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### MINUTES

JOINT CONFERENCE COMMITTEE FOR  
SAN FRANCISCO GENERAL HOSPITAL  
Tuesday, February 14, 2012, 3:00 p.m.  
1001 Potrero Avenue, Conference Room 7M30  
San Francisco, CA 94110

#### 1) CALL TO ORDER

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

Staff: Sue Currin, Sue Carlisle, Iman Nazeeri-Simmons, Terry Dentoni, Leslie Dubbin, Troy Williams, Valerie Inouye, Dave Woods, Kathy Jung, Anson Moon, Kathy Murphy, Todd May M.D., Shannon Thyne M.D., Neil Powe, M.D., Rachael Kagan

The meeting was called to order at 4:07pm.

#### 2) APPROVAL OF THE MINUTES OF THE JANUARY 10, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the January 10, 2012 meeting were unanimously approved.

#### 3) SFGH RENAL CENTER

Sue Currin, Sue Carlisle M.D., and Neil Powe, M.D., gave the presentation which included a history of the SFGH Renal Center and a review of its services and its costs.

#### Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on which organization currently runs the outpatient dialysis. Ms. Currin stated that UCSF faculty and medical staff run the outpatient dialysis under the SFGH license.

Commissioner Chow asked whether the data in the presentation represents number of sessions or unduplicated patients. Dr. Carlisle stated that the presentation shows the number of sessions.

Commissioner Waters asked what kinds of organizations run the remaining 34% of outpatient dialysis centers in the United States if 66% are managed by large organizations devoted to this kind of service. Dr. Powe stated that 80% of all outpatient dialysis patients are cared for by the 66% of facilities run by the three largest dialysis providers in the US; the other providers are smaller organizations and companies.

**Public Comment:**

Mardina Graham stated that she is a parent of a patient and has experienced the level of care at many units across the country. Her daughter had a stroke while on the dialysis machine and was treated immediately by the skilled SFGH staff.

Lester Lenoir stated that he is a dialysis patient and likes that the outpatient dialysis is located where he can receive other care on the same campus. He is concerned that the transportation to Laguna Honda Hospital (LHH) will be a deterrent to many patients.

George Lemus stated that he has been receiving dialysis for five years and that the SFGH Renal Center helped him during a time when he was in need of care.

Liqui Jeannette Vasquez-Villagram questioned the true cost of the move of the outpatient unit to LHH. She stated that the analysis does not include the impact of the environment and wear and tear of the LHH building. She questioned whether thirty dialysis chairs is necessary. She suggested that fire alarms and sprinklers be installed in the existing SFGH unit using the funds that would have paid for transportation of patients from SFGH to LHH if the unit was moved.

Rubin Rodriguez stated that he has worked at the SFGH outpatient dialysis unit for ten years and that it is the DPH's job to protect patients' health.

Fernando Ysais stated that he has been a patient of the SFGH Renal Center for four years and that the SFGH staff have helped him with dialysis and with many other issues like housing.

Colleen Carney, RN with renal center 20 years, stated that a dialysis unit at LHH would be great for the LHH residents but that the LHH campus is too far away from many of the residents of San Francisco. She also stated that many patients see multiple providers at SFGH during their dialysis visits.

Dan Harper, SEU 3299 Union organizer, stated that the Renal Center should stay at SFGH.

Lawrence Lau, a Renal Center employee for the past 15 years, stated that he expected that when the SFGH Rebuild was voted in, there would be room for the outpatient dialysis center. He stated that SFGH cares about patients more than a private company would and is concerned about quality of care.

John Scott, Renal Center Patient, stated that he has been to many facilities in San Francisco and he prefers that the outpatient dialysis stay at SFGH.

Roscoe Layug stated that LHH is too far away and that this may deter many patients from getting appropriate care. He read a letter from a medical transportation company stating it cannot afford to transport patients to LHH due to lower reimbursement rates from MediCare.

George (June) Reid, stated that it takes just one bus to get to SFGH from where he lives. If the Renal Center is moved to LHH, it will take much longer and will be an obstacle for him and others to get care.

Delia is concerned that SFGH outpatient dialysis is the only program that serves the safety net population in San Francisco.

Luella Lee, a Renal Center employee, stated that in the San Francisco Capital Improvement Plan, there is a plan to improve the existing SFGH buildings. She proposed that the dialysis center stay at SFGH until the bond measure is voted on and stated that the Renal Center staff and patients would work to get the measure passed.

Jennifer Gunn, Head RN, stated that outpatient dialysis is a revenue generator for SFGH. All patients are assisted in applying for MediCare or MediCal and are referred to other SFGH services as appropriate. She stated that if the outpatient dialysis center is moved to LHH, UCSF will become the provider for many of the ancillary services that dialysis patients will need; this will be a loss of millions of dollars of revenue for SFGH/DPH.

Patricia Paladino stated that she has worked at the Renal Center for 7 years and also works at a private dialysis unit. With this perspective, she is able to say that SFGH enables staff to give patients a higher level of quality services.

Amy Lew, SFGH Renal Center Nurse with 19 years experience, stated that the SFGH Renal Center has the benefit of fellows, research, and a connection to SFGH which enables quick labs and medicine when needed. By having the outpatient dialysis unit on the SFGH campus, it says usage of the emergency department.

Catherine Fon, Physician's Assistant at the Renal Center for 15 years, stated that moving the unit will jeopardize fellowships and care for CHN patients. She stated that ninety percent of the outpatient patients live in the zip code shared by SFGH.

Sue Fillin, California Nurses Association (CNA), stated that the CNA intends to support efforts by the SFGH nurses to keep the outpatient dialysis unit at SFGH due to patient safety and quality of care issues.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that the presentation indicates that the DPH intends to continue to serve the safety net population in its plans to move the outpatient dialysis unit to LHH.

Commissioner Sanchez thanked everyone that made public comment and requested that the DPH consider exploring other options so that outpatient dialysis services could remain on the SFGH campus and another unit could be located at LHH.

Commissioner Chow requested that the DPH explore all possible options and postpone the release of the RFP until Director Garcia reports back to the SFGH JCC regarding this issue.

**4) 2012-2014 DPH PROPOSED BUDGET**

Valerie Inouye, SFGH Chief Financial Officer, reviewed the SFGH-related items on the DPH FY12-13 and FY 13-14 budget.

Dr. Carlisle stated that if the DPH does not fully fund the UCSF affiliation agreement, then there will be impact on the level of service provision. Dr. Thyne stated that she is concerned about the attrition of quality faculty due to lack of competitive salaries for SFGH medical staff.

Ms. Currin stated that there will be a reduction of psychiatry and medical consults in Med-Surgical Services as SFGH will use more clinical nurse specialists and physicians. The change will enable services to be covered seven days a week.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for a follow-up of the change in Med-Surg at future SFGH JCC meetings.

**5) CMS DSRIP UPDATE**

Iman Nazeeri-Simmons, Associate Hospital Administrator, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Waters asked if there are reports available for the Category 4 Intervention, "Surgical Site Infection." Ms. Neezi-Simmons stated that at this time SFGH has collected baseline data on this intervention.

Action Taken: The Committee approved the CMS DSRIP Update Report.

**6) HOSPITAL ADMINISTRATOR'S REPORT**

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

1. Ted Miclau named President of Orthopaedic Research Society

I am proud to report that Dr. Ted Miclau, Chief of Orthopedic Surgery and Director of the Orthopedic Trauma Institute at San Francisco General Hospital, was named the current President of the Orthopaedic Research Society last week. The Orthopaedic Research Society is an international organization for the advancement of musculoskeletal research through excellence in research, education, collaboration, communication, and advocacy.

2. Mammo Van is Back

The Mammo Van is back and it looks great! It is parked behind Building 80. The van made its Maiden Voyage to Potrero Hill Health Center last week and it was also at AT&T Park on Thursday for the Heroes and Hearts 2012.

3. SFGHF Heroes and Hearts

The 7<sup>th</sup> Annual Heroes and Hearts luncheon, sponsored by the San Francisco General Hospital Foundation, was held last Thursday (February 9, 2012) at AT&T Park. Over 1,000 people attended. This annual event honors community heroes and also is an opportunity to remind the public of the important role that San Francisco General Hospital and Trauma Center plays in our community. Proceeds from the luncheon and the accompanying evening event, Hearts After Dark, benefits the Foundation, which mission is to promote excellence in research, education and care for all at San Francisco General Hospital.

#### 4. Chinese New Year Celebrated at SFGH

SFGH Chinese Employee Association and the CHEARS (Hospital Employees' Committee) organized a lunch celebrating the new Year of the Dragon last week. Activities included a lion dance by the San Francisco Police Department Lion Dance Team, Fan Dancing and singing of Chinese songs by staff.

#### 5. Patient Flow Reports for January 2012

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

##### Medical/Surgical

Average Daily Census was 212.5, which is 1% over the number of budgeted beds and 87% of physical capacity of the hospital. 11% of the Medical/Surgical days were lower level of care and 5% were decertified/non-reimbursed days.

##### Acute Psychiatry

ADC for Psychiatry beds, excluding 7L, was 55.1, which is 88% of budget and 86% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.0 which is 71% of budget (n=7) and 41% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of December 2011, shows 73% non-acute days (19% lower level of care and 54% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

##### 4A Skilled Nursing Unit

ADC for our skilled nursing unit was 22.4, which is 20 %under our budgeted beds and 25% under physical capacity.

##### San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 96.6, which is 9% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 95% of budgeted beds and physical capacity.

##### Commissioner Comments/Follow-Up:

Commissioner Waters asked if the reasons for the increase in Med-Surgical days. Ms. Currin stated that there were more patients during the holidays and that most of these were custodial care.

Commissioner Sanchez reminded the JCC members that Tony Bennett painted and donated one of the first hearts for the Heroes and Hearts benefit. He stated that is very pleased how successful the event has become over the years.

Commissioner Chow requested a report on non-acute beds in the next quarter.

#### 7) PATIENT CARE SERVICES REPORT

Leslie, Director for Clinical Operations, gave the report.

**January 2012 2320 RN VACANCY RATE:** Overall 2320 RN vacancy rate for areas reported is 1%.

#### **Staffing Ratio- January 2012**

The Psychiatry Department was unable to cover breaks for one shift.

## **Professional Nursing Practice- January 2012**

### **Recruitment and Training**

Training programs for the Critical Care Nursing and Emergency Services begin on February 13, 2012.

### **Shared Governance Councils**

#### **Professional Development Council Initiative- Nursing Ground Rounds**

The first SFGH Nursing Ground Rounds convened on February 1, 2012, sponsored by the Shared Governance Professional Development Council with collaboration of Shared Governance Research Council. The agenda included the following presentations;

- “The Question is the Answer” Sasha Cutler RN
- “Evidence Based Practice” Grad Green RN
- “A Question of Delirium” Liz Hewlett RN
- “Development of Early Mobility Program in ICU” James Alonso RN
- “Skin to Skin-Post C-section Initiative” Kristina Hung RN
- “5D Leadership Triad: Teamwork and Shared Governance in Action” Erwin Villanueva RN

2 CEU’S were obtained and lunch was provided by a generous grant from the SF Foundation.

#### **Quality and Safety Council Initiative-**

On Jan 11<sup>th</sup>, the SFGH’s Nursing Quality and Safety Council attended a regional “Magnet Journey” event hosted by the Gordon and Betty Moore Foundation (GBMF). Nursing representatives from nine Bay Area hospitals convened to share initiatives and activities that support Magnet designation. Joe Clement RN, Sasha Cuttler RN, and Franco Herrera RN gave a presentation titled “Nursing Sensitive Indicators” in which they highlighted some of the unique, nurse-driven projects at SFGH that have reduced waste, improved the quality of care, and improved the patient and staff experience.

SFGH presenters unveiled an innovative reporting calendar for the Nursing Quality Forum (NQF<sup>1</sup>) that moves from the current unit-based outcome model to reporting by clinical topic. The new structure is designed to improve communication and collaboration, and reduce duplication both within the nursing department and with other disciplines. To align with the newly released hospital strategic plan, this initiative groups clinical topics into the quality domains of Clinical Effectiveness, Workforce and Culture, Patient Centeredness, Efficiency and Waste, and Safety and Harm.

Well received by the audience, this new reporting system exemplifies SFGH’s commitment to Shared Governance, Magnet, and the advancement of the Nursing Profession.

<sup>1</sup> At the bi-monthly NQF, participants learn about initiatives across departments, share successes in performance improvement work, and hear important announcements related to regulatory readiness and patient safety.

#### **American Nurses Association (ANA) Nursing Quality Conference**

The American Nurses Association (ANA) Nursing Quality Conference in Las Vegas January 25-27<sup>th</sup> had participation from six SFGH nurses this year including Sarah Ghirawoo 4B Nurse Manager who lent her support. Participants had the opportunity to learn from other nurses and national leaders about innovations in patient safety and quality care. For the first time, San Francisco General Hospital had submissions accepted for presentation;

- Norlissa Cooper BSN, RN (4B nurse) with Sasha Cuttler PhD, RN presented the poster “Breaking Free from Knots: An Evidence-Based Approach to Physical Restraint Reduction”. Sarah Ghirawoo 4B Nurse Manager attended in support

- Nancy Parker MSN, RN, CNL (Nurse Manager Family Health and Urgent Care) with Catherine Weiser, MSN, RN, FNP and Ma. Grace Lopez, MSN, RN, CNL presented their poster “Outpatient Waiting Time and RN Job Satisfaction in the Urgent Care Center”.

In addition to the opportunity to learn about the work of other nurses from throughout the United States and around the world, there were informative talks from nurse researchers such as UCSF’s Holly De Groot, PhD, RN, FAAN who addressed the theory and methods of the “Staffing Climate” in Nursing. Professor Shoshanna Sofaer DrPH presented the results of national qualitative research that asked health care consumers what they felt were important quality measures for the National Quality Forum. As compared with previous conferences, there was an increased emphasis on examining new nurse-sensitive indicators for improved outpatient outcomes as well as increased attention to the patient’s perspective.

### **SFGH Nursing Skin Care Initiative**

Ossie Gabriel RN, MSN, CNS launched a progressive patient care initiative designed to improve and standardize wound and ostomy care throughout the care continuum. Results from a needs assessment indicated that the current treatment plan lacked collaboration and evidence-based practice throughout the DPH system. This prompted the development of an innovative improvement plan that has potential to spread as a model for other urban areas. Proposed to be implemented in stages, this quality improvement project includes cost analysis, ability to replicate across care areas and standardization with the ultimate goals of improving patient outcomes, satisfaction and reducing unnecessary cost and waste.

This initiative includes the following

- SFGH- standardized skin and wound care with bi-weekly skin rounds by 22 nurses
- Engagement of DPH skin care leaders including Laguna Honda, Home Health and SFGH Wound Care Center for the purpose of a developing a cohesive patient and issue specific management system through the DPH continuum.
- Product Evaluation including price consideration with pilot actions at the various sites.
- Wound, Ostomy, Continence Nursing (WOCN) Classes and Presentations by clinical and research leaders every six months. Starting with a recent one day Wound Symposium attended by 130 staff from SFGH and participating DPH agencies.
- Engagement and spread of initiative throughout the bay area.

The Emergency Department had a Diversion rate total of 15% (112 hours) for the month of January 2012. The ED encounters for the month of January totaled 5036 patients, 870 of those were admissions.

PES had 490 patient encounters during December 2011 and 447 in January 2012. PES admitted a total of 106 patients to SFGH inpatient psychiatric units in January 2012, a decrease from 120 patient admissions in December. In January a total of 337 patients were discharged from PES: 34 to ADUs, 11 to other psychiatric hospitals, and 292 to community/home.

There was an increase in Condition Red hours from December to January. PES was on Condition Red for 269.6 hours during 25 episodes in January. The average length of Condition Red was 10.79 hours. In December, PES was on condition Red for 88.48 hours, during 14 episodes, averaging 6.32 hours.

The average length of stay in PES was 28.51 hours in the month of January, an increase from 22.11 hours in December 2011.

## **8) MEDICAL STAFF REPORT**

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

### **LEADERSHIP/ACHIEVEMENTS/MEDIA**

- Service Chief, Neurology – Dr. James Dilley, Chair of the Search Committee, presented the formal recommendation to nominate Dr. J Claude Hemphill III as the new Chief for the Neurology Service. Dr. Hemphill has been on the SFGH Medical Staff since 1996, and has served as Interim Chief since July 2010. Dr. Hemphill received his medical degree from Emory University and completed his residency in neurology and fellowships in critical care medicine and neurocritical care/stroke at UCSF. A motion was made to approve the appointment of Dr. J Claude Hemphill III as the Neurology Service Chief.
- UCSF Vice Dean for Academic Affairs - Elena Fuentes-Afflick, MD has been named Vice Dean for Academic Affairs, effective April 1, 2012. Dr. Fuentes-Afflick will continue her role as Chief of the SFGH Pediatrics, but will reorganize the Pediatric Service and appoint an Associate Pediatrics Service Chief.
- Heroes and Hearts Award– Dr. Richard Coughlin of the SFGH Orthopedic Service will be one of three individuals who will receive a Heroes and Hearts Award on Feb 9, 2012. Dr. Coughlin was nominated by an Army Iraq War Veteran who survived a suicide bomb attack in July 2011. After being stabilized in Iraq and Germany, he was evacuated to SFGH and Dr. Coughlin was his surgeon.
- Healthy San Francisco Evaluation Results – Ms. Tangerine Brigham gave MEC members an update on the Health San Francisco Evaluation results, based on a two-year (2009-2011) independent evaluation conducted by Mathematica Policy Research Inc. The purpose of the project was to determine if Healthy San Francisco was achieving its goal to expand access to care for the uninsured. In summary, the findings are:
  - (1) HSF participants are very satisfied with their access to health care services,
  - (2) Participation in the program alleviated financial and nonfinancial barriers to medical care for a large portion of the enrollees, and
  - (3) Most HSF participants are regularly receiving outpatient care at their medical homes, and are using fewer ED services over time.

### **ADMINISTRATION/REGULATORY/COMPLIANCE**

- Privacy Issues and HIPAA Compliance: MEC discussions continued on the identification and implementation of additional measures to prevent or minimize PHI security breaches at SFGH, particularly on resident sign out paper sheets. An education campaign and culture change will be necessary to ensure the confidentiality and integrity of protected health information.

Vendor Mate – Dr. Thyne informed MEC members that “Vendor Mate”, a system for vendor authorization and check in system, is now fully live. Vendors will no longer be allowed into patient care areas without a Vendor Mate SFGH personalized badge.



Action Taken: The Committee approved Dr. J Claude Hemphill III as the new Chief for the Neurology Service.

**9) QUALITY COUNCIL JANUARY 2012 REPORT**

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow congratulated the Surgi Center for meeting its patient satisfaction goals. Commissioner Chow asked for clarification regarding the Direct Access Colonoscopy teaching on page five of the Report. Dr. May stated that the group teaching method for the Direct Access Colonoscopy has been very successful.

Action Taken: The Committee approved the January 2012 Report.

**10) PUBLIC COMMENT**

There was no general public comment.

**11) CLOSED SESSION:**

**APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 10, 2012**

**CONSIDERATION OF CREDENTIALING MATTERS**

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**

D) 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 voted not to disclose discussions held in closed session.

**12) ADJOURNMENT**

The meeting was adjourned at 6:04pm.

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