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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, December 8, 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 3:10 p.m.

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

Staff: Jeff Critchfield, M.D., Sue Currin, Delvecchio Finley, Valerie Inouye,
Kathy Jung, Jay Kloo, Sharon Kotabe, Todd May, M.D., Mark Morewitz,
Kathy Murphy, Marti Paschal, Roland Pickens, Nela Ponferrada, Dan
Schwager, Sue Schwartz, Hal Yee, M.D.

2) APPROVAL OF THE MINUTES OF THE NOVEMBER 10, 2009 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the November 10, 2009 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, Chief Executive Officer, presented the report.

CMS Survey: Documentation of Findings

On Thursday, December 3, SFGH received the documentation of findings from the full validation CMS Survey from September 29 – October 8, 2009. There were a total of 64 findings with six Conditions of Participation out of compliance: governing body, Quality Assurance & Performance Improvement (QAPI), pharmaceutical services, food & dietetic services, physical environment, and infection control. Three of the six findings (governing body, QAPI, and pharmaceutical services) were found out-of-compliance during the partial CMS survey in July 2009. The repeat of different findings in the same Conditions of Participation has led CMS to strike a serious tone, stating that full compliance on all findings need to be satisfied by December 16. An interdisciplinary team is working diligently to correct these findings, including an aggressive outreach to staff to inform them of the new deadline. Ongoing compliance hinges on needed infrastructure improvements in Pharmacy staffing and the clinical care component of performance improvement and patient safety (more physician resources). In the development of the operating budget, there will be several initiatives to request these additional resources.

SFGH Rebuild Update

The Rebuild Team has been active on many fronts since the October groundbreaking ceremony. On campus, work is progressing on creating a new traffic turnaround and patient drop off area at the 23rd Street entrance to the hospital. This includes widening the internal road to create a lane for construction vehicles, two-lanes for cars entering and exiting, and a dedicated lane for the parking lot. When complete, this arrangement should improve traffic flow and benefit patients, visitors, staff, and the construction crew. Off campus, community relations outreach is continuing. This includes ongoing dissemination of a community newsletter, discussions with the principals of two neighboring elementary schools, attending the Potrero Hill Conveners meeting and problem-solving parking and traffic issues with local residents, in collaboration with the MTA.

Joint Commission Clinical Lab & Anatomic Pathology Accreditation Survey

On November 2, 2009 SFGH underwent a very successful five day Joint Commission Accreditation Survey of the SFGH Clinical Laboratory & Anatomic Pathology Programs. The surveyor commented on how impressive it was to have medical staff so active in each area of the lab! There were five findings requiring evidence of standards compliance by December 24 and January 8. Congratulations go to Dr. Eberhard Fiebig, Dr. Walt Finkbeiner and to all the staff of the Clinical Lab and Anatomic Pathology programs for this successful survey!

Executive Committee Annual Retreat

On November 20, the Executive Committee held its annual retreat to discuss three major initiatives at the hospital and to develop potential strategies for implementation. The three initiatives are Just Culture, Wellness, and Communications:

Just Culture Initiative

Patient Safety is San Francisco General Hospital's number one goal. However, no system will ever be perfect, just as no individual is perfect. In a Just Culture, we know that all humans are destined to make mistakes and destined to drift into at-risk behavioral choices, regardless of how well the system is designed. Equal focus should be placed on the quality of the systems we design around our employees and our patients, as well as their safe behavioral choices within those systems.

In a Just Culture, we strive to increase reliability, to make the system robust, and to make the *right* behavioral choice the *easy* choice. We strive to deliver Excellent Care, to Every Patient, Every Time.

Just Culture is an atmosphere of trust in which people are encouraged and rewarded for providing essential safety-related information and actions, but in which there also is a clear line drawn between acceptable and unacceptable behavior. A “Just Culture” refers to a way of safety thinking that promotes a questioning attitude, is resistant to complacency, is committed to excellence, and fosters both personal accountability and organizational self-regulation in safety matters.

Just Culture is about:

- Creating an open, fair, justice-minded culture,
- Creating a learning culture,
- Designing safe systems, and
- Managing behavioral choices

Wellness Initiative

The SFGH Wellness Initiative is an innovative effort to empower staff and patients to proactively improve their own health. The initiative is a comprehensive program incorporating various features including:

- Access to natural foods (organic farmer’s market, backyard farming, Food Pantry, and CSA (Community Supported Agriculture),
- Fitness offerings (i.e. yoga, tai chi, walking groups, etc.),
- Lifestyle improvement resources (smoking cessation, stress reduction techniques, etc.),
- and more.

We will leverage existing programs at SFGH and incorporate new ones consistent with patient and employee interests and needs. A 2003 report from the World Health Organization indicates that chronic diseases are the main cause of premature death and disability among the poorer populations of industrialized countries *and* 80% of the most prevalent chronic illnesses could be eliminated through improved diet and exercise. This program will serve as a national model for how public hospitals can advance wellness in the communities we serve who arguably have the greatest needs for such services, but are excluded from many existing programs.

Communications Initiative

SFGH has embarked upon a multi-year communications initiative to improve staff and community satisfaction with hospital communications. This effort includes person-to-person and organization-to-person communications, encompassing internal communications with and among hospital staff as well as community relations with our neighbors, community-based organizations and other constituents. This initiative is particularly timely given the opportunity to use communication as a vehicle to enhance the Just Culture and Wellness initiatives.

SFGH Reorganization

At the November 20 Executive Committee retreat, CEO Sue Currin announced the reorganization of the Executive Committee structure. Effective immediately, Roland Pickens is the Chief Operating Officer for SFGH. Medical Specialties, Support Services, Primary Care, Rehabilitation Services, and Medical Social Services will report to him. As the Chief Quality Officer, Iman Nazeeri-Simmons will now oversee Risk Management, in addition to Education & Training, Performance Improvement, Infection Control, Regulatory, and Compliance.

We are sad to report that Associate Administrator Delvecchio Finley has accepted a position at California Pacific Medical Center as Vice President of Operations. We wish him all the best in his new position.

Patient Flow Report for November 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 November 2009 were attached to the report.

Commissioners' Comments/Follow-Up Action

Regarding the Wellness Initiative, Commissioner Waters suggested that staff be surveyed regarding their baseline lifestyle behaviors for future possibilities of measuring outcomes. Ms. Currin responded that this has not been done before but may consider a baseline survey of staff.

Commissioner Waters asked if the community had voiced any new issues regarding the re-build. Ms. Currin indicated that no new issues related to the rebuild have been voiced by the neighborhood.

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

Nela Ponferrada, Nursing Director, Perinatal Services, presented the Patient Care Services Report.

November 2009 2320 RN Vacancy Report

Overall 2320 RN vacancy rate for areas reported is 2.33%.

SFGH Ratio Staffing Data, By Number of Shifts – 11/01/09 to 11/30/09

SFGH was able to meet staffing ratios in all areas except Psychiatry where there was 1 shift when the area was unable to cover breaks.

Recruitment/Retention/Training/Professional Development:

New hire RNs will be completing the fall medical-surgical training program in December.

Recruitment: Provided in the vacancy report.

The two day preceptor training class was held in November for 13 staff.

Results from the NDNQI Nursing Satisfaction Survey are being disseminated throughout all nursing specialty areas and units. . Results will be analyzed by the direct care nurses with the Magnet Champions leading the discussions and creating plans for improvement.

Nursing Excellence

Planning is underway for a series of trainings in 2010 to focus on “Positive Conversations” addressing communication in the work environment between health care providers. The training will support SFGH’s Code of Professional Conduct and will provide staff the communication tools to address disruptive workplace communication and behaviors. The focus of the trainings is direct care provider empowerment, sharing responsibility for the work environment with leadership.

ED Diversion Report – November 2009

The Emergency Department had a Diversion rate total of 27% (193 hours) for the month of November 2009. The ED used 20 (3%) hours of Trauma Override during citywide Diversion suspension. The ED encounters for the month of November were 3698 patients and 750 admissions.

PES Report – November 2009

PES had 450 patient encounters during October 2009 and 487 in November 2009. PES admitted a total of 106 patients to SFGH inpatient psychiatric units in November 2009, which was down from 120 in October 2009. In November, a total of 381 patients were discharged from PES: 22 to ADUs, 28 to other psychiatric hospitals, and 331 to community/home.

PES was on Condition Yellow for a total of 39.6 hours in November and 12.1 hours in October. There was a slight decrease in Condition Red hours from October to November. PES was on Condition Red for 210.5 hours during 19 episodes in November. The average length of Condition Red was 11.37 hours. In October, PES was on condition Red for 211.1 hours, during 24 episodes, averaging 9.33 hours.

The average length of stay in PES for the month of November was 24.36 hours, a decrease from 26.70 hours in October.

Commissioners’ Comments/Follow-Up Action

Commissioner Chow inquired whether LHH is able to take more of SFGH patient referrals. Ms. Currin indicated that LHH turnover rate has enabled it to accept SFGH patients appropriate for LHH’s facility. However, there are some SFGH patients needing a secure unit that have been waiting over six months.

Regarding the Nursing Report, Commissioner Waters requested a copy of the nursing satisfaction survey summary. Ms. Currin stated that it will be presented at the next SFGH JCC.

Commissioner Waters asked if the SFGH fall rate is higher than the National Patient Safety Goals. Ms. Currin responded that the SFGH fall rate average is slightly higher than the National Patient Safety Goals. SFGH had been using CNAs as “Fall Coaches” by placing them in the room with patients. However, this method has not been shown to be effective. Instead, PCAs will be trained to do more frequent rounding with intent for patients who have been identified as having a high risk for falls. The PCAs will work with these patients at intervals, instead of being placed in their rooms all day. The data on fall rates will be presented to the SFGH JCC quarterly.

Commissioner Chow asked for an explanation of how acute rehab will be handled for SFGH now that the LHH rebuild is complete. Ms. Currin explained that LHH will have approximately 60 beds

of acute rehab; patients will be in therapy approximately 3-4 hours a day. Due to staffing issues, SFGH does not offer acute rehab services. Patients in need of this service will be referred to LHH.

5) MEDICAL STAFF REPORT

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

Administration/Regulatory/Compliance

CMS Statement of Deficiencies 2567

Corrective action plans related to the medical staff were approved by MEC on 12/7/09:

- A945: Revisions to the Surgery Privilege List
- A945: Revisions to the Ophthalmology Privilege List
- A085: MEC review and approval of Annual Service Chief Reports to formalize a portion of the oversight procedures for the Affiliation Agreement
- A358, A359: Amendment to the Medical Staff Bylaws incorporating the Rules and Regulations into the Bylaws; minor language changes regarding H&Ps to comply with CMS requirements

MEC members expressed full support and commitment to participate in the immediate implementation of all action plans undertaken by the hospital to correct the deficiencies cited by CMS. Dr. May reminded members of their role as physician leaders in responding to these stressful circumstances.

Action Taken: The Commission reviewed and accepted Corrective Actions Plan items A945, A945, A085, A358, and A359.

CMS 2567 anticipated for wrong surgery case

Dr. May anticipates the arrival of the CMS 2567 soon and expects that the required corrections will be substantial. SFGH is moving forward with Operating Room action plans, including implementation of the rolling timeout and enhanced participation of the attending surgeons pre-operatively.

Medical Records

Delinquent Medical Records –Dr. May thanked the Service Chiefs for their continuing effort to sustain low medical record delinquency rates in compliance with CMS requirements. Members shared action plans they have implemented to minimize medical records delinquencies, and are in consensus that the education of house-staff regarding efficient and timely medical record documentation is an important aspect of the training programs.

Protected Health Information (PHI) – MEC continued discussions regarding ways to protect patient health information carried by physicians outside of the hospital. Ready access to clinical information and personal notes is essential for patient care, such as when physicians are on-call for inpatient services. MEC discussed recommendations from the hospital's legal counsel regarding patient identifiers that may be included on patient lists or other documents removed from the hospital. Members again expressed commitment to protect the confidentiality of patient's health information, and agreed to ongoing discussions about security considerations when removing PHI from SFGH premises.

Anthem/Blue Cross Annual Oversight Audit

The SFGH Medical Staff Office was notified of its successful completion of the annual delegation oversight audit administered by Anthem/Blue Cross, receiving a score of 100%. Members congratulated the SFGH Medical Staff Office for their outstanding work.

SFGH Leadership

MEC At-Large Member Appointment

The appointment of Dr. Hal Yee as Chief Medical Officer created a Member At-Large vacancy for MEC. Per SFGH Medical Staff Bylaws, mid-year vacancies are filled by nomination of the Chief of Staff and approval by MEC and JCC. Following discussions with the Nominating Committee and Dr. Jeff Critchfield, Past Chief of Staff, Dr. May presented to MEC the nomination of Dr. Alexander Rybkin, Assistant Clinical Professor, Radiology Service. Dr. Rybkin is an emerging leader in the Radiology Department. His areas of interest are Imaging Informatics, Internet Applications and Services in Radiology, Computerized Tomography, Ultrasound, Obstetric/Gynecological Imaging and Abdominal Imaging. He is a systems thinker with special skills in informatics. He has developed eReferral for MRI and CT, with Ultrasound to follow soon. Dr. Rybkin currently is developing an electronic “whiteboard” system, which will streamline the prioritization of CT scans at SFGH. Dr. Mark Wilson, Chief of Radiology, added that Dr. Rybkin has been a tremendous resource for the Radiology Service, and will be an asset to MEC. MEC, on motion made, seconded and carried, approved the nomination of Dr. Alexander Rybkin as Member At Large.

Action Taken: The Commission reviewed and approved the appointment of Dr. Alexander Rybkin as Member At-Large for MEC.

Annual Service Reports

Surgery– Michael West, MD, Chief

Dr. West highlighted the Surgery Service’s strengths, challenges and goals:

- Strengths: National/international stature of faculty, strong community support for Trauma Center (84% approval for Prop A), world class institutions (UCSF and SFGH), success in research funding, and the San Francisco Injury Center. Surgery has a robust QI program with physician-specific data.
- Challenges: UCSF budget problems and changes to the UCSF-Surgery compensation/taxation system, declining reimbursement, lack of EMR (Electronic Medical Records), anticipated IOM/ACGME revisions to resident duty hour restrictions, and operating room capacity limitations.
- Goals 2009-10: Dr. West highlighted plans to explore enhancements to pediatric, vascular, and colo-rectal surgical services for SFGH patients.

Commissioners’ Comments/Follow-Up Action

Commissioner Chow asked if eClinical, which has been chosen as the new electronic chart software for DPH clinics, can be used at SFGH. Dr. West responded that eClinical was chosen for its competencies related to clinics, not for use in hospitals which have different patient flow issues. Dr. Yee will lead a new Clinical IP committee which will look at issues related to DPH clinical patient data systems. eClinical will be considered, but at this time, no decision has been made on an electronic chart vendor for SFGH.

Action Taken:

The Commission reviewed and accepted the Surgery and Emergency Medicine Annual Service Reports.

Emergency Medicine– Christopher Barton, MD, Chief

Dr. Barton highlighted the Emergency Medicine Service’s strength’s, challenges and corresponding action plans/goals on the following areas:

- ED Triage – Remolding has been completed and the ED is rolling out improved triage procedures
- ED Overcrowding and Diversion– A national problem; actively involved in developing solutions, including participation in a fellowship at Harvard Business School
- Finances – Service is working on improving documentation, coding, and billing procedures
- ED Documentation – Dr. Barton highlighted the crucial need for EMR (Electronic Medical Record) and its significant impact on medical record documentation, clinical care, billing, and performance improvement activities. An RFP for an EMR system is pending.
- Emergency Medicine Residency Program – Now in its 2nd year and interviews for the 3rd class are in progress.
- Professionalism – Dr. Barton informed MEC that he is working on making professionalism in the department a priority goal, including regular discussion at faculty meetings.

MEC approved the updated 2009Emergency Medicine’s Clinical Service Rules and Regulations presented by Dr. Christopher Barton for annual review and approval. There were no substantive changes.

Commissioners’ Comments/Follow-Up Action

Action Taken:

The Commission reviewed and accepted the updated 2009 Emergency Medicine’s Clinical Service Rules and Regulations.

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 (San Francisco Administrative Code Section 67.11)

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

The Committee went into closed session at 4:35 p.m. Present in the closed session were Commissioner Chow, Commissioner Waters, Commissioner Sanchez, Jeff

Critchfield, M.D., Sue Currin, Delvecchio Finley, Kathy Jung, Jay Kloo, Sharon Kotabe, Todd May, M.D., Mark Morewitz, Kathy Murphy, Marti Paschal, Roland Pickens, Nela Ponferrada, Dan Schwager, Sue Schwartz, 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 NOVEMBER 10, 2009

Action Taken: The Committee approved the November 10, 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 5:00 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.

8) **ADJOURNMENT**

The meeting was adjourned at 5:00 p.m.

Mark Morewitz
Executive Secretary to the Health Commission