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MINUTES

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

Tuesday, July 27, 2021

3:00 p.m. REMOTE MEETING VIA WEBEX EVENT

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Laurie Green, M.D.
Commissioner Susan Belinda Christian, J.D. (Arrived 3:11pm)

Staff: Casie Aniya, Adrian Smith, Aiyana Johnson, Andrea Turner, Basil Price, Christopher Colwell, Clement Yeh MD, Dan Schwager, Dave Staconis, Eric Silverman, Gilian Otway, Jennifer Boffi, John Brown MD, Karen Hill, Karrie Johnson, Laurie, Leslie Safier, Lisa Winston MD, LukeJohn Day MD, Mary Mercer, Sue Carlise MD, Susan Brajkovic, Susan Ehrlich MD, Tess Marstaller, Troy Williams, Virginia Elizondo, Victor LIm

The meeting was called to order at 3:02 pm.

2) APPROVAL OF THE MINUTES OF THE JUNE 22, 2021 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the June 22, 2021 meeting minutes.

3) CADDIE PROJECT UPDATE

John Brown, M.D., MPA, SF EMS Agency Medical Director, presented the item.

Commissioner Comments:

Commissioner Chow noted that ambulance providers seemed not to be pleased to have to communicate that the patient may not be able to go to the hospital of choice due to diversion. Dr. Brown stated that these providers prefer to be patient advocates and to enable patients to go where they prefer. Within the CADDIE Project, the providers are asked to communicate that the facility of choice may be too busy and to offer several other facilities that have availability. He added that the project is meant to provide information and guidance to paramedics to make the best decision with the patients.

Commissioner Green noted that the project seems logical and asked for more information regarding those who are not satisfied. She asked if the project snapshot slide is reflective of the overall patient experience. Dr. Brown stated that another snapshot taken the following weekend showed similar results, but he noted that no diversion was occurring during the second snapshot time-period. He added that dissatisfaction issues involve providers preferring to be patient advocates instead of bearing the brunt of patient reactions to not being able to go to their preferred facility due to diversion. He also stated that the project is exploring giving drivers hand-held devices that could provide hospital-level bed availability and diversion data.

Dr. Clement Yeh, EMS Medical Director, stated that the CADDIE Project illuminates factors related to access and decision-making which impact patient care.

Chris Colwell MD, Chief of Emergency Medicine at ZSFG, stated that the project is highly valuable to the system because ambulance volume impacts patient care.

Dr. Ehrlich thanked Dr. Brown and Dr. Yeh for the project, which promotes safety and equity of service provision. She noted that the project is breaking ground on culture change, which may take time to be successful.

4) REGULATORY AFFAIRS REPORT

Adrian Smith, Chief Quality Officer, presented the item.

Commissioner Comments:

Commissioner Chow asked if ZSFG staff have been notified when the surveyors will be back. Mr. Smith stated that the window to return is 30-45 days. However, both the Joint Commission and CDPH is backlogged.

Commissioner Green asked if the EPIC system will offer interpreter services. Dr. Ehrlich stated that interpreter services will be brought to EPIC in 2022; these services will include video telehealth and interpreter services.

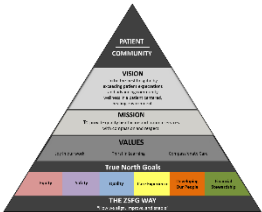
Commissioner Chow asked if telehealth services would include phone calls for those patients without computers or the ability to use smartphone applications. Dr. Ehrlich stated that most telehealth services are conducted over the phone.

Commissioner Chow asked how the information from these phone sessions would be uploaded into EPIC. Dr. Ehrlich stated that providers will write notes in EPIC for these sessions.

5) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT AND EMERGENCY DEPARTMENT NEWSLETTER

Susan Ehrlich, M.D., Chief Executive Officer, presented the item.

Report Updates



SAFETY

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- 1. COVID-19 Demobilization
 - Bay Area Revised Masking Recommendations
 - Updated Safer Return Together Order
 - Updated Eye Protection Guidelines
 - Revised COVID-19 Patient Testing Guidance
 - HICS Demobilization
 - Patient Vaccination Clinic Changes
 - Staff Screening Policy Revision
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DEVELOPING OUR PEOPLE

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- Emergency Department Activities
- Urgent Care Clinic Activities
- Psychiatric Emergency Services Activities
- Average Daily Census
- Lower Level of Care

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- Occupational Health COVID+ Staff Cases
- Workplace Violence Activity

FINANCIAL STEWARDSHIP

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- Salary Variance

Data Updates



SAFETY

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!

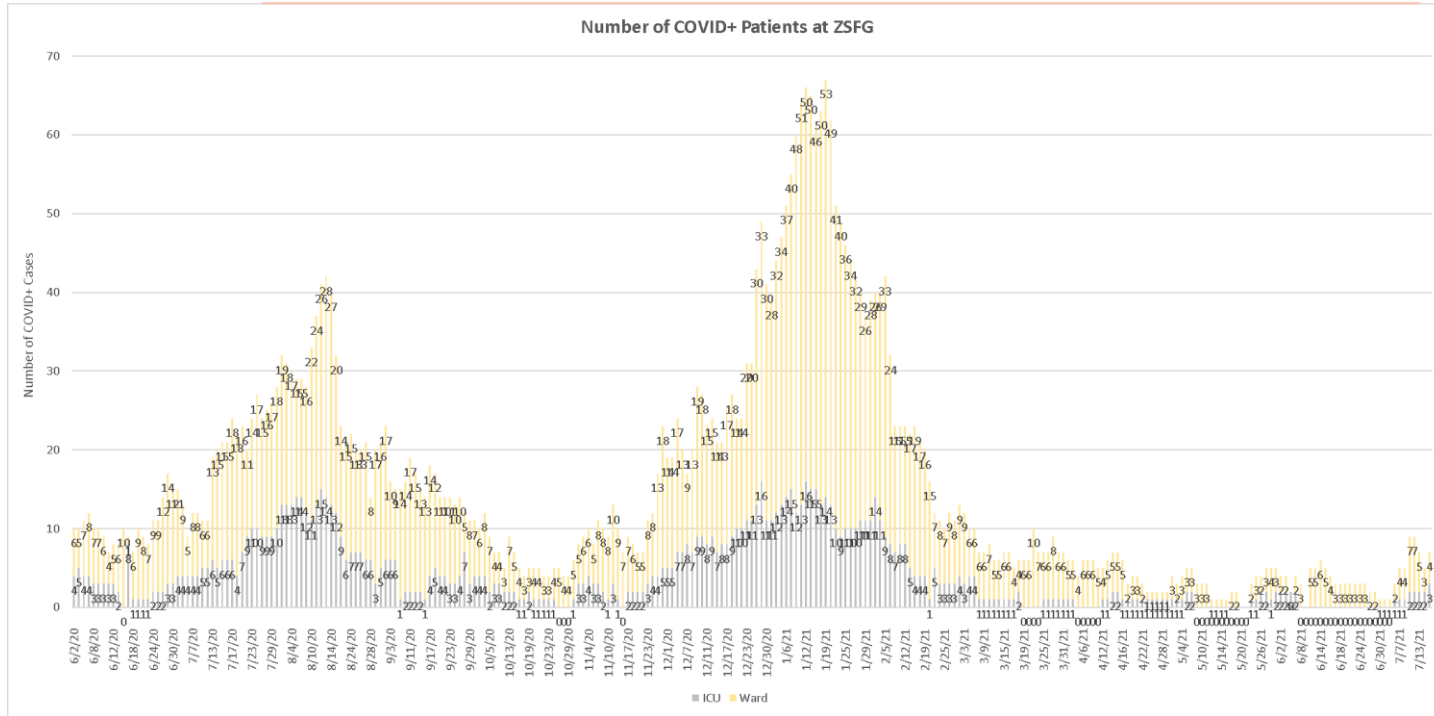
DEVELOPING OUR PEOPLE

3. Pride Month Celebrations

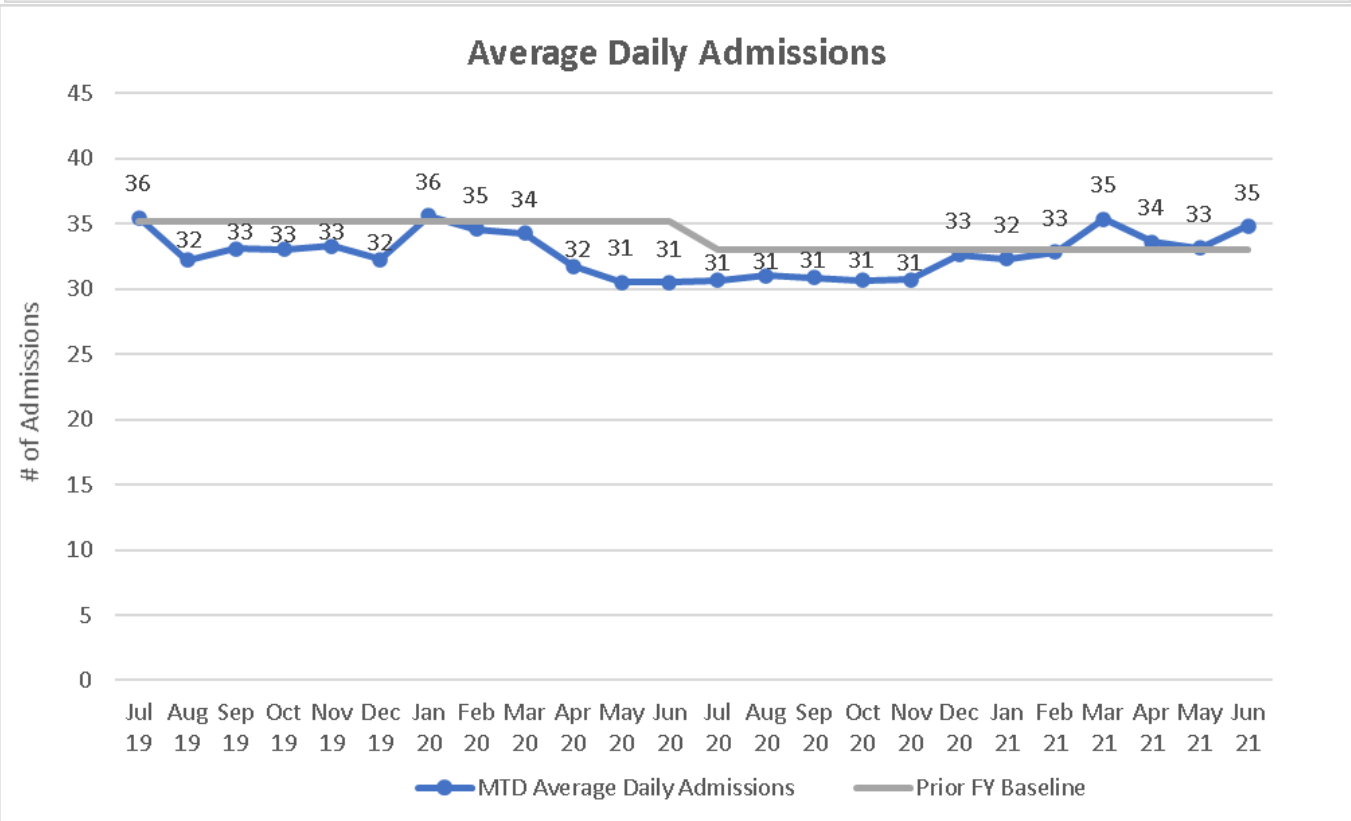
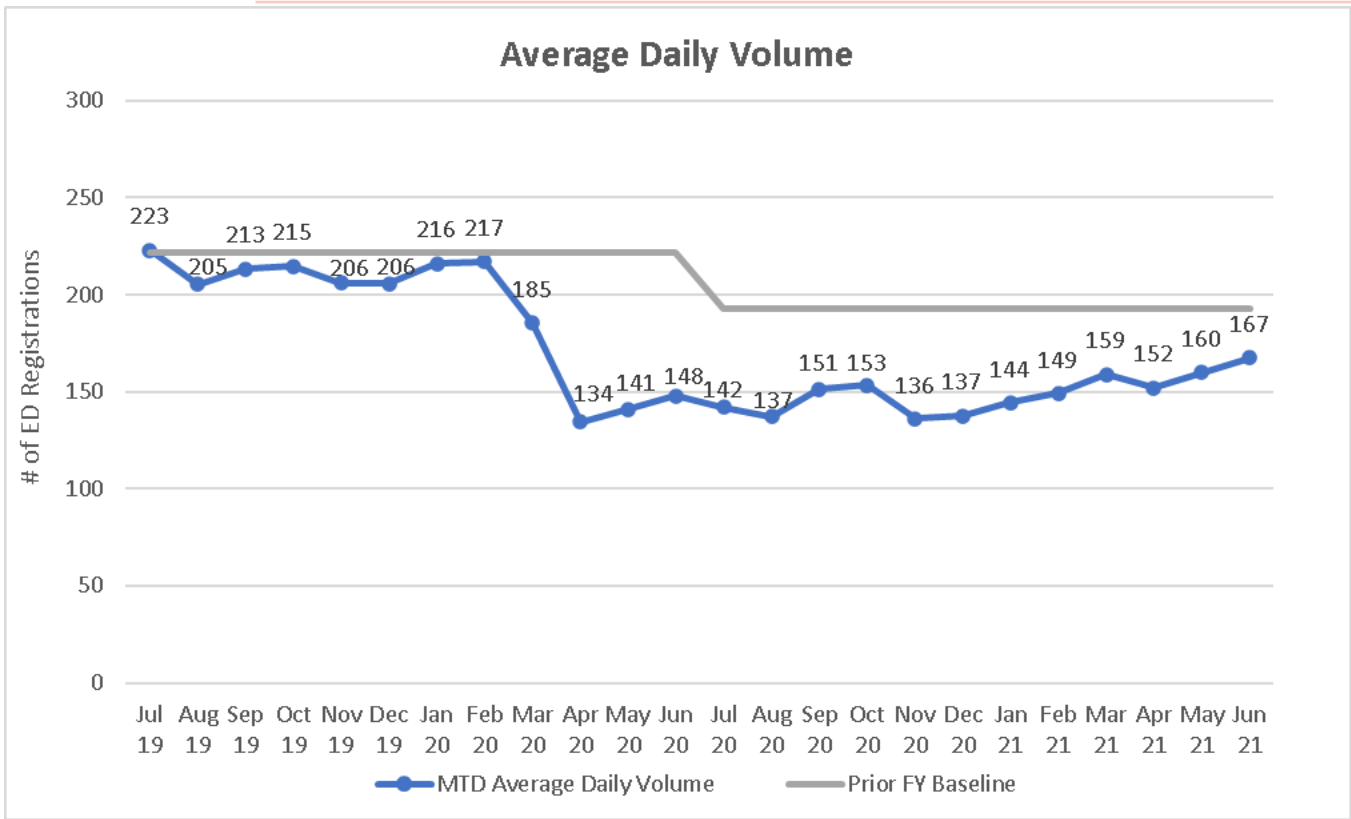
June marks the annual Pride Month Celebration! Although some of the usual city-wide celebrations, such as the SF Pride Parade, were unable to occur this year, ZSFG continued to celebrate the month in different ways across campus. Chef Mike and his Food and Nutrition Services (FNS) team put up a wonderful 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 LBGTQI+ 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!

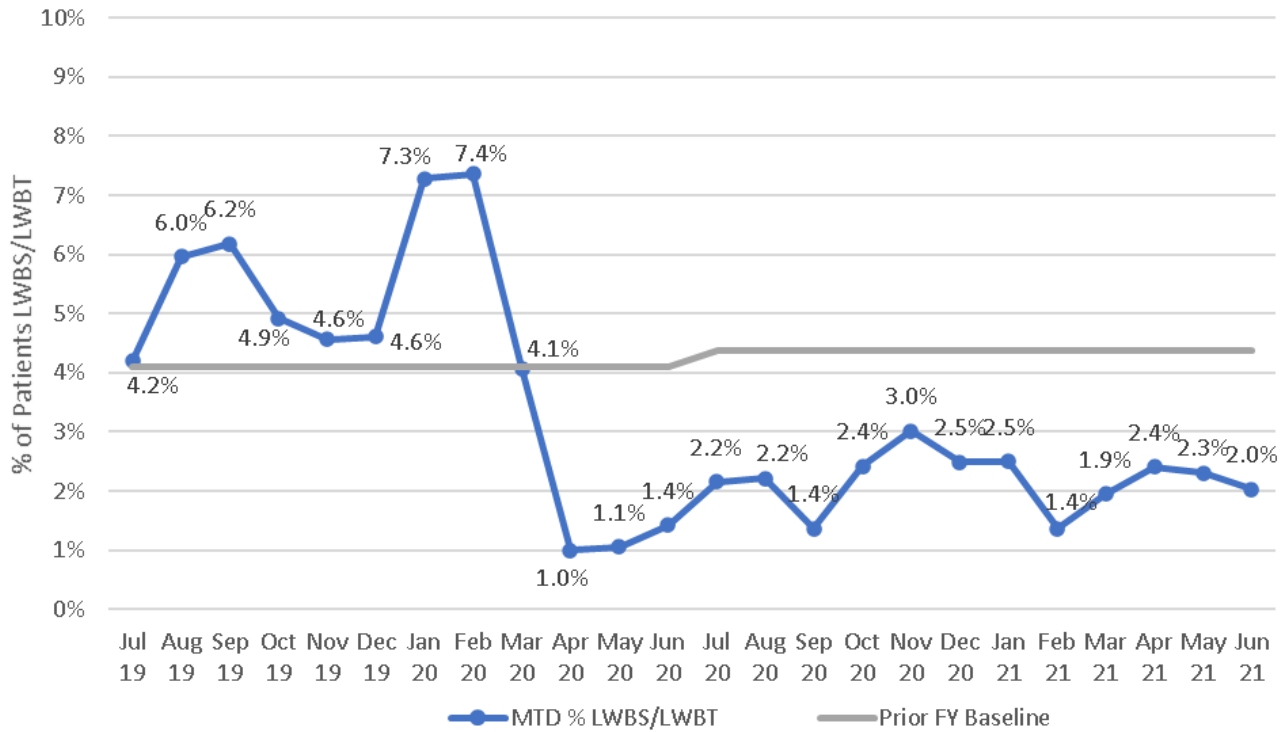
QUALITY ZSFG COVID+ Patients



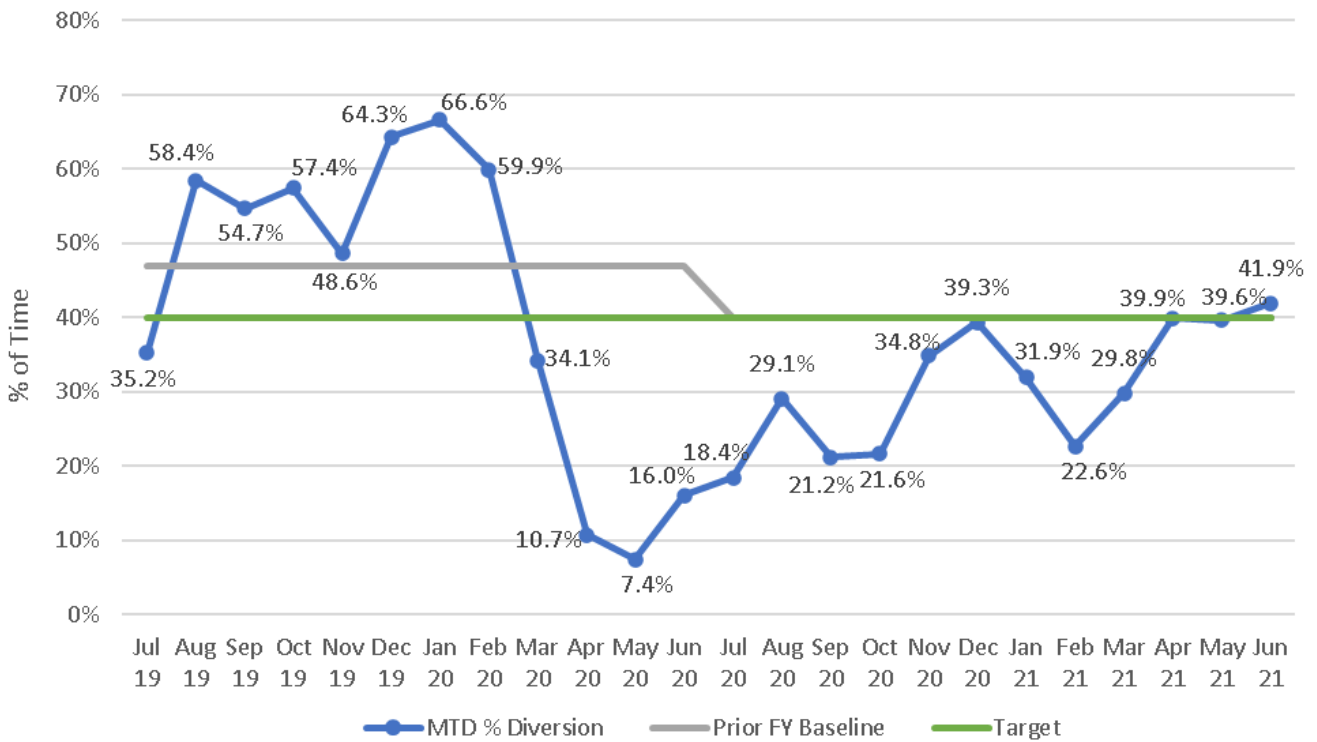
QUALITY Emergency Department Activities



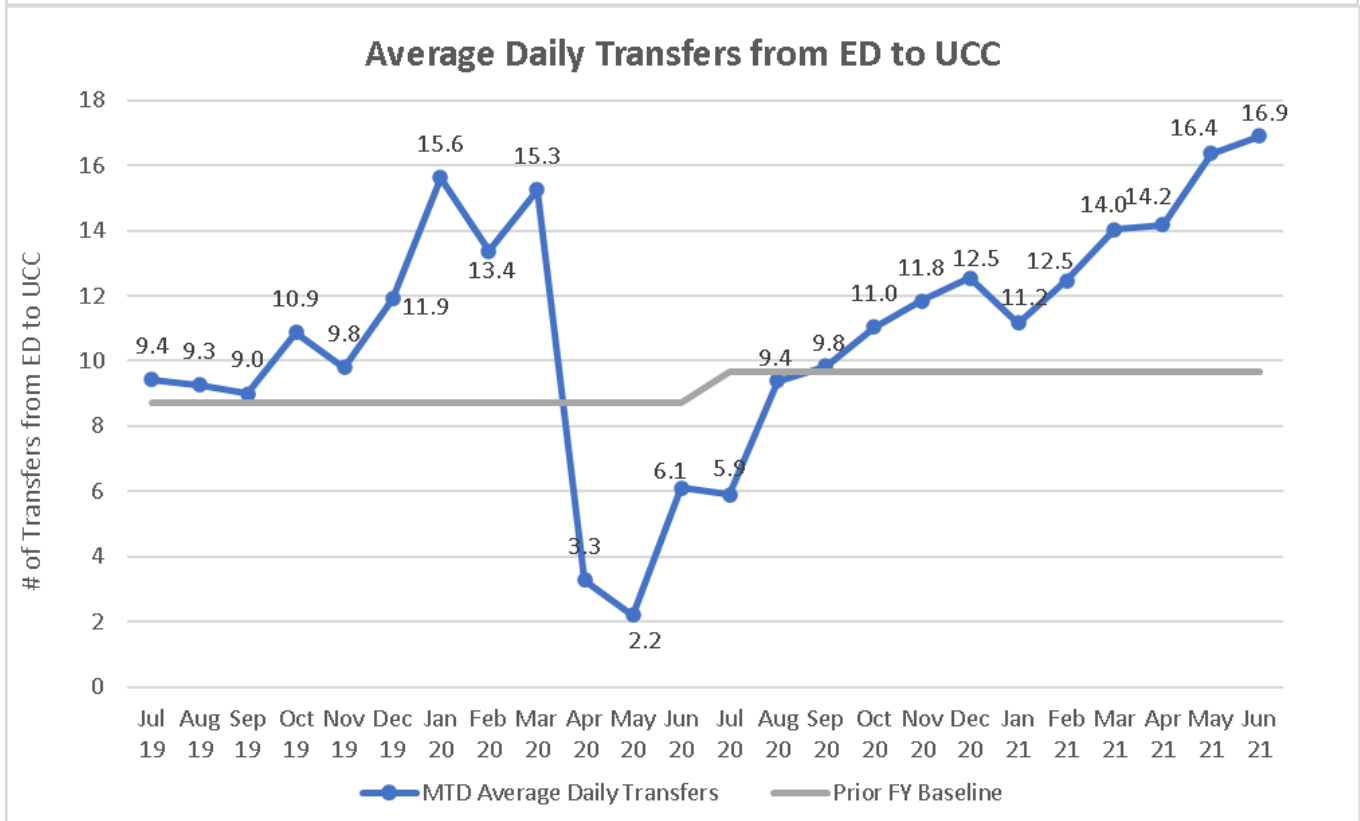
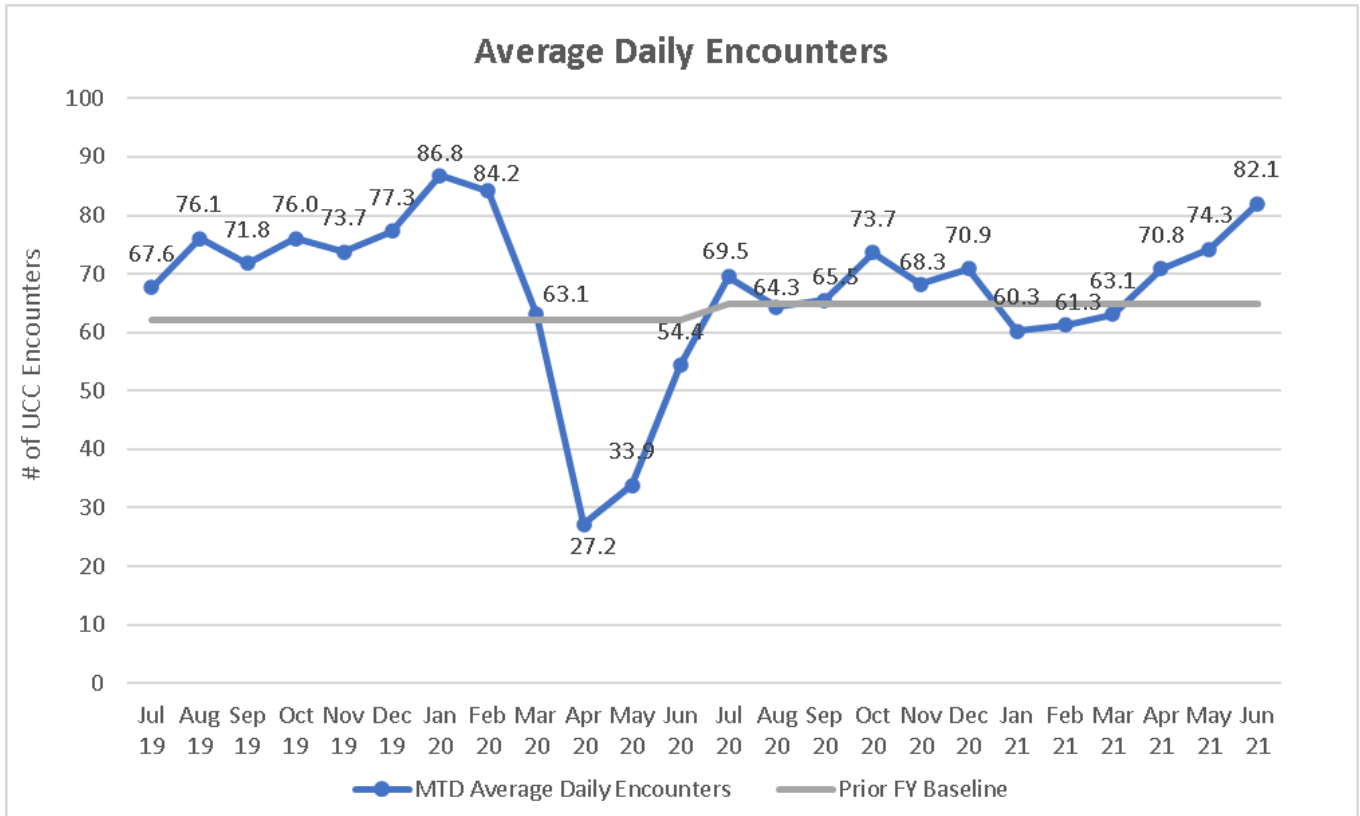
% LWBS/LWBT

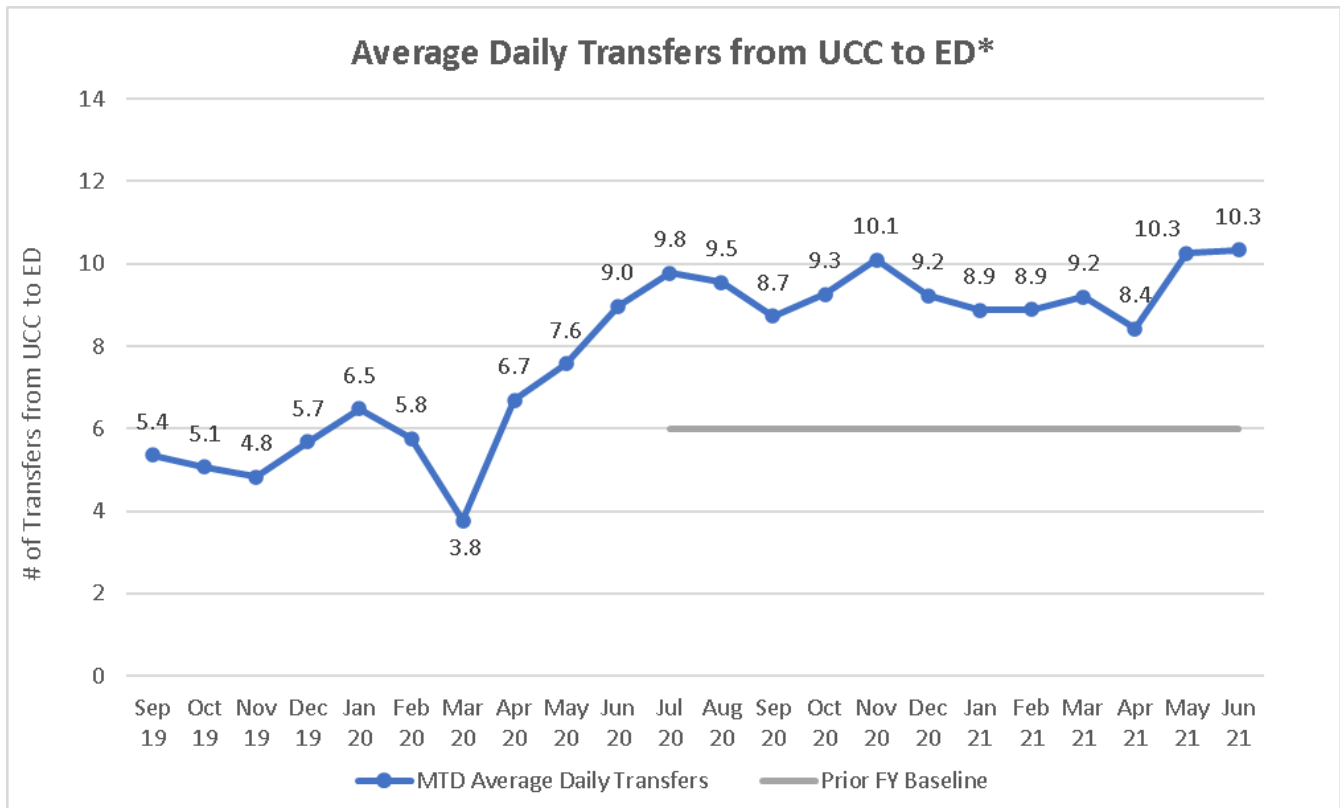


% Diversion



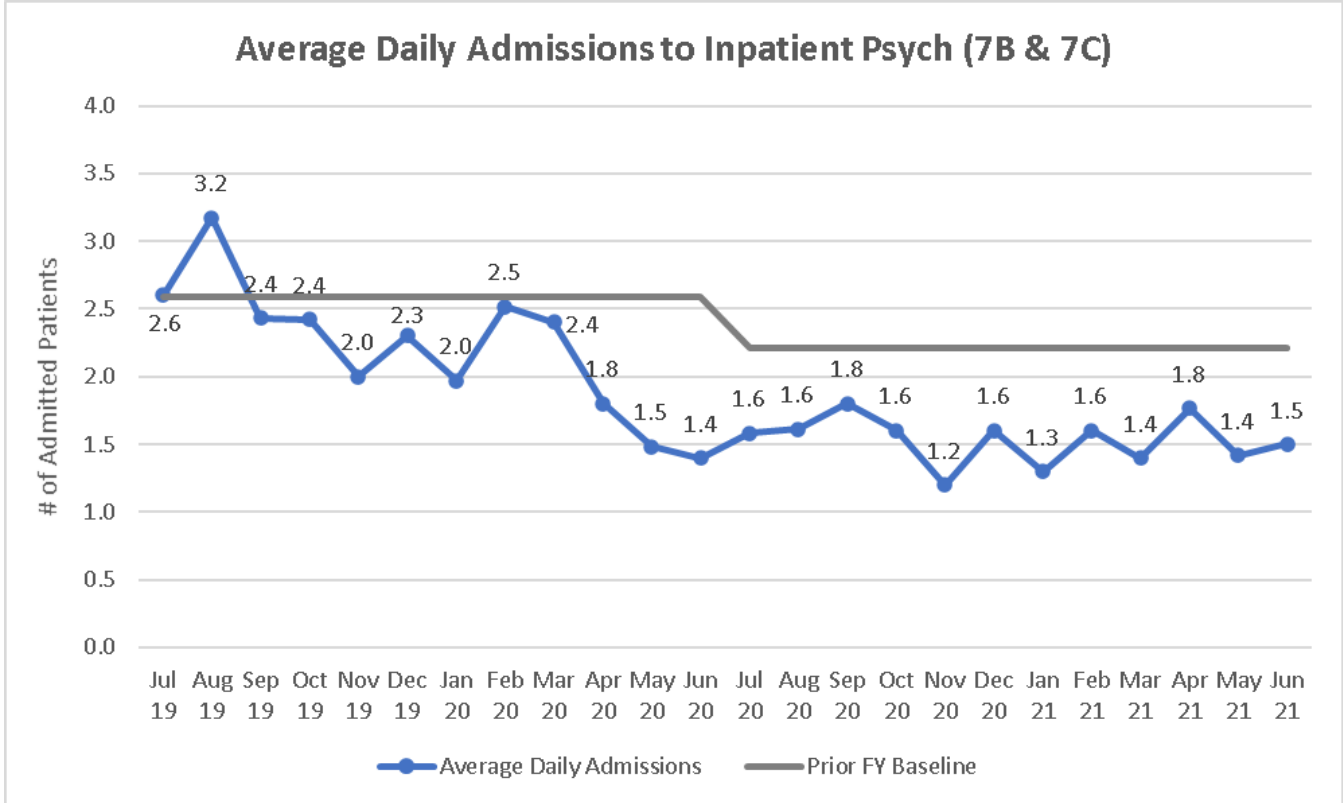
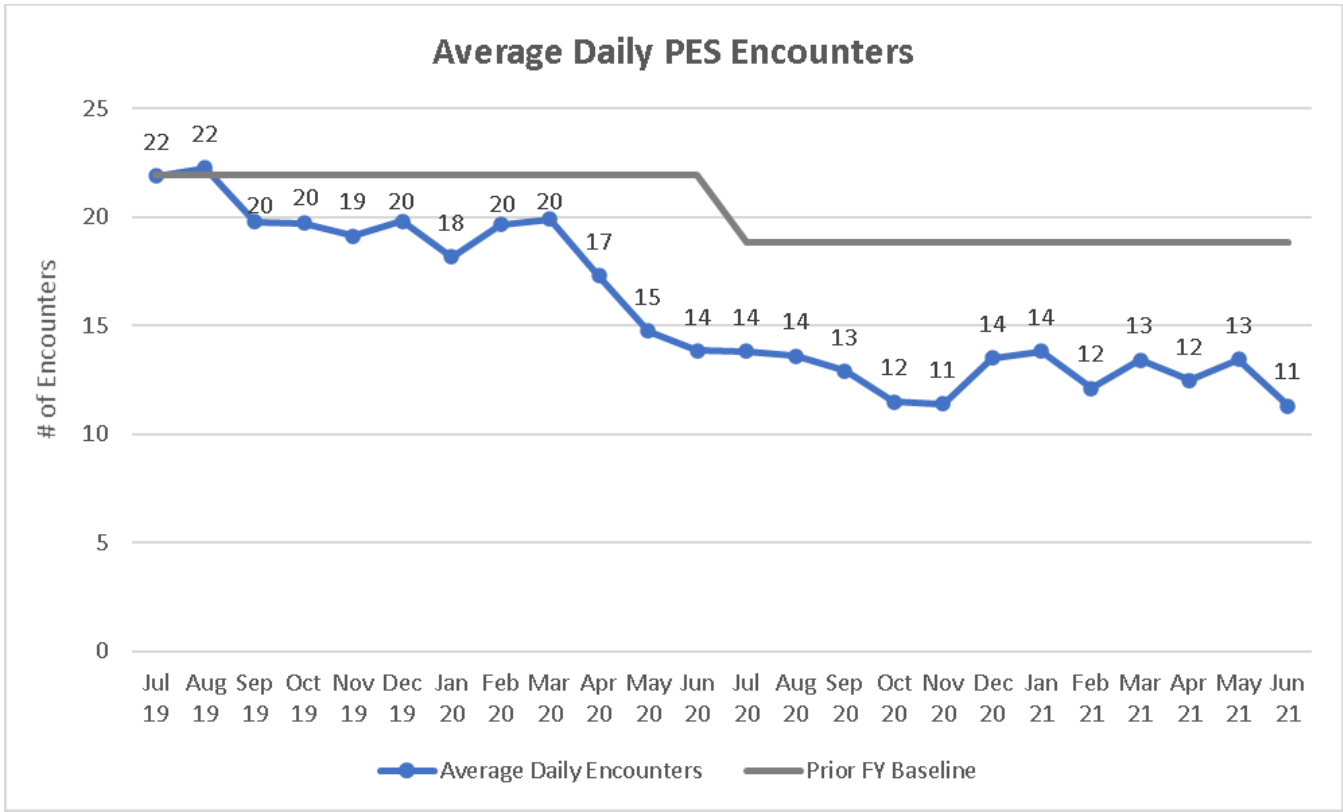
QUALITY Urgent Care Clinic Activities



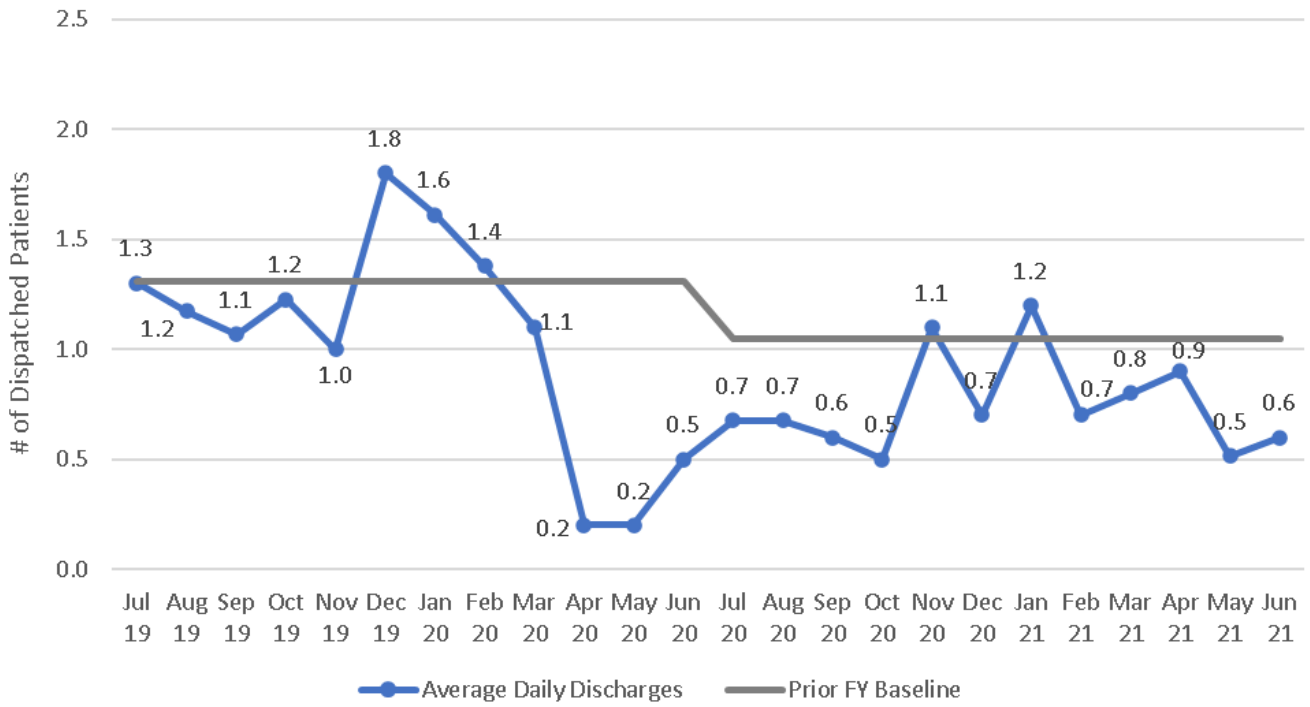


***As this is a new metric that ZSFG is tracking, data prior to Epic Implementation in August 2019 is not available.**

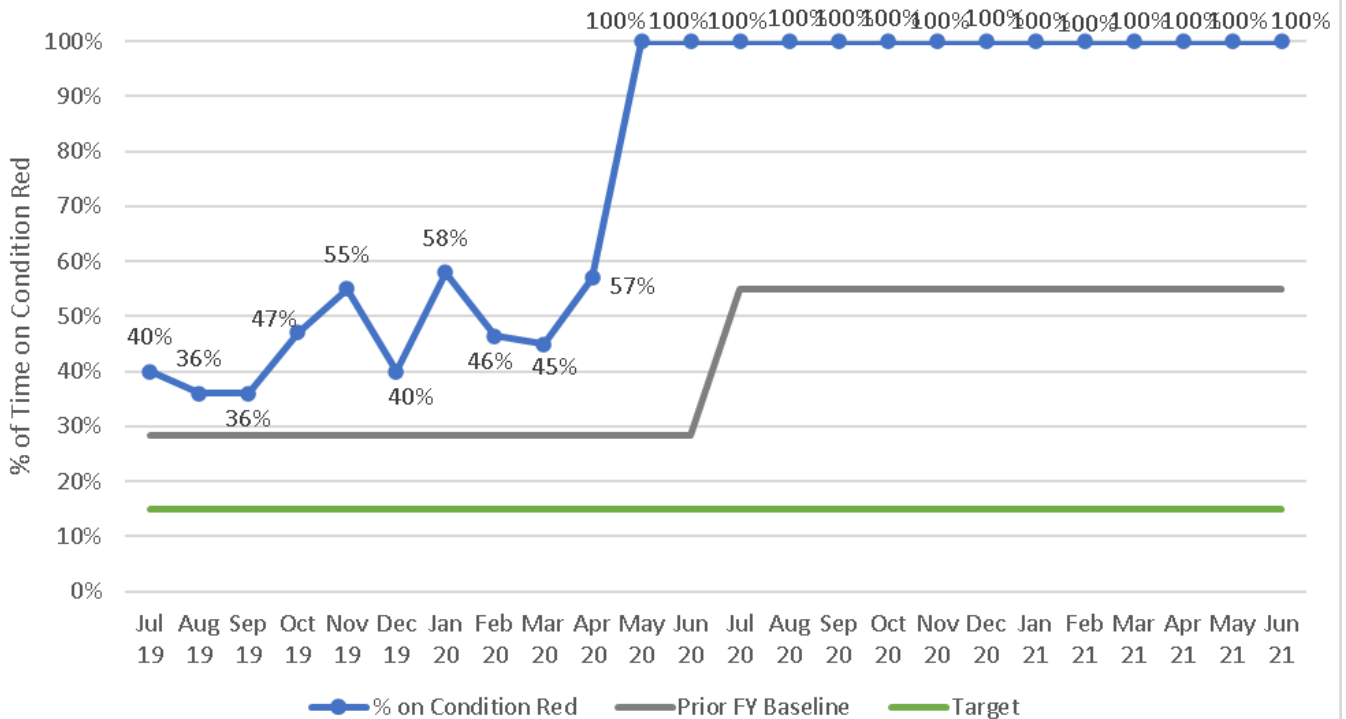
QUALITY Psychiatric Emergency Services Activities



Average Daily Discharges to Dore Urgent Care Clinic (DUCC)



PES Condition Red*



***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)

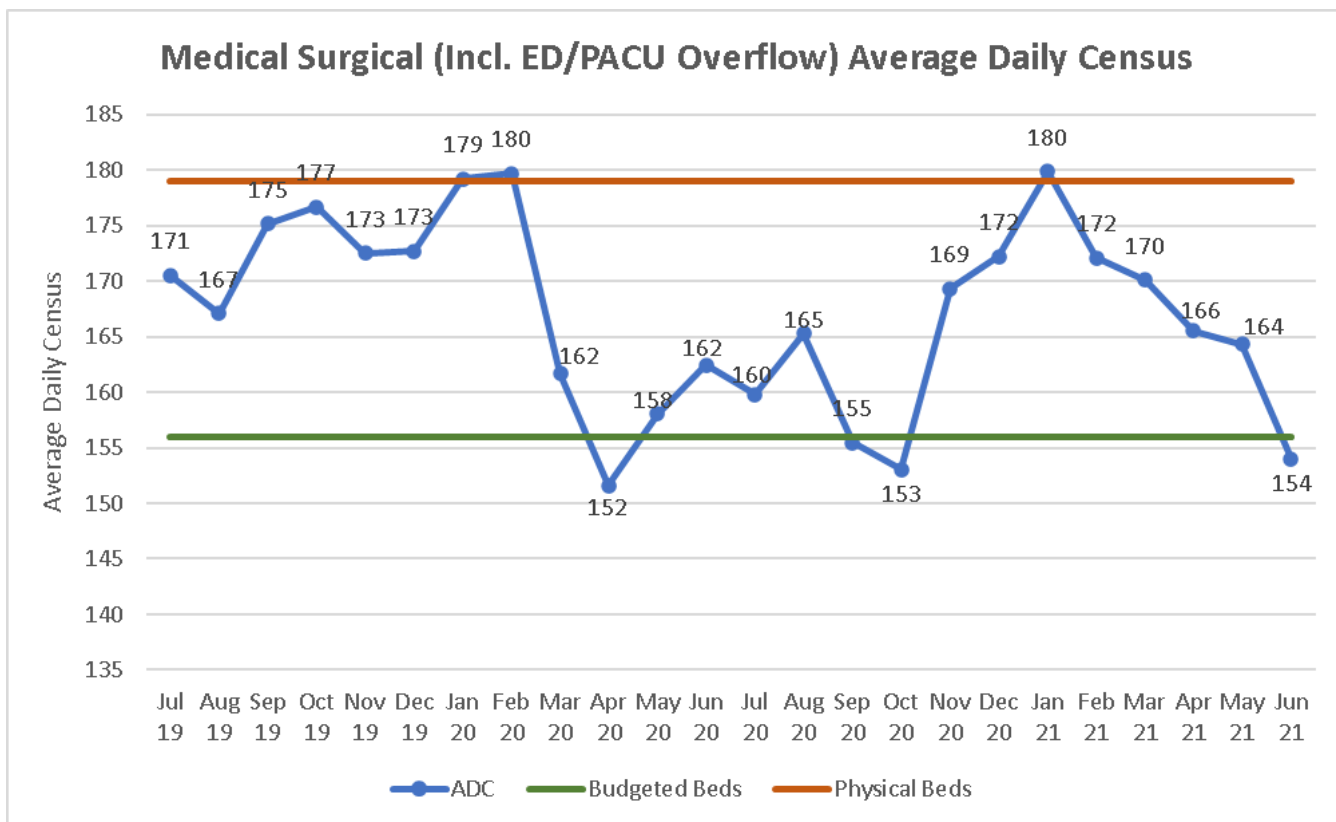
Average Daily Census of MCH was 28.03 which is 93.44% of budgeted staffed beds and 66.75% of physical capacity of the hospital.

ACUTE PSYCHIATRY

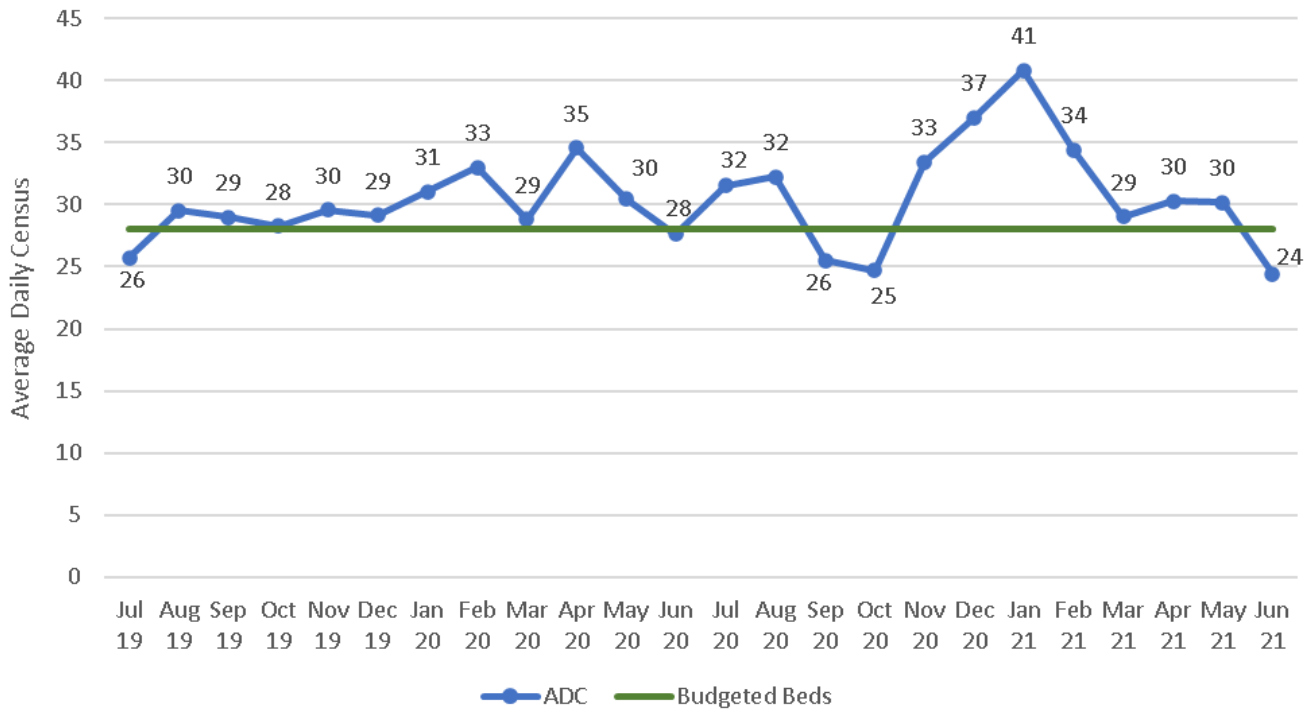
Average Daily Census for Psychiatry beds, excluding 7L, was 42.63, which is 96.89% of budgeted staffed beds and 63.63% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.73, which is 81.90% of budgeted staffed beds (n=7) and 47.78% of physical capacity (n=12). Utilization Review data shows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

4A SKILLED NURSING UNIT

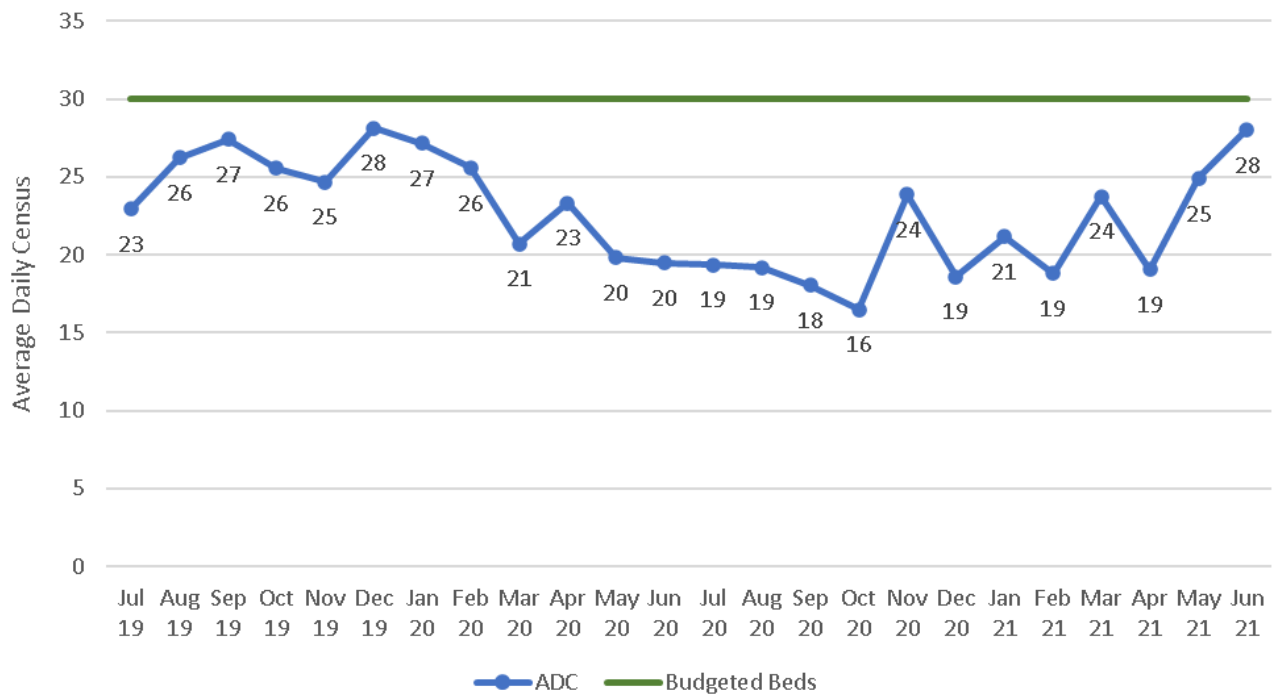
Average Daily Census for our skilled nursing unit was 27.27, which is 97.38% of our budgeted staffed beds and 90.89% of physical capacity.



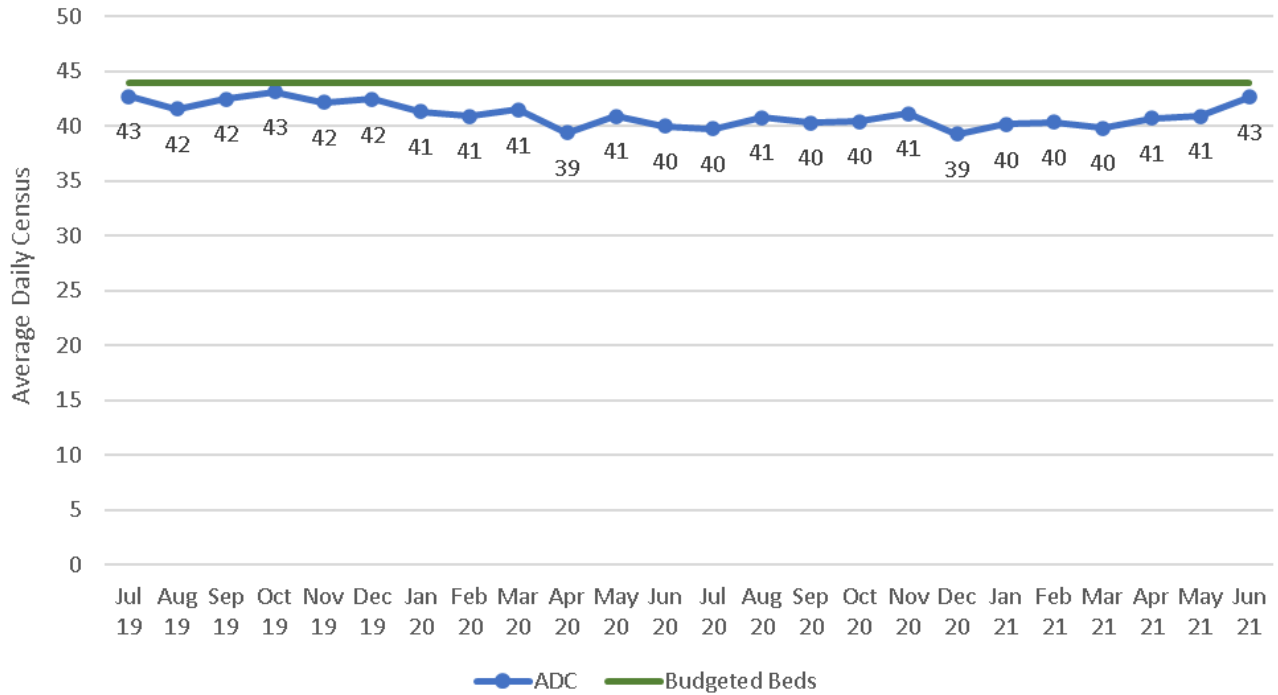
Intensive Care Unit Average Daily Census



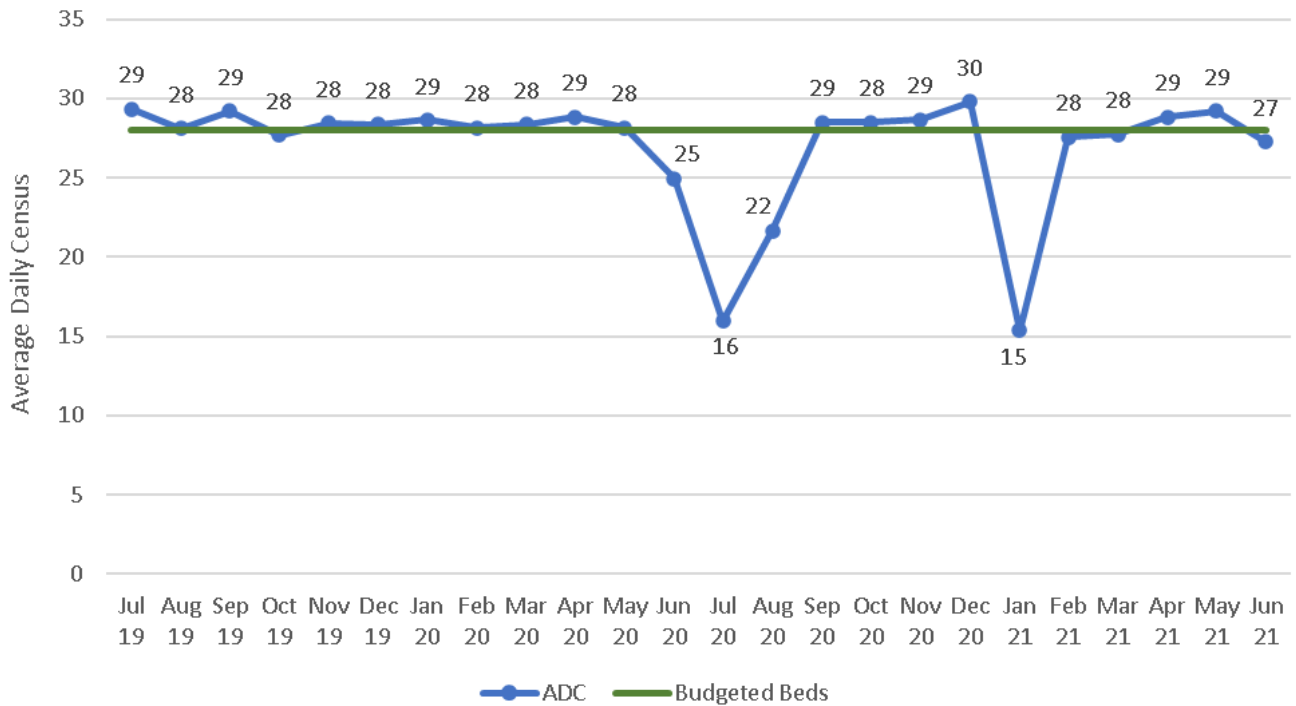
Maternal Child Health Average Daily Census



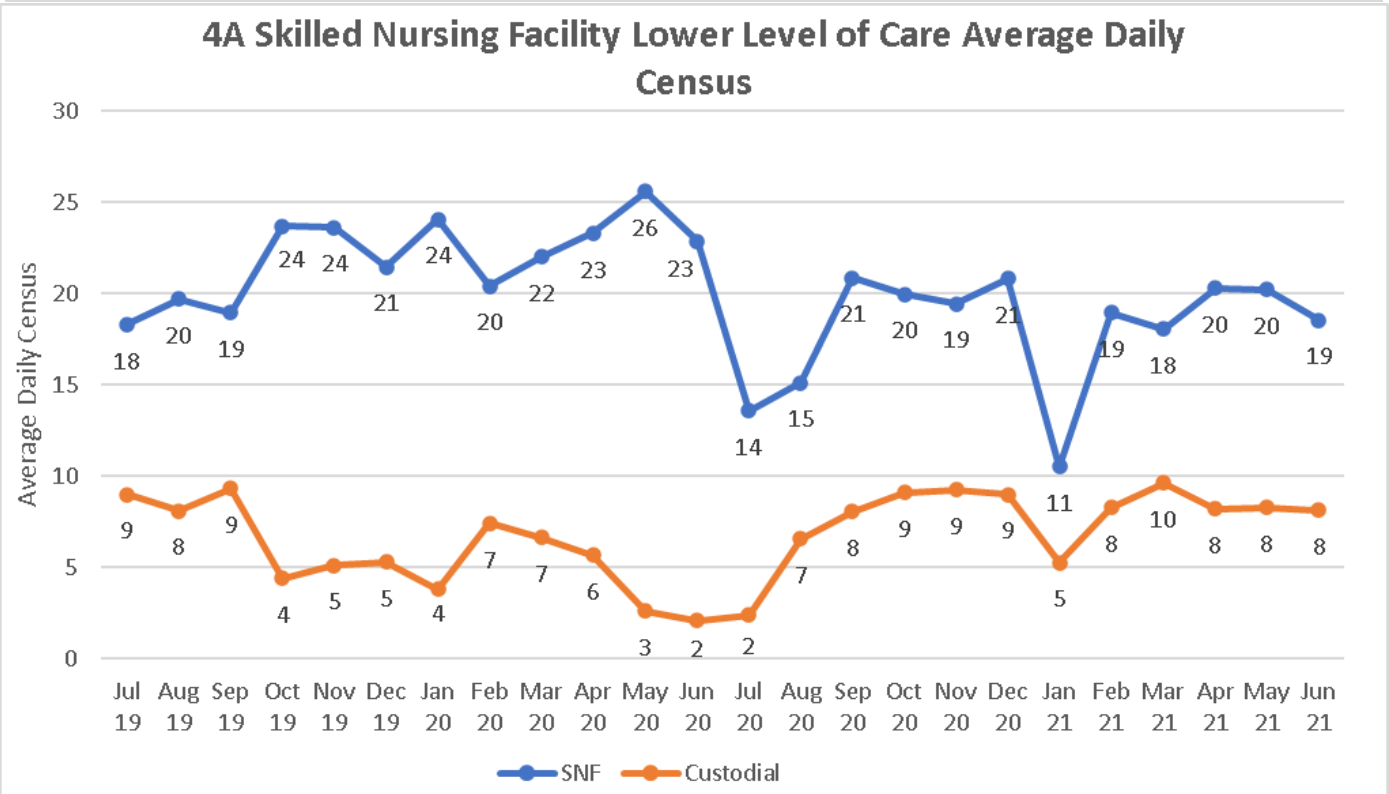
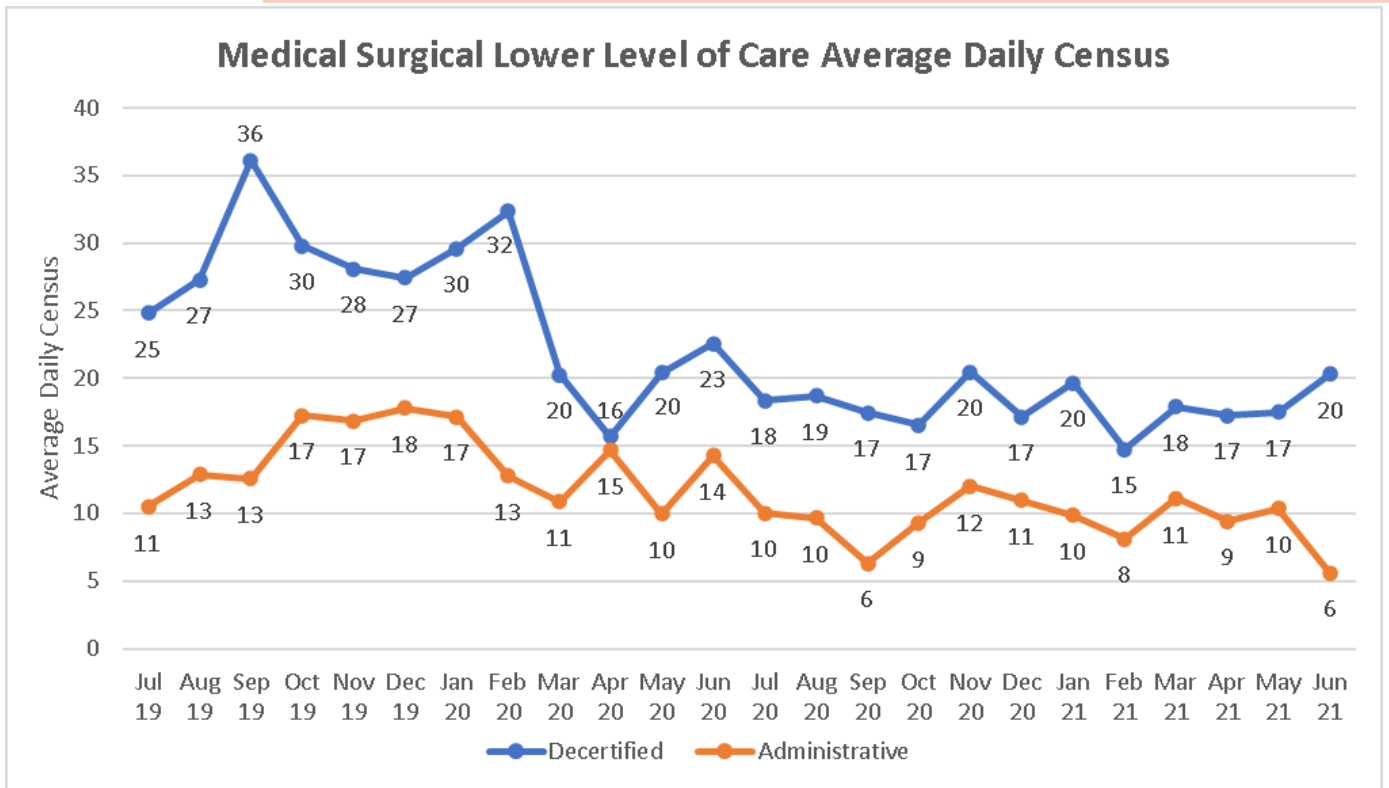
Acute Psychiatry (7B & 7C) Average Daily Census



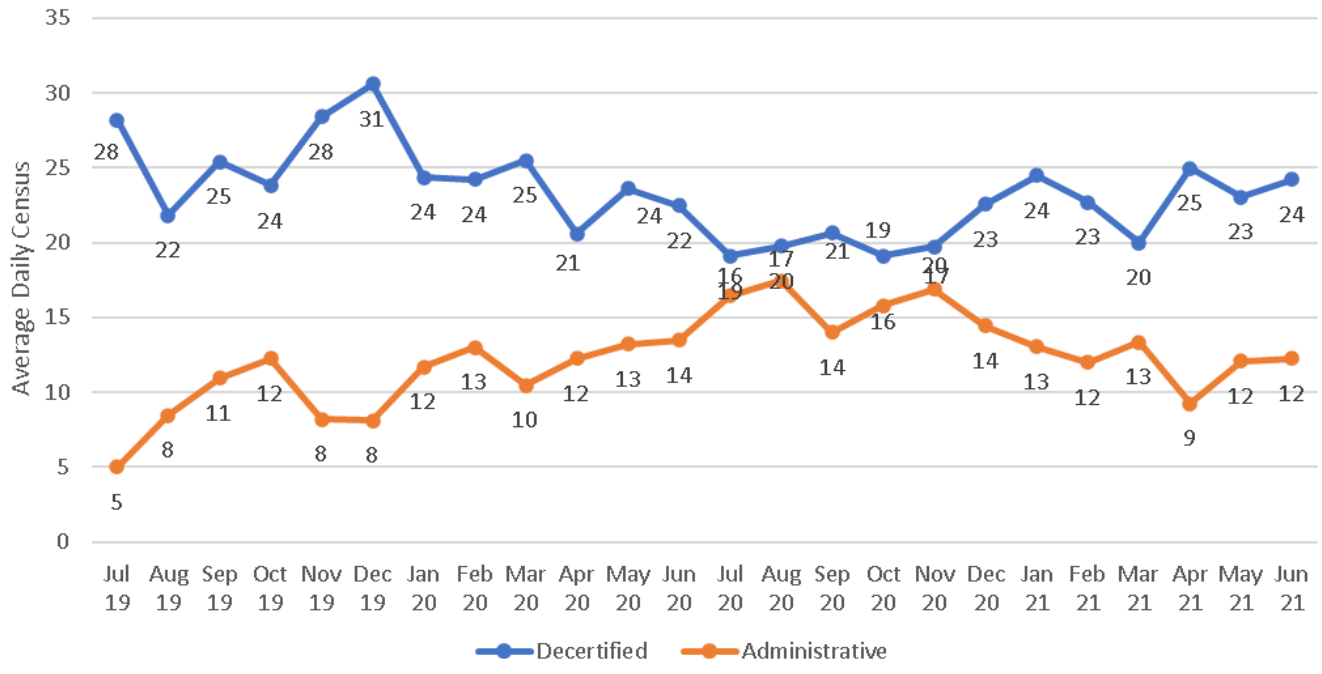
4A Skilled Nursing Facility Average Daily Census



QUALITY Lower Level of Care Average Daily Census

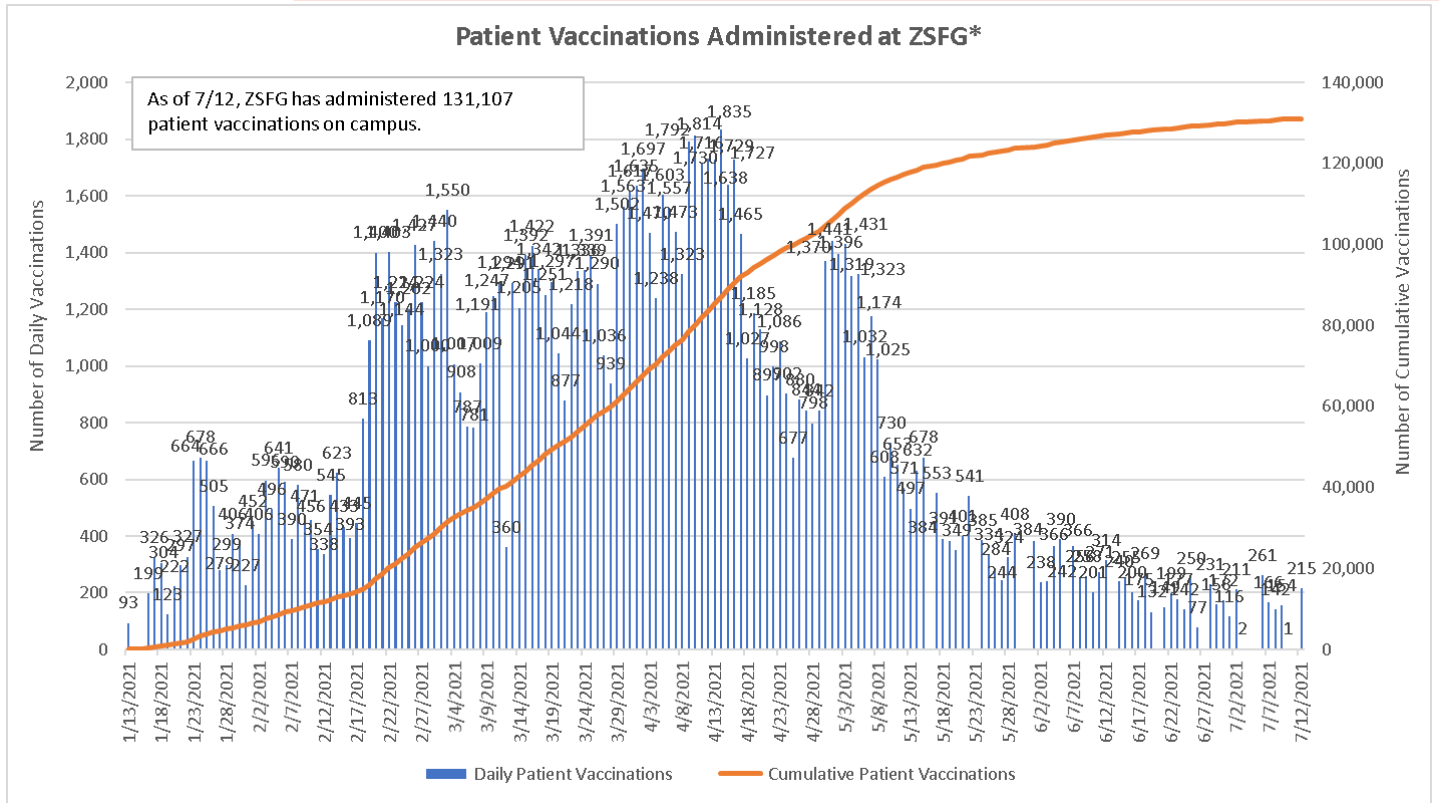


Acute Psych (7B & 7C) Lower Level of Care Average Daily Census

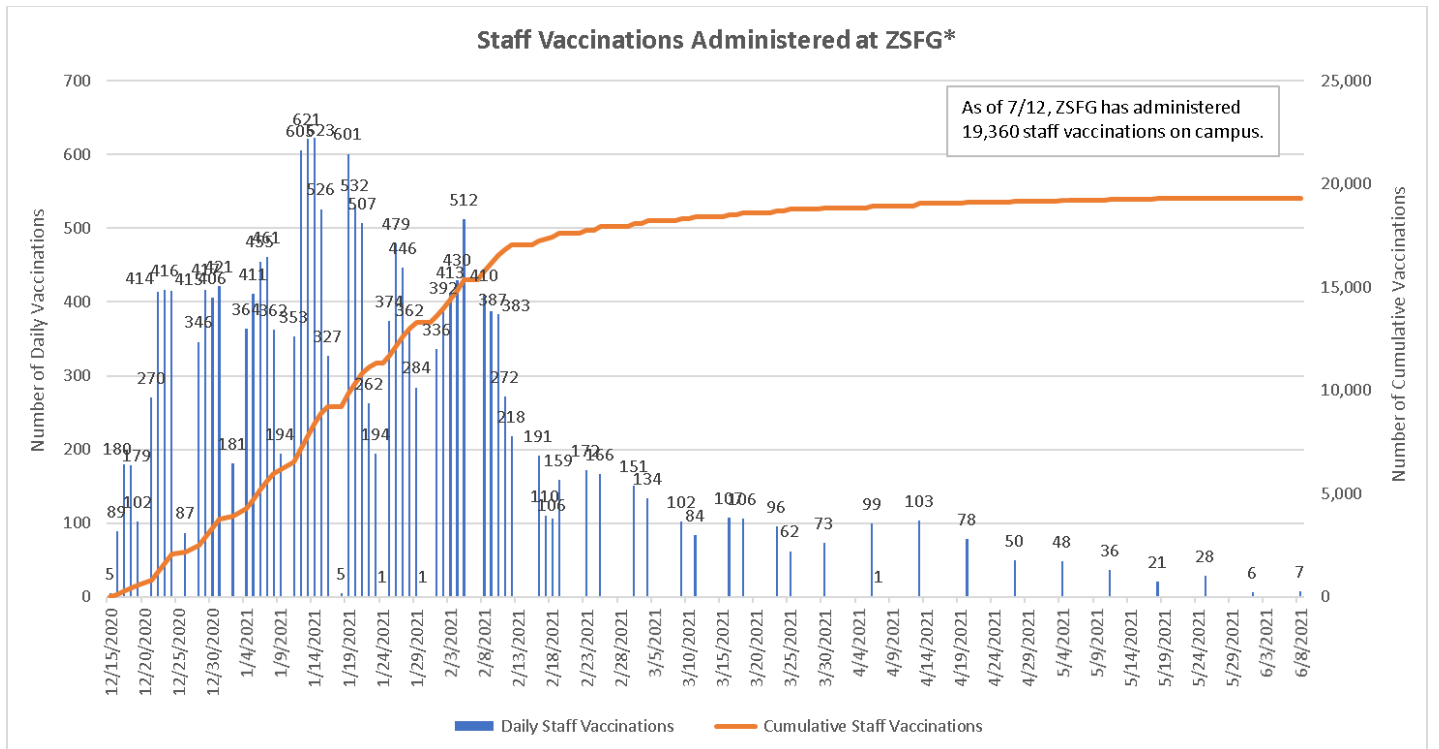


SAFETY

COVID-19 Vaccinations Administered at ZSFG



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

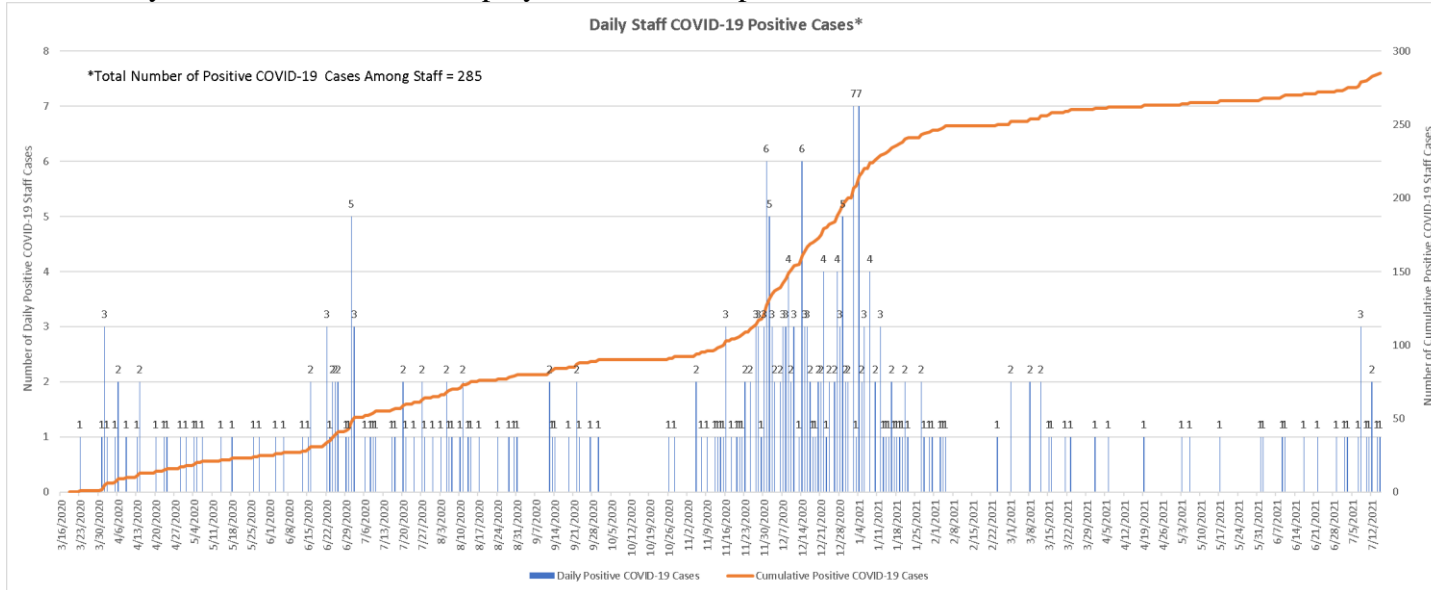


*Includes network-wide staff. Also, on 3/25/21, the Staff Vaccination Clinic decreased their days of operation to Tuesdays only.

SAFETY

Occupational Health COVID+ Staff Cases

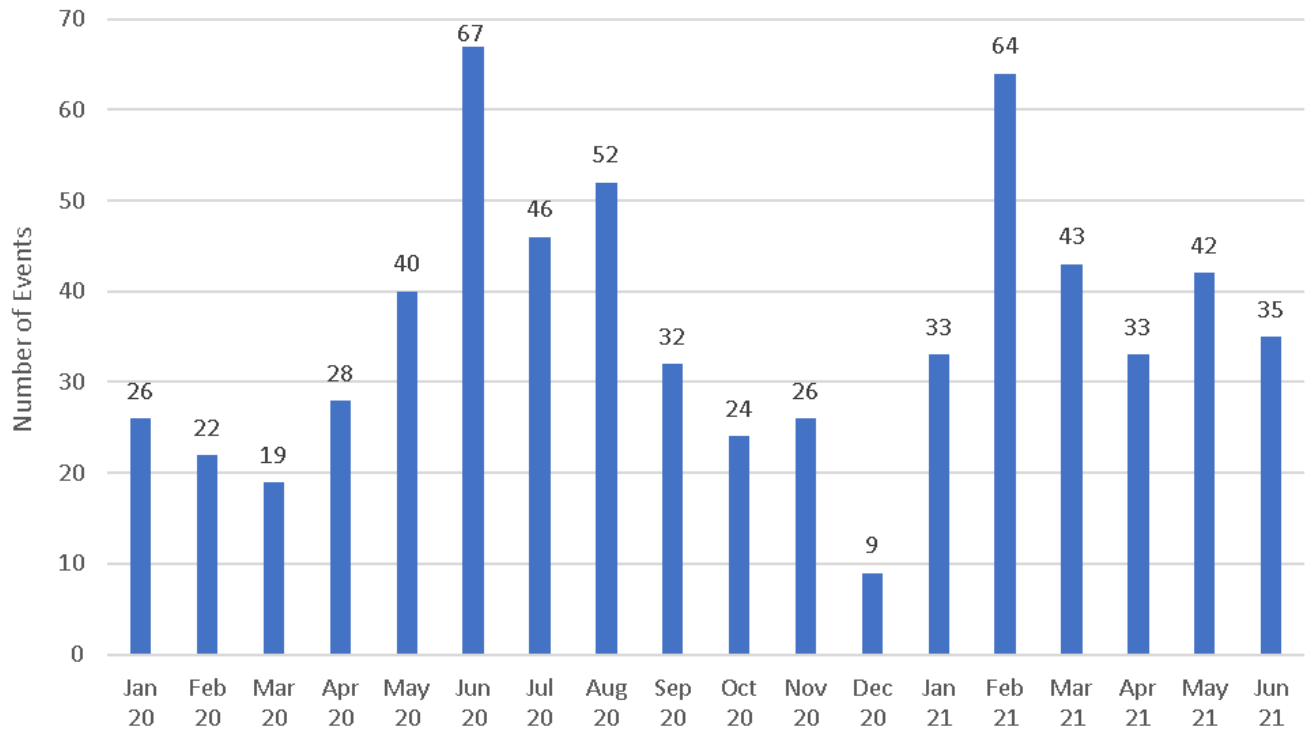
As of July 16, 2021, 285 ZSFG employees have tested positive for COVID-19.



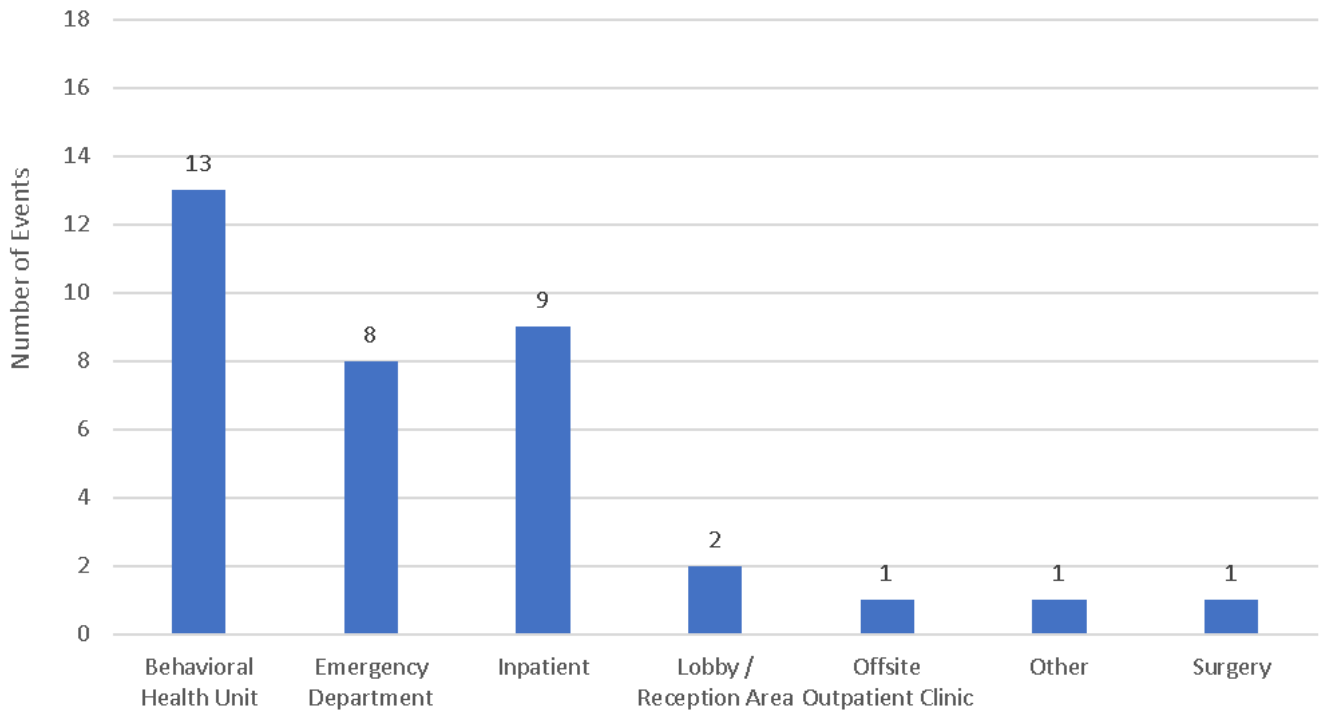
SAFETY

Workplace Violence Activity

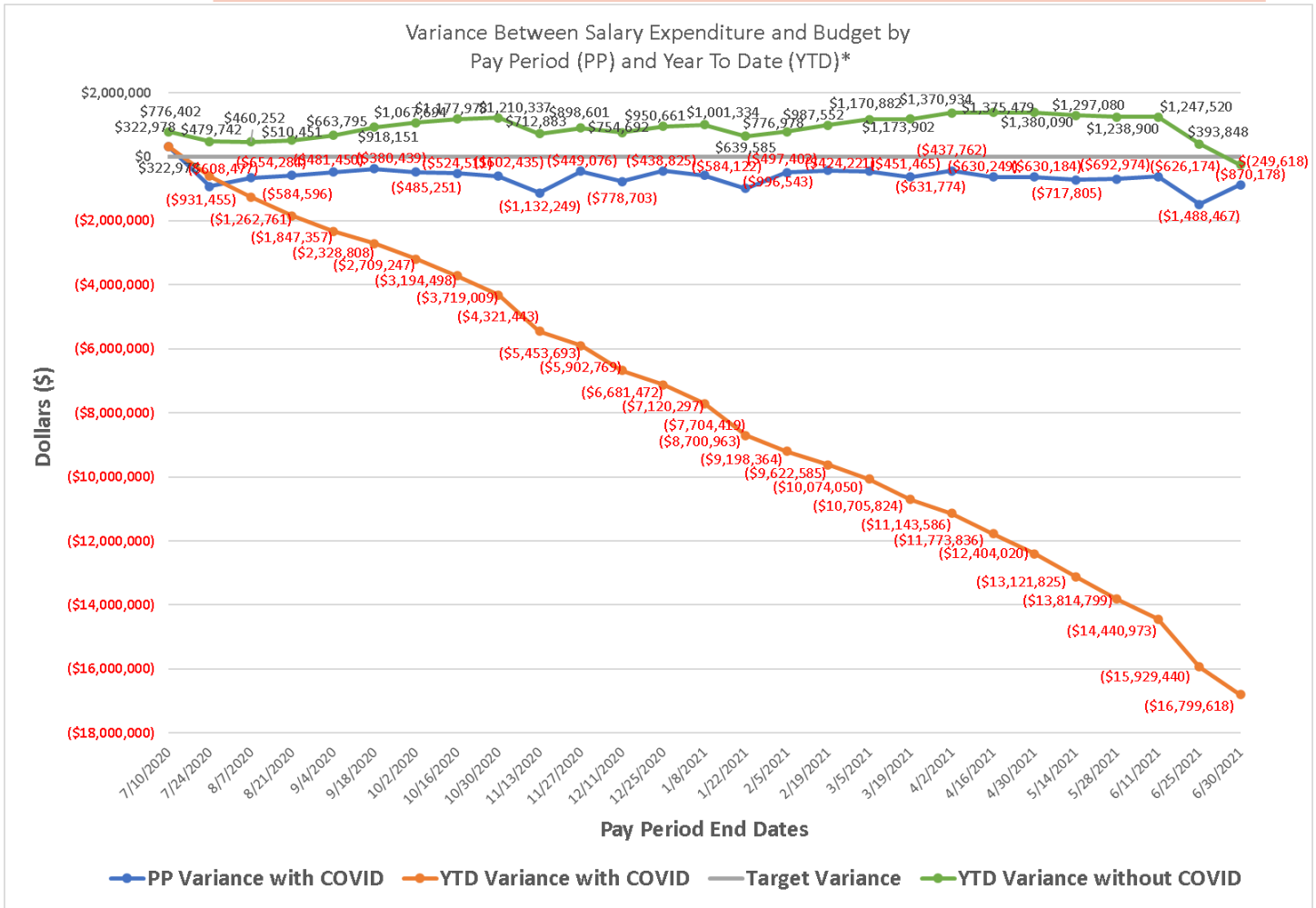
Total Events by Month



Total Events by Location - June 2021



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

Commissioner Comments:

Commissioner Chow asked about any changes to ZSFG visitor policy and protocols. Ms. Johnson stated that the ZSFG visitation policy has aligned with the CDPH guidelines. Staff hold weekly meetings to make decisions regarding visitors based on current data. She noted that the hospital has approximately 187 visitors per day currently.

Commissioner Green asked if ZSFG is currently issuing masks to visitors. Ms. Johnson stated that universal masking is required for staff, visitors, and patients. The hospital uses approximately 10,000 masks every 2 days.

Commissioner Chow asked for more information regarding transfers between the Emergency Department and the Urgent Care Clinic. Dr. Ehrlich stated that very few patients referred from the Emergency Department to the Urgent Care Clinic are referred back to the Emergency Department.

6) ZSFG HIRING AND VACANCY REPORT

Karrie Johnson, Departmental Personnel Officer, DPH, presented the item.

Commissioner Comments:

Commissioner Chow asked for more information regarding the current issues with hiring staff for the Emergency Department. Ms. Johnson stated that ZSFG Human Resources staff are relooking at the minimum qualifications for these positions because a high percentage of applicants do not meet the current standards.

Commissioner Green asked if the situation is more acute now and inquired about creative solutions to the situation. Ms. Johnson stated that Human Resource staff are supporting creative solutions that fit within the union MOUs. She noted that there is a nurse shortage in the Bay Area and the current ZSFG ICU and ED applicant pools are smaller than they have been historically.

Commissioner Chow asked whether registries can be useful to fill in for these positions. Ms. Johnson stated that local registries are staffing all local hospitals so there continues to be competition.

7) MEDICAL STAFF REPORT

Lisa Winston, M.D., Chief of Medical Staff, presented the item.

MEC MEMBERSHIP:

- *New MEC Members at Large and Outgoing Members at Large*
MEC welcomed the new Members at Large who had been nominated by the MEC Nominating Committee and approved by the Medical Staff at the June 2021 Annual Medical Staff Meeting. They are Drs. Roneesha Starr Knight (Emergency Medicine) and Nandini Palaniappa (Anesthesia). Members thanked outgoing Members at Large, Drs. Sumant Ranji and Antonio Gomez, for their outstanding services to MEC.
- *New MEC Guest Members*
The MEC Nominating Committee recommended three new ex-officio positions to MEC – Medical Directors of the following services: (1) Medical and Surgical Services, (2) Critical Care Services, and (3) Perioperative and Procedural services. A request to the Bylaws Committee was made to update MEC membership. In the meantime, MEC welcomed the respective Medical Directors, Drs. Gabe Ortiz, Antonio Gomez, and Laura Lang, as guest members.

The MEC members eagerly anticipate excellent collaborative work and contributions from both new members and guests.

CLINICAL SERVICE REPORT: None

Commissioner Comments:

Commissioner Chow thanked Dr. Winston for the report. He noted that there were no action items this month.

8) OTHER BUSINESS

This item was not discussed.

9) PUBLIC COMMENT

There was no public comment.

10) 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 REPORTS 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 July 2021 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 5:28pm.