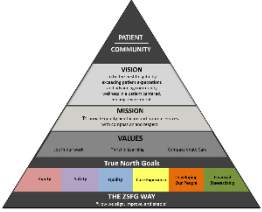


Hospital Operations & Patient Care Report

Presented to the Health Commission – ZSFG on July 27, 2021

ZSFG Executive Team Report

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1. COVID-19 - Returning Safely Together

San Francisco, like the rest of California, the U.S., and the world, is in a rapidly changing environment with respect to COVID-19. The following are the latest changes and updates in our COVID-related operations; we are continually assessing and reassessing these policies and practices:

Bay Area Revised Masking Recommendations

On Friday, July 16th, Health Officials across the Bay Area issued revised recommendations for masking indoors, given the rising COVID-19 and Delta variant cases. Dr. Susan Philip confirmed that “the Delta variant is spreading quickly, and everyone should take action to protect themselves and others against this potentially deadly virus.” Therefore, she stated that “people are recommended to wear masks indoors in settings like grocery or retail stores, theaters and family entertainment centers, even if they are fully vaccinated.” The Bay Area Health Officers will revisit this recommendation within a few weeks.

Updated Safer Return Together Order

On July 8th, the San Francisco Health Officer issued an update to the Safer Return Together Order. This revision included the accelerated vaccination requirement for staff at designated high-risk settings. As a high-risk setting, ZSFG staff are now required to report their vaccination status by July 29th and receive the vaccine by September 15th. Those who are exempt from receiving the vaccine due to religious beliefs or qualifying medical reasons must be COVID testing weekly and continue wearing masks at all times.

Updated Eye Protection Guidelines

As of July 8th, staff were no longer required to wear eye protection (face shield or goggles) for interactions with asymptomatic patients. However, eye protection continues to be required for interactions with COVID+ patients and patients being tested for COVID-19, whenever there is concern about splashes or splatter, and whenever aerosol generating procedures are being performed. Staff may wear eye protection in any circumstance if they so choose.

Revised COVID-19 Patient Testing Guidance

On July 8th, ZSFG revised the Inpatient and Emergency Department COVID-19 patient testing guidance. On admission or before procedures, testing is now discontinued for patients who are fully vaccinated and have no symptoms consistent with COVID-19. Additionally, eye protection is eliminated as part of universal precautions, and resources have been updated for connecting our patients to isolation and quarantine or other support.

HICS Demobilization

Since March of 2020, HICS was mobilized to respond to the pandemic. In its early stages, the hospital’s leaders met twice daily to report out on all operational areas of the hospital and escalate any issues that required immediate attention. Eventually HICS downsized to one meeting, daily, at 10:00am and downsized again in May to meet only on Mondays, Wednesdays, and Fridays. On June 30th, 2021, after over 15 months of activation, ZSFG officially demobilized our Hospital Incident Command System. COVID-19 updates are now presented at the daily clinical leadership huddles and COVID-related issues can be escalated on this platform as needed. ZSFG is prepared to reactivate the command system if necessary.

Patient Vaccination Clinic Changes

On June 28th, the 4E Patient Vaccination Clinic relocated to the Wellness Center. Having already vaccinated over 130,000 patients and community members on campus, ZSFG has seen a substantial decrease in those looking to receive the vaccine, though we continue to provide between 100 and 200 vaccinations daily. Consequently, the team was able to downsize the clinic and decrease its hours of operation to Monday through Friday from 8:00am to 4:00pm.

Staff Screening Policy Revision

On June 22nd, ZSFG adopted the “Safer Return Together” guidance and updated our staff screening policy to no longer require proof of completed screening questions or the provision of screening stickers, upon entering clinical buildings.

Now, only staff ID badges are necessary to enter the buildings. However, to continue keeping everyone safe, staff are required to continue self-monitoring their symptoms, daily, and wearing their masks at all times.

Finally, due to the change in staff screening, another staff entrance was opened through the Building 5 South Lobby.

Many thanks to all our staff for their incredible work throughout and beyond the pandemic, as well as their unwavering dedication to one another, our patients and community!

SAFETY

2. Zero Catheter Associated Urinary Tract Infections

Preliminary results reported from May reveal that the Critical Care units had zero catheter associated urinary tract infections (CAUTI)!

Nationwide, critical care patients have a higher incidence of CAUTI. Our Intensive Care Unit (ICU) has implemented efforts in antibiotic stewardship and the CAUTI prevention bundle: (1) insert catheters only for appropriate indications, (2) conduct timely removal, (3) only trained persons insert and maintain catheters, (4) insert catheters with sterile equipment, and (4) maintain a closed drainage system that allows unobstructed urine flow. Even with these interventions, CAUTI cases spiked to four in January.

When investigating this spike further, the team found that CAUTI occurred more frequently in patients with neurological or trauma diagnoses. As a small test of change, the ICU and the Neuro/Trauma team developed and implemented a new algorithm for testing urine when a Neuro/Trauma patient develops a fever. Typically, a urine analysis test, a urine culture and urine sensitivity test are collected at the same time. The new algorithm detailed that a nurse would need to replace an existing urinary catheter before collecting a urine culture and sensitivity test.

At their annual education course, ICU nursing staff were taught the new algorithm, reviewed CAUTI best practices and participated in a hands-on skills portion where each nurse demonstrated sterile insertion and aseptic maintenance techniques. From there the team implemented the algorithm to perform a small test of change.

The zero CAUTI cases in May is a strong indication that these targeted countermeasures have made a major impact on all ICU patients.

Many thanks to our ICU team for their innovative idea and drive to provide the highest quality care for our patients!

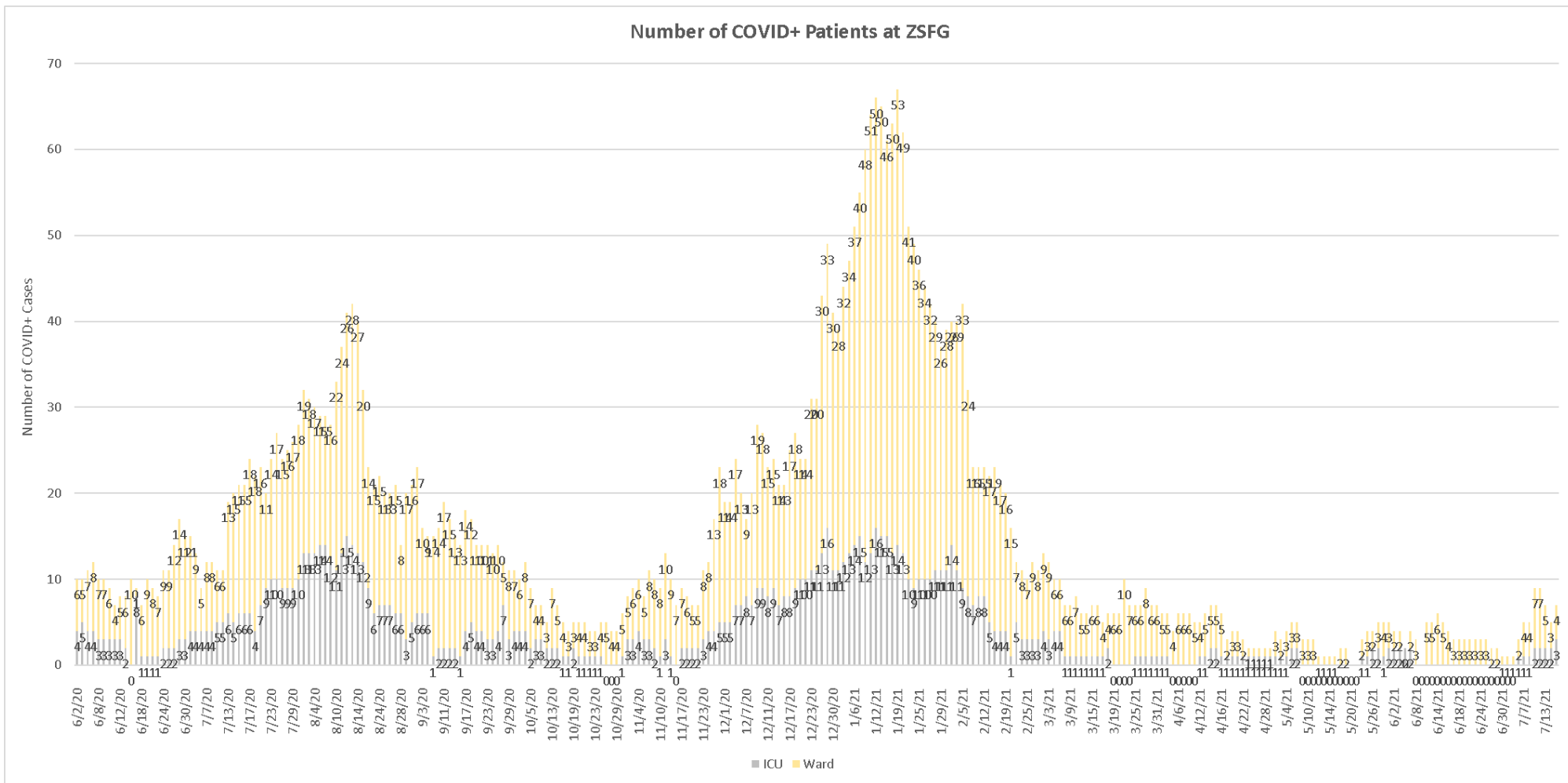
DEVELOPING OUR PEOPLE

3. Pride Month Celebrations

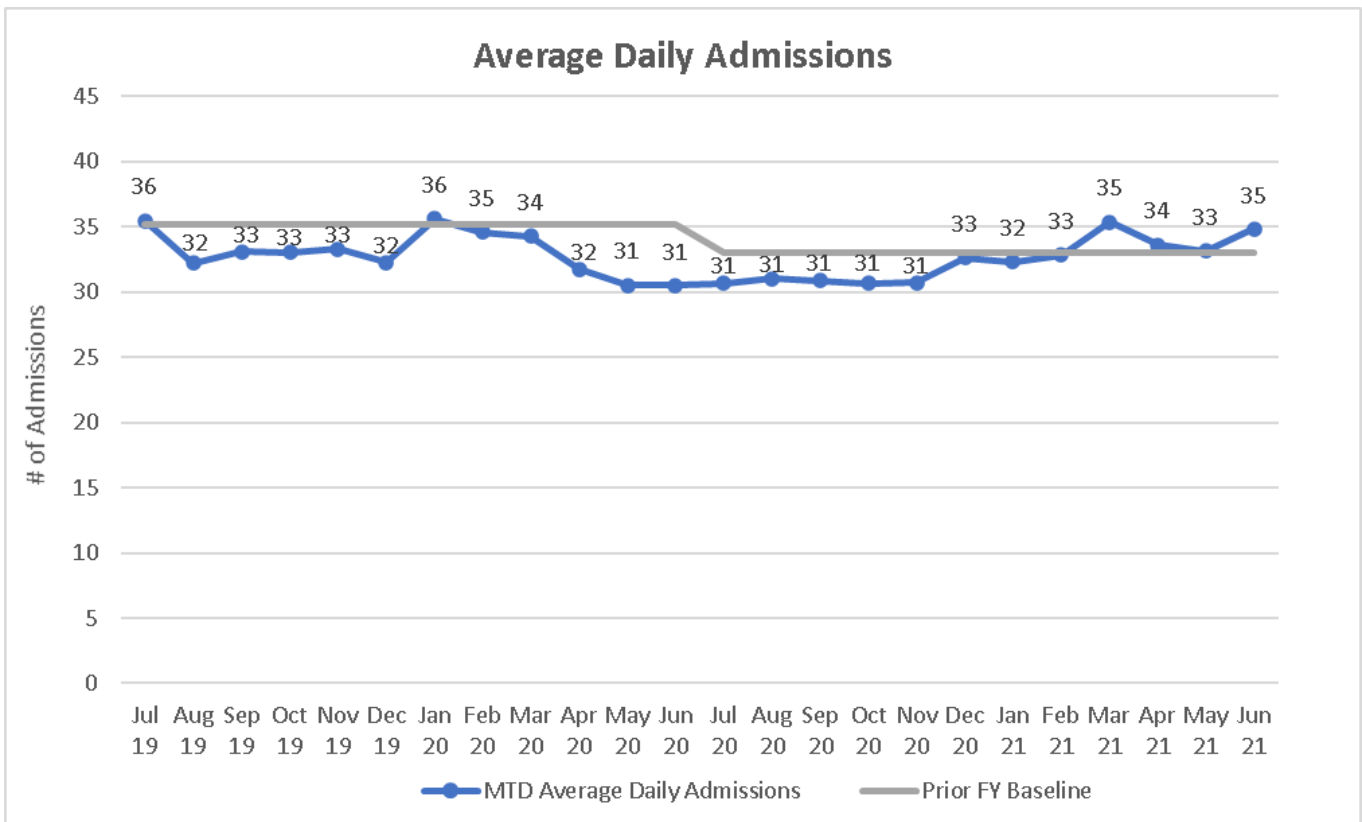
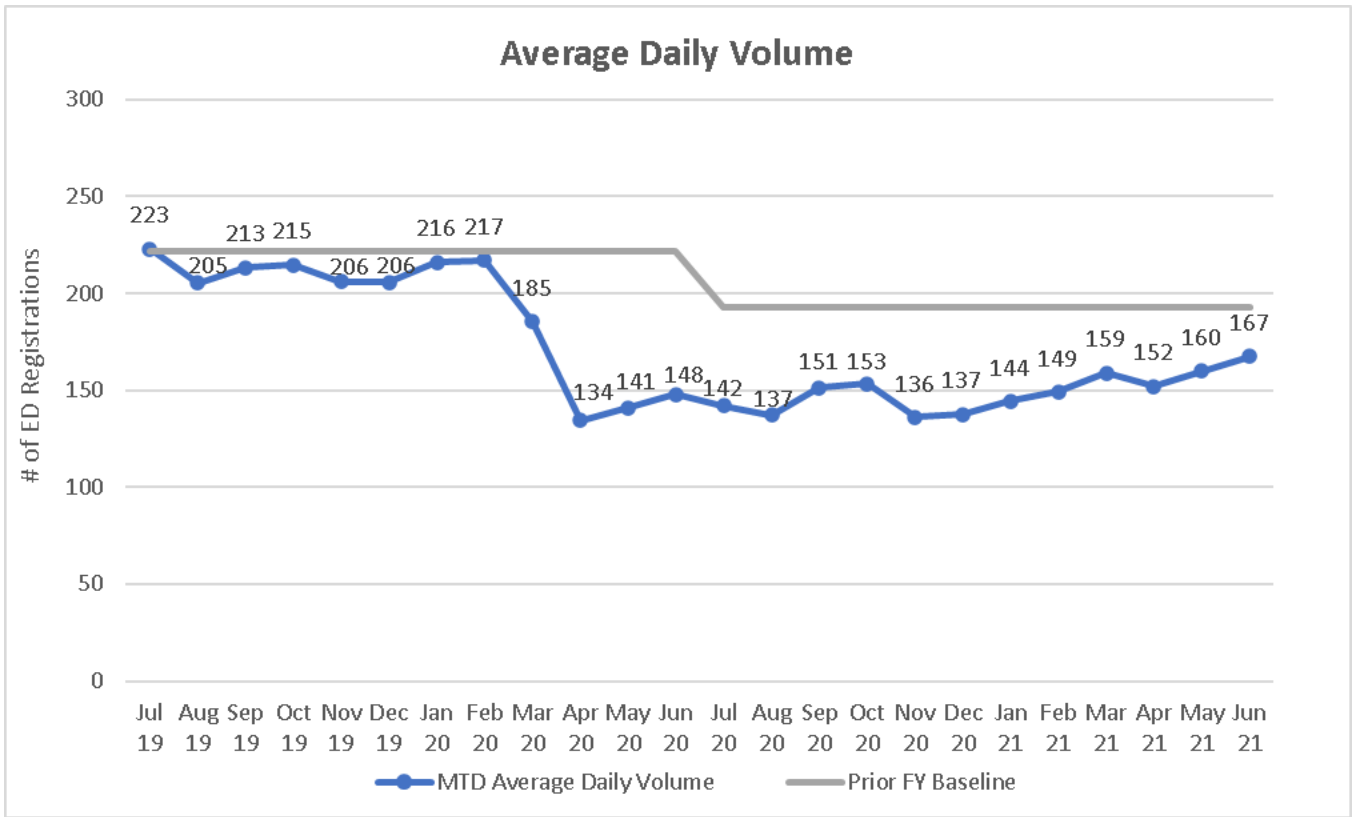
June marks the annual Pride Month Celebration! Although some of the usual city-wide celebrations, such as the SF Pride Parade, were unable to occur this year, ZSFG continued to celebrate the month in different ways across campus. Chef Mike and his Food and Nutrition Services (FNS) team put up a wonderful display along the skybridge that connects Buildings 5 and 25, that showcased pictures from previous Pride SF celebrations and current/historical San Francisco/Bay Area LGBTQI+ leaders. The team also created and served delicious pride themed food items throughout the month, such as rainbow cakes and pancakes.

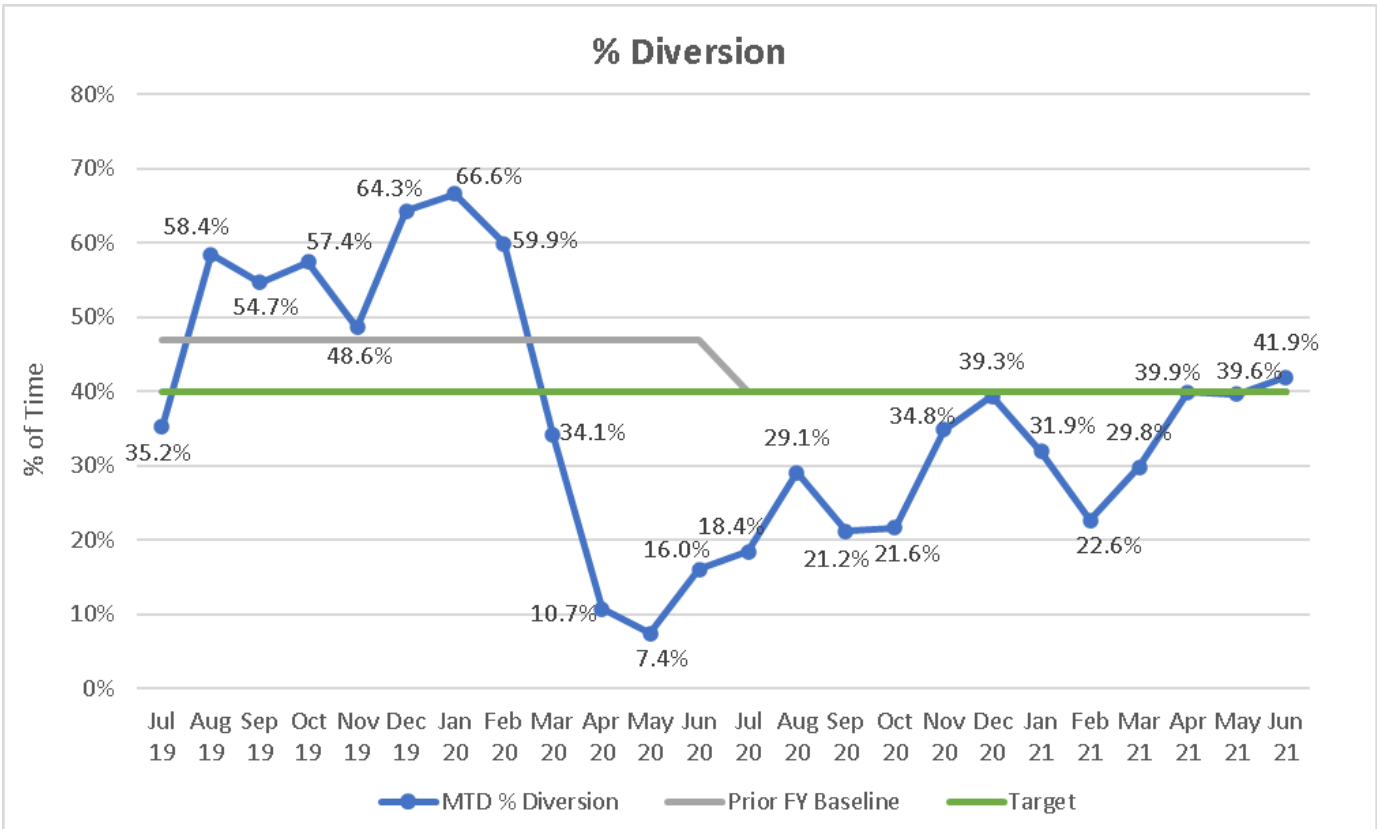
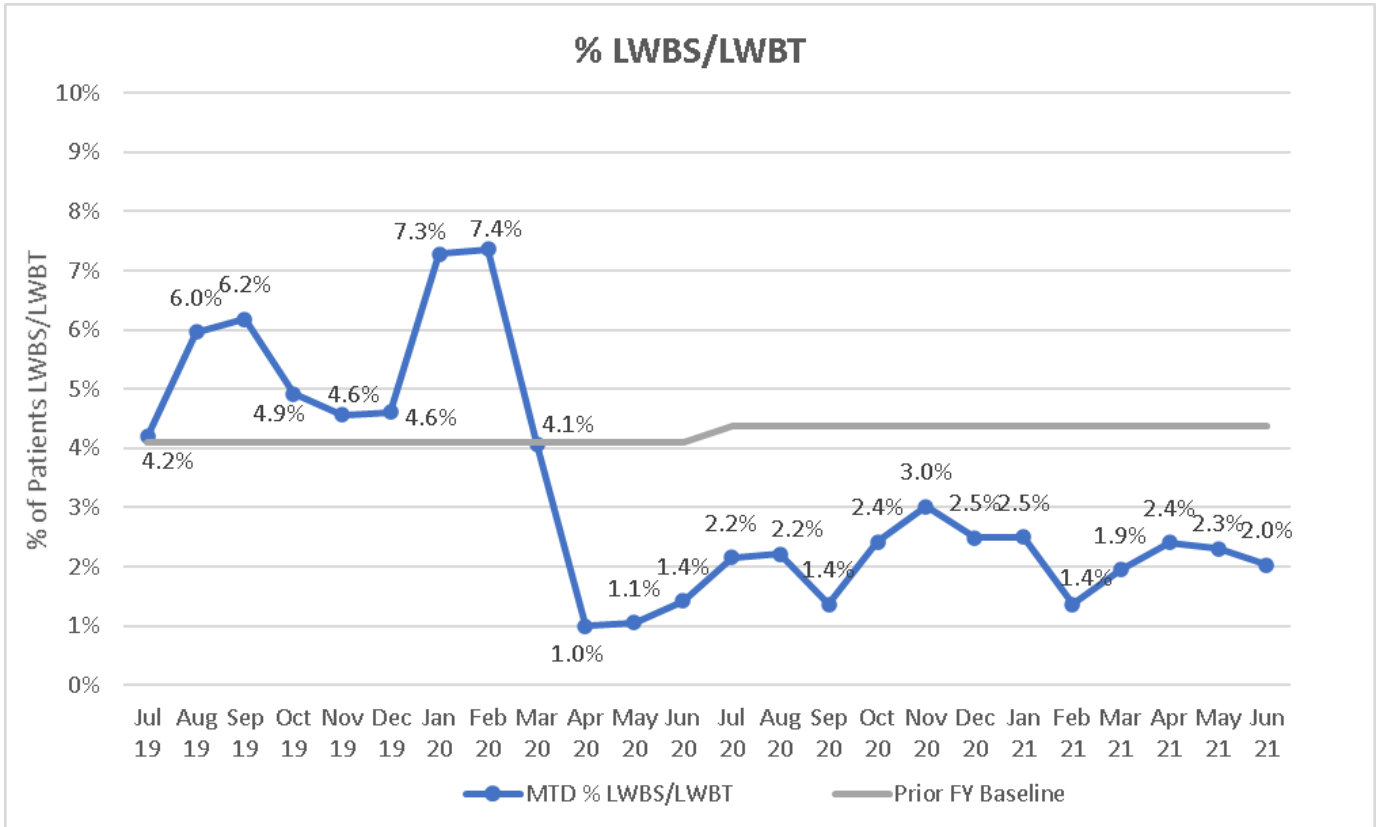
Many thanks to Chef Mike and the FNS department for helping to commemorate such an important month and to all ZSFG staff for celebrating and embracing our community's diversity and inclusion!

QUALITY ZSFG COVID+ Patients

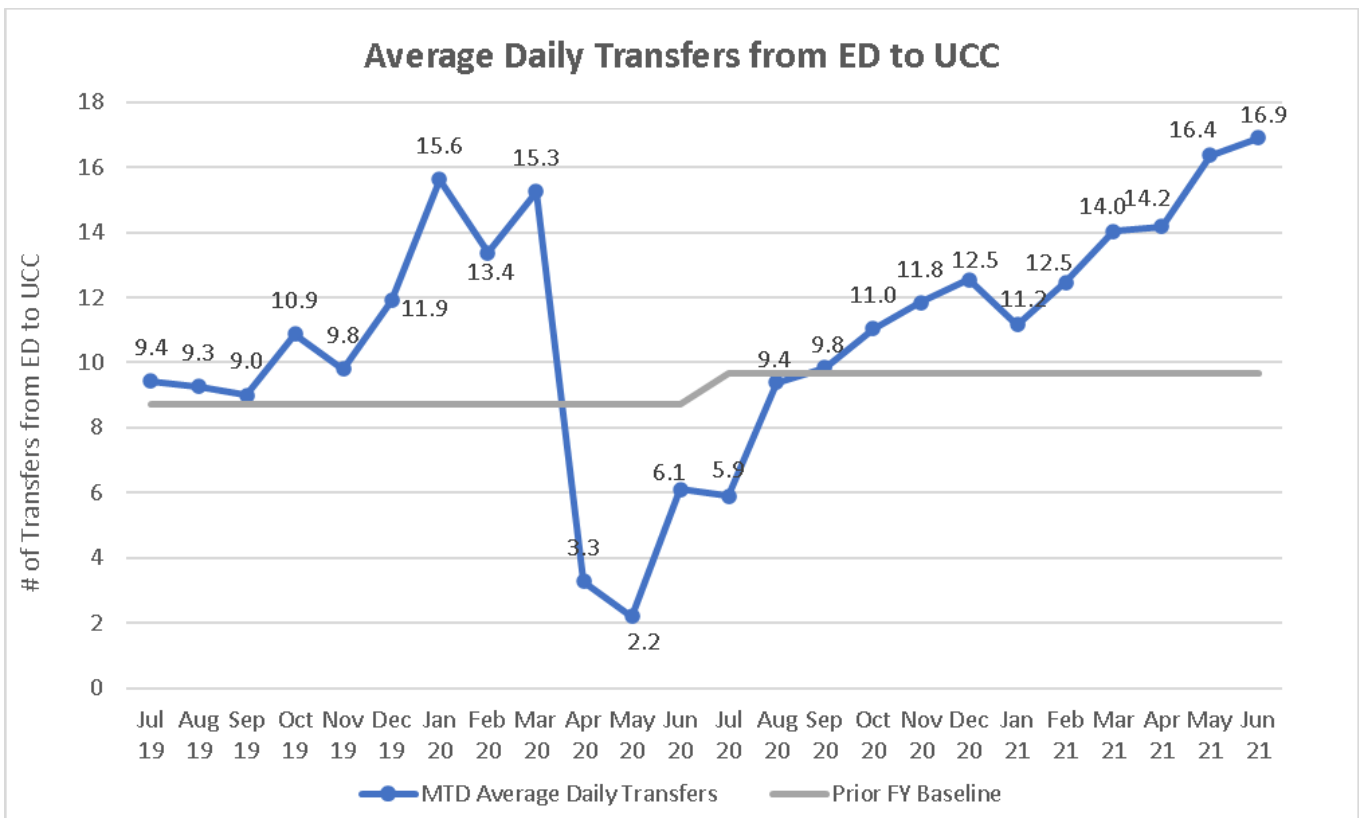
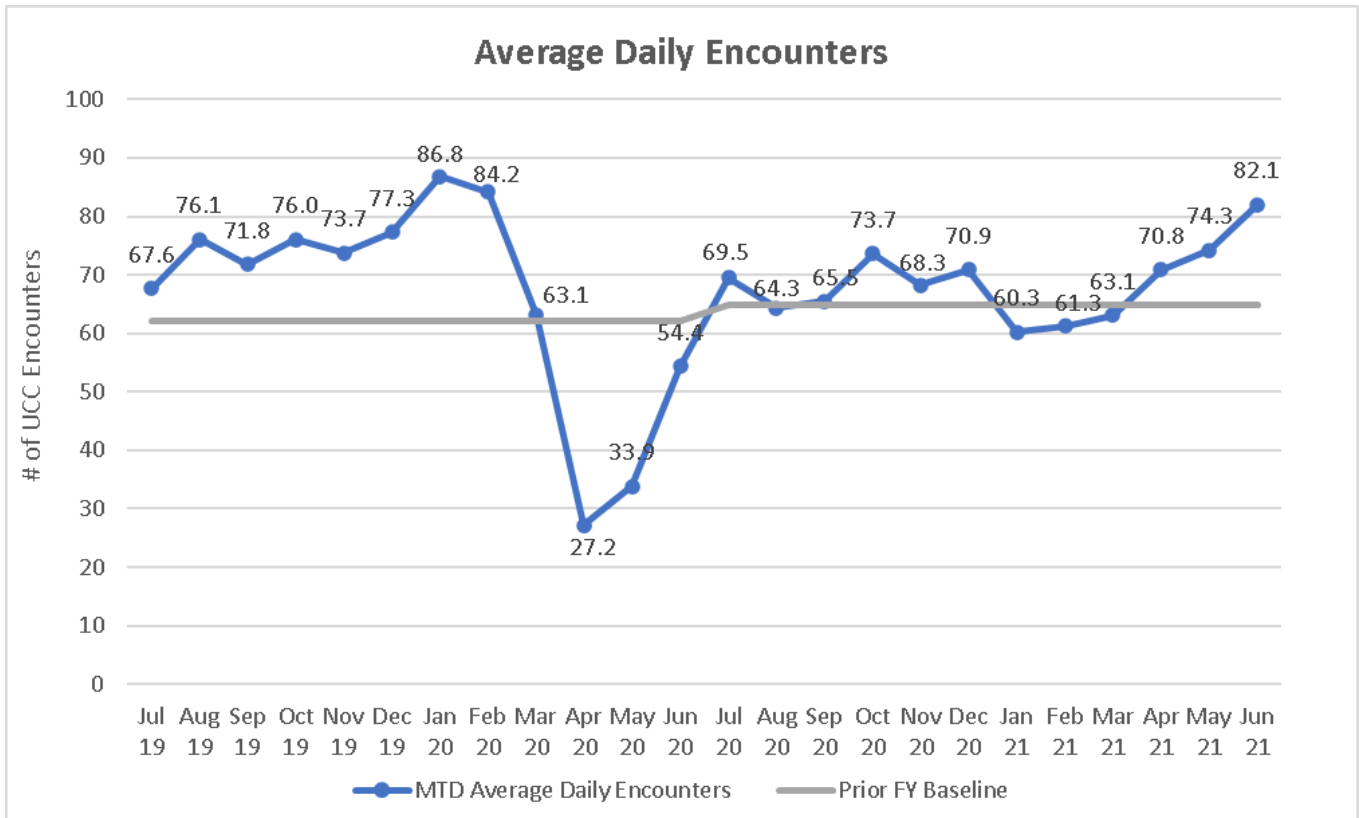


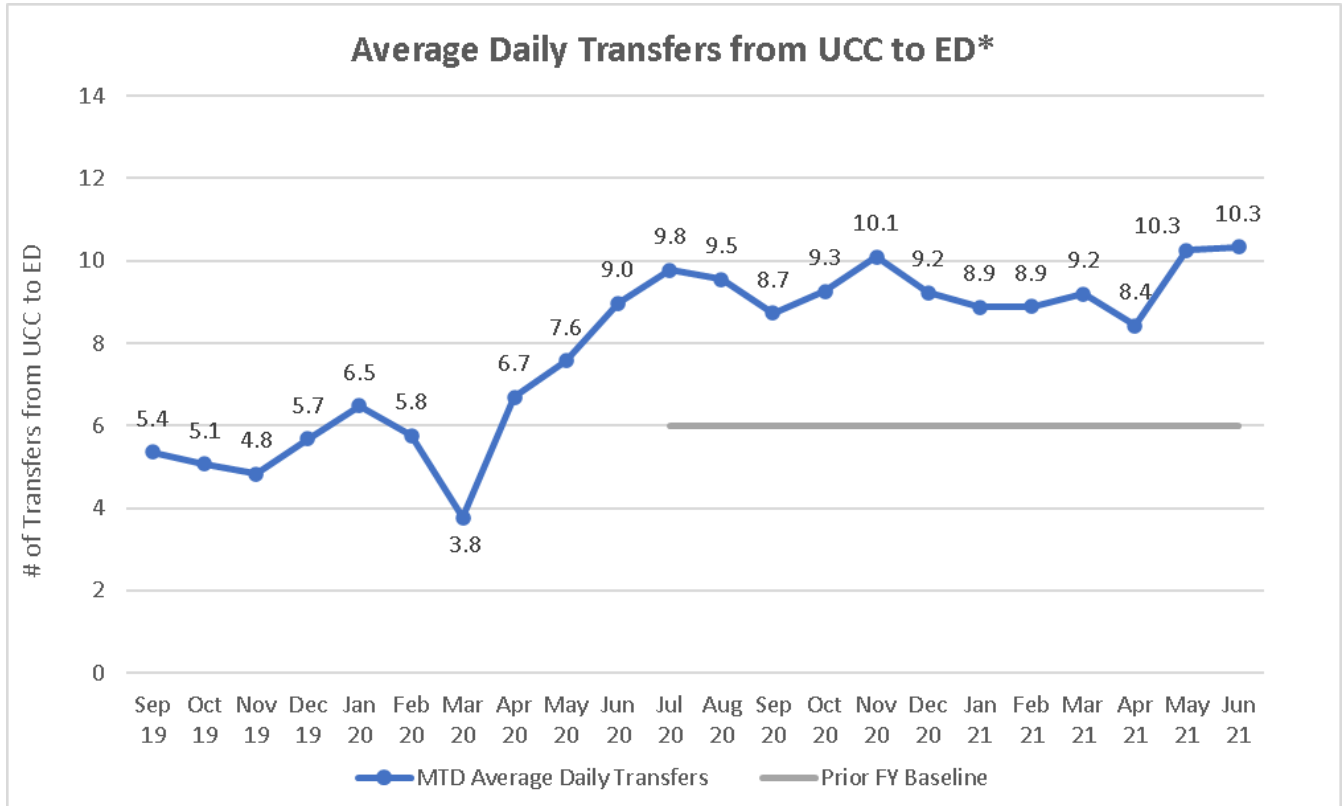
QUALITY Emergency Department Activities





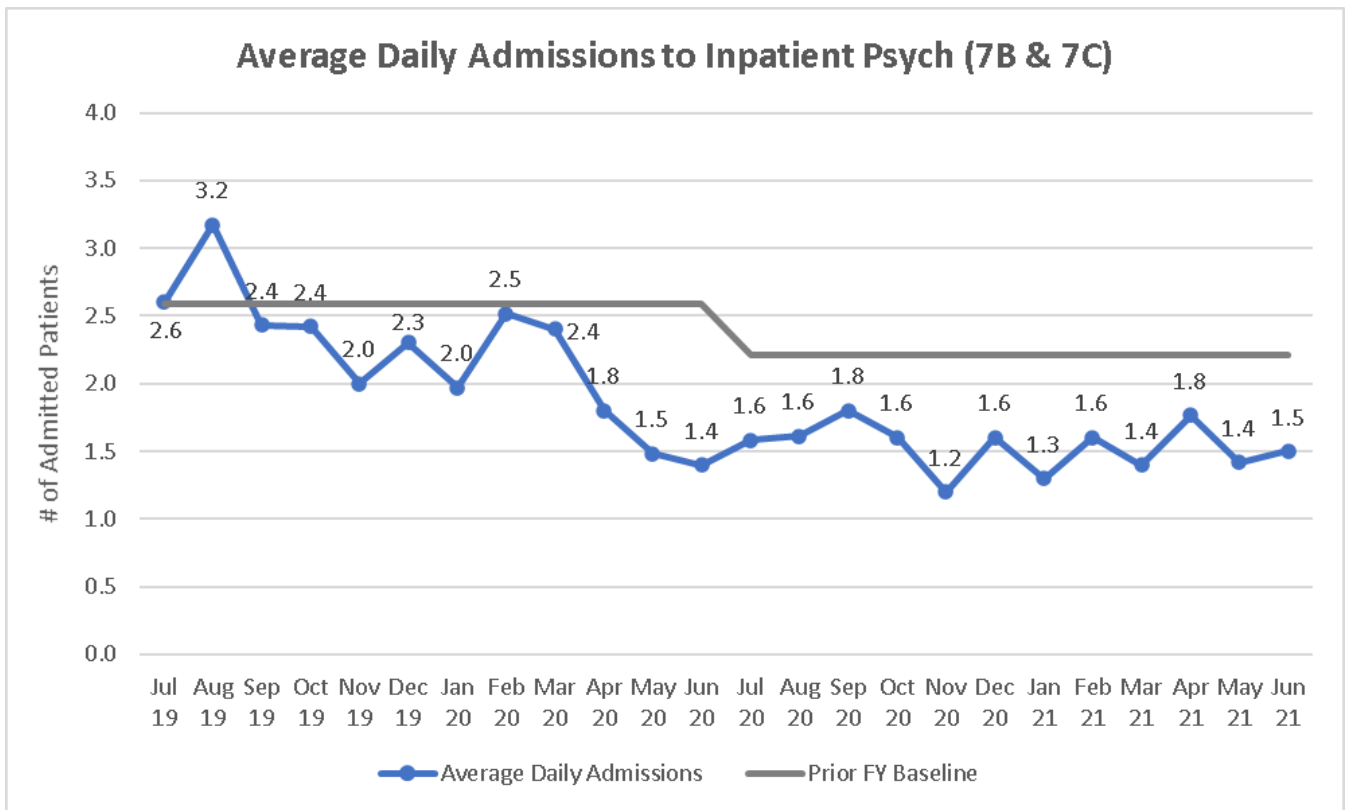
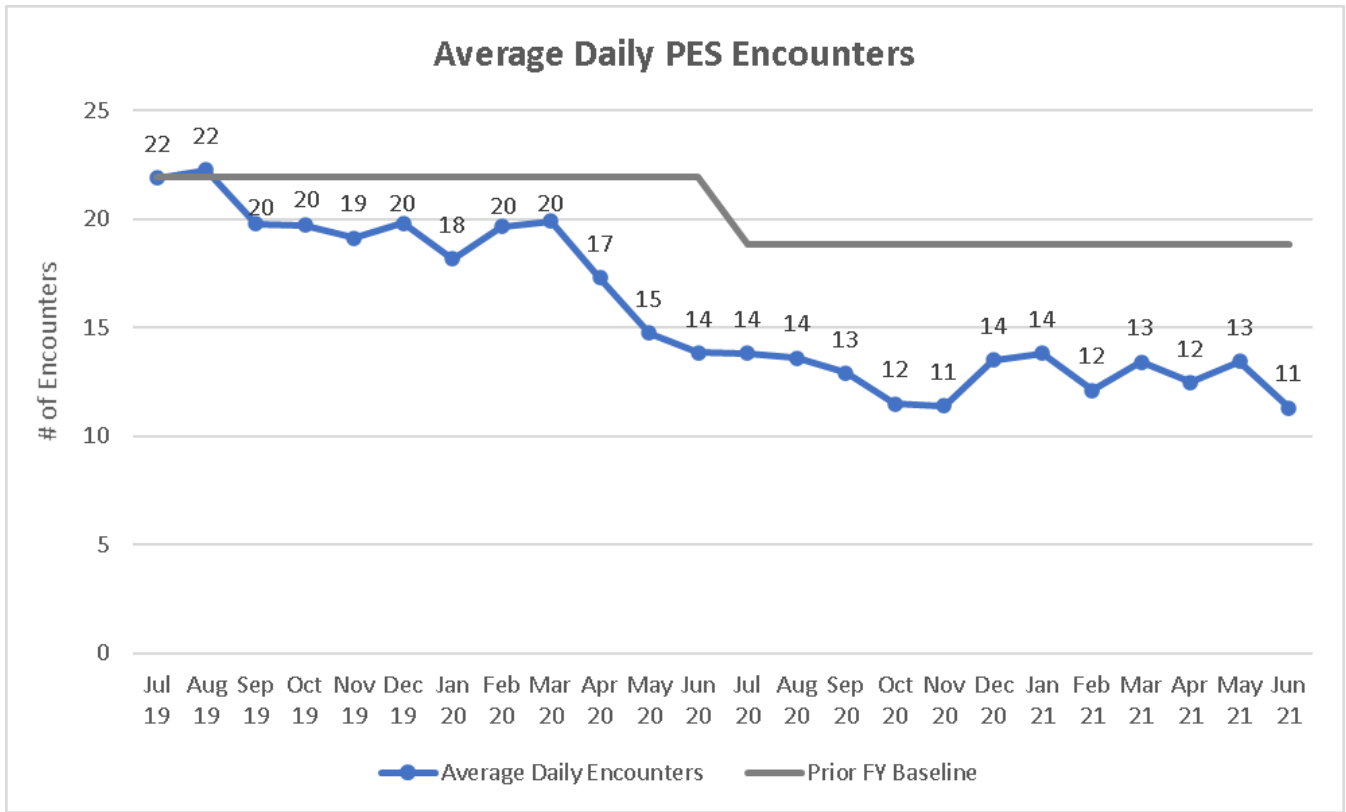
QUALITY Urgent Care Clinic Activities

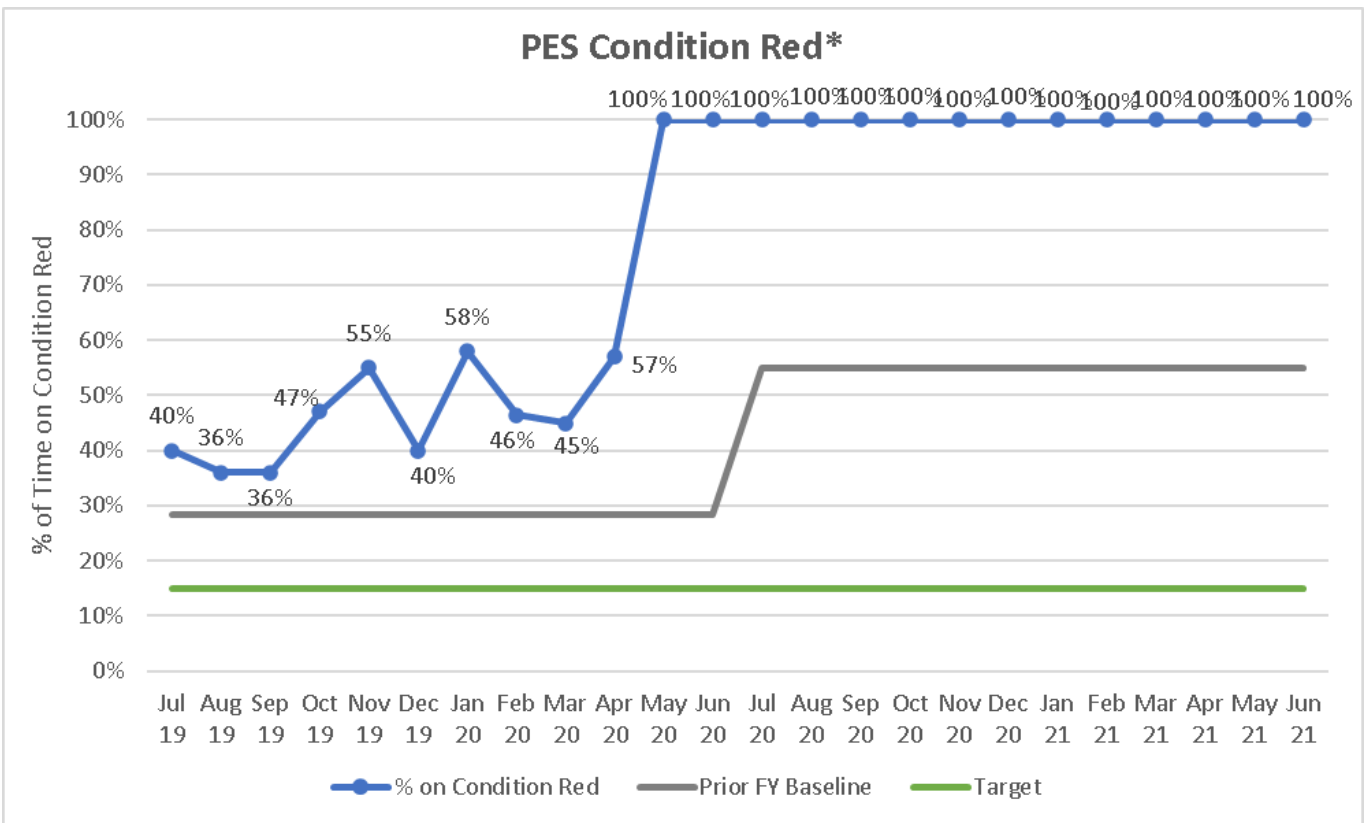
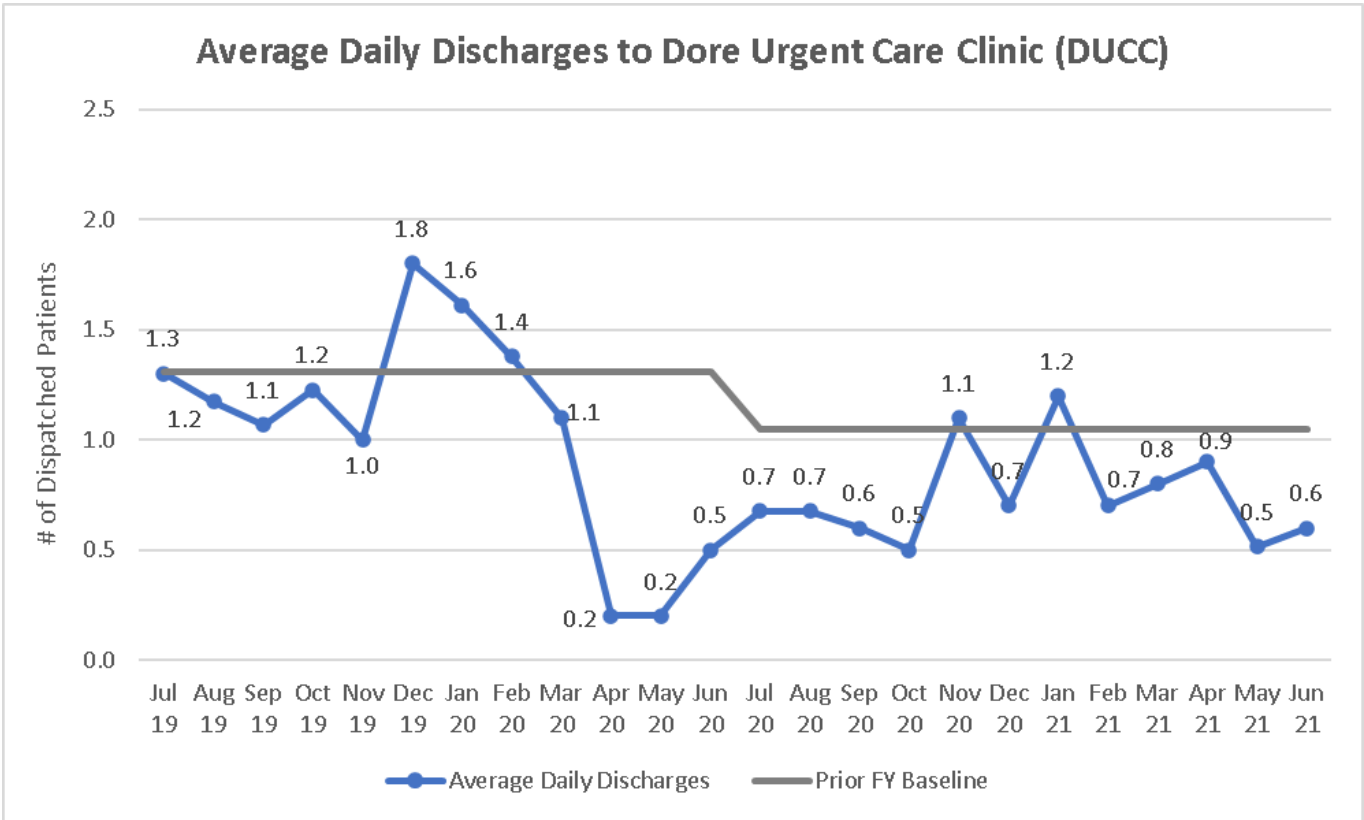




*As this is a new metric that ZSFG is tracking, data prior to Epic Implementation in August 2019 is not available.

QUALITY Psychiatric Emergency Services Activities





***We are using condition red as an external communication tool to signal that patients can not directly come to PES. They must be cleared by ED first.**

QUALITY Average Daily Census

MEDICAL/SURGICAL

Average Daily Census of Medical/Surgical was 154.03 which is 98.74% of budgeted staffed beds and 86.05% of physical capacity. 16.81% of the Medical/Surgical days were lower level of care days: 3.64% administrative and 13.18% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)

Average Daily Census of ICU was 24.40 which is 87.14% of budgeted staffed beds and 42.07% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)

Average Daily Census of MCH was 28.03 which is 93.44% of budgeted staffed beds and 66.75% of physical capacity of the hospital.

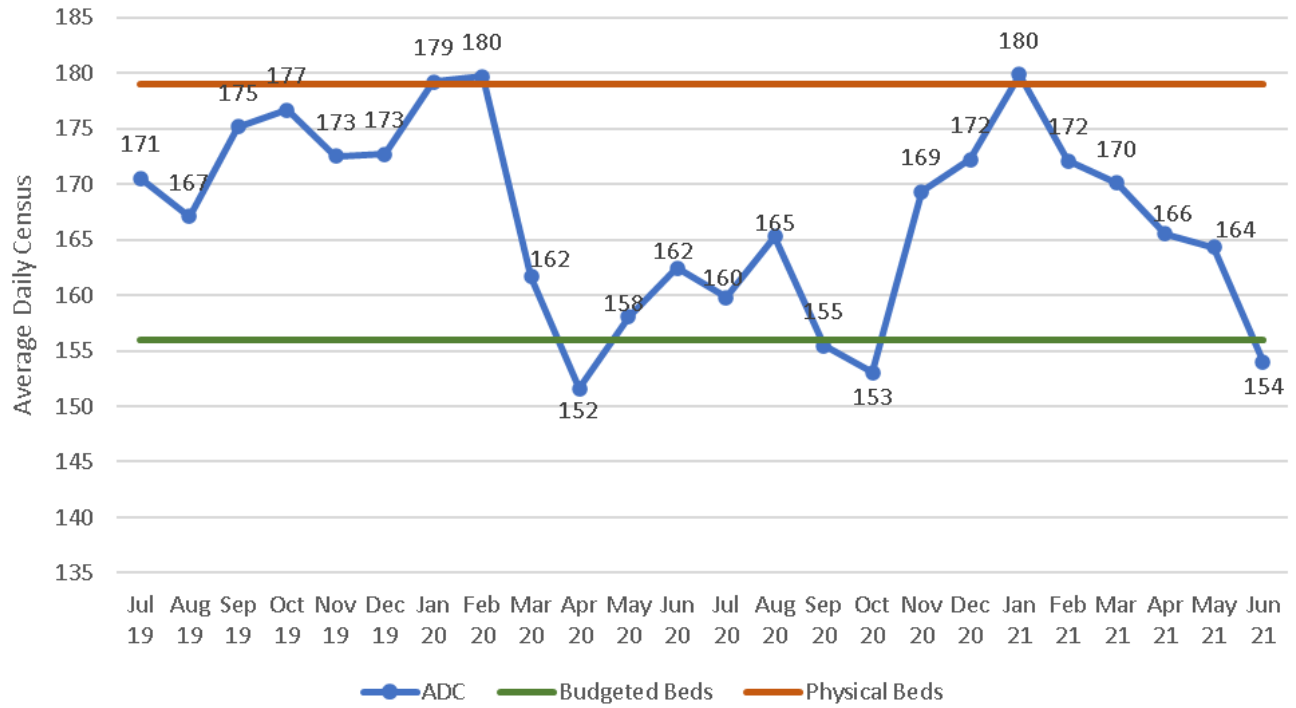
ACUTE PSYCHIATRY

Average Daily Census for Psychiatry beds, excluding 7L, was 42.63, which is 96.89% of budgeted staffed beds and 63.63% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.73, which is 81.90% of budgeted staffed beds (n=7) and 47.78% of physical capacity (n=12). Utilization Review data shows 85.54% non-acute days (28.77% administrative and 56.76% non-reimbursed).

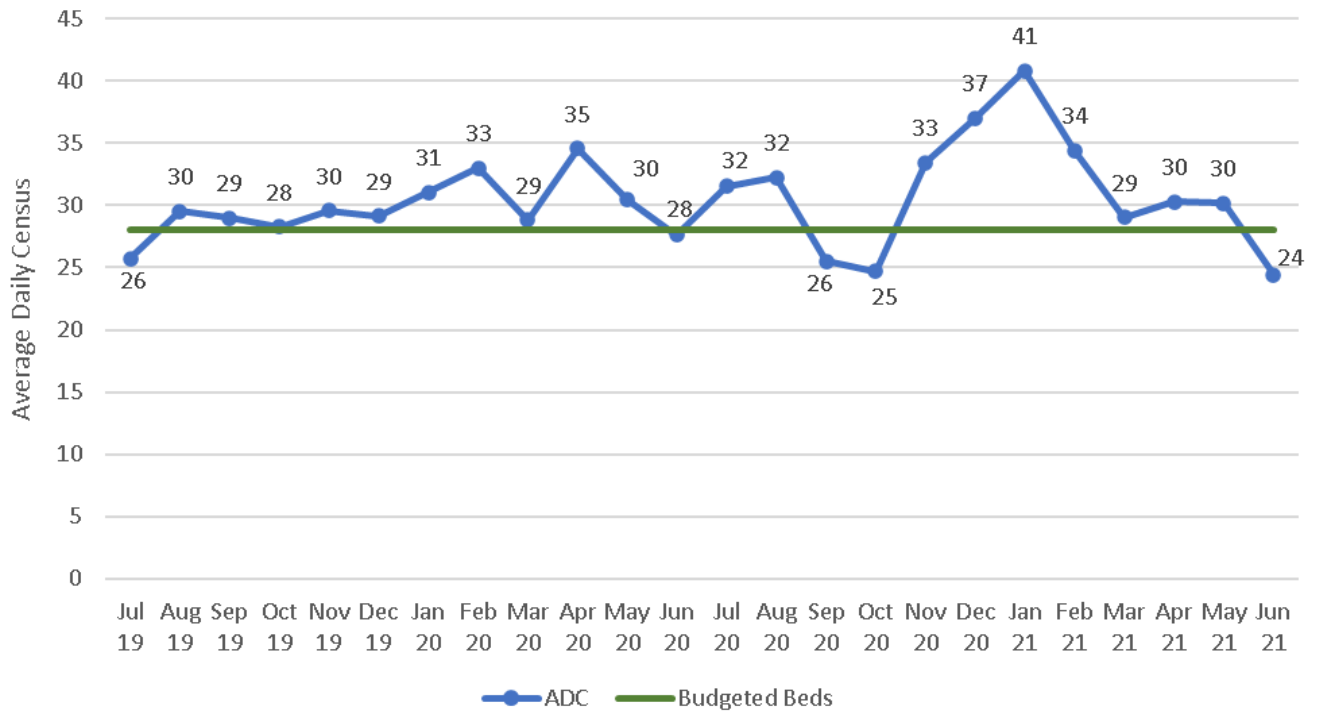
4A SKILLED NURSING UNIT

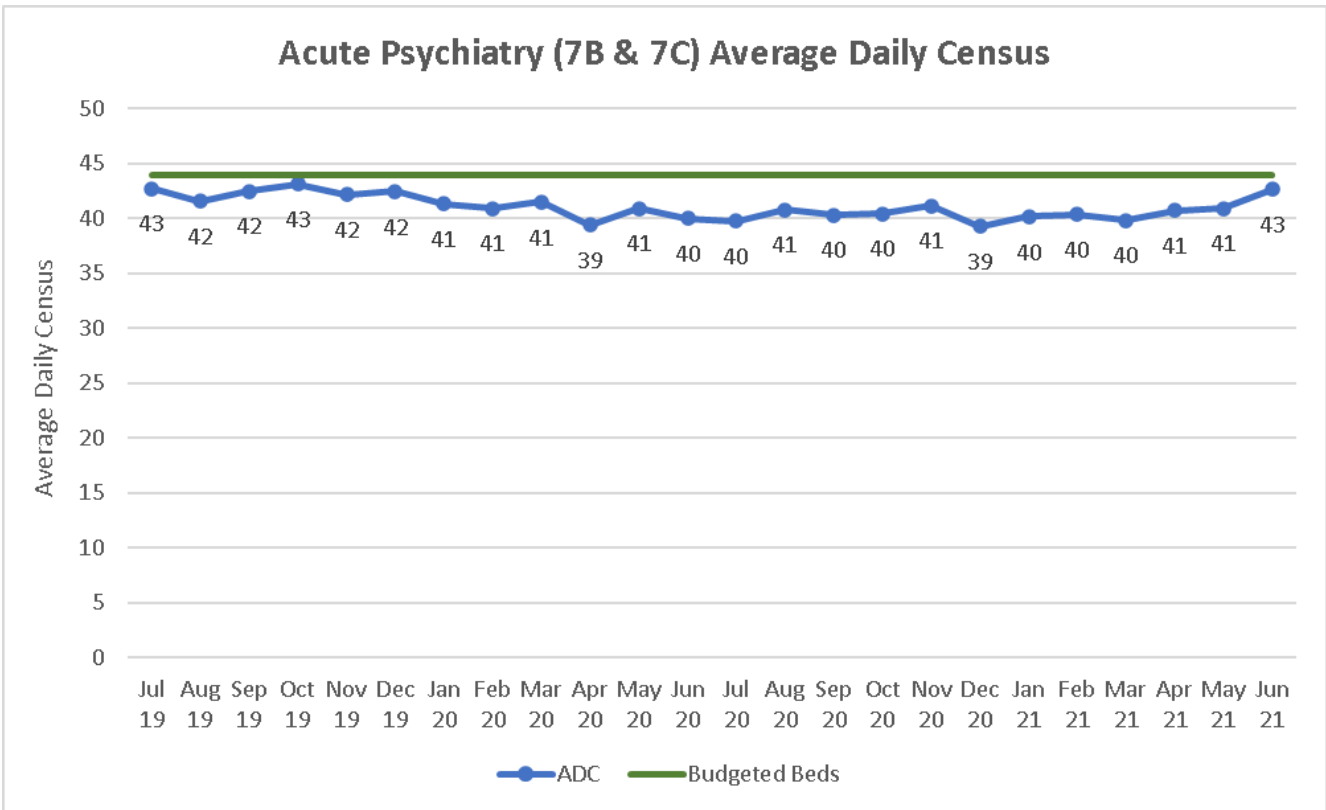
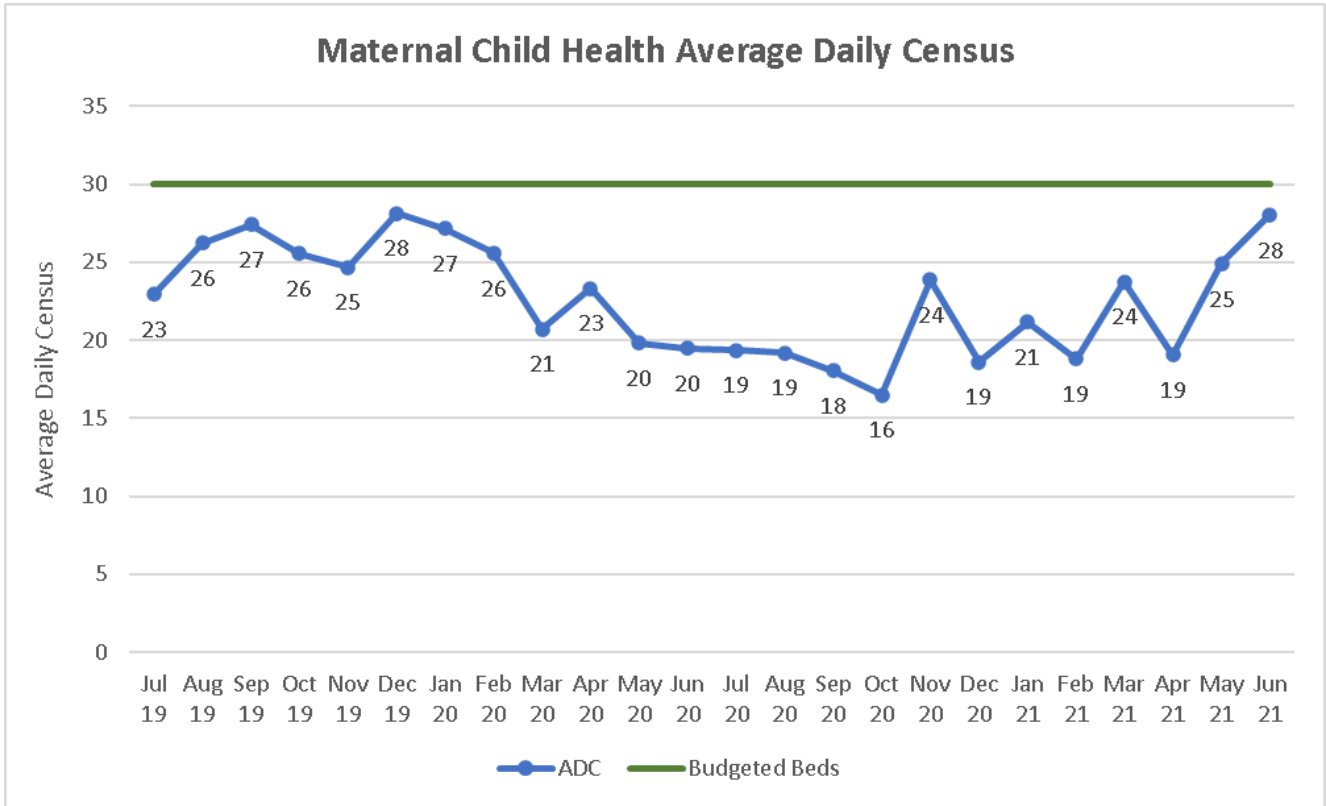
Average Daily Census for our skilled nursing unit was 27.27, which is 97.38% of our budgeted staffed beds and 90.89% of physical capacity.

Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census

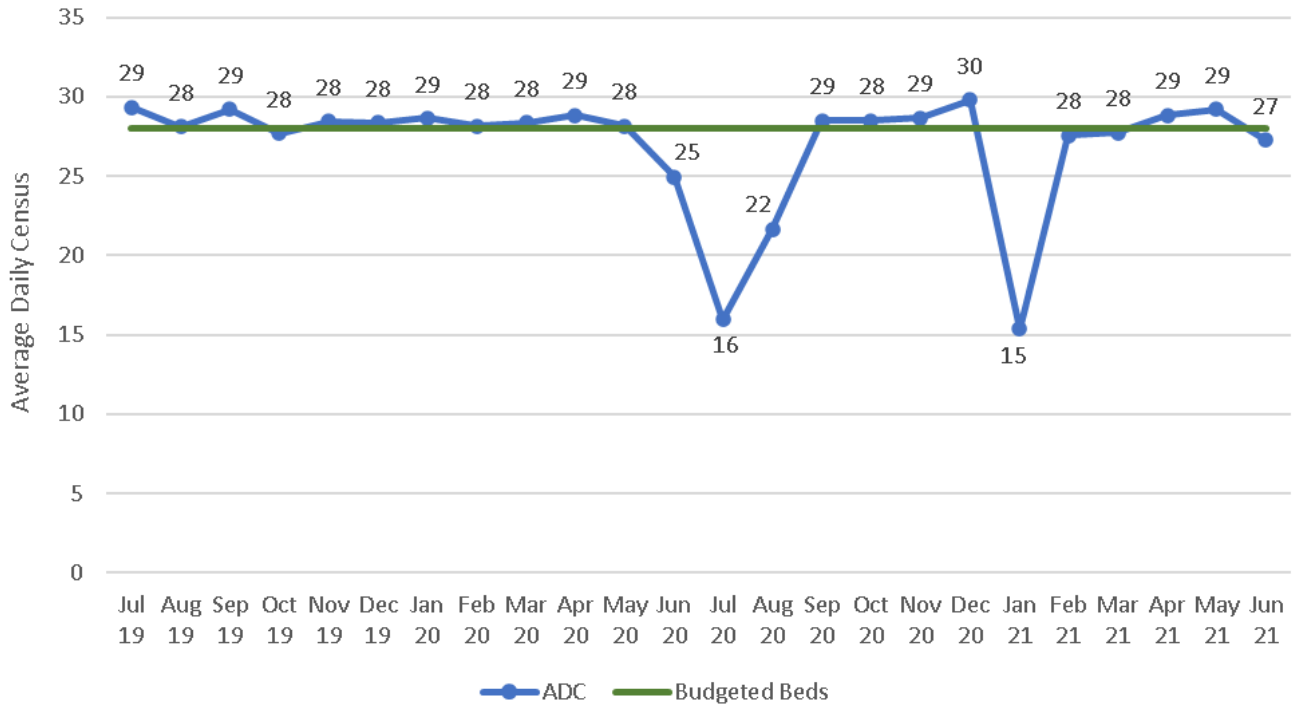


Intensive Care Unit Average Daily Census

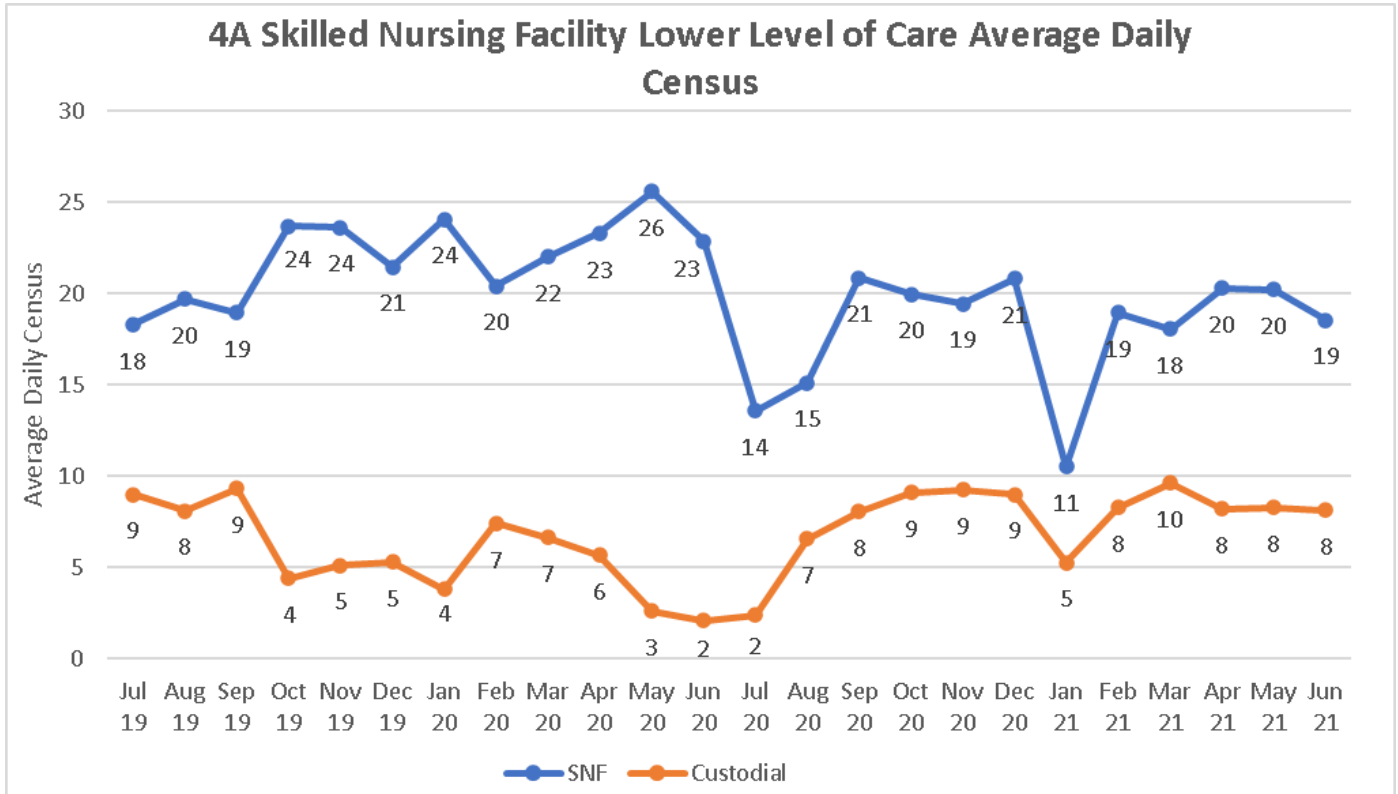
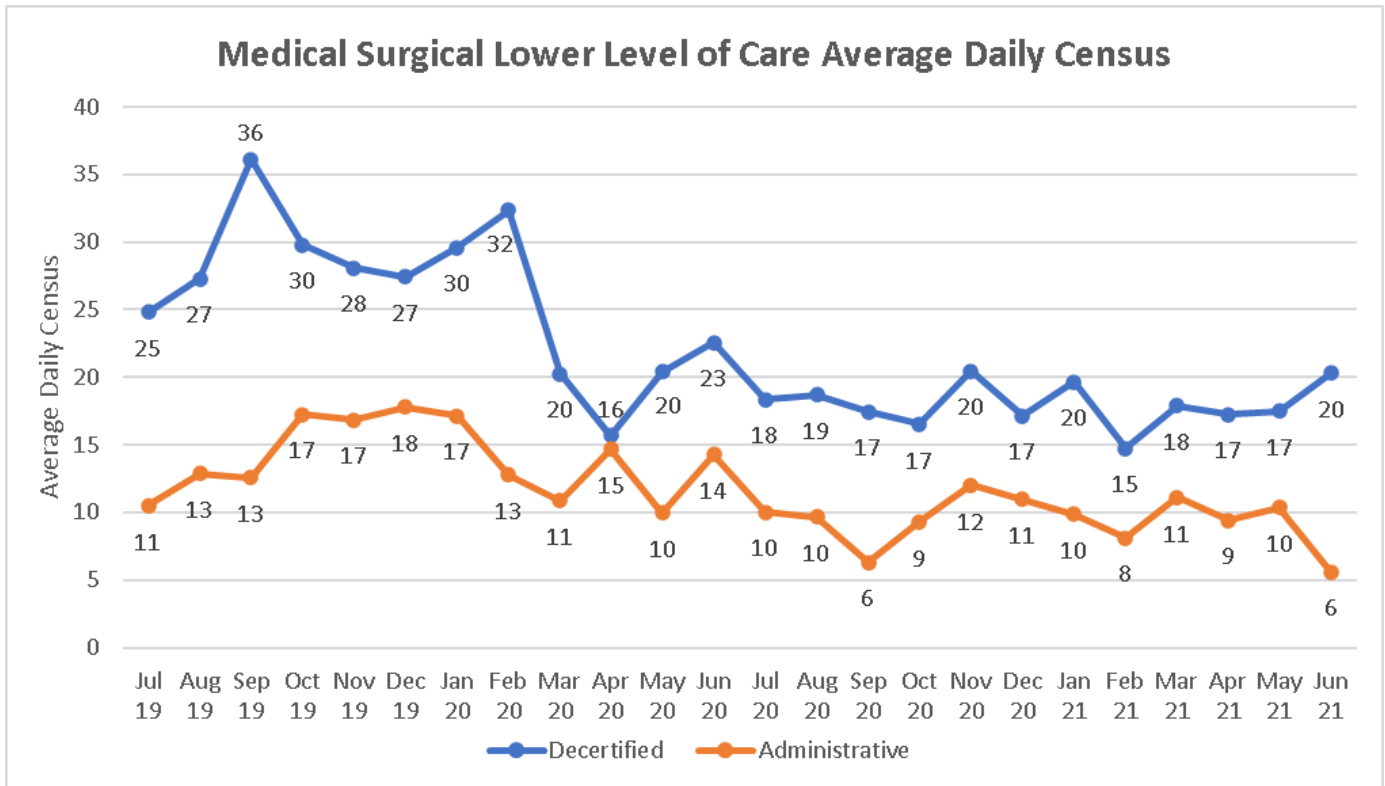


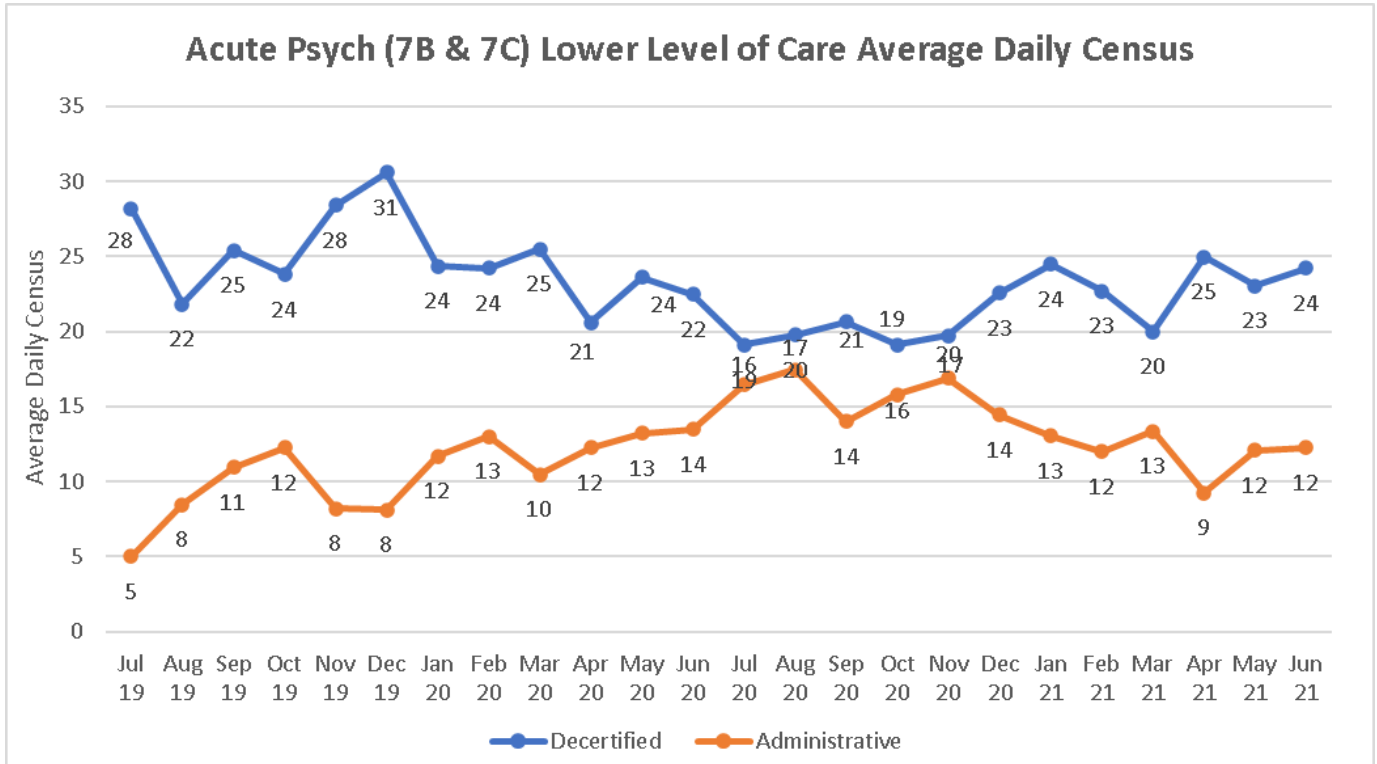


4A Skilled Nursing Facility Average Daily Census

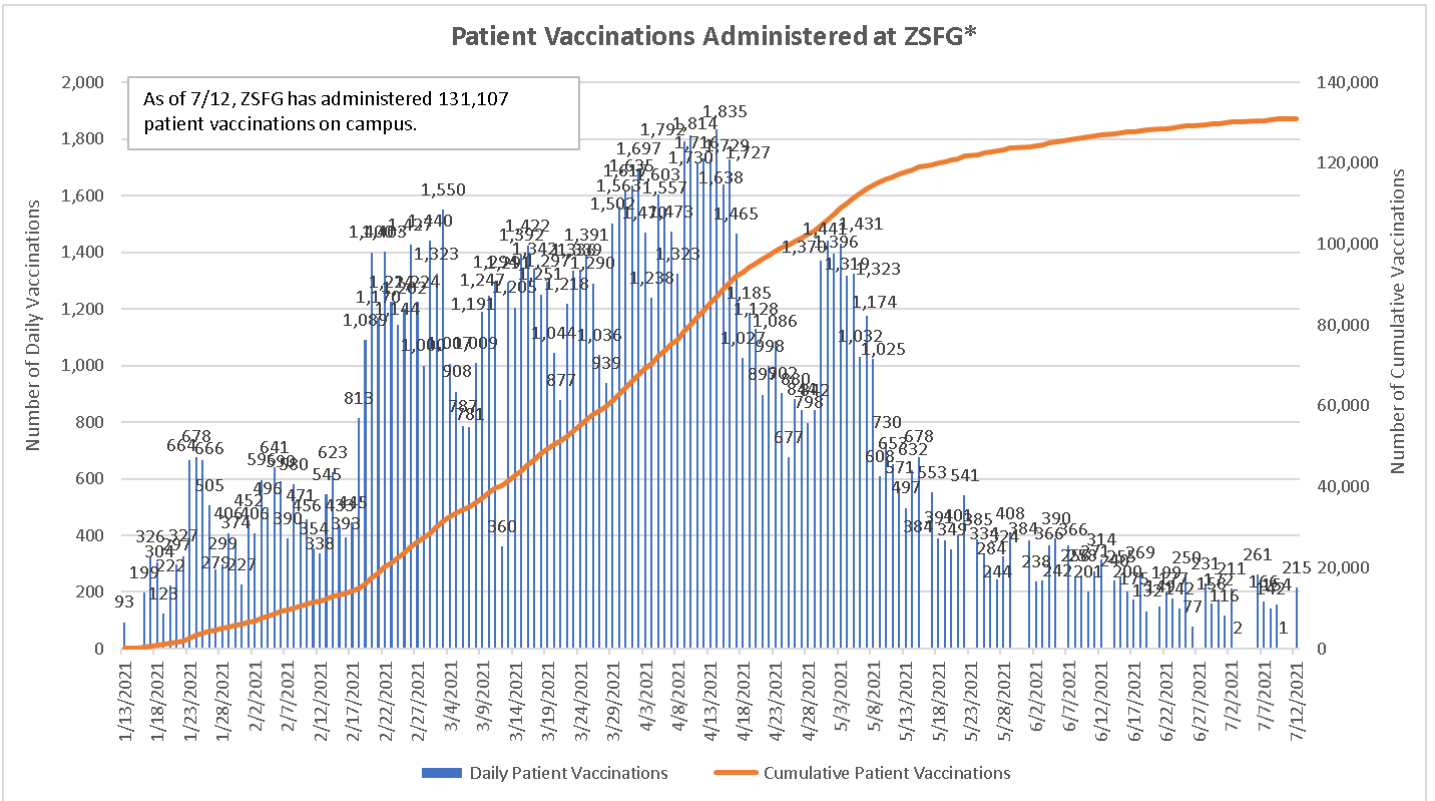


QUALITY Lower Level of Care Average Daily Census

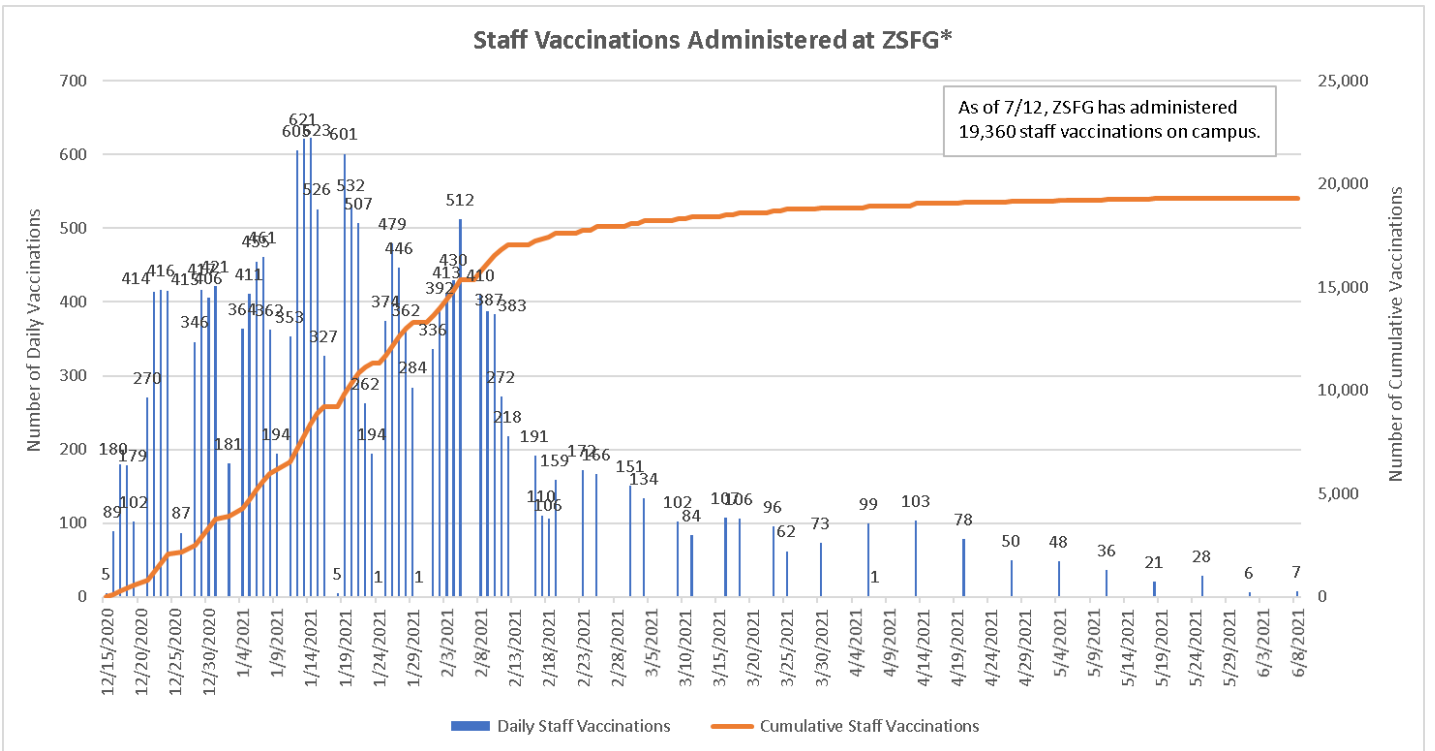




SAFETY COVID-19 Vaccinations Administered at ZSFG



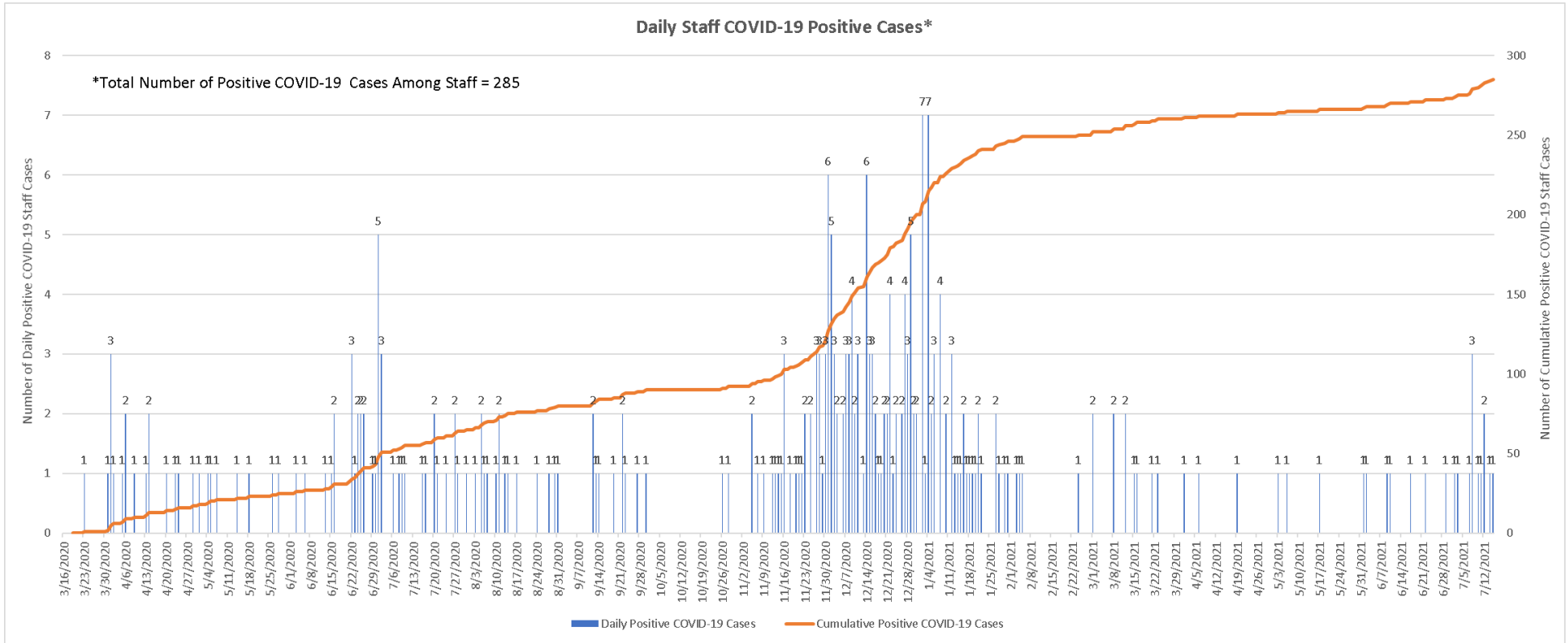
*Includes network-wide patients and members of the community.



*Includes network-wide staff. Also, on 3/25/21, the Staff Vaccination Clinic decreased their days of operation to Tuesdays only.

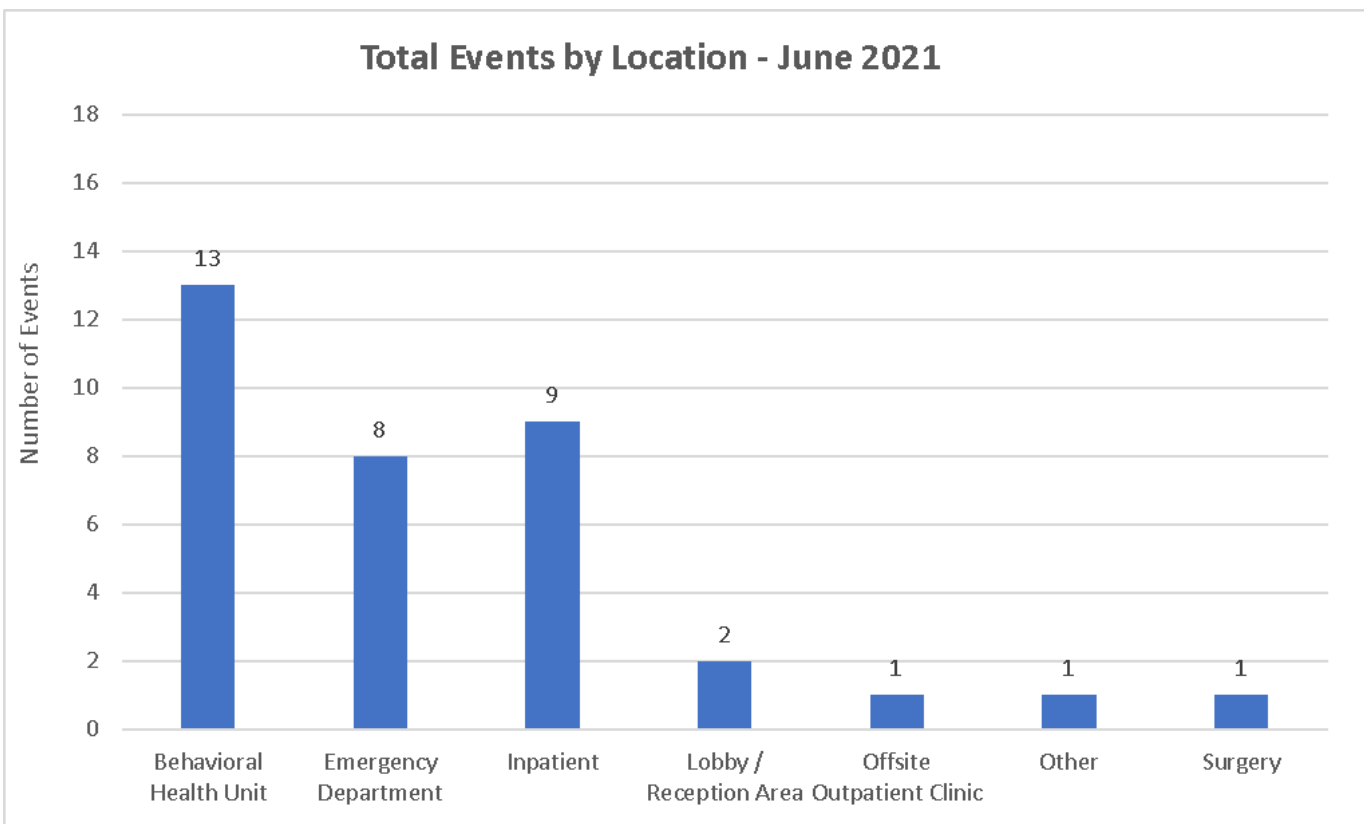
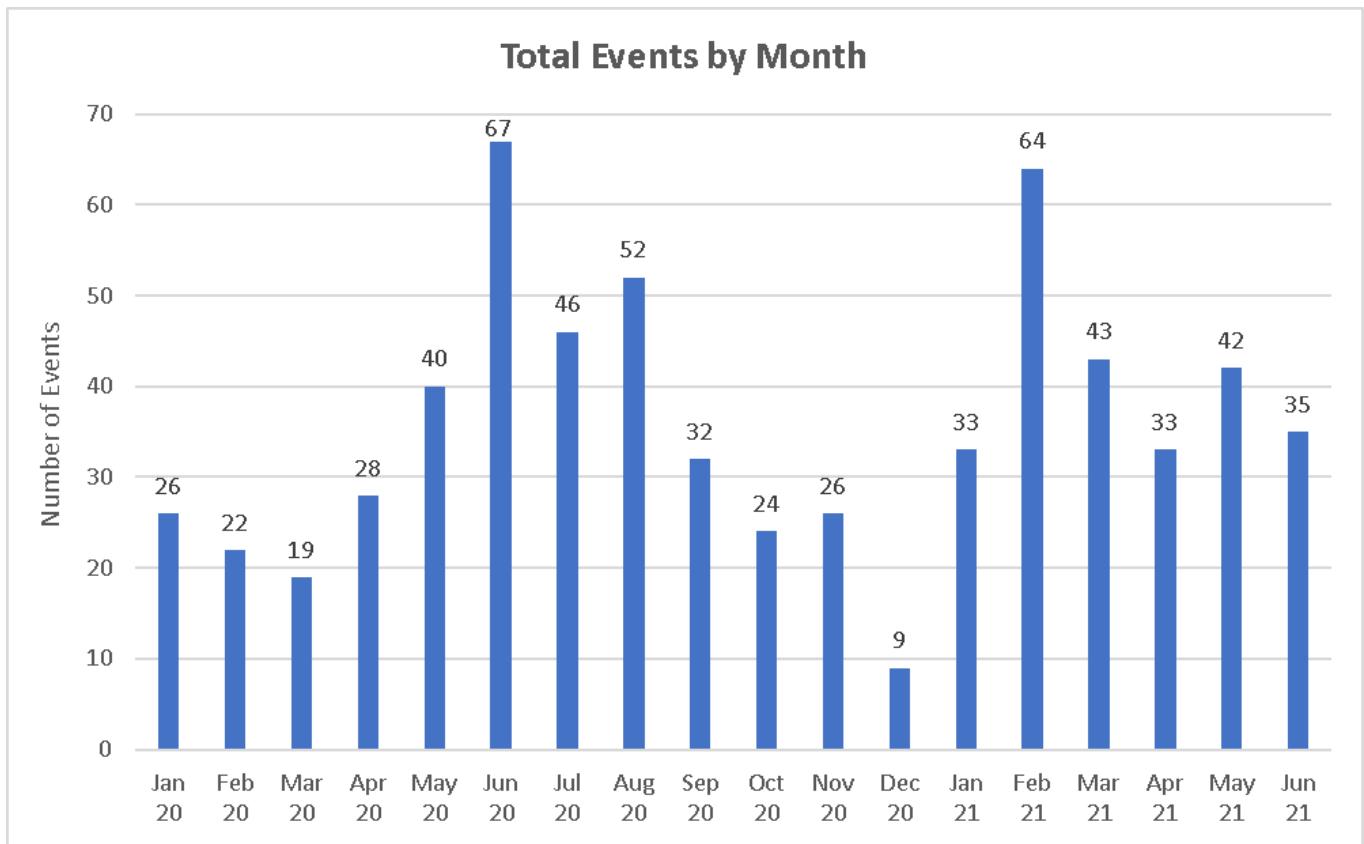
SAFETY Occupational Health COVID+ Staff Cases

As of July 16, 2021, 285 ZSFG employees have tested positive for COVID-19.

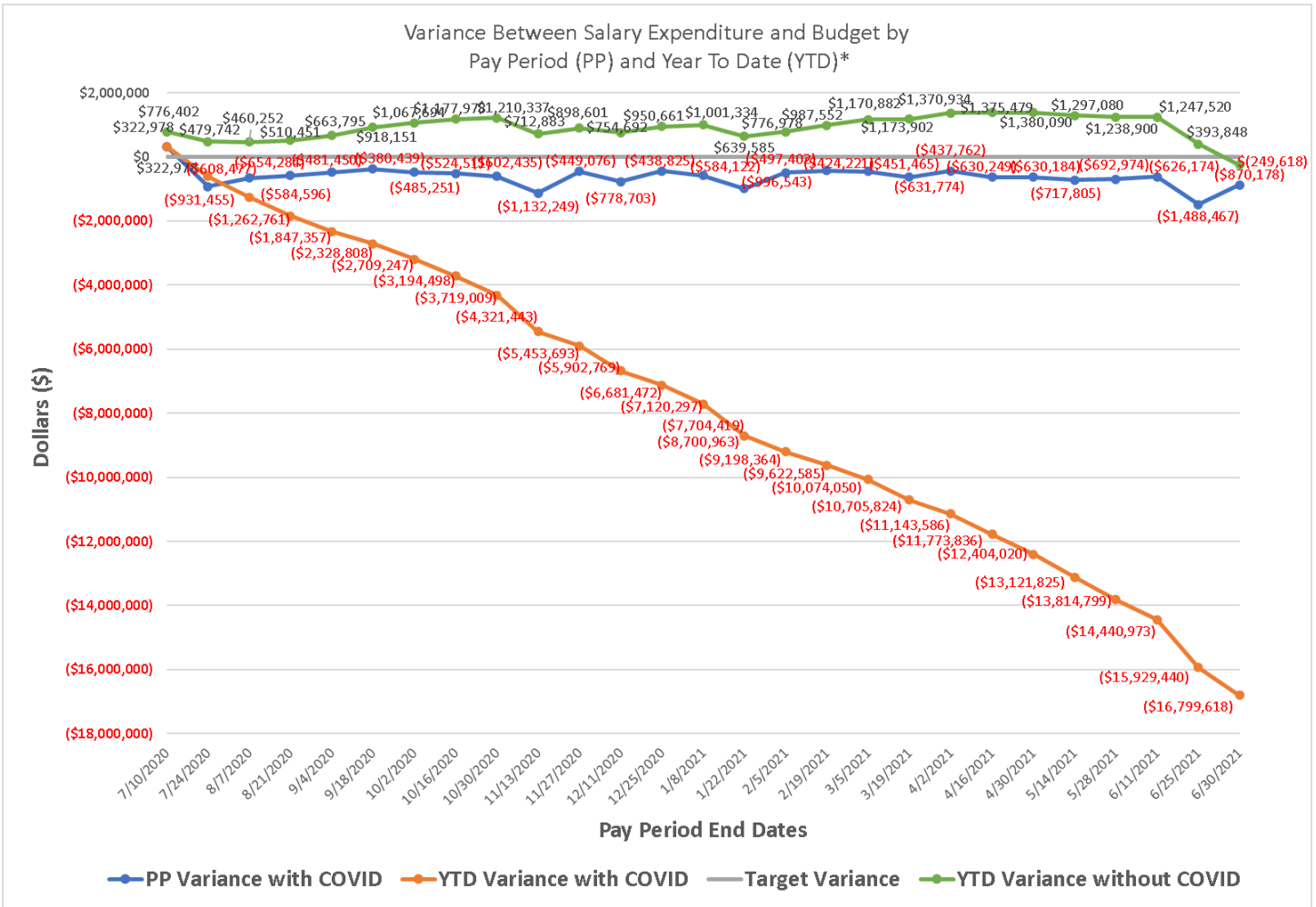


SAFETY

Workplace Violence Activity



FINANCIAL STEWARDSHIP Salary Variance



*Please note that the COVID-19 and other labor costs have not yet been separated out of our operating fund to be charged to the COVID-19 budget. Therefore, these variances will appear inflated. Below are the rough estimates for the expenses contributing to the inflated variance. The green line (above) represents what our YTD salary variance would have been without the pandemic.

No.	Cost	Amount
1	COVID Temp Hires (unbudgeted)	\$3,800,000
2	H48 COVID Staffing	\$2,800,000
3	H52	\$350,000
4	H58 (Non-COVID Census Project)	\$3,400,000
5	COVID Sick Time	\$6,200,000
	TOTAL	\$16,550,000