1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Laurie Green, M.D.
Commissioner Susan Belinda Christian, J.D.

Staff Present: Gabriel Ortiz, MD, Luke John Day MD, Emma Moore, Emma Perez, Christina Bloom,
James Frieberg, Andrea Turner, Jennifer Boffi, Claire Horton MD, Angelica Journagin, Adrian
Smith, Basil Price, Hemal Kanzaria MD

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

2) APPROVAL OF THE MINUTES OF THE JUNE 27, 2023, ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The ZSFG JCC unanimously approved the minutes.

3) REGULATORY AFFAIRS REPORT
Adrian Smith, Chief Quality Officer, presented the item.

Commissioner Comments:
Commissioner Chow asked for clarification on the Joint Commission Stroke Survey data reporting the number of patients given medication NPO; he noted that the “N” is one individual, but the number of medications is 5. Mr. Smith stated that the data shows a snapshot of patients receiving NPO medications in one day. He noted that ZSFG received a deficiency because of the time it takes to catch up with medication orders.
Commissioner Christian asked for more information regarding the sexual assault reported in June. Mr. Smith stated that ZSFG uses the Joint Commission definition of sexual assault, which describes any unwanted touch by another person. He noted that the victim was treated with no further treatment necessary. The alleged perpetrator was impacted within 24-hours by medications and was no longer deemed a danger.

4) TRUE NORTH: ENSURING ACCESS AND FLOW
Luke Day, M.D., Chief Medical Officer, presented the item.

Commissioner Comments:
Commissioner Christian asked for more information regarding, “Revisiting ED Admission and Consultation Guidelines,” noted on the slide titled, “Additional Interventions Implemented.” Dr. Day stated that currently Emergency Department physicians have the authority to admit patients. However, consults are often ordered, and the consulting physicians often give input into whether the individual should be admitted. This makes the admission decision authority unclear at times. The Committee is working to clarify the admitting authority in the contexts of the consults.

Commissioner Green asked how COVID may have impacted this data and how Laguna Honda Hospital (LHH) reopening may impact the situation and data moving forward. Dr. Day stated that some of the data was collected when only patients with COVID were admitted to the hospital. He noted that LHH will likely reopen with more restrictions about the types of patients that can be sent there. He added that many ZSFG lower level of care patients need skilled nursing services.

Commissioner Green noted that current efforts by Mayor Breen to increase housing and supportive service beds may not immediately impact the reduction of lower level of care patients at ZSFG. Dr. Day confirmed that this statement is correct.

Commissioner Chow asked for information regarding the average stay for lower level of care acute patients. Dr. Day stated that 9 days is the average stay for all lower level of care patients at ZSFG.

Commissioner Chow asked if ZSFG reviews length of stay for acute patients. Dr. Day stated that the average time of acute patients is slightly increasing. This may be due to care teams being busy admitting and discharging patients at the same time.

Commissioner Green noted that at CPMC, patient length of stay on the weekends is impacted because weekend physicians do not know patients. Dr. Day stated that there are almost double the number of patient discharges during the week versus the weekends. He noted this is due to many factors including that many facilities do not admit new patients on weekends; relevant businesses are also closed so there are fewer referral resources open and available on the weekends.
When ZSFG’s Building 5 was first built in the 1970s, the hospital didn’t have a computer network yet. All of the hospital’s information technology systems have been added and adapted over the decades – and we are nearing capacity. Enter the IT Infrastructure Project.

As part of ongoing campus improvements projects supported by the 2016 Public Health and Safety Bond, the Capital Projects Team is literally putting the pieces into place so that ZSFG’s IT capacity can be improved and expanded. Servers and networking equipment can overheat without the proper cooling system to serve the Individual Distribution Frame (IDF) rooms. Last May the team, in partnership with the Department of Public Works, installed two large, 70-ton chillers and three pumps, which will provide chilled water and, subsequently, cooled air to Building 5. Over time, the IT network team will migrate existing equipment and install new equipment to these properly designed, constructed and cooled IDF rooms.

2. Pride Hall Relocation

UCSF research, academic, and administrative programs began relocation to UCSF Pride Hall in July. UCSF Real Estate is working with ZSFG operations to minimize disruptions to hospital operations during the relocation. Our 150-year partnership with UCSF is essential for the clinical, research, and medical advancement we offer to better serve our community.

2. Electronic Consent Pilot Program

ZSFG is piloting the use of electronic consents, starting with patients undergoing a surgery/procedure. Beginning June 14th, staff and patients will have the option of utilizing Epic and iPads located in the Preop/OR areas and the ED to sign surgical, anesthesia, and blood consent forms. Please note that the content of the form remains the same, paper consent forms will still be available, and existing consent forms will still be valid. ZSFG will expand electronic consents to Labor and Delivery, Medical-Surgical, ICU, Skilled Nursing, and Inpatient Psychiatry units in July. At ZSFG, we are excited to continue to expand our use of technology to improve care and quality throughout the patient experience.
EQUITY

3. Moving Forward with PRIDE

This year’s Pride theme of “Looking Back and Moving Forward” reminded us of how far we have come and it’s an opportunity to look ahead.

ZSFG has been at the forefront of providing exceptional care to the LGBTQIA+ community. At the onset of the AIDS epidemic, in 1983, our nurses took the lead in caring for AIDS patients by establishing Wards 86 and 5B. During a time riddled with misinformation and bias, ZSFG’s commitment to providing a human touch and compassionate care to those suffering from a devastating disease made a significant impact to the people we serve. Our actions paved the way for other hospitals to follow suit, opening their own AIDS patient wards. Today, we continue to provide top-notch care to individuals seeking treatment for HIV infections or preventative drugs such as PrEP.

More recently, our hospital took proactive measures to combat the Mpx epidemic, which disproportionately affected the LGBTQIA+ community. We ensured that tens of thousands of at-risk San Franciscans received Mpx vaccines. To prioritize equity, a third of these vaccines were reserved for BIPOC community members. In just three months, thanks to our dedicated staff, our city’s cases went down to nearly zero.

Looking ahead, our hospital remains committed to leading the way in providing the best standard of care for LGBTQIA+ individuals. Just last year, the Human Rights Campaign awarded us a top score and designation as an LGBTQ+ Healthcare Equality Leader in 2022. That means we are a national leader in the equitable and inclusive care for LGBTQ+ patients and their families.

DEVELOPING OUR PEOPLE

4. ZSFG Healthcare Recognitions

This past month, ZSFG celebrated the following healthcare recognitions in honor of our staff and the incredible work they do every single day!

Trauma Awareness Month

As part of June’s Trauma Awareness Month, we celebrated our Trauma Nurse Practitioners who have provided care to the injured and vulnerable surgical populations admitted to the ZSFG Trauma Service. This mighty team of 9, work closely with our Trauma Surgery Attendings, Fellows and Residents to provide compassionate trauma informed care to our patients & families. After experiencing a traumatic incident in the City, a patient is likely to be transported to San Francisco’s only Level 1 Trauma Center at ZSF’s emergency department, which is equipped to have services ready right away. From care in the Emergency Department, in the ICU, followed by ongoing care in the hospital or rehab to care coordination and follow up clinics, our Trauma Nurse Practitioner is at the bedside of the trauma patient providing care each step of the way.
“Trauma is a team sport,” shares Vagn Petersen, administrative team lead and 20-year veteran with ZSFG. “Trauma care is never just one individual. It’s literally a team from beginning to end. As advanced Nurse Practitioners, we provide continuity from beginning to end from all staff.”

**Alzheimers and Brain Awareness Month**

Annelie Nilson, RN, CNS, is a Clinical Nurse Specialist with our Acute Care for the Elders (ACE) unit here at ZSFG. She was a recent panelist at the AgIn “Creature Comforts” event at Ruth’s Table hosted by “At Home with Growing Older” – a forum, network and resource for the challenges of an aging society – where she shared some of the innovative programs we have available for our elderly patients here at ZSFG to a full house of over 70 participants.

As a certified “Senior Friendly Facility,” Annelie and her team have been working on ways to make hospital stays even more comfortable at ZSFG. She and her team provide care to elderly patients to try to prevent functional decline by mobilizing patients and preventing delirium. Aside from providing compassionate care - she also tries to go outside the box. “Often giving a little extra can go a long way.”

---

**DEVELOPING OUR PEOPLE**

### 5. New ZSFG Leadership

#### Dr. Hemal Kanzaria is Chief of Performance Excellence

Hemal Kanzaria, MD, MSc, is our new ZSFG Chief of Performance Excellence, as of July 1, 2023. As the Chief of Performance Excellence, Hemal will be a member of the ZSFG Executive Team and work with our team, the Kaizen Promotion Office (KPO), our colleagues in the SFDPH to develop and implement our strategic True North goals.

Hemal is an accomplished and talented member of our ZSFG family. He is an Associate Professor of Emergency Medicine and has been serving as our Medical Director of Care Coordination. He has a robust research portfolio and his research focuses on patient engagement, health-related social needs and health care delivery system transformation, and volunteers as a San Francisco General Hospital Board of Directors member.

#### Dr. Gabriel Ortiz our new Chief of Staff

ZSFG is excited to have Gabriel Ortiz, MD, PhD, join our leadership team as the Chief of Staff. Gabe is an Associate Clinical Professor at UCSF and a hospitalist at Zuckerberg San Francisco General. As the Medical Director of the Medical-Surgical Care Areas, he is focused on quality improvement work to enhance the care delivered to the vulnerable communities served by ZSFG. He is deeply engaged in applying Toyota’s LEAN production and LEAN daily management systems as tools for achieving healthcare systems transformation. Gabe is also engaged in the implementation and optimization of Epic, the enterprise EHR at ZSFG.
QUALITY

Emergency Department Activities

Average Daily Volume

Average Daily Admissions

MTD Average Daily Volume

Prior FY Baseline

MTD Average Daily Admissions

Prior FY Baseline
QUALITY

Urgent Care Clinic Activities

**Average Daily UCC Encounters**

- Series 1
- Series 2

**Average Daily Transfers from ED to UCC**

- MTD Average Daily Transfers
- Prior FY Baseline
Average Daily Transfers from UCC to ED

QUALITY

Psychiatric Emergency Services Activities
**Average Daily PES Encounters**

#### # of Encounters

<table>
<thead>
<tr>
<th>Month</th>
<th>Jul 21</th>
<th>Aug 21</th>
<th>Sep 21</th>
<th>Oct 21</th>
<th>Nov 21</th>
<th>Dec 21</th>
<th>Jan 22</th>
<th>Feb 22</th>
<th>Mar 22</th>
<th>Apr 22</th>
<th>May 22</th>
<th>Jun 22</th>
</tr>
</thead>
</table>

**Average Daily Encounters**

**Prior FY Baseline**

---

**Average Daily Admissions to Inpatient Psych (7B & 7C)**

#### # of Admitted Patients

<table>
<thead>
<tr>
<th>Month</th>
<th>Jul 21</th>
<th>Aug 21</th>
<th>Sep 21</th>
<th>Oct 21</th>
<th>Nov 21</th>
<th>Dec 21</th>
<th>Jan 22</th>
<th>Feb 22</th>
<th>Mar 22</th>
<th>Apr 22</th>
<th>May 22</th>
<th>Jun 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>1.5</td>
<td>1.5</td>
<td>2.3</td>
<td>1.8</td>
<td>1.5</td>
<td>1.0</td>
<td>1.1</td>
<td>1.2</td>
<td>1.4</td>
<td>1.3</td>
<td>1.2</td>
<td>1.4</td>
</tr>
</tbody>
</table>

**Average Daily Admissions**

**Prior FY Baseline**

---
*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 178.47 which is 104.37% of budgeted staffed beds and 96.99% of physical capacity. 37.04% of the Medical/Surgical days were lower level of care days: 9.41% administrative and 27.62% decertified/non-reimbursed days.

**INTENSIVE CARE UNIT (ICU)**

Average Daily Census of ICU was 30.57 which is 109.17% of budgeted staffed beds and 52.7% of physical capacity of the hospital.

**MATERNAL CHILD HEALTH (MCH)**

Average Daily Census of MCH was 31.70 which is 105.67% of budgeted staffed beds and 75.48% of physical capacity of the hospital.

**ACUTE PSYCHIATRY**

Average Daily Census for Psychiatry beds, excluding 7L, was 42.67, which is 96.97% of budgeted staffed beds and 63.68% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.93, which is 84.76% of budgeted staffed beds (n=7) and 49.44% of physical capacity (n=12).

**4A SKILLED NURSING UNIT**

Average Daily Census for our skilled nursing unit was 27.60, which is 98.57% of our budgeted staffed beds and 92.00% of physical capacity.
4A Skilled Nursing Facility Average Daily Census

Average Daily Census


ADC
Budgeted Beds
QUALITY
Lower Level of Care Average Daily Census

Medical Surgical Lower Level of Care Average Daily Census

4A Skilled Nursing Facility Lower Level of Care Average Daily Census
SAFETY

COVID-19 Vaccinations Administered at ZSFG

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

Staff Booster data is currently unavailable.

As of 11/23/22, ZSFG has administered 10,513 staff boosters on campus.
SAFETY

Occupational Health COVID+ Staff Cases*

*Data was unavailable for June.
SAFETY  Occupational Health COVID-19 Staff Management*

*Data was unavailable for June.
Workplace Violence data is currently unavailable post-SAFE system go-live.

*FINANCIAL STEWARDSHIP*

Salary Variance

*Workplace violence data is currently unavailable post-SAFE system go-live.*
*Please note that COVID-19 costs are now a part of ZSFG operations and budget.

**Commissioner Comments:**
Commissioner Chow stated that the data still shows a large amount of workplace violence. He requested a presentation when the data is complete. Commissioner Christian supports this request and would prefer the data to be shared with the ZSFG JCC frequently.

Commissioner Chow stated that when adding the PES and lower level of care patients, the numbers do not seem to add up. He asked for clarification on these data.

6) **ZSFG HIRING AND VACANCY REPORT**
Emma Perez, SFDPH Principal Human Resources Analyst, presented the item.

**Commissioner Comments:**
Commissioner Green noted that the current reports do not provide a clear picture of the use of registry and per diem staff. She stated that the Commissioners hope to better understand whether staffing levels are adequate on various units. Commissioner Chow requested that future reports include data for a rolling year on vacancies, and the use of registry and per diem staff for Med-Surg, Critical Care, Surgery, and the Emergency Department; he added that the reports no longer need to include data going back to 2020.

Ms. Perez stated that when nurse is on leave, there is no vacancy; per diem staff are used for these temporary situations. Christina Bloom, Nursing Director Critical Care, stated that per diems and registry staff make up
approximately 30% of the staff on the Critical Care unit at any time. The goal is to hire permanent full-time staff, but the current workforce hiring environment is very competitive throughout the country.

Commissioner Chow noted concern regarding the change in ZSFG Human Resource Operations Manager. He asked if the vacancy has impact on ZSFG staff recruitment efforts. Ms. Perez stated that the previous ZSFG Human Resources Operations Manager did not stay long in the job due to personal reasons; the selection process for a replacement is underway.

7) MEDICAL STAFF REPORT
Gabriel Ortiz, M.D., Chief of Medical Staff, presented the item.

Commissioner Comments:
Commissioner Chow extended the Commission’s sincere appreciation to Dr. Lisa Winston, outgoing Chief of Staff, for her impactful work in this role. He also welcomes Dr. Ortiz to the role of Chief of Staff and stated that he looks forward to working with him.

Action Taken: The ZSFG JCC unanimously voted to approve the Emergency Medicine Rules and Regulations.

8) OTHER BUSINESS
This issue 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 ZSFG JCC voted unanimously to not disclose discussions held in closed session.
11) **ADJOURNMENT**

The meeting was adjourned at 5:52pm.