**Dan Bernal** President

**Laurie Green, M.D.** Vice President

Edward A. Chow, M.D. Commissioner

**Susan Belinda Christian, J.D.** Commissioner

Cecilia Chung Commissioner

Suzanne Giraudo ED.D Commissioner

**Tessie M. Guillermo** Commissioner

# HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

London N. Breed Mayor Department of Public Health



**Grant Colfax, MD**Director of Health

Mark Morewitz, M.S.W. Executive Secretary

TEL (415) 554-2666 FAX (415) 554-2665

Web Site: http://www.sfdph.org

#### **MINUTES**

JOINT CONFERENCE COMMITTEE FOR ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER Tuesday, January 24, 2023 3:00 p.m. REMOTE MEETING VIA WEBEX EVENT

#### 1) CALL TO ORDER

Present: Commissioner Laurie Green, M.D.

Commissioner Dan Bernal

Excused: Commissioner Edward A. Chow, M.D., Chair

Commissioner Susan Belinda Christian, J.D.

Staff: Susan Ehrlich MD, Lukejohn Day MD, Jeff Critchfield MD, Adrian Smith, Aiyana

Johnson, Andrea Turner, Lisa Winston MD, Basil Price, Emma Perez, Gillian Otway, Jenna Bilinski, Jennifer Boffi, Jim Marks MD, Karrie Johnson, Chris Ross, Kimberlee Walden, Michael Gerchow, Neda Ratanawongsa, Scott DeWolfe, Susan Brajkovic, Tess Marstaller, James Frieberg, Claire Horton MD,

Mary Gray MD,

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

### 2) <u>APPROVAL OF THE MINUTES OF THE NOVEMBER 22, 2022 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING</u>

Action Taken: The Committee unanimously approved the November 22, 2022 meeting minutes.

#### 3) REGULATORY AFFAIRS REPORT

Emma Moore, Director of ZSFG Regulatory Affairs, presented the item.

#### **Commissioner Comments:**

Commissioner Bernal asked if there is data from 2019 or 2020 that indicates how COVID has impacted the decrease in HAPI reported events. Mr. Smith, ZSFG Chief Quality Officer, stated that data collection was not as robust in 2019 and

2020. The backlog of cases increased during the pandemic; many cases had been closed administratively or the issues have been added to future survey work.

Commissioner Green requested completion dates for surveys in future reports.

#### 4) STRATEGIC PLANNING UPDATE

Christopher Ross, Strategic Planning Manager, presented the item.

#### **Commissioner Comments:**

Commissioner Green asked which of these represent new initiatives. Dr. Ehrlich stated that all the measures included in the presentation represent issues that have ZSFG has already worked on previously. She added that what has changed is how these issues have been prioritized for prime focus and strategy. For example, ZSFG worked on fee-for-service issues when only 50% of ZSFG patients were in this category. Now that 100% of ZSFG patients are fee-for-service, there is a prioritized strategic focus. She added that the focus on the safety initiatives included in the presentation was lost during the COVID-19 pandemic; now this is part of a strategic focus with increasing HAPIs.

**5)** <u>ZSFG CHIEF EXECUTIVE OFFICER'S REPORT, NURSING NEWSLETTER ANDEMERGENCY DEPARTMENT NEWSLETTER</u> Susan Ehrlich, Chief Executive Officer, presented the item.

### **SAFETY** 1. COVID-19 Returning Safely Together

San Francisco, similar to 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 these policies and practices:

#### Winter Surge

Throughout December, ZSFG underwent a winter surge due to an early and aggressive flu season, respiratory syncytial virus (RSV), and increasing COVID-19 cases on top of our regular patient volume and difficulty finding lower levels of care for patient discharge. Through this record-breaking volume, ZSFG prioritized the health and safety of our patients, while also taking actions to support staff. The details of our response are as follows:

- H58, our surge med-surg unit, opened and operated at full capacity with 12 to 15 patients;
- H48, our surge ICU unit, opened frequently to ensure patients received critical care quickly;
- The PACU kept more patients following surgery, and was readily available for ICU expansion;
- ZSFG hired nurses through registry staff, and added two additional inpatient teams in order to keep our patients safe and meet state-mandated nursing ratios;
- Elective come-and-stay surgeries/procedures were limited;
- Inpatient teams planned discharges earlier and aimed to discharge patients by 2 p.m. when able;
- 4A accepted patients by 3p.m. and as quickly as possible;
- Holiday gatherings with shared food were limited in order to minimize the spread of respiratory viruses among our staff and guidance around masking and gathering were consistently updated;
- The hospital flow committee, which consists of leaders from all ZSFG operational areas, met weekly to review data, discuss countermeasures and problem solve current flow challenges;
- ZSFG worked with the SF Health Network and DPH to increase the capacity of discharge resources;
- A ZSFG lower level of care team was dedicated to discharging our most complicated patients and worked with our Behavioral Health Services colleagues to ensure our patients had timely access to all available resources;
- ZSFG worked closely with our local regulatory agency, the Emergency Medical Services Agency, to balance keeping the Emergency Department open while managing critical volumes in the ED and the hospital; and
- Staff were asked to maintain healthy behaviors such as obtaining their flu shots and COVID boosters, washing their hands often, masking on campus, and staying home when sick.

### **SAFETY** 2. SAFE System Go Live

On Wednesday, January 4<sup>th</sup>, ZSFG went live with the implementation of the SAFE system, which stands for Safety and Feedback Events. This new system replaces the Unusual Occurrence systems at ZSFG, Ambulatory Care, and Jail Health Services. This is a monumental milestone for the entire Department of Public Health as we can now better identify and measure improvements in quality, safety, and patient experience. In addition, the new system was designed with equity and bias fields, further advancing our mission to improve safety and reduce healthcare disparities for our patients.

Over the past year, the ZSFG Department of Risk Management and Information Technology teams worked tirelessly to make these improvements to advance how the hospital can monitor and track safety. The teams met with key groups across departments to build an advanced software system that serves the needs of both our staff and patients. This project represents a culmination of perseverance, planning, preparation, and hard work, ultimately resulting in an added resource in our ongoing efforts to improve equity and safety.

Our deepest gratitude to the Risk Management and IT teams for all their work in making these necessary improvements and ensuring staff had a smooth transition to the new system.

## CARE EXPERIENCE

#### 3. Palliative Care Team Returns

In mid-November our Palliative Care services returned to ZSFG under the expert and compassionate leadership of Dr. Sandra Moody, our new Palliative Director. The service now offers consults to patients and their families and loved ones in both the ICU and our medical-surgical units.

Palliative Care is a critical resource at ZSFG for any patient living with a serious illness at any stage. The ZSFG Palliative Care Service provides whole person care that relieves suffering and promotes wellbeing. Our Palliative Care Team meets patients where they are in order to see, hear and honor them. Palliative care embodies both the art of medicine and the science of medicine; it is the intersection of the physical, spiritual, psychological, and social wellbeing.

In addition to improving our patients' quality of life and helping with symptoms, palliative care can help patients understand their choices for medical treatment by helping to relieve pain and other distressing symptoms while incorporating psychological, spiritual, and emotional care.

Our interdisciplinary palliative care team provides person-centered care that is equitable and of the highest quality. They provide a listening ear, emotional and spiritual support, and responsiveness to concerns. By its nature, it is a collaborative specialty and aims to provide a healing and safe environment for patients during one of the most vulnerable periods of a person's life, in collaboration with primary care teams. The service also supports the staff who carry out the patient's medical care by advising about the overall approach to medical care, including making recommendations to start or stop specific medications that can improve or detract from the patient's quality of life.

Many thanks to the entire team, which includes physicians, nurse practitioners, social and behavioral health specialists, and our spiritual care team (pictured below).



## DEVELOPING OUR PEOPLE

### 4. ZSFG Holiday Celebrations

ZSFG celebrated this past holiday season in many incredible ways!

The lobby held beautiful Christmas tree and the mezzanine displayed Kwanzaa and Hanukkah décor (below). Additionally, the Maternal and Child Ward hosted a Gingerbread Decoration Contest. The winning houses were displayed in Building 25, Mezzanine area (below). Congratulations to the winners: Best Overall Gingerbread House - H24 NICU, Most Delicious Gingerbread House - H26 Pediatrics, Most Humorous House - H22/25 Birth Center, and Most Unusual House - H22/25 Birth Center.





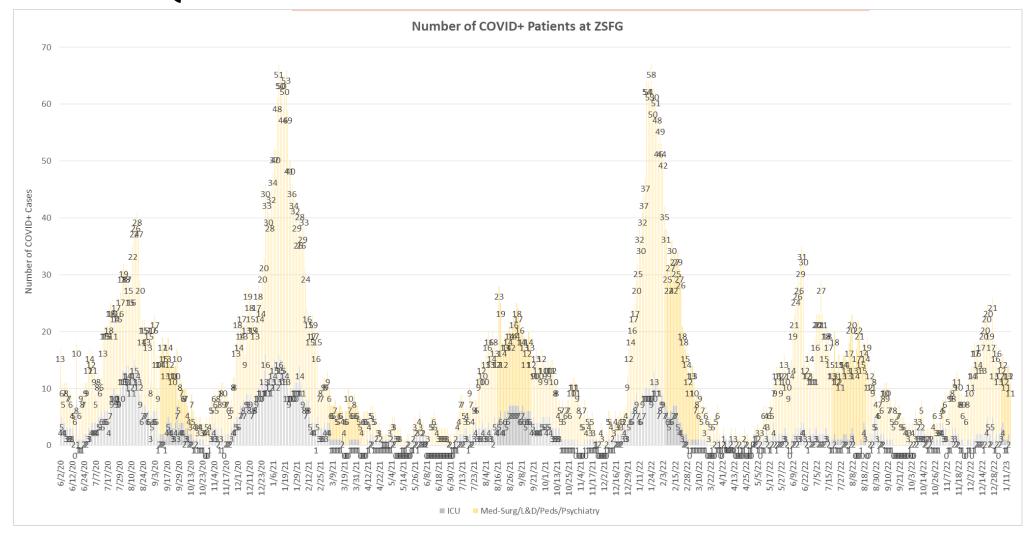
Further, the Annual Dudley Perkins Toy Run retuned this year! San Francisco Harley-Davidson riders delivered toys for ZSFG's pediatric patients from 10:30 a.m. to 11 a.m. on Saturday, December 10<sup>th</sup>. The Toy Run began 38 years ago by Thomas Perkins who was brought to ZSFG after an accident. Never forgetting the care he received, he organized a ride to ZSFG with toy donations in tow. Since his passing, the legacy continues with the annual toy run. San Francisco Harley-Davidson is grateful to first responders and doctors who save the lives of those they love out on the road.



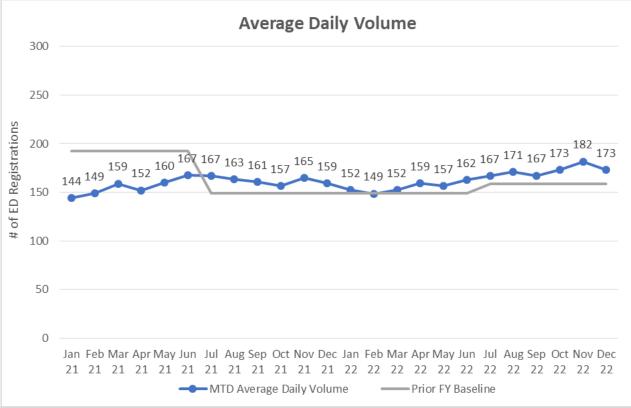


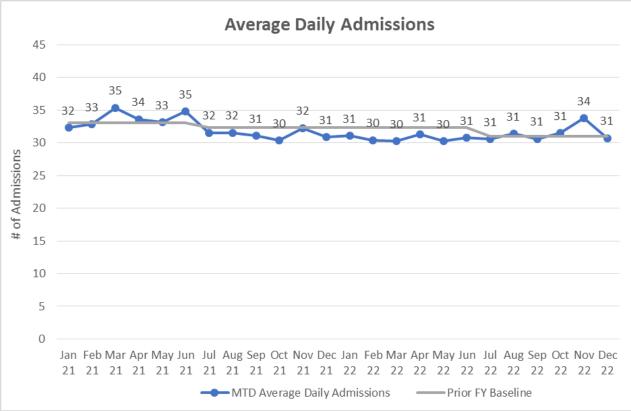
Finally, the Wellness Center hosted a Random Acts of Kindness campaign throughout the month of December (left). Every day throughout December, the Wellness Center provided different acts of kindness that staff could perform, such as picking up a piece of trash, donating a gift to someone in need, volunteering, and many more. They also hosted different events such as a wellbeing pop-up and treat giveaway. Many thanks to the Wellness Center for hosting another month of gratitude and celebrations.

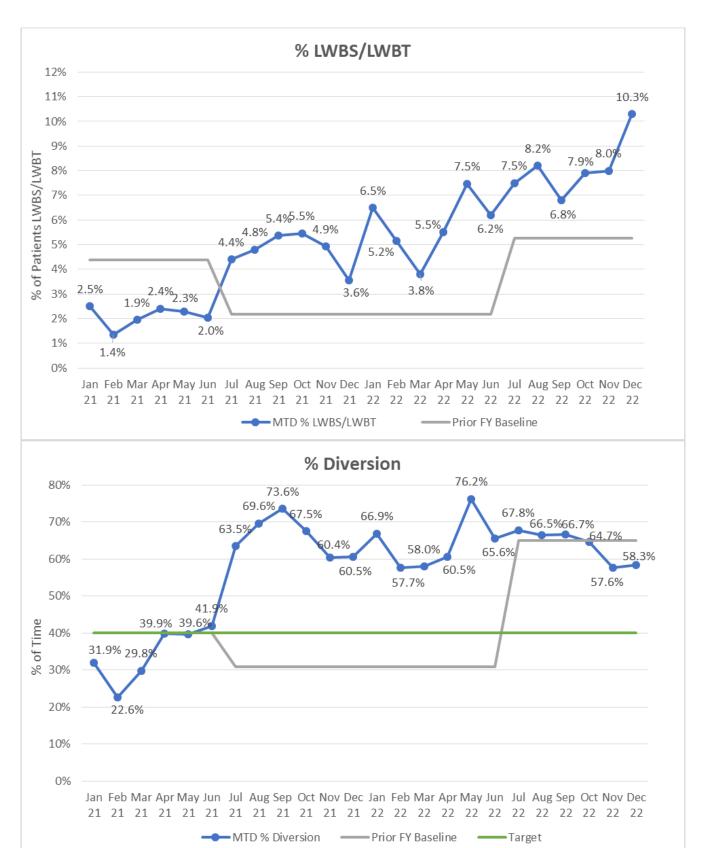
### **QUALITY** ZSFG COVID+ Patients



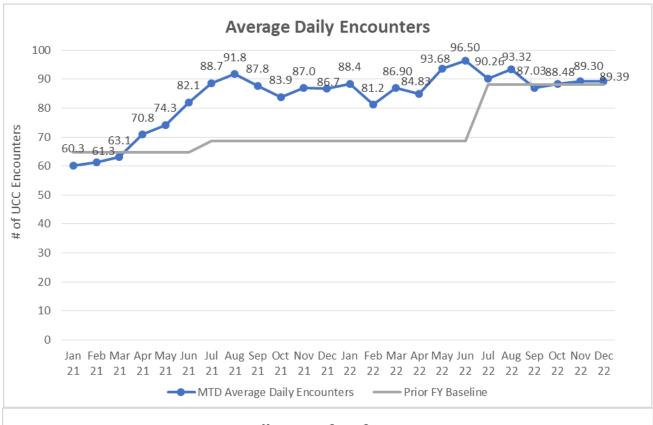
### **QUALITY** Emergency Department Activities

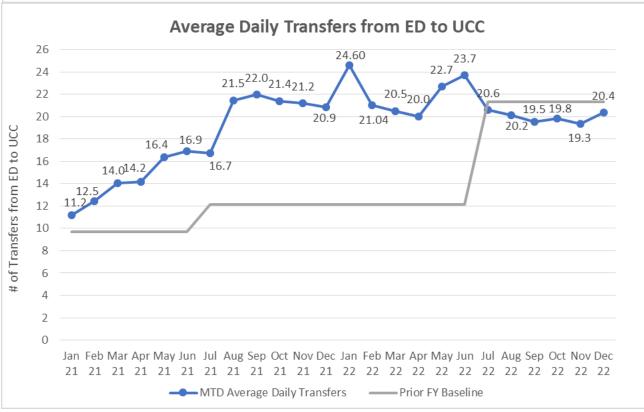


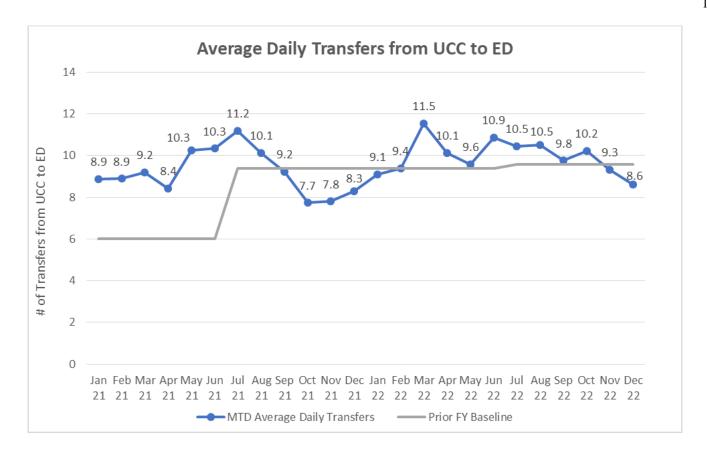




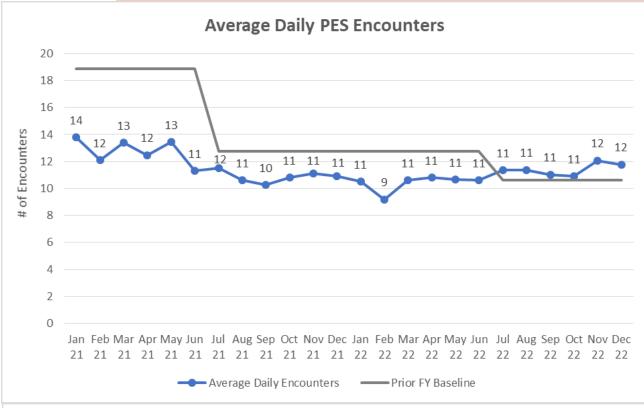
## **QUALITY** Urgent Care Clinic Activities

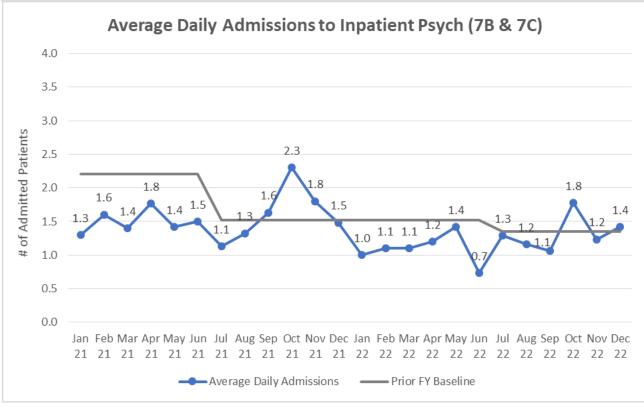


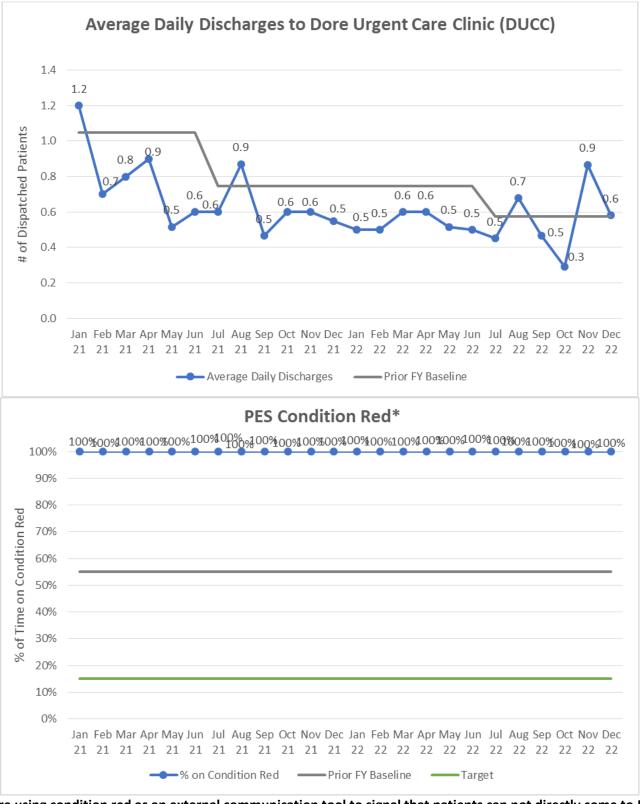




### **QUALITY** Psychiatric Emergency Services Activities







<sup>\*</sup>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 200.13 which is 128.29% of budgeted staffed beds and 111.80% of physical capacity. 32.59% of the Medical/Surgical days were lower level of care days: 9.07% administrative and 23.52% decertified/non-reimbursed days.

#### **INTENSIVE CARE UNIT (ICU)**

Average Daily Census of ICU was 37.45 which is 133.76% of budgeted staffed beds and 64.57% of physical capacity of the hospital.

#### MATERNAL CHILD HEALTH (MCH)

Average Daily Census of MCH was 23.42 which is 78.06% of budgeted staffed beds and 55.76% of physical capacity of the hospital.

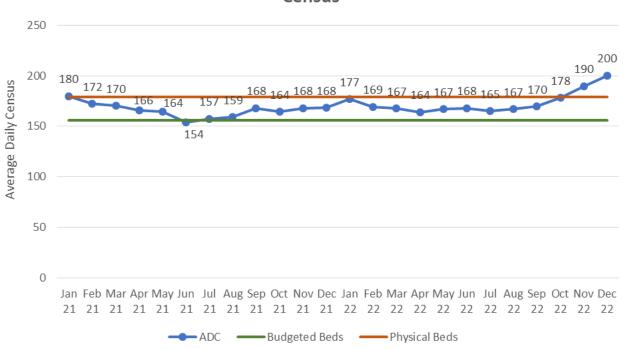
#### **ACUTE PSYCHIATRY**

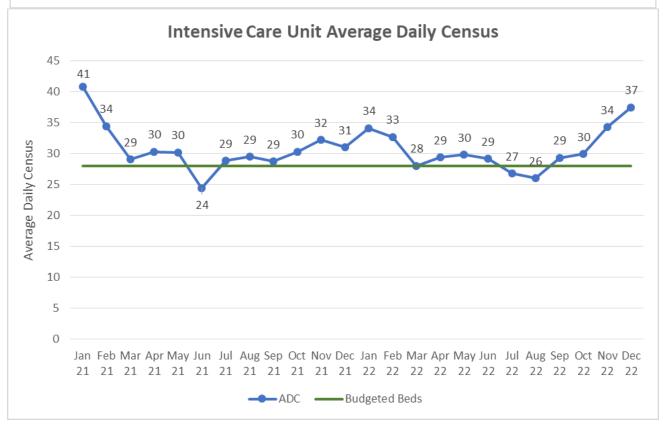
Average Daily Census for Psychiatry beds, excluding 7L, was 39.74, which is 90.32% of budgeted staffed beds and 59.32% of physical capacity (7B & 7C). Average Daily Census for 7L was 6.03, which is 86.18% of budgeted staffed beds (n=7) and 50.27% of physical capacity (n=12). Utilization Review data shows 78.57% non-acute days (31.74% administrative and 46.83% non-reimbursed).

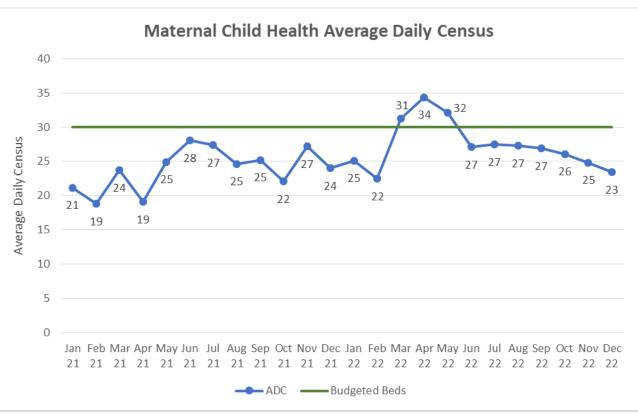
#### **4A SKILLED NURSING UNIT**

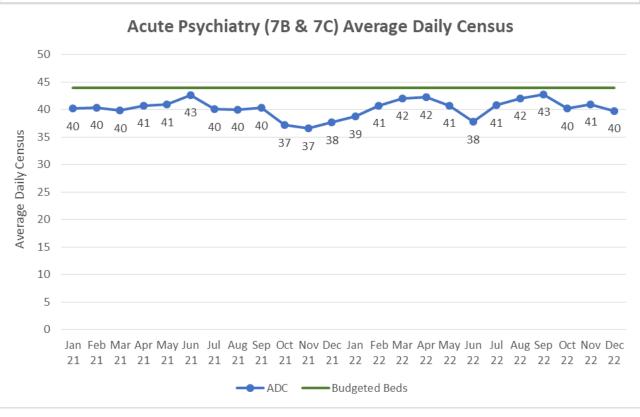
Average Daily Census for our skilled nursing unit was 29.52, which is 105.41% of our budgeted staffed beds and 98.39% of physical capacity.

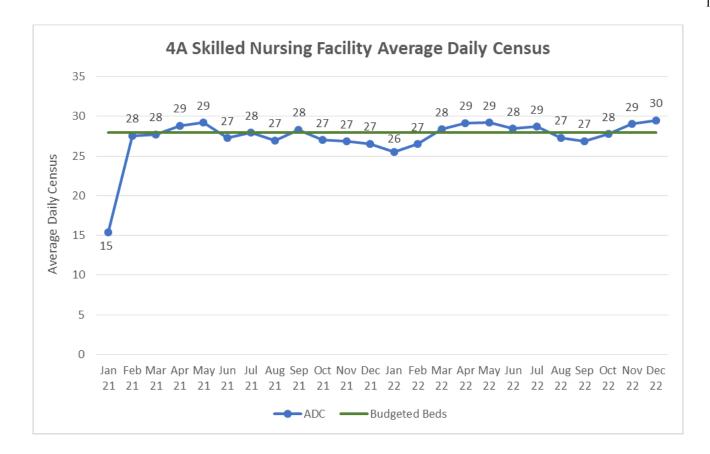
### Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census



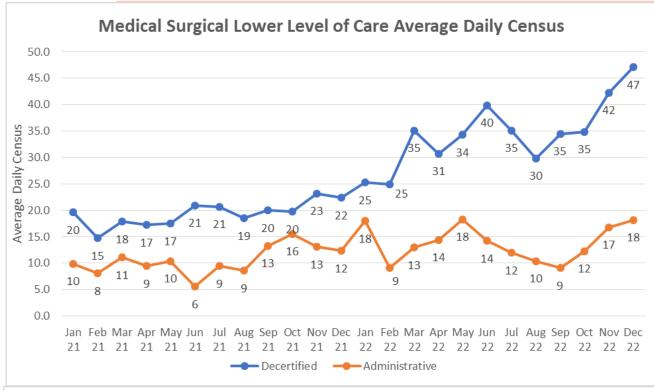


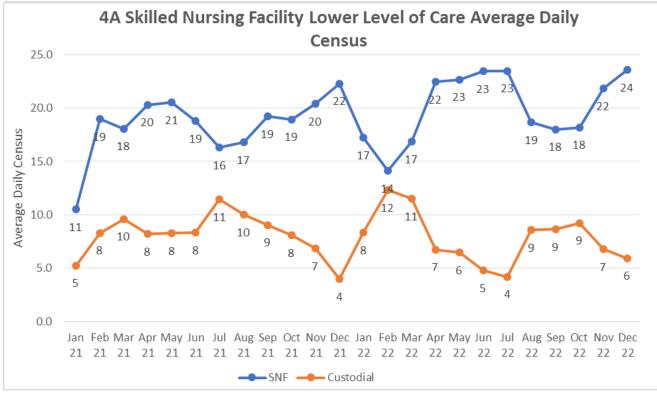


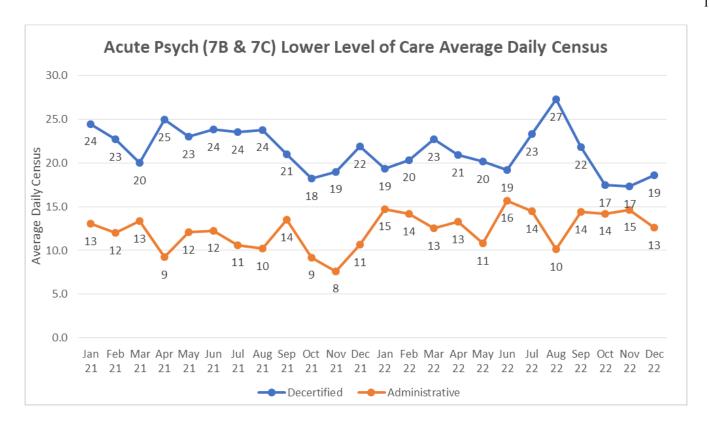




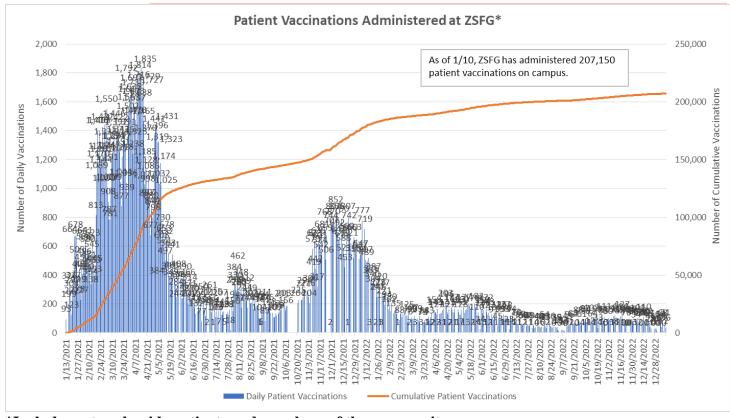
### **QUALITY** Lower Level of Care Average Daily Census



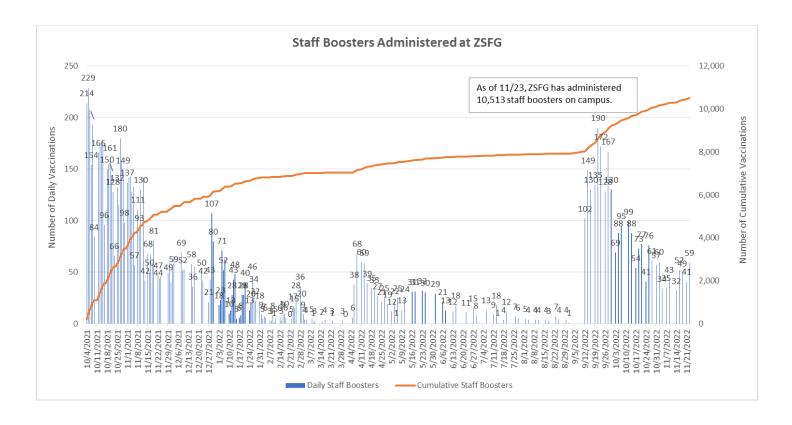




### **SAFETY** COVID-19 Vaccinations Administered at ZSFG

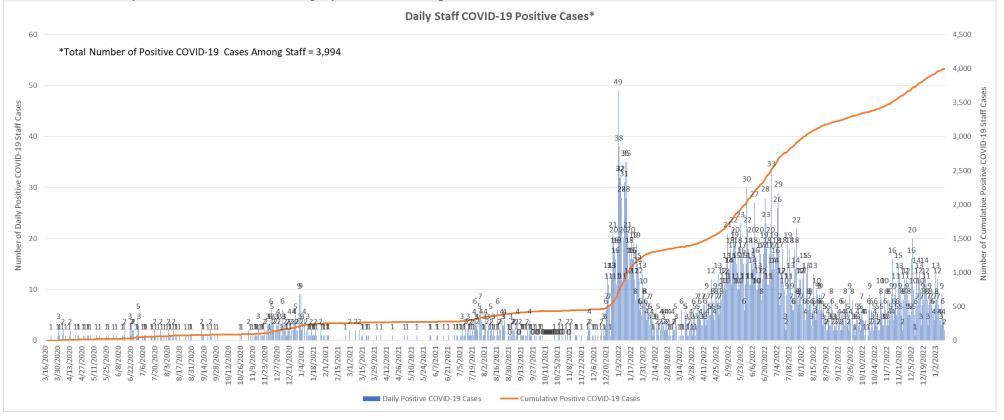


\*Includes network-wide patients and members of the community.

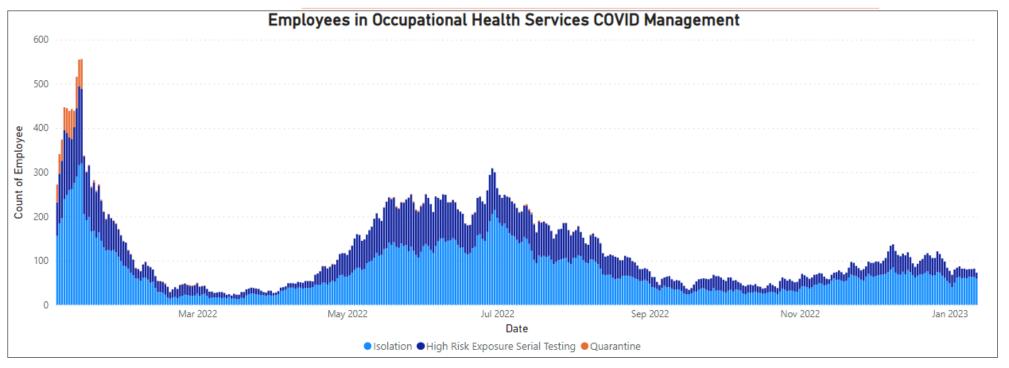


### **SAFETY** Occupational Health COVID+ Staff Cases

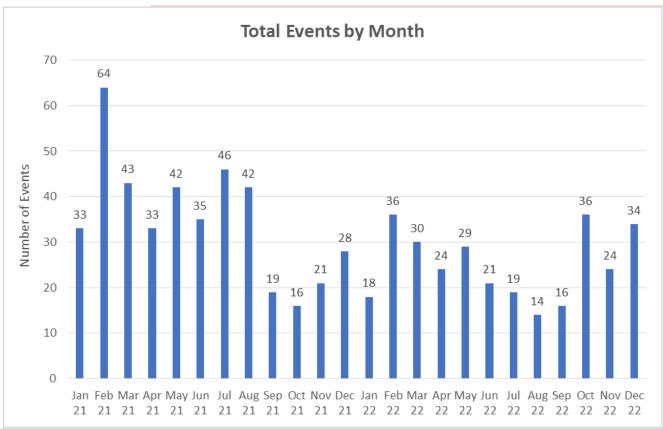
As of January 13, 2023, 3,994 ZSFG employees have tested positive for COVID-19.

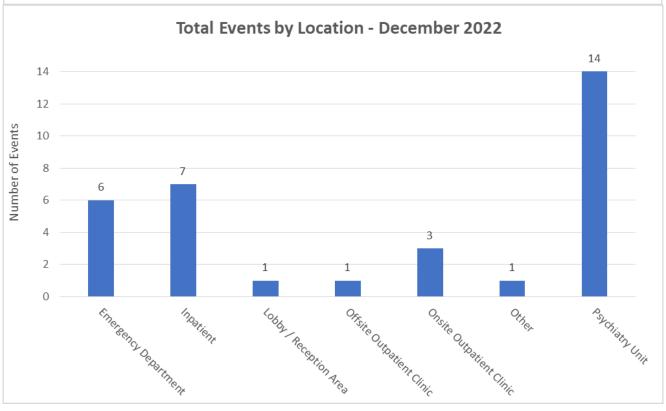


### **SAFETY** Occupational Health COVID-19 Staff Management



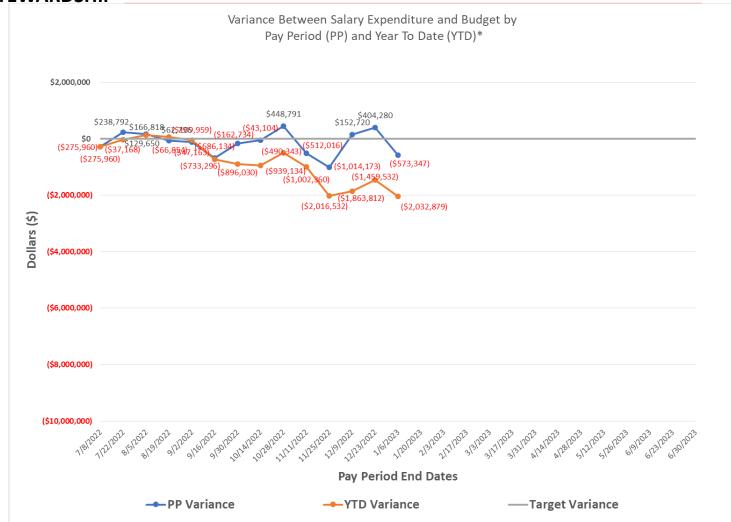
### **SAFETY** Workplace Violence Activity





## FINANCIAL STEWARDSHIP

### Salary Variance



<sup>\*</sup>Please note that COVID-19 costs are now a part of ZSFG operations and budget.

#### **Commissioner Comments:**

Commissioner Bernal asked if COVID impacted the census. Dr. Ehrlich stated that there were very low volumes of patients in the Emergency Department in the early part of the pandemic because many people delayed necessary care, which has impacted the severity of many patients' issues.

Commissioner Green asked if elective procedures are fully back at ZSFG. Dr. Ehrlich stated that due to census issues, some elective procedures at ZSFG have been delayed. The perioperative and surgical teams work together to determine which of the elective procedures can move forward.

#### 6) ZSFG HIRING AND VACANCY REPORT

Tara Stevens, Interim HR Operations Manager, DPH Human Resources, presented the item.

#### **Commissioner Comments:**

Commissioner Bernal asked how the current vacancies are impacting existing staff. Ms. Johnson stated that staff morale and stress levels are being impacted. ZSFG administration have had to mandate overtime and request that staff work beyond their shifts to ensure adequate coverage. She noted that ZSFG continues to work closely with Human Resources to expedite hiring of permanent staff; per diem and registry nurses continue to be used too.

Commissioner Green noted that it has been a while since ZSFG staff have provided public comment about staffing issues and working conditions. Gillian Otway, ZSFG Nursing Administration, stated that ZSFG administrators continue to work closely with the unions. Dr. Critchfield, ZSFG Chief Medical Experience Officer, stated that staff continue to experience stress and burnout; ZSFG administration continues to focus on staff safety and staff injury rates.

#### 7) MEDICAL STAFF REPORT

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

<u>Action Taken</u>: The ZSFG JCC unanimously recommended that the full Health Commission approved the following items:

- Radiology Rules and Regulations
- Dermatology Rules and Regulations
- Medicine Standardized Procedures Revision

#### 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) <u>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.</u>

#### **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 to not disclosed discussions held in closed session.

#### 11) ADJOURNMENT

The meeting was adjourned at 5:18pm.