from 132 in September 2009. In October, a total of 330 patients were discharged from PES: 30 to ADUs, 28 to other psychiatric hospitals, and 272 to community/home.

PES was on Condition Yellow for a total of 12.1 hours in October and 2.3 hours in September.

Commissioners' Comments/Follow-Up Action

- Commissioner Waters questioned why Psychiatry was unable to cover breaks during 13 shifts in the month of October. Sharon Wicher noted that the staff absences were caused by a combination of sick calls with flu-like symptoms, FMLA, and work-related leaves of absence. To address this, Psychiatry is hiring per diem staff and will conduct a training in January 2010.

5) MEDICAL STAFF REPORT

Todd May, M.D., Chief of Staff, presented the Medical Staff Report.

SFGH Leadership

- Joint Commission Clinical Laboratory and Anatomic Pathology Survey
Members congratulated Dr. Eberhard Fiebig, (Chief, Laboratory Medicine) and Walter Finkbeiner, MD (Chief, Anatomic Pathology) for a successful and well-organized Joint Commission Accreditation Survey conducted Nov 2-6, 2009.
- Formal Approval of Existing Policies Pursuant to CMS Survey: During the CMS survey, the physician surveyor identified several policies as "medical staff" policies. According to the Conditions of Participation, all medical staff policies must be approved by the Medical Executive Committee and Governing Body. MEC formally approved the following Policies and Procedures:
 1. Medical Staff Credentialing Policy and Procedure
 2. Autopsy Authorization Policy and Procedure
 3. Radiology License, Certification, and Permits Requirements Policy
 4. Radiology Clinical Service House Staff Training Program and Supervision Policy
 5. Staff Radiologist: Credentials and Privileges Policy
- Formal Approval of Existing Policy Pursuant to CMS Survey regarding the Frequency and Detail of Quality Data Collection
Per Iman Nazeeri-Simmons, Associate Administrator, Quality & Patient Safety:
During SFGH's CMS Validation Survey (September 29 – October 8, 2009), it was noted by the physician surveyor that the hospital's governing body had not established the frequency and detail of quality data collection, as required by the Conditions of Participation (CoP). In order to come into compliance with this CoP, I am requesting that the governing body approve the frequency of quality data collection for the Performance Measures (reviewed and approved at October's JCC) as monthly and the Patient Safety Plan (also approved at October's JCC) data collection frequency as at least quarterly.

Patient Care

- Palliative Care Service at SFGH –
Drs. Anne Kinderman and Heather Harris from the SFGH Medicine Service gave a presentation to MEC introducing the Palliative Care Service that will start on December 1, 2009. The Palliative Care Service is an interdisciplinary team that provides consultative support for patients with advanced, life-limiting illnesses, as well as their families and caregivers. They offer expertise in communicating with patients and families (e.g. establishing goals of care, explaining diagnoses or prognoses, facilitating family meetings), treating refractory or complex symptoms, and addressing psychosocial or spiritual concerns. The program also facilitates transitions to comfort-oriented and hospice care.
- Seasonal Influenza/H1N1 Vaccines
Dr. Lisa Winston provided an update to MEC members about the impact of the national shortage of seasonal influenza and H1N1 vaccines. SFGH presently has a very limited supply of vaccines that is being prioritized for high-risk patients and healthcare workers. H1N1 infection continues to remain widespread in California and nationwide. The Infection Control Department is exerting every effort to assign available vaccine doses to patients and providers with the most need.

Administration/Regulatory/Compliance

- Medical Records Issues
Delinquent Medical Records – The Service Chiefs initiated immediate corrective actions in response to issues cited by the recent CMS survey regarding the hospital's medical records delinquency rate. Dr. May circulated the latest delinquency report dated 11/04/09

demonstrating a 70% decrease in delinquent records since the survey (attached). We now are in compliance with regulations. Dr. May thanked the Service Chiefs for their immediate response and at the same time emphasized the need to sustain compliance with CMS requirements. Members discussed strategies to improve the process and ensure full compliance, including utilizing Electronic Signature Authentication (ESA) for discharge summaries and educating housestaff regarding efficient completion of discharge summary dictations. Members also acknowledged the need to address team workflow issues and the importance coordinating with the other campuses in completing medical records prior to the completion of housestaff clinical rotations. Health Information Systems will continue to send weekly reports of delinquency rates to Service Chiefs, along with a list of outlier physicians.

Removing Medical Records from the SFGH Premises - Members expressed commitment to protect the confidentiality of patient's health information and agreed to Dr. May's request to assess current practices on their individual services to identify and address areas vulnerable to privacy breach.

Medical Records in OR – Issues were identified regarding compliance with requirements for completion of H&Ps and consent forms prior to surgical procedures. Members were advised to ensure that all faculty and staff fully comply with hospital policies and procedures regarding medical records documents.

- CPOE (Computerized Physician Order Entry) – Ms. Pat Skala (Director, Information Systems) and Dr. Todd May (on behalf of The SFGH Medical Staff) received a Heroes & Hearts Grant of \$125,900 for use toward a one year subscription to a web-based tool for creating and maintaining medical order sets and care plans for CPOE. The software has a central online platform and features links to evidence summaries and reference sources. Dr. May emphasized the CPOE design effort will require a great deal of physician participation. He seeks a physician project leader to coordinate the development of order sets. Furthermore, Dr. May requests each service to identify a primary physician representative for this project. This project is a high priority for the hospital and DPH with a target date to begin work January 2010.

Annual Service Reports

- Anatomic Pathology– Steven Nishimura, MD (for Walter Finkbeiner, MD, Chief)
Dr. Nishimura highlighted the Service's strengths, accomplishments, and challenges.
 - Strengths: Core group of experienced faculty/staff, complete pathology laboratory (histology, immunopathology, cytology, and electron microscopy), and high volume of specimens analyzed and reviewed by faculty (15,000 cytology, 8,800 surgical specimens, 30 autopsies)
 - Accomplishments: Introduced liquid-based collection for cervical/anal cytology specimens; reorganization of administration and support staff, addressing budget reductions and improving quality of care
 - Challenges: Retention and recruitment of clinical/research faculty and cytotechnologists; location outside hospital
 - Long-term goals: Development of an FNA clinic in the Department of Pathology; relocation of Pathology closer to sites of patient care.
- MEC approved the updated 2009 Anatomic Pathology's Clinical Service Rules and Regulations presented by Dr. Stephen Nishimura for annual review and approval. There were no substantive changes.
- MEC approved Anatomic Pathology's 2010 Reference Laboratory List—no change from last year.

Commissioners' Comments/Follow-Up Action

- Commissioner Chow asked about the source of funding for the Palliative Care Service. Sue Currin replied that the service is funded by a combination of grant funding and the reallocation of resources. The Palliative Care Service is part of the hospitalist program and will launch in an inpatient area and later be expanded to outpatients.
- Commissioner Chow asked if unvaccinated staff will be required to wear masks if there is not a sufficient quantity of the flu vaccine for all staff. Sue Currin replied that the original deadline for staff to obtain a flu shot is December 15; if the hospital has not received a sufficient number of doses by then, the issue will be revisited.
- Commissioner Chow asked how the Computerized Physician Order Entry will be funded after the one-year Heroes & Hearts grant is used. Hal Yee noted that the CPOE is just one of several health IT solutions the hospital management is considering as it defines its needs. Sue Currin noted that CPOE has been identified as a key component of "meaningful use" and that the hospital must have this in place by 2011 to avoid the disincentive program's reduction in Medicare.

Action Taken: The Commission reviewed and approved the 2009 Anatomic Pathology Clinical Service Rules & Regulations and the Anatomic Pathology 2010 Reference Laboratory List.

6) **APPROVAL OF MEDICAL STAFF POLICIES**

Action Taken: The Commission reviewed and approved the following Medical Staff Policies & Procedures:

- Medical Staff Credentialing Policy and Procedure
- Autopsy Authorization Policy and Procedure
- Radiology License, Certification, and Permits Requirements Policy
- Radiology Clinical Service House Staff Training Program and Supervision Policy
- Staff Radiologist: Credentials and Privileges Policy

Action Taken: The Commission reviewed and approved the following Policies & Procedures:

- Frequency and Detail of Quality Data Collection

7) **PUBLIC COMMENT**

None.

8) **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 4:05 p.m. Present in the closed session were Commissioner Chow, Commissioner Waters, Sue Carlisle, M.D., Jeff Critchfield, M.D., Sue Currin, Kathy Eng, Delvecchio Finley, Sharon Kotabe, Todd May, M.D., Iman Nazeeri-Simmons, Marti Paschal, Roland Pickens, Baljeet Sangha, Dan Schwager, Sharon Wicher, Troy Williams, Hal Yee, M.D.

- 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 13, 2009

Action Taken: The Committee approved the October 13, 2009 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

- D) Reconvene in Open Session

The committee reconvened in open session at 4:48 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.

9) **ADJOURNMENT**

The meeting was adjourned at 4:48 p.m.

Mark Morewitz
Executive Secretary to the Health Commission