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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, March 11, 2014

3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.

Excused: Commissioner David B. Singer

Staff: Sue Currin, Barbara Garcia, Sue Schwartz, Troy Williams, Bill Kim, Valerie Inouye, Todd May, Ron Weigelt, Jeff Critchfield, MD, Terry Dentoni, Roland Pickens, Kathy Jung, Sue Carlisle, Iman Nazeeri-Simmons, David Woods, Jay Kloo, Marcellina Ogbu, Anson Moon, Dan Schwager, Will Huen MD, Shannon Thyne, MD, Sherminah Jafarieh, Jeff Critchfield, MD, Greg Wagner, Kathy Murphy, Mark Morewitz

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 24, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the February 24, 2014 SFGH JCC meeting were unanimously approved.

3) QUALITY MEASURES REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if all the SFDPH health centers are using eClinicalWorks. Ms. Nazeeri-Simmons stated that approximately half of the SFDPH health centers are using eClinicalWorks; the other half will implement the system by the end of the year.

Commissioner Chow asked how SFDPH will obtain all necessary quality data. Ms. Currin stated that until all the SFDPH health centers implemented eClinicalWorks, the SFDPH will use a combination of electronic data and manual chart reviews.

Commissioner Chow asked for context of the low scores on the self-reported pain measurement. Dr. Huen stated that the Pain Control Taskforce is working to better understand this data and develop a plan to improve scores. Ms. Currin stated that previous audits have shown that SFGH nurses ask patients about pain levels at least once per shift. Ms. Nazeeri-Simmons stated that SFGH is also exploring non-medication pain management method. Mr. Woods stated that medical carts have been reorganized so that ibuprophen and Tylenol are more accessible for nurses to use.

Commissioner Chow asked for an update on this issue to the SFGH JCC in approximately six months.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Program Updates:

CDPH Medication Error Reduction Program Survey

A surveyor from the California Department Public Health (CDPH) arrived Monday, March 3, 2014, to conduct its unannounced triennial 2014 CDPH Medication Error Reduction Program (MERP) survey. This survey stems from state regulations that require all general acute care hospitals to formalize a plan to eliminate or substantially reduce medication-related errors. The surveyor will review all medication-related documentations and observe medication-related activities in specific units and in the pharmacies. This includes observing the prescribing, dispensing, and administration of medications, conducting chart reviews, conducting staff and patient interviews, and quality improvement activities with measures of success. The survey is expected to last 4 days.

HRSA Audit on 340B Program

The 340B Drug Pricing Program (340B Program) is a Federal program that allows the DPH's ambulatory care clinics, the San Francisco Community Consortium Clinics and San Francisco General Hospital (SFGH) and its clinics to purchase outpatient drugs at deeply discounted rates. In turn, DPH provides free drug access to low-income, uninsured, and under-insured patients through its Healthy San Francisco health access program.

The Health Services and Resources Administration (HRSA) is undertaking "program integrity" measures related to participation in the 340B Drug Pricing Program. The DPH's ambulatory care clinics, the San Francisco Community Consortium Clinics and the SFGH campus clinics were audited during the week of February 24 – 28, 2014.

The HRSA auditors themselves do not make any determinations. The HRSA auditors will be submitting their report to the Office of Pharmacy Affairs (OPA), which will determine whether there are any deficiencies or whether corrective actions are needed.

SFGH Re-designated as Baby Friendly Hospital

I am happy to announce that San Francisco General Hospital has been re-designated as a Baby-Friendly Hospital for the period of 2013-2018. The Baby-Friendly Hospital Initiative was launched by the World Health Organization (WHO) and UNICEF to implement practices that protect, promote and support breastfeeding. SFGH is one of 173 Baby-Friendly hospitals in the United States, and the only one in San Francisco.

Patient Flow Reports for February 2014

A series of charts depicting changes in the average daily census is attached.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached.

Commissioner Comments/Follow-Up:

Regarding the HRSA Audit on 340B Program, Commissioner Chow asked how the performance of the San Francisco Clinic Consortium (SFCCC) impacts the SFDPH scores. Mr. Woods stated that the SFCCC is the entity that has the formal relationship with HRSA. SFDPH participates in the program through SFCCC.

Commissioner Chow asked for more information on the excellent performance of SFGH in the CDPH Medication Error Reduction Program Survey. Mr. Woods stated that the addition of clinical pharmacists have greatly improved the effectiveness of the pharmacy staff. Ms. Currin stated that Mr. Woods has done excellent work improving the SFDPH pharmacy department; she added that the Pharmacy Committee structure has also improved the integration of these services in the SFGH workflow.

5) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report

February 2014 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 14.6 %

Staffing Ratio Data for the Month of February 2014; all shifts were covered during the month.

Professional Nursing for the Month of -February 2014:

Retention/Professional Development:

The Trauma Intensive Care Symposium was held on March 1 at UCSF Mission Bay. The day long conference featured, "The SFGH Experience with the Medical Emergency Response Team". MERT Coordinator Linda Kopp, RN, MSN, CNL and Monica McLemore, RN, MPH, PhD presented patient outcome data and factors associated with medical emergency risk during hospitalization.

SFGH hosted Western Governor's University in the Wellness Center for those RN staff interested in completing their BSN education on-line.

Medical-Surgical Nursing Services has completed annual update classes for all nursing staff. Nurse's week, which runs from May 6 – 12 each year, will be celebrated on May 8 at SFGH.

Nursing Excellence:

The DAISY Award was presented to Hasija Sisic, RN in the Opiate Treatment Outpatient Program for her outstanding work with the clinic's clients and for creating high standards of care and compassion for all of her co-workers. Hasija's ability to reach out, offer empathy to the most downtrodden individuals and to provide interventions which physically, mentally and socially begin to return each individual's dignity has made a difference in the lives of many OTOP clients and co-workers. Hasija is a truly outstanding DAISY Award recipient.

Emergency Department (ED) Data for the Month of February 2014

Diversion Rate: 44%

ED diversion – 259 hours (38%) + Trauma override -41 hours (6%)

ED Encounters: 4622

ED Admissions: 777

ED Admission Rate: 19%

Psychiatric Emergency Service (PES) Data for the Month of February 2014

PES had 608 patient encounters during January 2014 and 538 in February 2014. PES admitted a total of 101 patients to SFGH inpatient psychiatric units in February, a decrease from 137 inpatient admissions in January. In February a total of 437 patients were discharged from PES: 35 to ADUs, 15 to other psychiatric hospitals, and 387 to community/home.

There was a decrease in Condition Red hours from January to February. PES was on Condition Red for 47.3 hours during 11 episodes in February. The average length of Condition Red was 4.3 hours. In January, PES was on Condition Red for 63.58 hours, during 6 episodes, averaging 10.6 hours.

The average length of stay in PES was 18.3 hours in the month of February. This was an increase from the January LOS of 16.7 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between January and February, the percentage of which the patient was accepted and was admitted to PES decreased from 63% to 59%. The percentage of which the referral was accepted but cancelled increased from 18% to 21%. This month, 20% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased from 88 in January to 76 in February.

Ron Weigelt, SFDPH Human Resources Director, reviewed an HR update (attached).

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on what Mr. Weigelt is striving for in improving the hiring practices of the SFDPH Human Resources Department. Mr. Weigelt stated that his goal is to have approximately 90 days between posting a position and hiring someone. He added that SFDPH Human Resources is hiring more staff to assist with the exam process; Lean will also be instituted in the SFDPH Human Resources Department in an effort to streamline administrative processes.

Commissioner Sanchez stated that the proposed Human Resource changes will greatly benefit the hiring process for all of SFDPH.

Commissioner Chow asked for a SFGH-related Human Resources Update in approximately six months.

6) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on the reason new equipment mentioned in the report was purchased. Dr. Carlisle stated that some of the equipment is out of date and will be replaced in the new hospital.

Commissioner Chow asked for clarification on the decision-making process SFGH used to decide which equipment to purchase. Sue Currin stated that generally, old equipment was chosen to be replaced; she added that SFGH is attempting to keep in mind patient flow when placing new equipment.

- Action Taken: The following were unanimously approved by the SFGH JCC:
- Revised Neurosurgery, Surgery and Urology Privileges Lists
 - Approved Standardized Procedure: SP Rape Treatment Center/CASARC
 - Radiology Rules and Regulations Revisions

7) QUALITY COUNCIL REPORT

Troy Williams, Interim Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked why SFGH does not use a visitor pass system. Mr. Williams stated that SFGH has too many doors to the outside for staff to properly monitor visitor passes. However, nursing and clerical staff are asked to monitor visitors on an ongoing basis.

Action Taken: The SFGH JCC approved the Quality Council Report.

8) PLANS OF CORRECTIONS UPDATE

Troy Williams, Interim Chief Quality Officer, gave the update on the Center for Medicare and Medicaid (CMS) and the Joint Commission Intercycle monitoring survey plans of correction.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if attending physicians understand the options when ordering a coach. Ms. Currin stated that the medical staff understand that a coach order must be renewed every 24-hours to keep in mind the patients' current status. Ms. Dentoni stated that all the charts containing physician orders for coach services are audited to make sure proper procedures are followed.

Commissioner Sanchez stated that staffing vacancy levels impact functionality. He asked how per diem staff are trained, specifically on new procedures. Ms. Dentoni stated that units with more per diems often have more issues with documentation.

Action Taken: The SFGH JCC Reviewed, Accepted and Approved the Plans of Correction.

9) PUBLIC COMMENT

There was no public comment.

10) CLOSED SESSION:

Mr. Morewitz noted that the March 11, 2014 SFGH JCC Open Session agenda incorrectly lists the discussion of the Lynn Spalding case in the list of close session items. He stated that this error also occurred on the February agenda. He apologized for the administrative error and clarified that the item was not discussed at the February 2014 SFGH JCC meeting and will not be discussed at the March SFGH JCC meeting.

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

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 item)*

Action Taken: The Committee approved the February 2014 Closed Session minutes, the Performance Improvement and Patient Safety Report; and the March Credentials Report. The Committee voted not to disclose other discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 6:07pm.

Attachment A

(To get Ron's HR document)