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**MINUTES**

**JOINT CONFERENCE COMMITTEE FOR**

**SAN FRANCISCO GENERAL HOSPITAL**

**Tuesday, April 10, 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, Roland Pickens, William Huen, Anson Moon, Sue Schwartz, Kathy Jung, Tom Holton, Troy Williams, Kathleen Murphy, David Pearce M.D., Shannon Thyne M.D., Shermineh Jafarieh, Sharon McCole Wicher, Jenson Wong, M.D., Winona Mindolovich, Cathryn Thurow, Dan Schwager, Mark Morewitz

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

**2) APPROVAL OF THE MINUTES OF THE MARCH 13, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The minutes of the March 13, 2012 San Francisco General Hospital Joint Conference Committee meeting were unanimously approved.

**3) SFGH RENAL CENTER**

Ms. Currin provided an updated presentation on the SFGH Renal Center. Ms. Currin thanked the public for attending the meeting and said SFGH leadership has attempted to incorporate input from the Health Commission and the public into its plan for the outpatient renal services.

David Pearce M.D., Nephrology Chief, stated that the Renal Center staff are incredibly dedicated. He said that the building's current infrastructure issues make it necessary to move the outpatient renal services.

Commissioner Comments/ Follow-Up:

Commissioner Chow asked whether the \$9,000 listed in the presentation as the current amount of revenue loss for DPH to serve the patients at the Renal Center, includes costs for paying for care of outpatient renal patients who are referred to external providers. Ms. Currin stated yes, that it currently costs SFGH \$20,000 a month for outpatient renal dialysis patients unable to be accommodated at SFGH. It is anticipated that in the plan to expand the outpatient dialysis services at Laguna Honda Hospital, no patients will have to be referred to external providers.

Commissioner Sanchez stated that a diverse and dedicated staff is an important part to consider in the future plans of the outpatient renal services. He added that the issues with the current facility and current budget issues make it necessary to make changes to the service configuration but the final solution is not clear at this time.

Public Comment:

Rubin Rodriguez stated that if the outpatient renal services are relocated to LHH, only a small portion of the current patients would benefit. The commute to LHH would negatively impact the majority of the patients.

Rosalie Chian proposed a joint venture between UCSF and SFGH to be located at SFGH. She suggested that UCSF use economies-of-scale to build a unit in the new SFGH building.

Clarina Kennedy stated that it makes no sense to move the unit to LHH when LHH drastically overspent its budget.

Louella Lee stated that in June 2011, 50% of outpatient renal service facilities reported that they were not in compliance with the life-safety issues.

Roscoe Layug stated that the SFGH outpatient renal services is the only unit that provides services to patients who are mentally ill, abusive, live in nursing homes or are incarcerated. In addition, private facilities have a lower patient-to-staff ratio. He added that a hospital-based facility means that patients have access to important and medically relevant services.

Jose stated he has worked for the SFGH Renal Center for six years in addition to other private outpatient renal centers. In his experience, the Renal Center has a much better staff-to-patient ratio which impacts the level of compassion that staff are able to provide in their care of patients.

Dan Harper, Local 3299, stated that he strongly supports keeping the Renal Center at SFGH and that the Union will do all it can to make this happen. He added that UCSF facilities are public which are very different than non-profit and private companies.

Allen Garlitos works per-diem for most of the local private hospitals and said he has found a home at SFGH because the staff works as a team.

Jennifer Gunn, SFGH Renal Center Homecare Dialysis Coordinator, stated that the Renal Center is a "golden egg" with predicted revenues of one million dollars. She questioned why the DPH would want to hand over the revenue-earning program to another entity.

Sam James M.D., Medical Director of the SFGH Outpatient Renal Dialysis unit, stated that he is very proud of all the workers representing the dialysis unit. He added that it would be ideal to have a larger dialysis unit at SFGH; staff and patients would benefit and the DPH would gain revenue.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether it is possible to find space in the new building for the Renal Center and asked for clarification on the reason for the timing of the review of this issue. Ms. Currin stated that there is no space in the new building unless another program is closed. She added that the current facility issues within the Renal Center facility make it necessary to move forward with a new plan so that SFGH remains in compliance with safety standards. She also stated that the move into the new acute care building will not be until late 2015 or early 2016, which means that moving the Renal Center to the new building will not occur until 2018 or 2019.

Commissioner Chow asked if DPH/SFGH has spoken with UCSF about the Mt. Zion option or about the RFP. Cathryn Thurow, UCSF Assistant Dean, stated that there has been no direct conversation with Mt. Zion but indicated that Dr. Carlisle, UCSF Associate Dean, has spoken to the UCSF administration and has heard favorable feedback about it applying for the RFP.

Commissioner Chow asked if the proposed amount of thirty chairs will appropriately meet the needs of the local population as it ages. Mr. Pickens stated that thirty chairs meets the current population's needs and that it is anticipated that the City will need more chairs or to increase the number of shifts in the future to meet growing demands of this service.

Commissioner Chow asked for information on the timing of the RFP process. Mr. Roland stated that the RFP would likely be released in summer and the contract would begin at the end of this year or the early part of next year with a 12-month construction timeline built in.

Commissioner Sanchez stated that he is very interested in SFGH/DPH pursuing dialogue with the UCSF leadership. He would like to explore all possibilities to insure that the best option is available to best serve the San Francisco community. He added that three of the top-rated outpatient renal centers are run by UCSF.

Commissioner Chow stated that the current number of thirteen chairs is not sufficient to serve the population's current needs. He is concerned that the current facility does not meet appropriate regulatory and safety standards and reiterated that the DPH has an obligation to provide care to patients in the best possible facility within an optimum timeframe for the patient. Additionally he stated that the DPH should move forward with the RFP and suggested insuring that patient transportation be part of the plan. He also stated that he would like DPH/SFGH to continue exploring options with UCSF in regard to a combined renovation project with the UCSF Mt. Zion campus.

**4) INFORMATION SYSTEM UPDATE**

Jenson Wong, M.D., Chief Medical Informatics Officer and Winona Mindolovich, Information Systems Director gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether training on new systems will be system-wide instead of just to SFGH physicians. Ms. Mindolovich stated that training will also be offered at the community health centers.

Commissioner Chow asked Dr. Thyne to report on how medical staff have acclimated to using the new system. Dr. Thyne stated that, in her experience, staff are interested and want to be trained. She also stated that as systems are implemented, they become more relevant to daily work and care. She added that the implementation of the electronic medical record helped staff alter workflow to increase efficiency.

Commissioner Chow requested a report to the SFGH JCC in the next four to five months on how the clinics have implemented the electronic medical record in regard to Meaningful Use guidelines. He also requested a final timeline for DPH IT systems implementing Meaningful Use. Included in this presentation should be details on insuring HIPPA compliance. After the SFGH JCC hears this report, it will be presented to the full Health Commission.

## **5) HOSPITAL ADMINISTRATOR'S REPORT**

Susan A. Currin, Chief Executive Officer, gave the report which states the activities and operations of SFGH.

### **Program Updates:**

#### **1. Service Excellence**

Regulatory bodies such as the Centers for Medicare and Medicaid (CMS) will no longer provide reimbursement to healthcare organizations simply for providing services to patients. Under new provisions called Value Based Purchasing, SFGH will need to demonstrate clear outcomes for improving quality of care and patient safety while also ensuring operational efficiencies and increasing patient-centered care. Focus will be placed on improving performance in clinical indicators as well as patient experience.

In order to achieve the desired outcomes, SFGH have started a program to ensure that staff in all positions are trained in key components to drive a Culture of Excellence. A Culture of Excellence exists when staff are engaged - in partnership with patients and families – with ongoing performance improvement and patient safety initiatives that achieve excellence in communication, patient-centered care, operational efficiency, and quality patient care. Last week, stakeholders from across COPC and SFGH convened to pilot the curriculum prior to the June 2012 rollout across DPH.

Milestones related to organizational excellence, patient centered care, customer service and performance improvement are included in SFGH's 1115 Medicaid Waiver with the state of California, under the CMS Incentive. A listing of Milestones is attached.

SFGH has completed a Request for Proposal (RFP) process and have selected Enspiron to lead this effort. We will be presenting the contract to the Health Commission Finance Committee for approval on April 17, and to the full Health Commission on May 1, 2012.

#### **2. HEI Training: LGBT Patient Centered Care**

As part of our continuing effort to eliminate health disparities and discrimination, many members of our hospital senior leadership have taken, or is scheduled to take, a webinar training in Lesbian, Gay, Bisexual, and Transgender (LGBT) Patient Centered Care. The training is led by LGBT health expert Shane Snowdow, who is the Founding Director of the Center for LGBT Health and Equity at UCSF.

In the training, Shane Snowdow describes the health disparities and inequities LGBT patients face. She describes what healthcare facilities can do to provide equitable, inclusive, knowledgeable care to LGBT

patients. SFGH will be reviewing its policies, data collection practices, and staff training to identify opportunities for improving services to the LGBT community.

### 3. SFGH Rehabilitation Services Department Update

Rehabilitation service (physical therapy, occupational therapy, speech therapy) is an important component of regaining health for a significant number of our patients. Concerns were expressed regarding missed appointments due to unavailability of staff. We have looked at this issue and found for the month of February 2012: 275 individual inpatients were seen and 772 treatments performed. We found 61 missed appointments due to unavailability of Rehabilitation Services staff.

The Rehabilitation Services Department is developing a plan that will:

- Flex staff from outpatient to inpatient as needed
- Increase registry support from 6 to 7. The department is in the process of securing an additional registry therapist.
- Increasing as-needed employees' salaries. A request has been submitted to Human Resources to increase "as needed" salaries.
- Weekend Staffing will be increased from 0.8 FTE to 1.2 FTE in order to minimize lost visits over the weekend.
- 3 PT applicants are in the process of being hired. Start dates are expected to occur between April and June. One PT supervisor position is in the process of being advertised.
- The Department will track inappropriate and long term care patients' orders and treatments in acute care. The Rehabilitation Director will continue to attend Lower of Level Care meetings to address any rehabilitation related issues. The department will continue to educate medical staff about appropriate orders.

### 4. Patient Flow Reports for March 2012

A series of charts depicting changes in the average daily census is attached to the minutes of the April 10, 2012 JCC Open session.

#### Medical/Surgical

Average Daily Census was 225.7, which is 7% over the number of budgeted beds and 93% of physical capacity of the hospital. 6% of the Medical/Surgical days were lower level of care and 12% were decertified/non-reimbursed days.

#### Acute Psychiatry

ADC for Psychiatry beds, excluding 7L, was 54.1, which is 86% of budget and 85% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.8, which is 83% of budget (n=7) and 49% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of January 2012, shows 78% non-acute days (23% lower level of care and 55% 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 25.3, which is 10% under our budgeted beds and 16% under physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 102.3, which is 4% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 99% of budgeted beds and physical capacity.

Commissioner Comments/Follow-Up:

Commissioner Chow asked how the impending Affordable Care Act (ACA) decision will impact the DPH contract with Enspiron. Ms. Currin stated that the contracted services are directly related to the ACA ruling but the service will also help SFGH achieve important HCAHPS score improvements.

**6) PATIENT CARE SERVICES REPORT**

Sharon McCole Wicher, Chief Nursing Officer, gave the report.

**March 2012 2320 RN VACANCY RATE:** Overall 2320 RN vacancy rate for areas reported is 2.1%  
**Staffing Ratio-** March 2012- All shifts were covered.

Professional Nursing Practice- March 2012

**Recruitment and Training**

The medical-surgical training program classes concluded on Friday March 3. Critical care and the emergency department programs are in process.

**Retention/Professional Development:** A Positive Conversations class was conducted on March 28 for the Utilization Review Department.

San Francisco State University is interested in convening a second RN to BSN cohort at SFGH to begin in the fall of 2012. An informational session will be held on April 17 for all interested SFGH RNs. Classes will be held on the SFGH campus. The program can be completed in 3 semesters.

Preparations are underway for Nurse Week events throughout DPH which will be held May 6 through 12. The DPH wide Nurse's week event will be held at SFGH on Thursday May 12. Dr. Gregory Crow is the keynote speaker. His presentation will be followed by a reception in the SFGH cafeteria honoring all DPH nurses.

**Nursing Excellence:**

A shared governance task force under the auspices of the Professional Development Council is seeking feedback and planning the roll-out of the SFGH Nursing Professional Practice Model (PPM). Defined as the structure, process and value system, a PPM is the schematic description of how nurses practice, collaborate and develop professionally to provide the highest quality care. (Hoffart N, Woods CQ, "Elements of a nursing professional practice model" [J Prof Nurs](#). 1996 Nov-Dec; 12(6):354-64). Distinct from the care delivery systems (critical care, primary care and case management etc.), the model provides a foundation for professional nursing practice which is consistent in every patient care area of SFGH. Over the next month the model and roll-out plan will be refined.

**Nursing Grand Rounds**

The second SFGH Nursing Grand Rounds will be held on May 9 with Dr. Laura Mahlmeister presenting on Nursing Documentation: Legal Accountability.

## **1. ED Report – March 2012**

The Emergency Department had a Diversion rate total of 19% (143 hours) for the month of March 2012. The ED encounters for the month of February totaled 5078 patients, 942 of those were admissions.

## **2. PES Report – March 2012**

PES had 477 patient encounters during February 2012 and 518 in March 2012. PES admitted a total of 115 patients to SFGH inpatient psychiatric units in March 2012, an increase from 110 patient admissions in February. In March a total of 403 patients were discharged from PES: 37 to ADUs, 15 to other psychiatric hospitals, and 351 to community/home.

There was an increase in Condition Red hours from February to March. PES was on Condition Red for 242.2 hours during 20 episodes in March. The average length of Condition Red was 12.12 hours. In February, PES was on condition Red for 106.5 hours, during 17 episodes, averaging 6.27 hours.

The average length of stay in PES was 25.85 hours in the month of March, an increase from 23.91 hours in February 2012.

Request for Inter-Facility Transfer to PES from other Hospitals: Report for March 2012

PES is working to improve the timeliness of transfers to PES. The following changes are being made:

- The PES Inter-Facility Transfer Request Log has been revised to collect more relevant information
- Additional fields include:
  - Is PES on Condition Red
  - Documentation of time between request and acceptance and arrival at PES
  - Reasons why transfers are denied
  - Disposition of patients
- The revised log will be implemented immediately

Based on information from the existing log, 45% of approved transfer requests do arrive at PES. Over the next few months, data collection will be improved in order to provide a more detailed and complete report of inter-facility transfer activities.

## **7) MEDICAL STAFF REPORT**

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

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

- HealthShare Bay Area (HIE) – Dr. David Lown, Medical Director of the San Francisco Community Consortium Clinic, gave a presentation about a citywide initiative, “HealthShare Bay Area”, the local health information exchange between providers of care in the San Francisco Bay Area. Dr. Lown informed members that HSBA is a secure, controlled, and interoperable method for exchanging patient health information. Dr. Lown stated that MOUs are being signed, participating organizations are sending in seed money, vendor contract negotiations are being finalized, and implementation is targeted in the next few months. SFDPH has already committed its participation, and has already budgeted for HealthShare costs.

### **CLINICAL SERVICE REPORTS/RULES AND REGULATIONS**

- Family and Community Medicine Annual Report – Teresa Villela, MD, Chief  
The report provided updates on the following: (Within each Service, Dr. Villela included updates on scope of services, faculty and staff, volume statistics, and PIPS Projects).

- Hospital Based Clinical Services – Skilled Nursing Facility, Prenatal Partnership Program, and Family Medicine Inpatient Service
- Ambulatory Clinical Services – Family Health Center, Urgent Care Center
- Educational Programs
- Research and Scholarships
- Financial Reports

Dr. Villela pointed out that the Service’s strengths are on its people (Diverse and mission driven staff, faculty members, and residents, in addition to engaged clinic patients, especially with their patients’ involvement in the Service’s Patient Advisory Councils), and its leadership (medical directors, team leads, faculty members). Challenges include limitations of physical environment, communication issues, and the balancing of ambulatory care and inpatient education.

The UCSF Family and Community Medicine Residency Program at San Francisco General Hospital celebrated 40 years with a symposium, gala dinner and fundraising campaign on March 24, 2012.

- FCM SERVICE RULES AND REGULATIONS – Deferred
- PEDIATRIC SERVICE RULES AND REGULATIONS  
Revision includes language to add an Associate Chief of Service:
  - a. Appointment of the Associate Chief of Service is the prerogative of the Chief of Service.
  - b. Responsibilities (Attachment B): The Associate Chief of Service assumes primary responsibility for Pediatric quality and compliance issues and assists the Chief of Service with other issues, as requested.

Action Taken: The Pediatric Service Rules and Regulations were unanimously approved.

**8) QUALITY COUNCIL MARCH 2012 REPORT**

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

Commissioner Comments/Follow-Up:

Commissioner Waters asked the definitions of the terms MERP and MUS which are included in the Report. Ms. Schwartz stated that MERP is a Medication Error Reduction Plan and MUS is the Medication Use Substance Abuse Committee.

Action Taken: The Committee approved the March 2012 Report.

**9) PUBLIC COMMENT**

There was no general public comment.

**10) CLOSED SESSION:**

**APPROVAL OF CLOSED SESSION MINUTES OF MARCH 13, 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 approved the minutes of the March 13, 2012 SFGH JCC Closed session and the April, 2012 Credentialing Report and voted not to disclose discussions held in closed session.

**11) ADJOURNMENT**

The meeting was adjourned at 5:29pm.