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## MINUTES

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

**Tuesday, November 12, 2002**  
**3:45 p.m. - 5:30 p.m.**  
**1001 Potrero, Conference Room #2A6**  
**San Francisco, CA 94110**

#### 1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair  
Commissioner Harrison Parker, D.D.S.

Staff: Anne Chang, Yuhum Digdigan, John Kanaley, Talmadge King, M.D., John Luce, M.D., Anson Moon, Renee Navarro, M.D., Valerie Ng, M.D., Gene O'Connell, Maureen O'Neil, Roland Pickens, Hiro Tokubo, Carlos Villalva, Chris Wachsmuth.

#### 2) APPROVAL OF MINUTES OF OCTOBER 8, 2002 MEETING

Action Taken: The Committee approved the minutes of the October 8, 2002 meeting.

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

Gene O'Connell, Executive Administrator, San Francisco General Hospital Medical Center, presented the Hospital Healthcare Update.

#### **Program Updates**

##### **SFGHMC Rebuilt Update** (see presentation materials)

##### Temporary Power Outage at SFGHMC

On Thursday, November 7, PG&E power was disrupted to the SFGHMC Campus at around 8:45 p.m. as a result of a downed tree on 22<sup>nd</sup> Street and Arkansas. Watch Engineers immediately transferred to emergency power delivered from the power plant's steam generator, and Chief Engineers were called to the facility. At around 12:30 a.m., a radiology equipment room began approaching temperatures of 90 degrees Fahrenheit. In an attempt to transfer emergency power to an air conditioning unit, the extreme load on the generator caused the power plant to temporarily disable, causing a total power failure for 18 minutes before the power plant was restored. During that time, there were no adverse outcomes for patients. There was no sign of malfunction in backup battery systems for patient medical equipment. From 12:55 to 2:05 a.m., SFGHMC was on trauma diversion to UCSF as a precaution, however, no trauma patients were diverted during that time. PG&E power was restored to the Campus at 2:25 a.m.

Through this incident, staff is addressing the following areas for improvement:

- Emergency lights: some older emergency lights were not functioning, which was particularly problematic in the OR. Emergency lights need to be installed in acute psychiatry.
- Not all nurses during the night shift knew where flashlights were stored
- Although computers in the data center had backup generators, there were no emergency overhead or hallway lights, forcing staff to use flashlights to check on servers
- The air conditioning system in the data center was not strong enough, causing temperatures to rise at dangerous levels
- Red brick buildings that house clinics and offices such as Information Systems and Finance do not have backup generators, which would be problematic if a power failure occurred during business hours
- Physical work areas for hospital operators and the Help Desk were kept electrified through backup generators; however, their ability to use the network to directly page staff was disabled, forcing them to use manual paging systems

Staff is looking into rectifying these problems and also talking with PG&E about the delay in restoring commercial power to the Campus.

##### Helipad Feasibility Study Update

Work on the Medical Helipad Feasibility Study has continued swiftly and steadily since its inception on Sept. 20<sup>th</sup>. Major activities that occurred in the past month are as follows:

On October 10, staff from the Trauma Program and Gerson/Overstreet, the architectural firm contracted for the study, answered questions of neighborhood representatives at the SFGH Rebuild Community Advisory Meeting at Community Health Network headquarters. People raised

concerns around the timing and location of construction for a helipad. It was explained that the study is in its initial phases, and addressing questions around noise and safety, flights needed, and the feasibility of having a helipad on Campus are part of the study. Chris Wachsmuth, Associate Administrator for Emergency and Clinical Support, added that the impetus for this study came from vulnerabilities identified in the August 2001 San Francisco Trauma Systems Plan. Since the helipad feasibility study is perceived by the public as part of the SFGH rebuild process and shares similar initial project timelines, staff on both projects are working closely in implementing a community outreach plan. The next Community Advisory Committee meeting is scheduled for November 21.

On October 17, a strategy session was held to discuss the study's objectives and the best ways to communicate its results. Participants included members of the Rebuild Steering Committee, the EMS Agency, DPH Policy Planning, the UCSF Dean's Office, Gerson/Overstreet consultants, and SFGH staff from Emergency Response and the Trauma Program. The meeting helped to clarify terminology, objectives, commonalities and differences between the study and the SFGH Institutional Master Planning process, and also identified potential pitfalls, community sensitivities, and desirable program approaches.

### **Other Activities:**

#### SFGHMC Tour to Discuss Impact on State Nursing Ratios

Anne Chang, Executive Assistant/Operations Manager, Rita Smith, Nursing Director for Critical Care and Sharon McCole-Wicher, Nursing Director for Psychiatric Services, provided a tour of SFGHMC to orient Mike Robson, one of the City's contracted lobbyists for State issues, accompanied by Colleen Johnson from DPH Planning and Policy, and Alicia Bert from the Mayor's Office. The topic discussed was the potential impact of State regulations being promulgated that mandates minimum nurse-to-patient staffing ratios for acute care hospitals that take effect in January 2004. Proposed regulations include a 1:6 ratio in medical-surgical units, 1:4 in general ER (excluding triage nurses), and 1:6 for inpatient psychiatry that does not include other behavioral health professionals (e.g. mental health counselors, psychologists, social workers). Meeting these ratios would require additional nursing FTE's in the ED, acute psychiatry, and critical care.

Carlos Villalva updated the Committee on the SFGH Rebuild/Institutional Master Plan process and briefly described the main rebuild scenarios.

#### Commissioners' Comments

- Commissioner Monfredini asked how long the hospital could operate on back-up generators. Mr. Kanaley replied that the law requires 72 hours, but SFGH has approximately 10 days of back-up power. Ms. O'Connell added that after a thorough analysis of the power outage Mr. Kanaley would be preparing an action plan for what needs to be done. Commissioner Monfredini said that the hospital should have a high-level contact at PG&E, given that it is the area's trauma center. She thanked all the staff for their performance during the emergency. With regard to the helipad feasibility study, Commissioner Monfredini asked what the initial reaction to the plan has been. Ms. Wachsmuth said that the neighbors closest to the hospital have been the most vocal in expressing concerns. Concerns have also been raised about the temporary landing site in Bayview Hunters Point, particularly about the health hazards of dust. With regard to the rebuild process, Commissioner Monfredini asked if serious discussions have been held with UC. The regents will not event take up the issue until December 2003, which is a month after the SFGH bond election. She finds it odd that the planning committee continues evaluating co-location scenarios that do not have any potential of being successful. Mr. Villalva replied that it has been valuable to go through

the planning process, which will enable them to answer questions about possible co-location with UC. Ms. O'Connell said she, Dr. Katz and Tony Wagner met with State Senator Jackie Speier to discuss possible modification to the deadlines. She added that co-location offers a lot of benefits to both sides. Dr. Luce said that the planning process has allowed the medical staff the opportunity to do its due diligence and determine their objectives. Commissioner Monfredini asked that, when the scenarios are presented to the Health Commission, they each include an assessment of the likelihood that the scenario could be successfully implemented.

- Commissioner Parker echoed the sentiment that the hospital should have a priority status with PG&E. He asked if funds were available to do the needed improvements. Mr. Kanaley responded that SFGH did get an allocation to update the central plant and the hospital should have decent generators in a year. Commissioner Parker asked if the temporary Bayview Hunters Point site would possibly be made permanent. Ms. Wachsmuth said that it will definitely be temporary for medical air access, but she is not sure about police usage. Commissioner Parker said that UC and SFGH need each other to survive. He would like to see that mutual need be the core of the discussions. Dr. Navarro said that the medical leadership held a retreat to examine from their perspective SFGH's most critical needs and use that information to evaluate the optimum location. Dr. Navarro said there is a lot of desire to move on the part of medical staff, and there are many issues around research space. There is even the desire to move to Mission Bay without UCSF. Dr. King said that this recommendation was presented to the Chancellor's Office and the Dean's Office, who now have a better understanding of SFGH's importance.

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

The Patient Care Report (Attachment A) was distributed to the Joint Conference Committee members at the meeting. Ms. O'Connell gave a verbal update on the RN wage negotiation.

#### Commissioners' Comments

- Commissioner Monfredini asked if the increased RN wages would still fall behind Kaiser's wages. Ms. O'Connell replied that SFGH is behind Kaiser in wages but not benefits.

#### 5) **SFGH ANNUAL REPORT**

Gene O'Connell, gave highlights of the 2001-2001 SFGH Annual Report. She gave a demographic overview of the patients who utilize SFGH. She highlighted some of the hospital's substance abuse programs, including the Opiate Treatment Outpatient Program, the Ozanam Center and the Stonewall Project. One of the hospital's focuses over the next year will be preparing for the American College of Surgeons trauma center site visit, which will take place in 2003. She also highlighted SFGH's Zero Tolerance for Violence in the Workplace effort. One of the budget priorities for next year will be funding for computerized provider order entry, which is key to the effort to reduce medication errors.

The FY 2002-03 Strategic Goals are:

- Develop the Facility Master Plan for the Rebuild of SFGH
- Complete Level 1 Trauma designation approval process from the American College of Surgeons
- Complete the helipad feasibility study and plan for air medical access

- Complete program development and open the Avon Foundation Comprehensive Breast Center
- Maximize revenue through improved documentation and charge capture
- Implement information systems that support organizational priorities and implement information systems projects
- Implement changes to place mental health patient at the appropriate level of care within Psychiatric Emergency Services, Acute Psychiatry, MRHR and community treatment facilities
- SFGH will continue to maintain compliance with JCAHO and State licensing standards
- SFGH will work towards decreasing turnover of staff and vacancies

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 5:00 p.m. Present in closed session were the same people as in open session with the exception of Anson Moon, Carlos Villalva, Yuhum Digdigan and Maureen O'Neil.

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 8, 2002**

Action Taken: The Committee approved the closed session minutes of October 8, 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**

J. Renee Navarro, M.D., Chief of Staff

Action Taken: The Committee approved the Credentials Report.

**MEDICAL STAFF REPORT**

J. Renee Navarro, M.D., Chief of Staff

D) **Reconvene in Open Session**

The Committee reconvened in open session at 5:22 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 discussions held in closed session.

8) **ADJOURNMENT**

The meeting was adjourned at 5:23 p.m.

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Michele M. Olson  
Executive Secretary to the Health Commission

Attachment (1)