

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

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

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



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

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.dph.sf.ca.us>

MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, November 14, 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 Chairperson Commissioner Lee Ann Monfredini at 3:35 p.m.

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

CHN Staff: Gene O'Connell, Phil Hopewell, M.D., Ken Jensen, Connie Young, Alison Moed, Tony Wagner, Monique Zmuda, Beth Maloney, Melissa Garcia, Carlos Villalva, John Luce, M.D., Alan Gelb, M.D., Hiro Tokubo, Sue Currin

2) HOSPITAL HEALTHCARE UPDATE

(Activities and operations of SFGH)

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

Update on Mammography Task Force

In June 2000, a mammography services task force was charged to explore and recommend ways in which to improve mammography services delivery SFGH patients. After meeting for four months, the Task Force drafted the proposal, which is available in the Commission Office.

On December 5th, 2000, the Year 2000 San Francisco General Hospital Medical Center Annual Report will be presented to the Health Commission. The Annual Report (draft available in the Commission Office) contains pertinent information regarding SFGHMC's performance in various areas through the reporting of staff competency, medical staff credentialing and bylaws, Hospital Plan for Provision of Patient Care, the Environment of Care, Utilization Review Report, Quality Management Report, and the Risk Management Report. All of these reports are presented to the Health Commission in accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards, specifically Governance Standard, GO.2, "*Those responsible for governance establish policy, promote performance improvement, and provide for organizational management and planning*" as well as various standards under "Leadership."

In preparation for the December 5th presentation of the Annual Report, Ms. O'Connell highlighted different points/items of each report. Overall, the content matter of each report has not changed significantly from those reports presented in previous years.

Competency

This report concentrates on the performance of all 2500 staff (both City and County and UCSF) who work at San Francisco General Hospital Medical Center. SFGH is currently still in the process of analyzing all performance appraisals for completeness and is continuing to input all performance appraisals into our database. The report will be completed by and presented to the Health Commission on December 5th. The initial results show that there are no significant changes in the distribution of the ratings and/or the identified problem areas of employees' performance as from what was presented the previous year.

Hospital Plan for Provision of Patient Care

The policy and procedure on the Hospital Plan for Provision of Patient Care was reformatted so to streamline the previous policy and procedure as well as more clearly address JCAHO and Title 22 guidelines. Changes seen in this revised plan include:

Section II: Authority and Responsibility

- Changing title from "Services provided at SFGHMC" to "Authority and Responsibility"
- Adding, "The responsibility for maintaining the quality of care is delegated to the SFGHMC Executive Administrator."
- Enumerating roles and responsibilities of:
 - SFGHMC Executive Committee
 - Medical Executive Committee
 - Directors, Chairpersons and Managers
 - Chief Nursing Officer

Section III: Scope of Service

- The patient population demographics has been updated
- African American and Latinos account for 50% of the Hospital's patients
- All ethnic minorities account for 65% of the Hospital's patients
- Reimbursement
- Medi-Cal visits to the Clinics and Inpatient discharges have declined

- The percentage of MIA, sliding scale/patient pay has increased for both clinics and inpatient

Section IV: Definition of Patient Services, Patient Care, Patient Support

- This section was rewritten so to more clearly define patient services, patient care, and patient support

Section VII: Quality Improvement Activities

- This section was rewritten so to more clearly show accountability and responsibility of all SFGHMC departments in following the hospital's plan for continuous quality improvement, with a cross reference to policy and procedure 17.1: Quality Improvement Program.

Section IX: Patients' Rights and Responsibilities and Organizational Ethics

- This section was added so to better address different JCAHO and Title 22 standards. This section cross-references already existing policies and procedures.

Quality Improvement Program

The purpose of the Quality Improvement Program is to establish and maintain a systematic process to measure, assess, and improve patient care and the organizational functions, which support the delivery of the care.

As part of the policy and procedure, the governing body must approve the SFGHMC Quality Improvement Program policy and procedure. There have been no significant changes made in the policy and procedure of the Quality Improvement program as from presented in previous years.

Quality Management Report

The Quality Management Department is responsible for ensuring and maintaining the quality of care and services provided to patients and residents within San Francisco General Hospital Medical Center. As an ongoing effort to meet all regulatory standards, as well as improve quality of care at San Francisco General Hospital Medical Center, the Quality Management Department is continually engaging in numerous new projects. Below is a summary of this year's projects.

1. SFGH is voluntarily participating in the PEP-C (Patient's Evaluation of Performance in California) Patient Satisfaction Survey, which is a statewide project sponsored by the California Institute for Health Systems Performance and the California HealthCare Foundation. Patients are asked to respond to questions about how well the hospital coordinated their care; are families involved with decision making; and are they given enough information when they are discharged.
2. With the suspension of Critical Care Diversion in the City, the Quality Management Department in collaboration with the Emergency Department will be monitoring the ED Diversion Rate and its impact on patient care.
3. In an effort to increase patient flow throughout San Francisco General Hospital, the Wound Care/ISIS Clinic was created. QM will be monitoring the program's effectiveness in improving patient flow and decreasing decertified days in Acute Medical-Surgical.

4. All Type I's were removed from the May 1999 JCAHO survey and in March 2000, SFGH finally received the CALS report from DHS. All plans of corrections were accepted by DHS.
5. Because of changes made by HCFA and JCAHO, a Task Force has been charged to develop an institution-wide response to updating restraint policies and practices and ensuring that staff receive appropriate training.

SFGH has also participated in the Finance Subcommittee's Work Group on Benchmarking. SFGH selected four benchmarks to monitor in FY 2000/01:

Access Benchmark

- SFGH = ED diversion rate does not exceed a rate of 10%
- Prim Care = New patient appointment available within 30 days

Customer Service Benchmark

- SFGH = The overall rating (percent "excellent") will be within 3% of the PEP-C overall average.
- Prim Care = Greater than or equal to 85% of respondents on FY00/01 patient satisfaction survey will rate their overall impression of the services as "excellent" or "very good".

Financial Benchmark

- SFGH = Percentage decrease in decertified days for medical, surgical and inpatient psychiatric patients.
- Prim Care = Reduce disallowed targeted case management claims by 10%. This measure will trace financial data for case management claims.

Health Benchmark

- SFGH = Percentage decrease in inpatient admissions of soft-tissue/abscess patients.
- Prim Care = Increase mammography screening rates by 10% by 7/1/2001.

Risk Management Report

The Risk Management Program is responsible for establishing a multidimensional, systematic, and comprehensive approach to the identification, evaluation and treatment of risks that could result in a loss. The goal of the Risk Management Program is to identify risks and coordinate risk reduction activities, with a focus on the development of broad-based action plans, which address systems issues. The Risk Management Program is housed within the CHN Quality Management Program. Over the year, the Risk Management Committee has identified and/or addressed general and specific areas of risks. All of the following were presented to the JCC for review:

- Emergency Department (ED) policy regarding service for 911 patient population;

- ED alcohol withdrawal management guidelines;
- Revision of perinatal services visiting policy;
- Standardization of patient assessment, monitoring and discharge tools on all Psychiatry units;
- Psychiatry Department-wide approach to substance abuse treatment on the inpatient units;
- Formalization of ED medicine resident orientation;
- Clarification of standards related to Forensics/Psychiatry interfacility transfers;
- Formalized system between Psychiatry and Community Mental Health Services to identify and review high-risk clients;
- Revision of pertinent ambulatory care procedures to ensure EMTALA compliance;
- Improvement of system-wide communication regarding high-risk obstetrical patients;
- Educational in-services, including Nursing assessment and care of the trauma patient, documentation, utilization of the physician chain command, notification of the primary care provider, communication between services (OB/GYN, Pediatrics, Nursing)

Risk Management also oversees the handling of claims and coordinates defense preparation involving SFGH staff, including the management of requests from the Office of the city Attorney for the presentation of physical evidence, production of documents, preparation of interrogatories, and arrangement of court appearances and depositions. For the fiscal year of 1999-2000, Risk Management received a total of 100 claims. Since the closure of the fiscal year 1999-2000, all 100 of the investigations linked to the claims have been closed. The number of claims and the nature of the claims received during fiscal year 1999-2000 do not significantly differ from those received in fiscal year 1998-1999.

Medical Staff Report

The Medical Staff Report highlights activities of the Medical Staff over the course of the last fiscal year (99-00). The following are all events, which will be discussed in the report:

- The Annual Meeting of the SFGH Medical Staff was held on June 7, 2000, with approximately 200 physicians and guests in attendance. The Honorable Willie L. Brown, Mayor of San Francisco was the guest speaker. Hideyo Minagi, MD was presented with the Eliot Rappaport Award for his long-term commitment and dedication to humanist care of patients at SFGH, his leadership and distinguished accomplishments in the clinical teaching program in the Department of Radiology.
- Jerolyn (Renee) Navarro, MD, Department of Anesthesia, was elected Chief of Staff, Elect. Her term as Chief of Staff will begin July 1, 2001.
- On January 3, 2000, Hiroshi Tokubo, MD, joined the CHN Leadership team as CHN Director of Quality Management.
- On May 1, 2000, Elizabeth Maloney joined the CHN Medical Staff Services Department as its new director.
- The SFGH Medical Staff Bylaws, Rules, and Regulations were amended and ratified by the Health Commission October 3, 2000.
- The current number of Medical Staff members is 992. There are currently 140 Professional Affiliated Staff members. Currently, there are 85 Medical Staff applications in process.
- During the fiscal year, 212 new appointments to the Medical Staff were approved and 414 reappointments were approved.

- The Medical Staff Leadership has encouraged physician participation in the interdisciplinary performance and quality improvement clinical initiatives.
- In compliance with external regulatory agencies, the Credentials Committee, in conjunction with the Quality and Risk Management Committees, is reviewing clinical criteria developed by the Clinical Service Chiefs for appointment and reappointment of physicians to the Medical Staff.

Utilization Management Report

The purpose of the Utilization Review Plan is to achieve effective allocation of inpatient resources, which promote effectiveness and cost efficient medical care. Issues and solutions to problems are identified through the process of conducting and reporting utilization findings. Due to the different standards that portions of SFGHMC are accountable for (i.e. Long-Term Care, Behavioral Care, and Acute Care), specific utilization review plans have been created for specifically Acute Medical-Surgical, Mental Health Rehabilitation Facility, and both Acute Psychiatry and Outpatient Psychiatry.

In all reports, the only significant change has been made in the Acute Medical-Surgical Utilization Review Plan. The definition of the Utilization Review Nurse was strengthened so to demonstrate their involvement as a case manager in trying to increase patient flow throughout the campus.

Environment of Care Mid-Year Update

The purpose of the environment of care report is to address the SFGHMC management plans for the areas of:

- Emergency Preparedness
- Hazardous Materials
- Life Safety
- Medical Equipment
- Safety
- Security
- Utility Management
- Infection Control

The Environment of Care (EOC) report was last reported to you in March 2000 and therefore the annual report will be presented to you in March 2001. This report will provide you an update status on where we are in meeting our EOC goals.

In an effort to more easily identify policies and procedures (P&Ps) that address the Environment of Care (EOC), the SFGHMC Executive Committee approved the Environment of Care Committee's request to separate out these P&Ps into a separate binder for just P&Ps concerning EOC. All of these P&Ps would continue to be reviewed by the SFGHMC Executive Committee. This is also the first year that Infection Control has been incorporated into the EOC report. In the previous years, Infection Control issues were reported through the QUM report. Infection Control issues continue to be reported into the Quality Utilization Management Committee.

San Francisco General Hospital Medical Center is progressing forward towards meeting all of year 2000 goals in all areas, with additional accomplishments in the following areas:

Emergency Preparedness

- National Disaster Medical Conference presentation
- Participation in the following drills and exercises: SFUSD drill 5/00, SFPD exercise 6/00, SFPD exercise 7/00, Golden Gate Bridge Response exercise 7/00
- Development of HAM radio system at SFGH

Life Safety

- All scheduled testing, maintenance and inspection were accomplished
- All required drills were completed with an increase in site specific training

Medical Equipment

- Ongoing maintenance records indicate compliance to standards above 90%.

For this fiscal year, SFGH has had incidents in the following areas:

Life Safety

- Interim life safety concerns are minimized due to major reduction in both large-scale maintenance and construction – No incidents reported thus far in 2000
- Recent fire incidents have been reported in 2000. This is an increase from 1999, which had no reported incidents. Review of these incidents is ongoing.

Utility Management

- Two power failures have occurred so far in 2000, systems operated effectively.

Commissioner Monfredini suggested each of the other Commissioners be given the opportunity for a briefing of the Annual Report and the U.C. Affiliation Agreement.

Commissioner Monfredini commented that SFGH is not the sole hospital serving the uninsured and indigent and that the other hospitals in the City also have responsibility. She suggested closing down SFGH so that the other hospitals would have to do more for the indigent and underinsured.

Carlos Villalva, Office of Architecture and Facility Planning, gave a progress report for a Master Plan to meet seismic safety standards under SB 1953. He reported that the consultant's work on the seismic safety evaluation is to be completed by January 2001. He presented the Facility Planning Options for SFGH as related to the Seismic Safety Mandates. The Commissioners requested a copy of the consultant's report.

3) **PATIENT CARE REPORT** (Sue Currin, RN, Chief Nursing Office)

Miss Currin presented her report (Attachment A) and the Diversion Report for October. The Diversion Report is available in the Commission Office.

4) **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Ken Jensen, Chief Financial Officer, CHN)

Mr. Jensen presented the 3-month statement of revenue/expenses ending September 30, 2000, and the Summary of Statistical Information (Attachment B).

Mr. Jensen reported that the Mayor's Office has authorized a \$1.5 million supplemental for neurological equipment at San Francisco General Hospital. This amount will come out of next year's budget.

5) **GENERAL PUBLIC COMMENTS ON ANY MATTER WITHIN THE SUBJECT MATTER JURISDICTION OF THE JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL**

None.

6) **PUBLIC COMMENTS ON ALL MATTERS PERTAINING TO THE CLOSED SESSION**

None.

The Committee went into Closed Session at 5:50 p.m. The persons in the Closed Session were the same except for Carlos Villalva.

7) **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 TAKEN: THE COMMITTEE APPROVED THE CLOSED SESSION MINUTES OF OCTOBER 10, 2000

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE, AND CREDENTIALING MATTERS

The Committee came out of Closed Session at 6:14 p.m.

8) **RECONVENE IN OPEN SESSION**

ACTION TAKEN: THE COMMITTEE VOTED NOT TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION, (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.12(a))

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

