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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER**

Tuesday, May 23, 2017 3:00 p.m.

**1001 Potrero Avenue, Building 25, 7th Floor Conference Room H7124, H7125 and H7126
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner David Pating, M.D. Vice President
Commissioner David J. Sanchez, Jr., Ph.D.

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Roland Pickens, Susan Ehrlich MD, Terry Dentoni, Troy Williams, Todd May MD,
Jeff Critchfield MD, Tosan Boyo, Alice Chen MD, Karen Hill, Dan Schwager, Valerie Inouye,
Karen Hill, Jim Marks MD, Will Huen MD, Kim Nguyen, Virginia Dario Elizondo, Susan
Brajkovic

The meeting was called to order at 3:08pm. Commissioner Pating chaired the meeting.

**2) APPROVAL OF THE MINUTES OF THE APRIL 25, 2017 ZUCKERBERG FRANCISCO GENERAL JOINT
CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes.

3) REGULATORY AFFAIRS REPORT

Troy Williams, Chief Quality Officer, gave the report.

Commissioner Comments:

Commissioner Sanchez congratulated the team for its outstanding effort on survey preparation and follow-through.

Commissioner Pating stated that he likes the report format. He asked for more information regarding the high level disinfection unit. Mr. Williams stated that the unit cleans sonic probes. The Joint Commission checked on this unit and found no issues.

4) ZUCKBERG PATIENT CARE QUALITY IMPROVEMENT (ZPCQI) FUND

Susan Ehrlich M.D., Chief Executive Officer, gave the presentation.

Commissioner Comments:

Commissioner Pating asked for more information regarding current ZSFG patient health education services. Dr. Ehrlich stated that ZSFG currently has its wellness center and the Curan & Carlisle Education Center. She added that patients are interested in ZSGH adding a gift shop and a better seating area.

Commissioner Sanchez stated that the SFGH Foundation and SFDPH came together to support the ZSFG Rebuild effort. He added that ZSFG is a unique partner and it has a unique importance in serving the needs of all San Francisco communities.

Commissioner Pating asked for more information regarding future phases of the Fund. Dr. Ehrlich stated that as future plans for the Fund are developed, the JCC will be updated.

5) STRATEGIC GOAL: THE ZSFG WAY

Susan Ehrlich M.D., Chief Executive Officer, gave the presentation.

Commissioner Comments:

Commissioner Pating asked for more information regarding how this initiative will be measured. Dr. Ehrlich stated that achieving the ZSFG True North metrics is the goal and the “ZSFG Way” is a strategy to assist staff to have the tools necessary to achieve the True North goals.

6) HOSPITAL ADMINISTRATOR’S REPORT

Susan Ehrlich M.D., Chief Executive Officer, gave the report.

Improvement Workshops

Emergency Department and Inpatient Flow Improvement Workshop

The Emergency Department and the Inpatient Flow team partnered during the week of April 24th for a week-long improvement event focused on patient belongings. The goal was to improve efficiency of Medical Exam Assistants (MEAs) and PCA staff, reduce lost patient items, and improve the staff and patient experience related to patient belongings.

At baseline, over 20 hours of staff time per day is spent inventorying, booking, storing, and retrieving belongings, yet despite these efforts, many items are lost, as evidenced by 12 Office of Patient Experience (OPEX) encounters a month, approximately \$36k in paid claims per year, and innumerable unclaimed items disposed of in the Emergency Department.

During the improvement week, the multidisciplinary team from around ZSFG – including one of our patient volunteers – created a tracking system for large items; created a policy so patients could manage their own belongings in most cases; began using in-room lockers on our medical-surgical units; and consolidated the places where we store patient belongings.

With the improvements, the team created processes that can save *10 hours a day* of our staff time and *3.5 miles/ week less walking* in managing patient belongings, allowing our staff to spend more time on patient

care, more appropriate to their skills and interests. The improvements will also reduce the number of patient grievances related to belongings and free up our ED decontamination room so it is available for immediate use in the event of an emergency.

Perioperative Value Stream Mapping

During the week of May 8th, the Perioperative team conducted a week-long value stream mapping event. The team mapped the patient flow from the day before surgery through their discharge process from PACU for elective come and go surgeries in Bldg. 25. After mapping the current state, the team constructed a future state that will help launch future improvement work centered on two main metrics: on-time first case starts and same day cancellations.

Many thanks to the improvement teams for their commitment to our True North.

Survey Updates

Mammography State Accreditation Inspection of the Avon Comprehensive Breast Center

On April 21st, a Health Physicist from the inspection, compliance and enforcement section of the radiologic health branch of California Department of Public Health (CDPH) arrived to conduct the combined Mammography Quality Standards Act certification and State accreditation inspection (California Title 17) of the Avon Comprehensive Breast Center.

The surveyor conducted a walkthrough of the Avon Breast Center (Bldg. 4) and reviewed quality control records and x-ray images of the mammography units as well as competencies of Avon staff and medical audits to ensure compliance.

The surveyor stated there were no items of non-compliance and was complimentary of Avon staff and the organization of their meticulous quality control and personnel records.

Many thanks to the Avon Breast Center staff for an excellent job and for ensuring yet another successful survey!

6B Infant-Parent Fire Clearance

On May 5th, Community Behavioral Health Services (CBHS) was on campus to conduct the Triennial UCSF Infant-Parent Program Medi-Cal Re-certification Survey on 6B.

The program did exceptionally well. Many thanks to Compliance and EVS for their support and ensuring another successful survey.

Joint Commission Surveyor

On April 27th, a Joint Commission Surveyor arrived on campus to conduct an unannounced investigation related to quality standards of care. The visit included:

- A tour of the Family Health Center
- A tour of 5M Women's Clinic
- A Medical Staff personnel file review of the privileging process
- A review of the Infection Control Plan

We are pleased to report that there were no standard of care findings. The Joint Commission will follow-up with an electronic Final Report.

Congratulations to outpatient services for a job well done!

NRC Health Symposium for Patient-Centered Care

Zuckerberg San Francisco General Hospital was selected as a recipient of the NRC Health Excellence Award, which recognizes elite healthcare organizations that have received the highest ratings of overall experience by patients and their families. The organization was selected from the extensive database of NRC Health clients to receive the Overall Hospital Rating - Medium size hospitals - Most Improved Facilities Excellence Award.

Zuckerberg San Francisco General Hospital will be honored at the 23rd Annual NRC Health Symposium for Patient-Centered Care, August 6–8, in Boston, Massachusetts.

Congratulations to the Care Experience and Workforce Teams at ZSFG!

ZSFG Mutual Aid Activation for Commercial Power Failure

On Friday, April 21st, a large commercial power failure was impacting the northern areas of the City, including California Pacific Medical Center (CPMC) Pacific Campus, and Saint Francis Memorial Hospital (SFMH). The Hospital Command Center was activated and began assessing ZSFG's operational capabilities in preparation for any mutual aid needed.

ZSFG maintained contact with the DPH Department Operation Center staff at the City's Emergency Operations Center throughout this event. The ED remained off diversion to ease the overall 911 call burden on the hospitals impacted by the power outage. No patients were transferred from either impacted facility, and no other mutual aid was requested. The ZSFG Command Center remained open for 7 hours (10AM-4 PM) until ZSFG confirmed CPMC had restored normal operations.

Lessons Learned

- ZSFG has a critical role in the community, not only as a Level One Trauma Center, but as the acute care hospital anchor of the SF Community Health Network, ensuring the overall provision of care to the City's most vulnerable patients and mutual aid support to ensure the resiliency of health care services.
- Activation of HICS helps coordinate both internal messaging and external outreach for optimal mutual aid support for health care services even when ZSFG is not directly impacted.
- Use of the Incident Command System also adds a sense of urgency that can help facilitate rapid transfer of lower level of care patients to maximize ZSFG's surge capacity and capabilities.

Many thanks to the team for a successful Mutual Aid activation!

National Celebrations

National Volunteer Week April 23-29

Volunteers are an integral component of compassionate, comprehensive, cost-effective patient services at ZSFG. The volunteers augment hospital staff services to help meet patients' emotional, recreational, social and medical needs to enhance the quality of care and the overall patient experience.

Our Volunteer Services Department assists in placing volunteers in over 60 hospital departments including the Emergency Department, Radiology Department, Birth Center, Sojourn and Chaplaincy.

ZSFG thanks our hospital volunteers for their dedication in serving our community and patients.

Medical Laboratory Professionals Week April 22-28, 2017

Medical Laboratory Professionals Week (MLPW) celebrates our clinical laboratory staff.

Medical Laboratory Professionals Week originated in 1975 as National Medical Laboratory Week, or NMLW, under the American Society for Medical Technology, now called the American Society for Clinical Laboratory Science (ASCLS).

ZSFG acknowledges and celebrates our laboratory staff.

ZSFG Celebrates Bike to Work Day

ZSFG celebrated Bike to Work Day on Thursday, May 11th. This event is San Francisco's biggest day of the year to show City leaders and the county the benefits of biking to work. To celebrate the event, ZSFG had set up a booth to provide snacks, giveaways and ZSFG biking information in the Wellness Fargo Plaza on campus.

Together, ZSFG hopes to make a statement and show that biking is a convenient, efficient and fun way to get to work.

Patient Flow Report for May 2017

Attached to the original minutes, please find a series of charts depicting changes in the average daily census.

Medical/Surgical

Average Daily Census was 217.53 which is 107% of budgeted staffed beds level and 86% of physical capacity of the hospital. 14.27% of the Medical/Surgical days were lower level of care days: 1.67% administrative and 12.60% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 42.60, which is 96.8% of budgeted staffed beds and 63.6% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.63, which is 80.4% of budgeted staffed beds (n=7) and 46.91% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 69.17% non-acute days (65.96% lower level of care and 3.21% non-reimbursed).

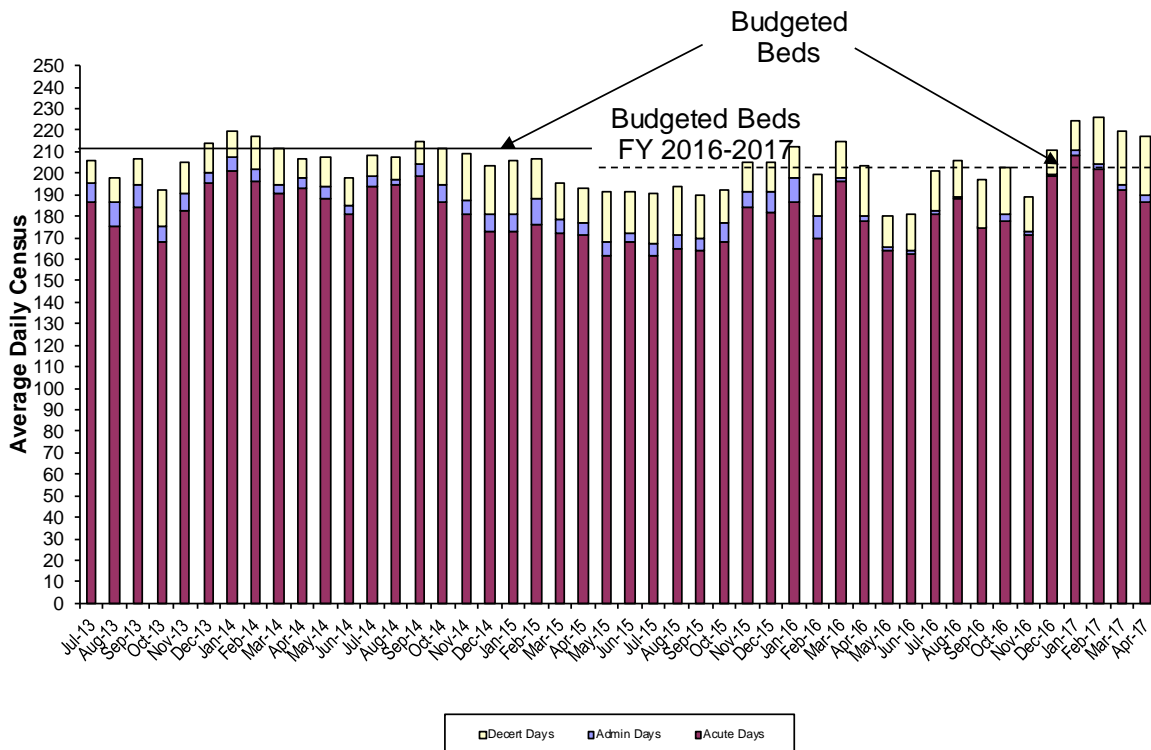
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 26.53, which is 94.7% of our budgeted staffed beds and 86.0% of physical capacity.

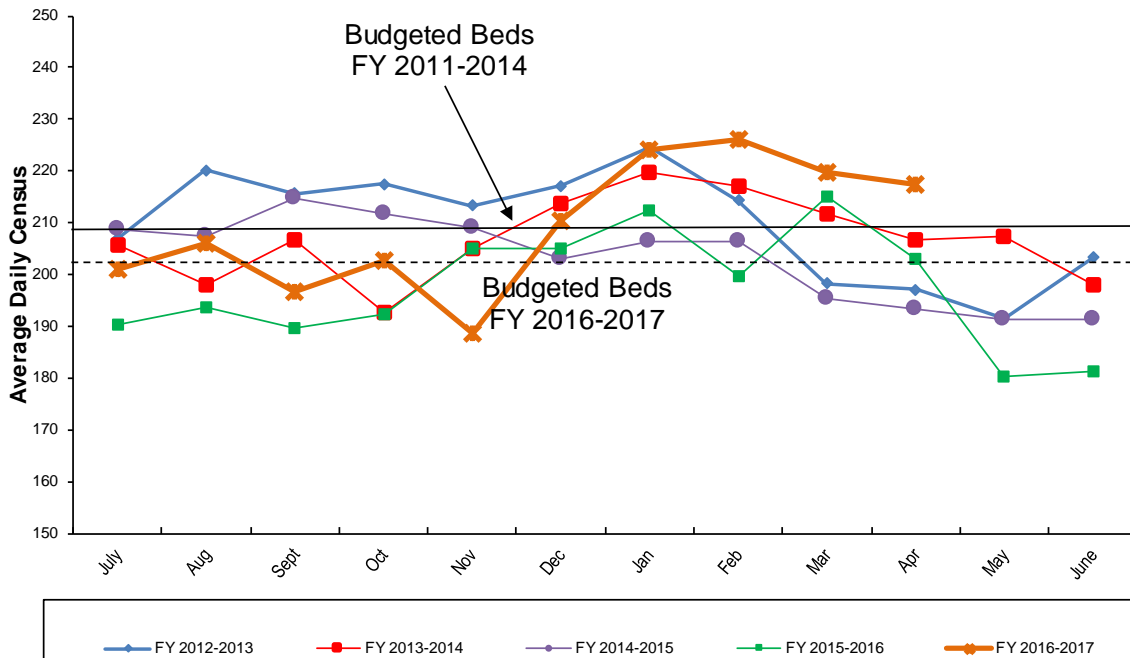
Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017

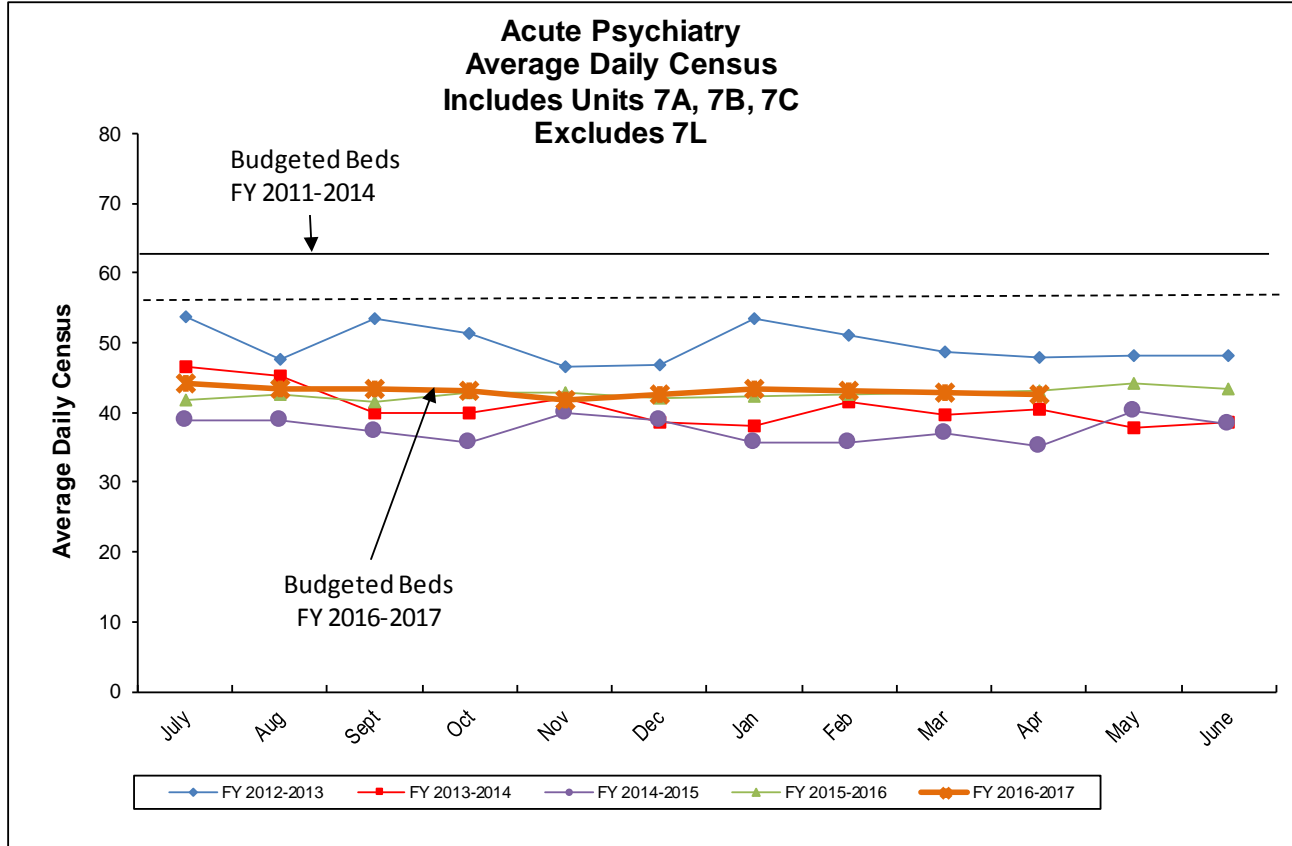
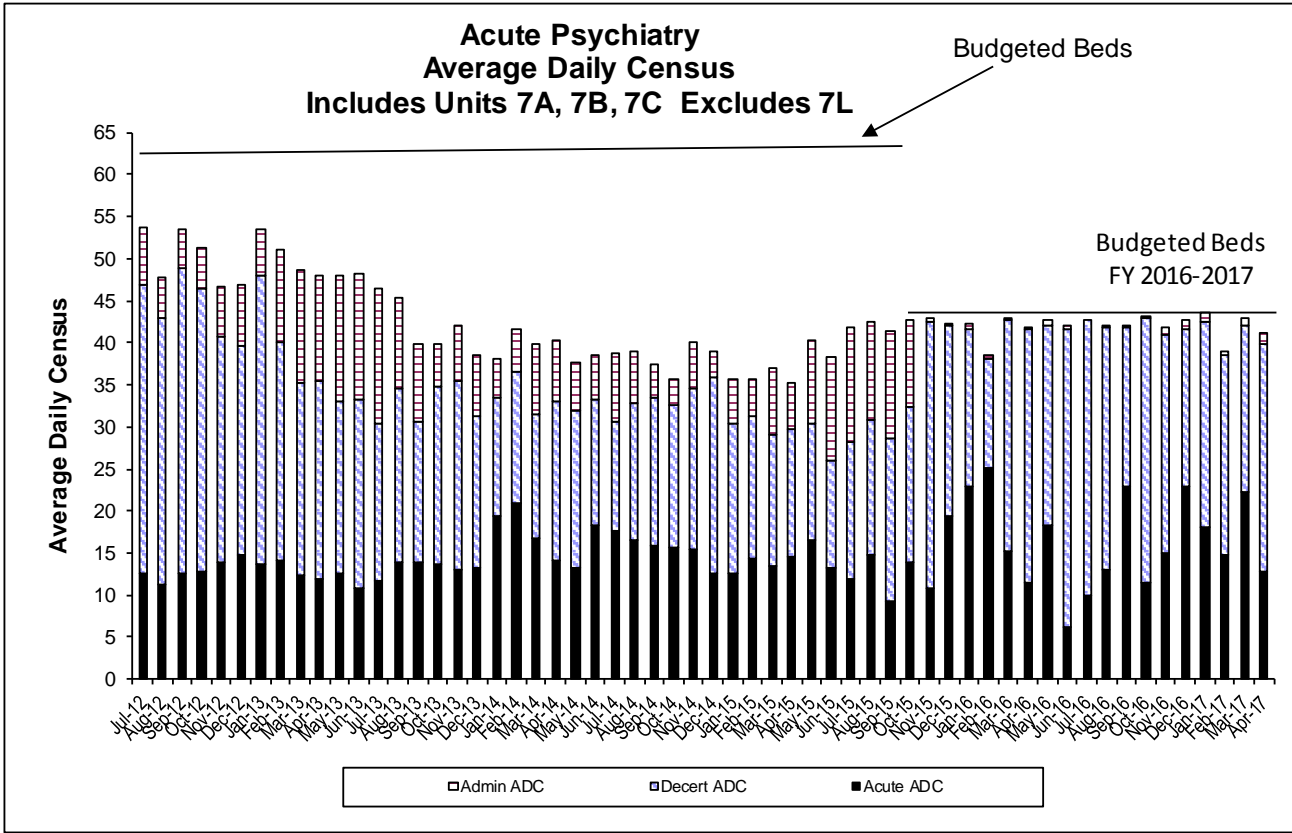
For Pay Period ending April 21, 2017, Zuckerberg San Francisco General recorded a 4.11% variance between Actual and Budgeted salary cost – actuals were \$ \$566,062 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$8,631,364 /3.0%.

Medical/Surgical

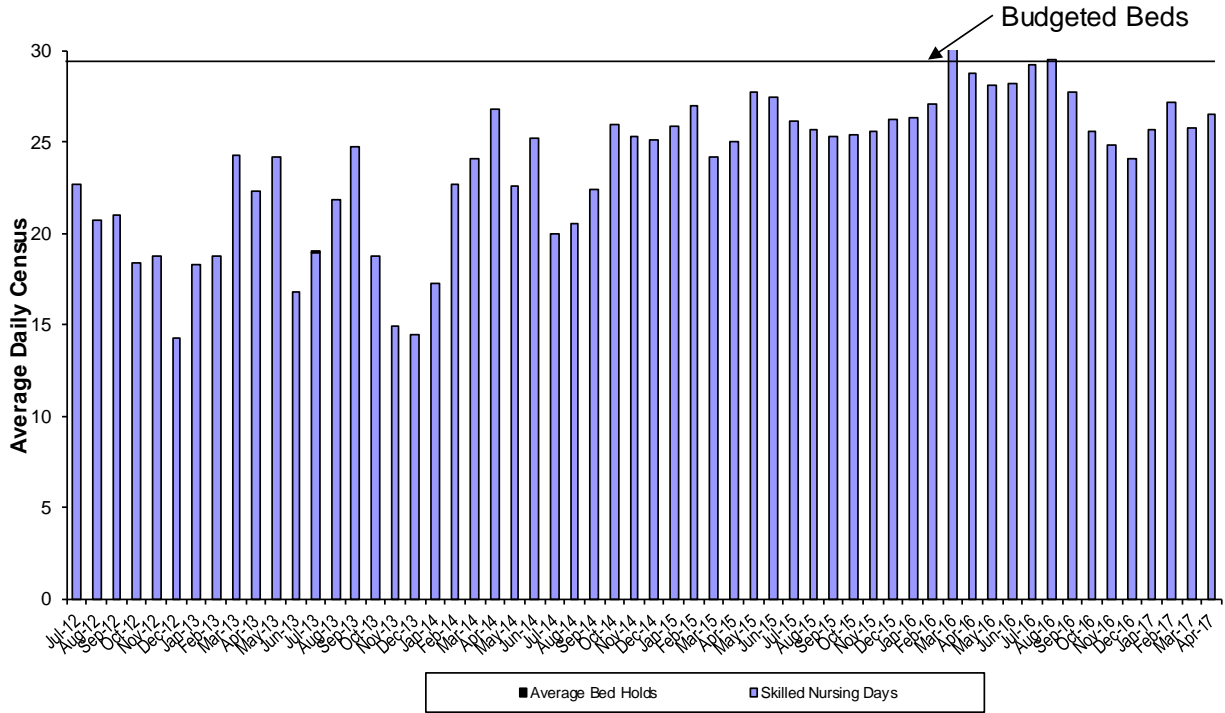


Medical/Surgical

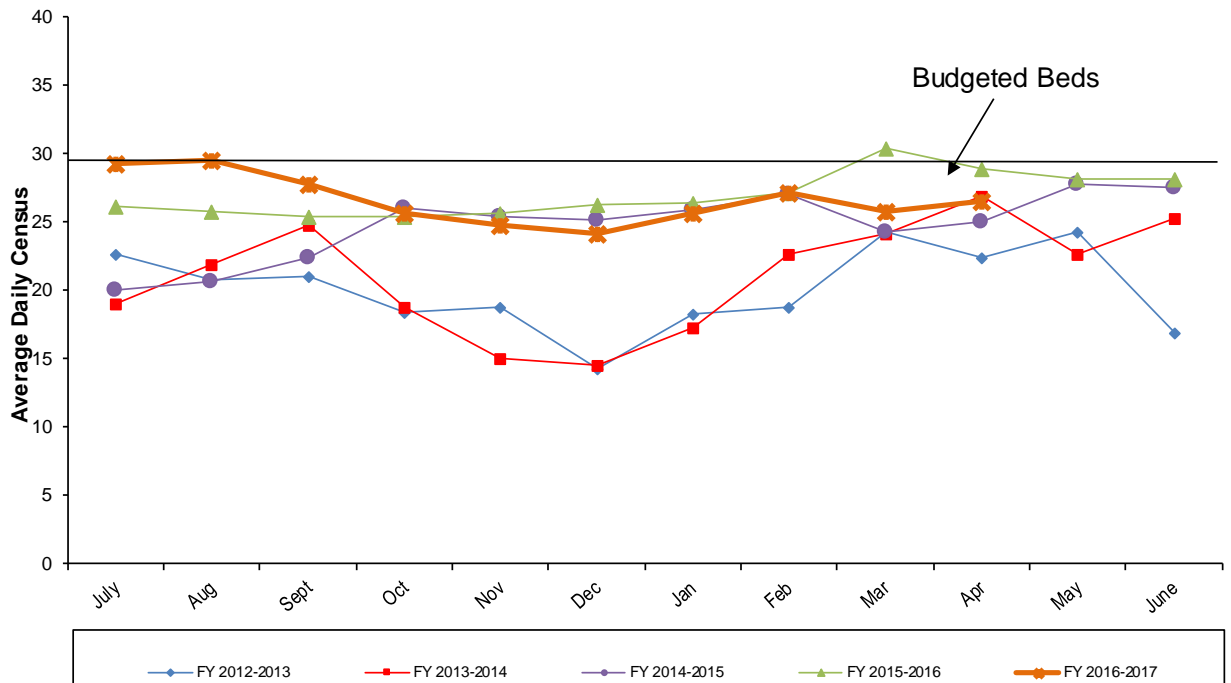




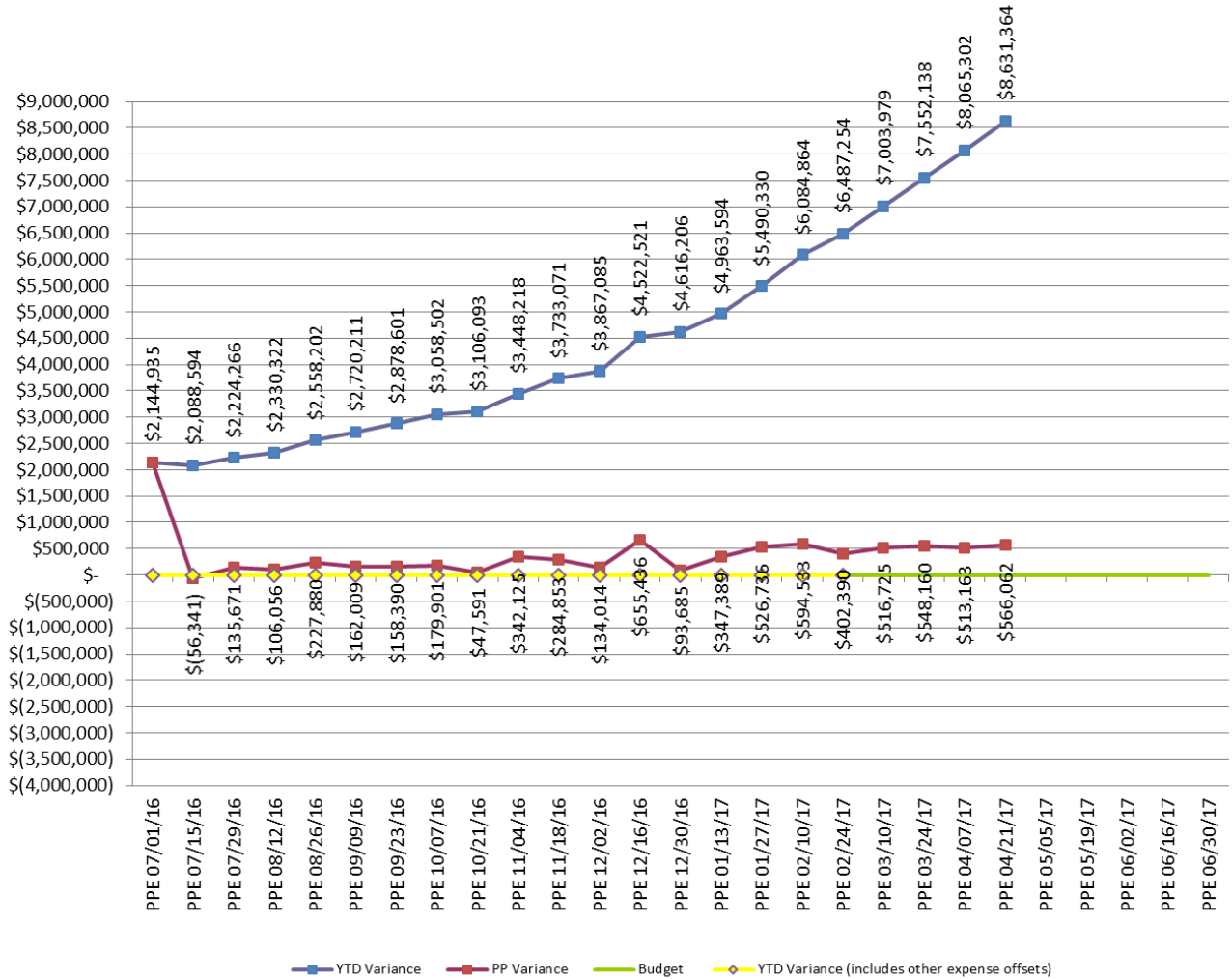
4A Skilled Nursing



4A Skilled Nursing



**Variance Between Salary Expenditure and Budget by
Pay Period (PP) and Year To Date (YTD)**



Commissioner Comments:

Commissioner Pating asked if both private and public hospitals were considered for the NRC Excellence Award. Dr. Ehrlich stated that NRC considered private and public hospitals when making the award.

7) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of April 2017

Nursing Professional Development

The first week of May, the ED along with Medical Surgical Nursing with their affiliated teams, held a Lean kaizen workshop focusing on reducing waste in the patient valuable storing process. New processes have been implemented for recording, storing and keeping the patient informed about where their belongings are located during their stay at ZSFG.

During the second week of May the Perioperative nursing services, along with the interdisciplinary Peri-Operative team, conducted a Lean Value Stream Mapping workshop where they collected data mapping out

the current patient flow times from arrival for the Come and Go elective surgery cases and the time from close of incision to the patient's discharge home from the PACU. After mapping the current state, the team constructed a future state that will help launch future improvement work centered on two main metrics: on-time first case starts and same day cancellations.

Maternal Child Health implemented their patient safety grant funded 2 hour classes this month focused on improving team communication training and a fetal monitoring module that RN's and providers will all take.

ZSFG ED physician and nursing leadership group submitted an abstract for the May 16 – 19th National Society for Academic Emergency Medicine annual meeting, on the ZSFG first year (pre-move) Lean/Fast Track improvement work.

Critical Care has successfully trained for relief Charge Nurse and had another ICU nurse successfully trained to the MERT nurse role.

Nursing Recruitment and Retention

Medical-Surgical will have a new training program beginning in June for 25 nurses. **Psychiatry** currently has 2 new RNs who should be out of orientation next week. There are two LPTs begin processing and 2 new RN will begin their orientation May 22nd. **Emergency Nursing** has 8 new nurses in their latest training program and two MEA staff were hired. **Maternal Child Health** have two groups of new staff cross training to post-partum and pediatrics. **Peri-Operative** will be starting their training program next month. **Critical Care** has hired one new P103 for the nightshift in the Medical/Cardia ICU.

Nursing Awards

Nurse Week Celebration were held at ZSFG May 4, 2017 with an evening banquet and award ceremony followed by a night shift breakfast the next morning. Here are this year's ZSFG Nursing awardees:

O'Connell Society Award - This award recognizes a nursing leader who has strengthened the profession of nursing and the health of San Francisco residents. 2017 O'Connell Society recipient, Patricia Carr. Patt Carr has a long history here at ZSFG – she has worked in a number of roles over the past 37 years from ED nurse, manager and currently Administrator on Duty.

Ambulatory Care Nursing Leadership Award – recognized the outstanding performance in the ambulatory care setting, commitment to integration and collaboration across the Network, and embodying the highest standards of integrity and respect for patients and staff. 2017 recipient: Judith Sansone – Director of Nursing for the Primary Care specialties.

Daisy Award – this award recognizes the compassionate and super-human work nurses do every day. It was established by the DAISY Foundation- a foundation for the elimination of diseases attacking the immune system in memory of J. Patrick Barnes. ZSFG is proud to be a DAISY hospital. 2017 Daisy Awardees:

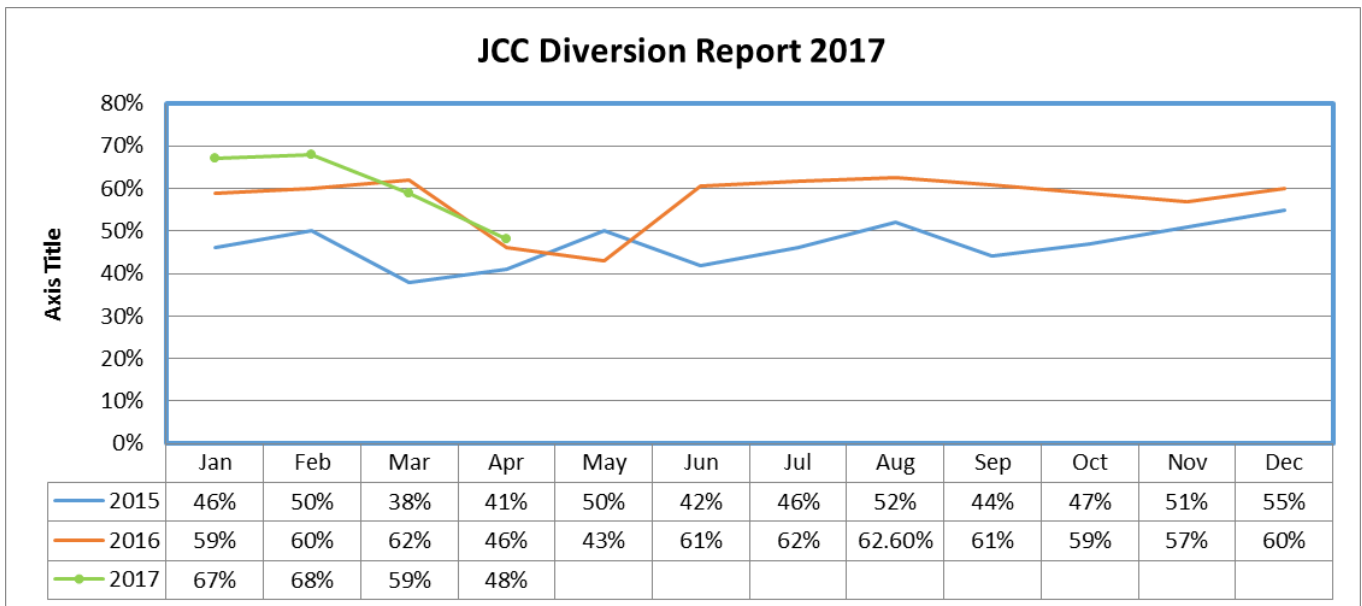
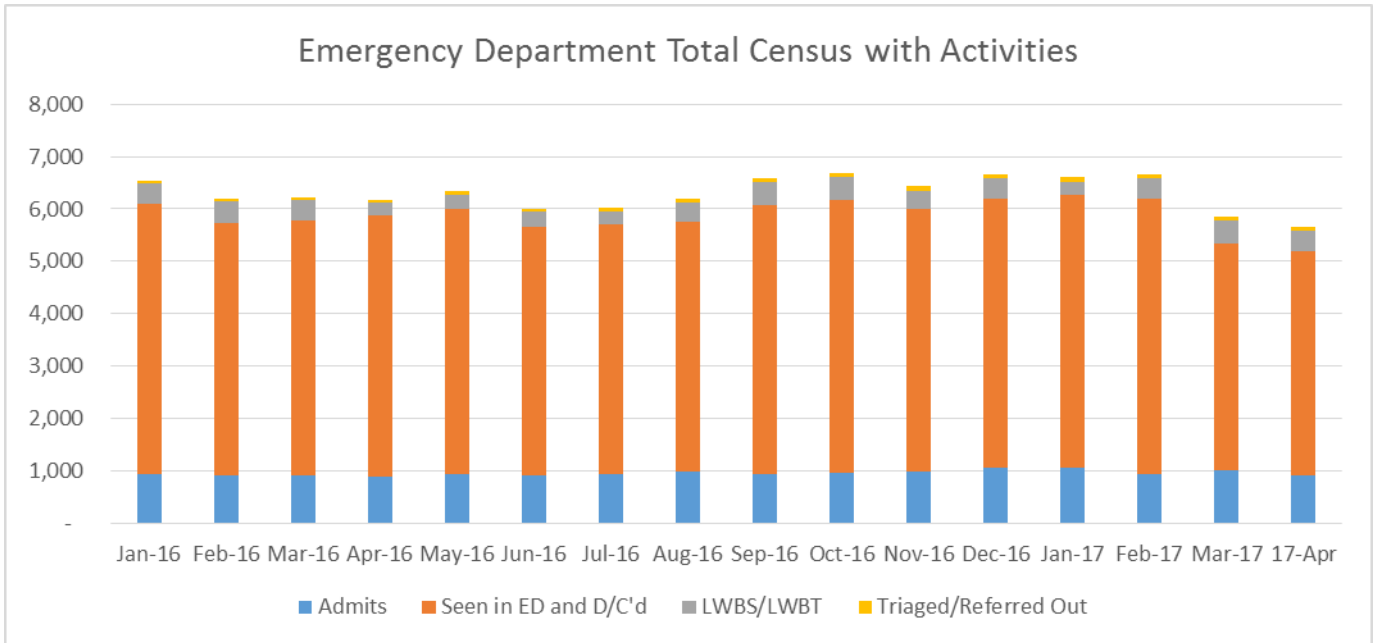
- Paulette Walton – Opiate Treatment Program Nurse
- Liezl Uy – NICU Nurse Educator
- Kelly Brandon – Birth Center Clinical Nurse Specialist
- Jimmy Chua – Psychiatry 7B Charge Nurse

Friend of Nursing award - recognizes an individual whose work has promoted, facilitated and supported the contribution that nursing makes to the ZSFGH mission. 2017 Awardee: Arla Escontrias

Dorothy Washington Scholarship - provides monetary support for the professional development of nurses at Zuckerberg San Francisco General. The fund supports the development of culturally diverse nurse leaders prepared to care for the people of San Francisco. This was the vision of Dorothy Washington and a commitment she exemplified over her 35 years at SFGH. 2017 scholarships were awarded to:

- Griselda Suarez – 1M – MEA . Griselda has worked at ZSFGH since 2006. She is currently enrolled in a LVN program with plans of getting her BSN.
- Rhonald Abitona – Critical Care Performance Improvement Coordinator. Ron started his nursing career on unit 4D in 2012. He quickly excelled and moved to critical care. Ron will be starting the Adult Gerontology Acute Care Nurse Practitioner program at UCSF.

Emergency Department (ED) Data for the Month of April 2017



April | 2017

Diversion Rate: 48%

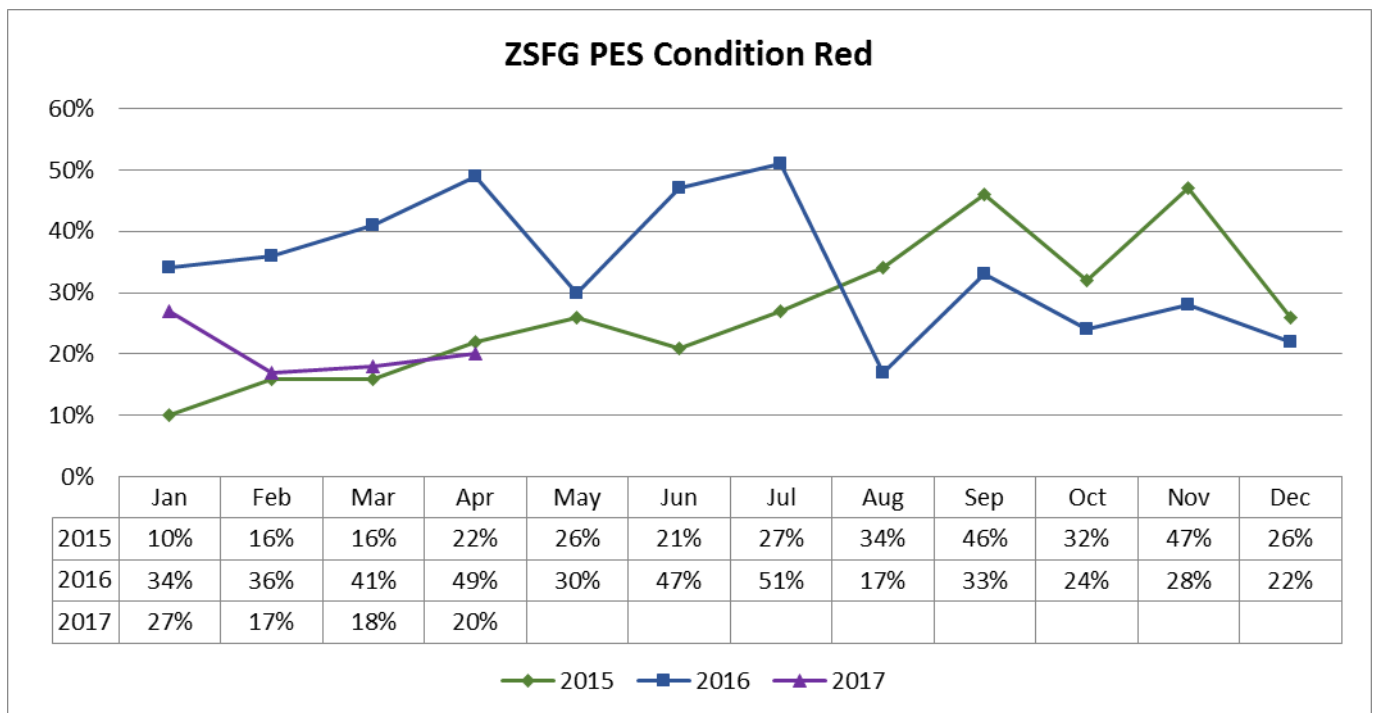
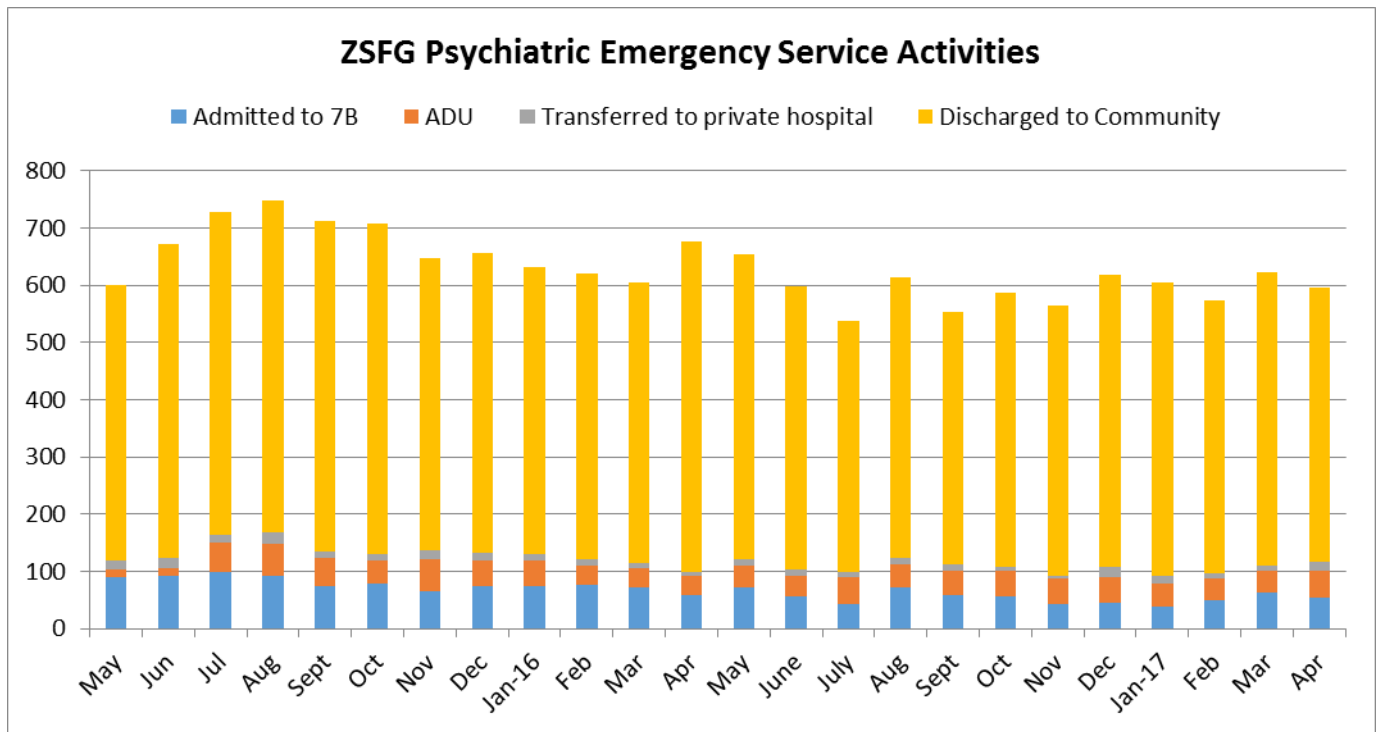
ED Diversion = 260 hours (36%) + Trauma Override = 89 hours (12%)

Total Ed Encounters: 6191

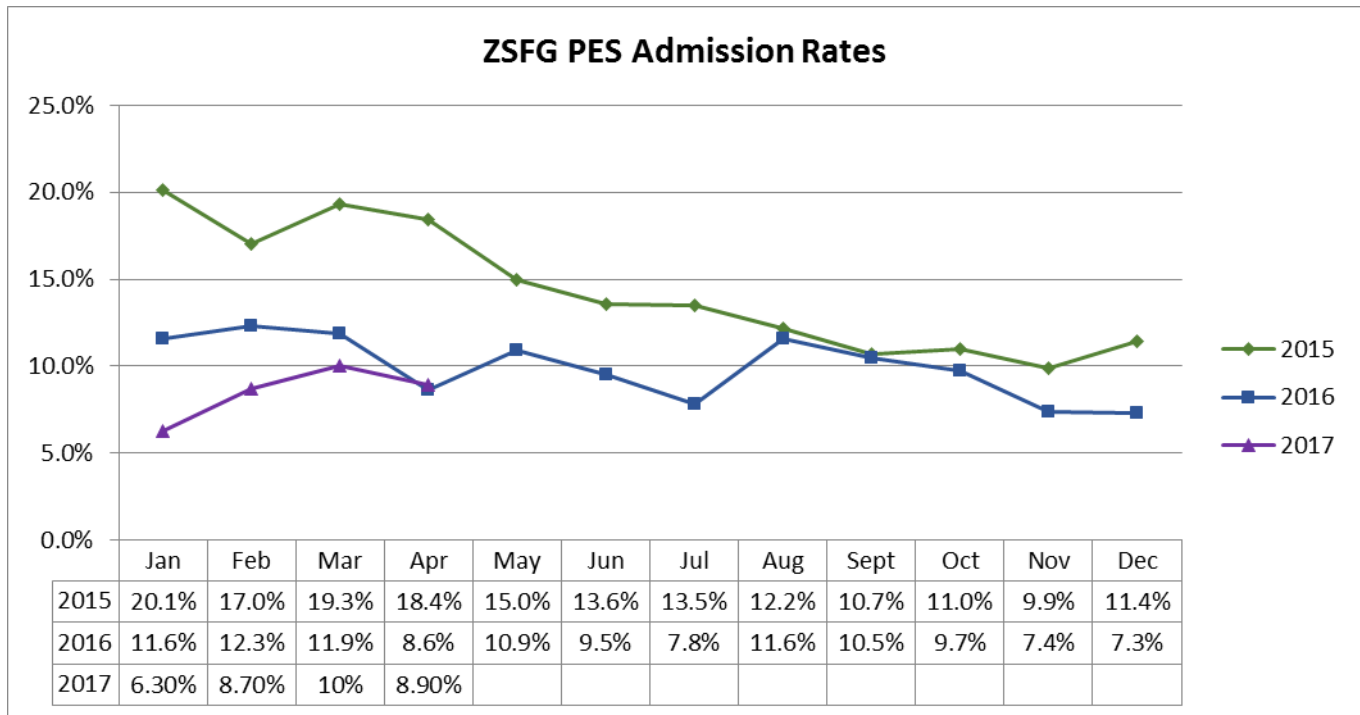
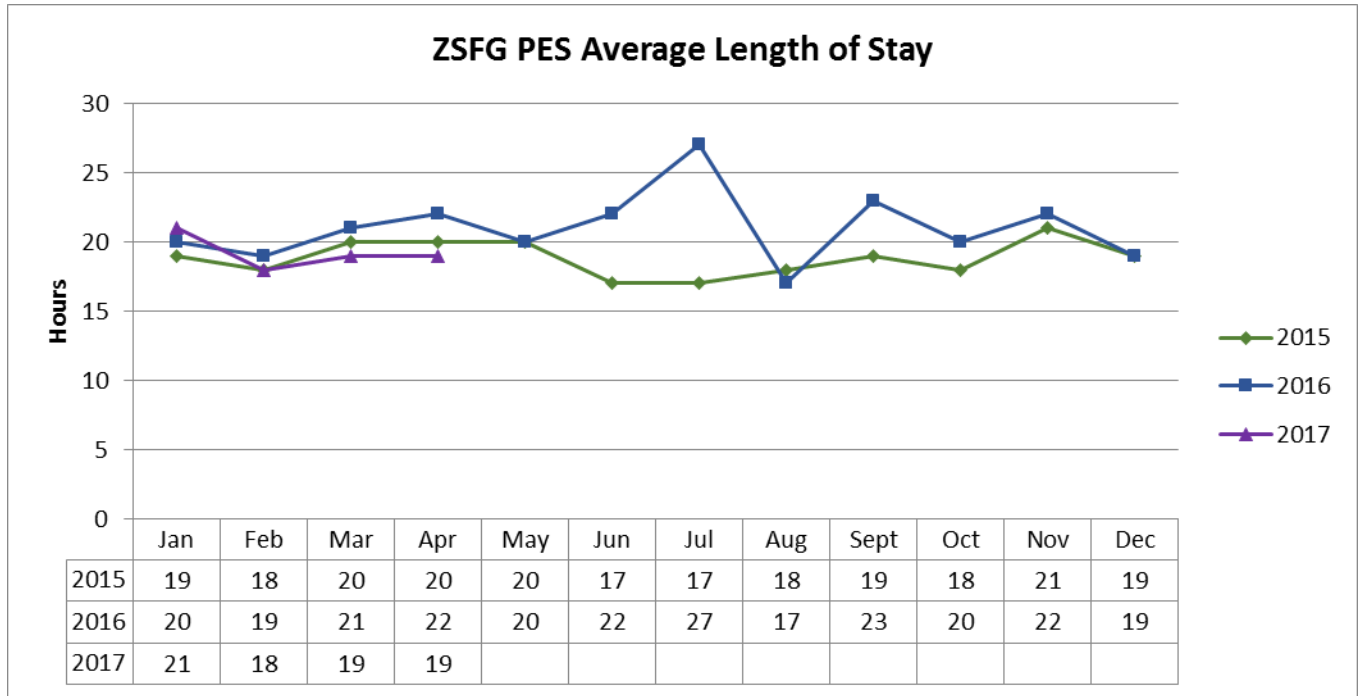
ED Admissions: 905

ED Admission Rate: 14.62%

Psychiatric Emergency Service (PES) Data for the Month of April 2017



Psychiatric Emergency Service (PES) Data for the Month of April 2017...continued



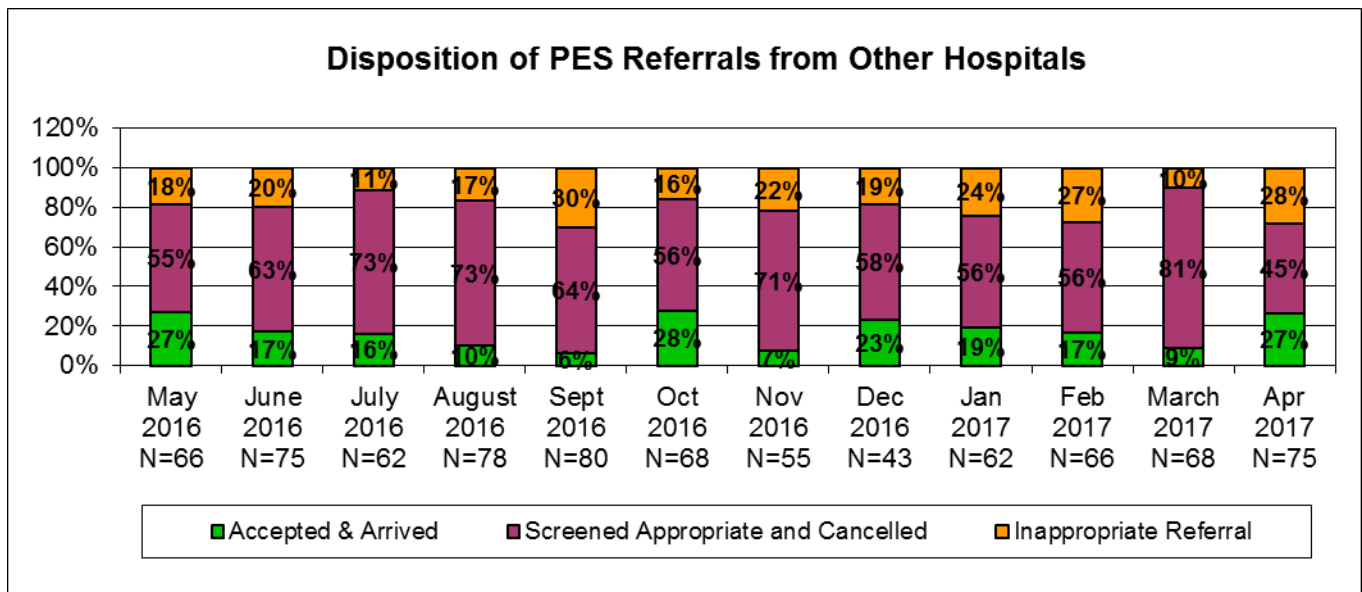
Request for Inter-Facility Transfer to PES from other Hospitals

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 transferred and admitted to PES. The transfer of these patients has been authorized by PES based on EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

Screened Appropriate but Cancelled Prior to Acceptance refers to patients that have been screened by a triage nurse and have preliminary approval, but the paperwork has not been reviewed by a physician. Their transfer was then cancelled by the referring facility. This cancellation 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 transfer and admission to PES for evaluation and disposition. Common reasons for PES to decline transfer of a patient from a referring hospital are medical status (not medically stable for transfer) and insurance status (e.g., private insurance or out of county Medi-Cal).



Analysis:

The percentage of patients accepted from other hospitals improved this month, going from 9% to 27%. The percentage of patients who were screened as appropriate by PES and later cancelled by the presenting hospital had a big decrease, from 81% to 45%.

Commissioner Comments:

Commissioner Pating noted that the Diversion rate is decreasing.

8) **ZSFG RN HIRING AND VACANCY REPORT**

Karen Hill, ZSFG Human Resources, gave the report.

Commissioner Comments:

Commissioner Pating asked for clarification on the times of year that nursing programs hold graduation. Ms. Dentoni stated that graduation is held in May/June and December.

9) **MEDICAL STAFF REPORT**

James Marks, M.D., Chief of Medical Staff, gave the report.

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

LLOC, CAPACITY AND ACCESS FLOW –

Dr. Todd May gave a presentation about one of the four countermeasures that will be deployed to ensure efficient patient flow and access in the hospital (as discussed at the April Leadership MEC meeting), which is to reduce and maintain lower level of LLOC (Lower Level of Care) patients to less than 10. Dr. May and Ms. Terry Dentoni are the executive sponsors of the A3 on LLOC.

Background:

The rising number of LLOC bed-days continues to adversely impact the hospital's flow and capacity, and contributes to a crisis situation. Dr. May acknowledged that several of the issues are out of the hospital's control, but pointed out the need for the Medical Staff and the hospital's multi-disciplinary teams to improve systems for addressing barriers that are controllable. Currently, there are more than 40 LLOC patients, 2/3 of them are deemed to "lack capacity". When "lacks capacity" triggers conservatorship, the disposition options are limited and patients frequently occupy beds for several months waiting to secure conservatorship followed by long waits for scarce beds. This contributes substantially to the hospital's LLOC bed days and impaired flow problems.

Presentation outline:

Observations:

- All-time high and increasing number of patients labeled as "lacks capacity"
- The term "lack capacity" has become a trigger word from all disciplines without common understanding of the definition or significance.
- Patients labeled as "lacks capacity" are presumed to not be able to return to the community without a legal medical decision-maker prior to disposition. Dr. May explained that this presumption has proven to be false in many cases.
- Patients are handed from team-to-team, typically without reassessment of capacity over weeks to months.

Issues:

- There is tremendous variability in how we make the determination of capacity
- There is not a common understanding of the definition, significance or consequence of this label
- It is a huge deal to determine that a person "lacks capacity" – civil rights are taken away
- There must be a very high threshold for making this determination
- There is a spectrum of cognitive impairment that does not necessarily mean they cannot live in the community (and lack capacity to decide for every aspect of their lives)
- Clinicians who are not well versed on medical decision-making capacity determination over-rely on neuropsychiatric testing (and testing rates have increased substantially over time).
- There are thousands of SF residents who have substantial cognitive impairment and live in the community. Conservatorship should not be imposed on these people when they are admitted in ZSFG.

Way Forward:

- Providers must be more judicious and specific in the use of the term “lacks capacity”
- A rigorous criteria with a high threshold for making capacity determination must be established
- Algorithms and local expertise in the field of capacity determination are available
- A more formalized documentation method around capacity determination is envisioned
- Training tools, and expert consultation to support clinicians will be deployed through development of an A3.

Members had a robust discussion about challenges in the assessment and determination of decision-making capacity. Dr. May stated that leadership from the SFHN, ZSFG, LHH and Placement teams have started meeting every Wednesday to go through each LLOC patient, problem solve and determine dispositions. Members’ engagement in the A3 on LLOC will be led by Dr. Jack Chase (Family Medicine) and Ms. Susan Brajkovic (RM) will be crucial in the identification and implementation of quality improvement interventions. Members requested completion of A3 review before the new interns come in June. Dr. Marks stated that the volume of LLOC patients needs to be reduced immediately, and in the meantime, ad hoc conversations with attendings on teams regarding placements that may not be optimal but are sufficient, will continue.

SERVICE REPORT: None

Commissioner Comments:

Commissioner Pating asked if the A3 for lower level of care includes the Emergency Department. Dr. Marks stated that A3 relating to flow is a tactical process for the entire hospital.

Note: There were no action items for this report.

10) OTHER BUSINESS

This issue was not discussed.

11) PUBLIC COMMENT

There was no public comment.

12) CLOSED SESSION

- 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.

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORT AND PEER REVIEWS

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 Taken: The Committee approved May 2017 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 4:08pm.