File No. 200030 Committee Item No. 3
Board Item No. 11

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Government Audit and Oversight **Date:** March 4, 2020
Board of Supervisors Meeting: **Date:** March 17, 2020

Cmte	Board	
☐	☐	Motion
☒	☒	Resolution
☐	☐	Ordinance
☐	☐	Legislative Digest
☐	☐	Budget and Legislative Analyst Report
☐	☐	Youth Commission Report
☒	☒	Introduction Form
☐	☐	Department/Agency Cover Letter and/or Report
☐	☐	MOU
☐	☐	Grant Information Form
☐	☐	Grant Budget
☐	☐	Subcontract Budget
☐	☐	Contract/Agreement
☐	☐	Form 126 – Ethics Commission
☐	☐	Award Letter
☐	☐	Application
☐	☒	Public Correspondence

OTHER

☒	☒	Referral FYI – January 15, 2020
☐	☒	General Hospital – DPH Presentation – March 5, 2020
☐	☒	DHR Presentation – March 5, 2020
☐	☒	SEIU Local 1021 Presentation – March 5, 2020
☐	☒	DPH Presentation – March 5, 2020

Prepared by: John Carroll **Date:** February 28, 2020
Prepared by: John Carroll **Date:** March 11, 2020

FILE NO. 200030 RESOLUTION NO.

[Urging the Department of Public Health to Respond to Concerns and Demands of the Zuckerberg San Francisco General Hospital Registered Nurses]

Resolution urging the administrative staff of the Department of Public Health to include frontline Registered Nurses and Resident Physicians in their decision-making process; to implement, to the extent possible, an expedited hiring process to less than 90-days from receipt of application; to cease supplementing staffing requirements with Contract Registered Nurses by implementing, to the extent possible, a ceiling of 5% or less of total staff; to provide annual violence prevention and disaster-preparedness training for all staff; and to support its bilingual staff.

WHEREAS, Registered Nurses at the Zuckerberg San Francisco General Hospital ("ZSFGH" or "Hospital") and the Department of Public Health ("DPH" or "Department") have been engaged in a years-long disagreement with ZSFGH and the Department over issues relating to staffing and increased workloads; and

WHEREAS, San Francisco is a global city with many languages spoken and, as such, Registered Nurses and ancillary staff who are bilingual should be supported by the Hospital and the Department; and

WHEREAS, Registered Nurses have expressed concern over the percentage of hours in the Hospital being performed by Contract Registered Nurses; and

WHEREAS, The Nurse Staffing and Hiring Side Letter agreed to between the City and County of San Francisco and the Registered Nurses' union, the Service International Employees Union Local 1021 ("S.E.I.U. Local 1021"), states that the city "will work with the Department of Human Resources to identify and prioritize filling budgeted, approved nurse vacancies. Actions may include, but shall not be limited to, immediately identifying and remediating sources of delays in hiring"; and

WHEREAS, In late 2019, over 530 Resident doctors and medical professionals from the Committee of Interns and Residents ("CIR"), a local of Service Employees International Union ("S.E.I.U."), at ZSFGH signed a petition demanding that the Hospital's administration prioritize patient care and increase staffing at all levels; and

WHEREAS, The Board of Supervisors urges the Hospital to respond to these concerns and demands; now, therefore, be it

RESOLVED, That the Board of Supervisors urges the ZSFGH, to the extent possible, to implement a policy that expedites the hiring of Registered Nurses to less than 90 days from receipt of any application; and, be it

FURTHER RESOLVED, That the Board of Supervisors urges the Hospital to provide annual violence prevention training appropriate for the needs of the population served by CalOsha regulations and disaster-preparedness training for all staff; and, be it

FURTHER RESOLVED, That the Board of Supervisors urges the Hospital and the Department to support its bilingual staff at all levels by removing obstacles that hinder this need; and, be it

FURTHER RESOLVED, That the Board of Supervisors urges the Hospital to implement, to the extent possible, a ceiling of 5% of total union covered employees for Contract Registered Nurses so that these temporary staffers not exceed regular staff at each shift on a daily basis; and, be it

FURTHER RESOLVED, That the Board of Supervisors urges the administrative staff at the ZSFGH and the Department to include frontline Registered Nurses and Resident Physicians in the dialogue on advisory and planning committees and boards, including, but not limited to, the Health Commission and Joint Conference committees; and, be it

FURTHER RESOLVED, That the Board of Supervisors urges the ZSFGH to increase hiring of Nurse Practitioner and Physician staff based on a staffing plan that meets the current patient needs and reduces resident work hours; and, be it

FURTHER RESOLVED, That the Board of Supervisors urges the Department of Public Health to illustrate how each of its departments' existing staffing plan is aligned with the California Code of Regulations by current population and department census needs; and, be it

FURTHER RESOLVED, That the Board of Supervisors is willing to make any legislative changes to assist the ZSFGH implement, to the extent possible, any or all of the above-noted recommendations; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby directs the Clerk of the Board to forward copies of this Resolution to the respective administrative staff of the Department of Public Health, the ZSFGH, Laguna Honda Hospital, Behavioral Health Centers, Jail Health Services and Clinics.

ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

EMERGENCY DEPARTMENT & ZSFG UPDATE

3/5/2020

San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Department
of Public Health

1011

CONCERNS

1. Staffing
2. Safety
3. Flow

1012

NURSE STAFFING

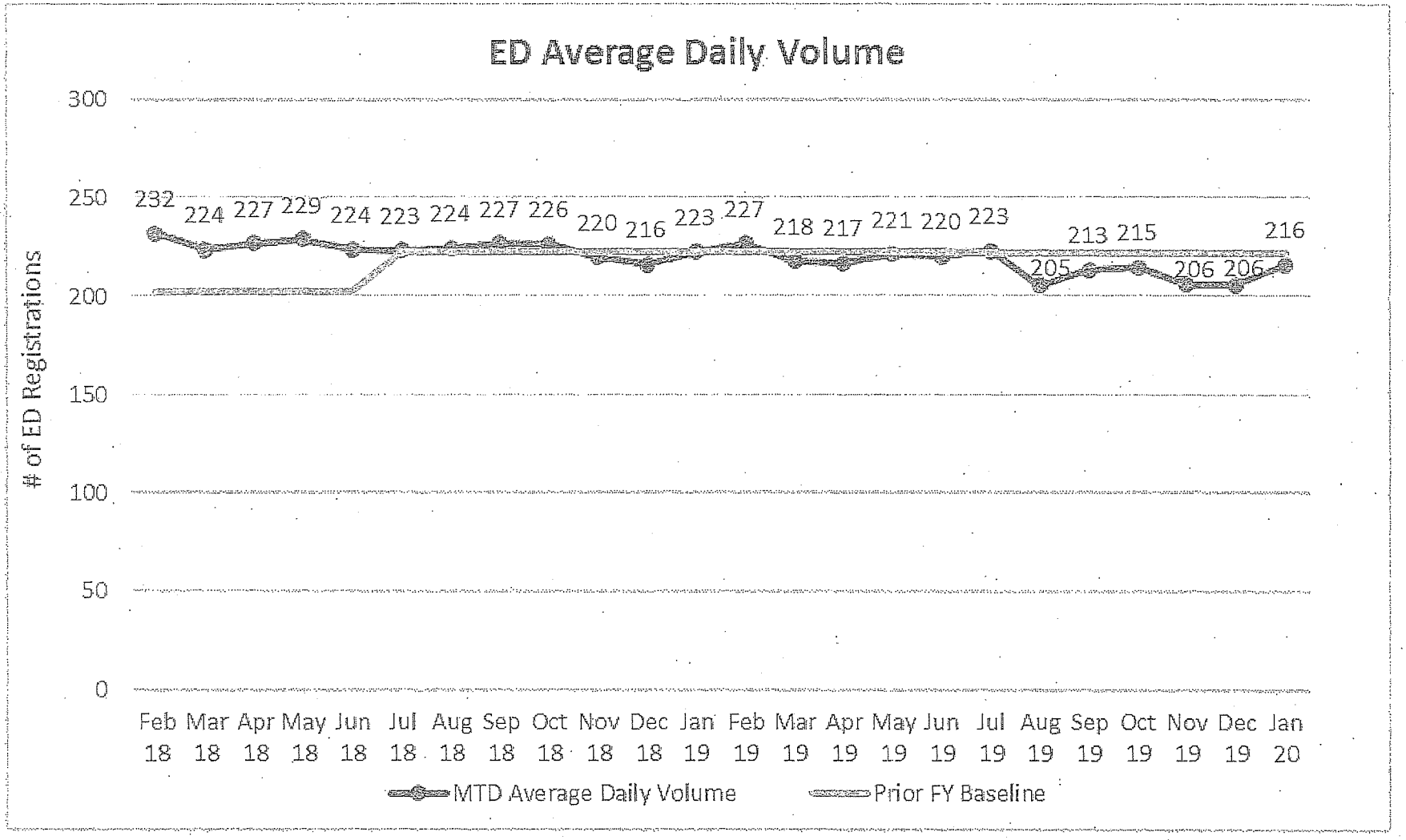
- Nurses are at the core of our service, making up about 30% of our team hospital-wide.
- We have 877.6 FTE budgeted nurses hospital-wide.
- Leaves, modified duty and vacancies impact staffing.
- 19.5% of budgeted FTEs are vacant or on a leave, about half of these are vacancies.
- Training programs impact staffing, training as many as 72 RNs per year. Programs last 6 -12 weeks
- In order to serve our patients, we make up vacancies with temporary staff, registry and overtime.

1013

EMERGENCY DEPARTMENT

- ED visit volume has been relatively flat since January, 2018
- Since 2014, we've budgeted 33 additional nursing positions.
- Currently, vacancies, leaves and modified duty in the ED make up 17.2% of the total staffing.
- ED runs 4 training programs per year, training up to 40 RNs.

1014


ED Average Daily Volume
# of ED Registrations
300
250
200
150
100
50
0
232 224 227 229 224 223 224 227 226 220 216 223 227 218 217 221 220 223 213 215 205 206 206 216
Feb 18 Mar 18 Apr 18 May 18 Jun 18 Jul 18 Aug 18 Sep 18 Oct 18 Nov 18 Dec 18 Jan 19 Feb 19 Mar 19 Apr 19 May 19 Jun 19 Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20
MTD Average Daily Volume
Prior FY Baseline

EMERGENCY DEPARTMENT

Position Type	Budgeted FTE	Vacancies, Leaves, and Modified Duty	P103/ Temp, Registry, and OT
RN (2320)	144.1	24.9	47.1
RN Manager (2322)	3	0	0
Clinical Nurse Specialist (2323)	2	1	0
Nurse Supervisor (2324)	1	0	0
Nurse Practitioner (2328)	23.38	.9	2.98

RN: Vacancies = 19.5; Leaves = 9.8; Modified = 0.6

1016

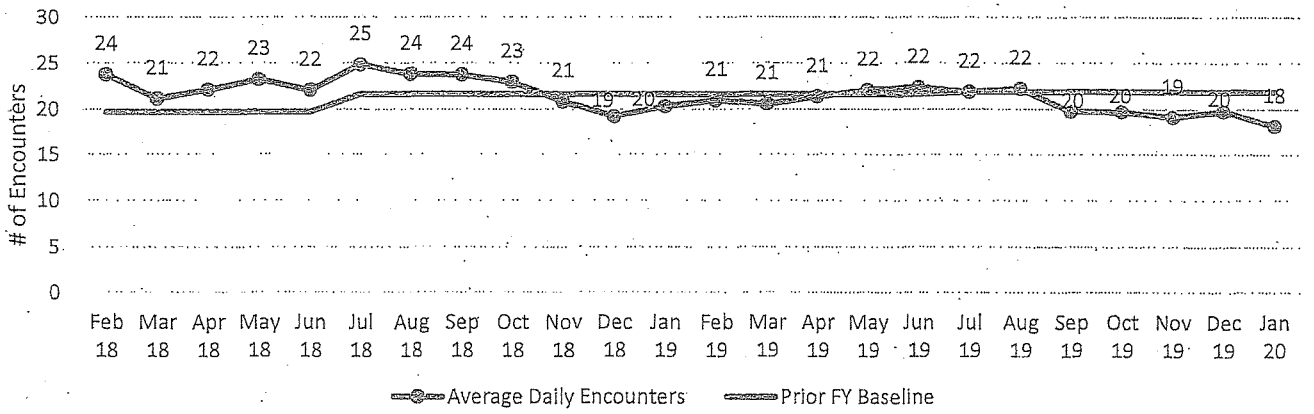
PSYCHIATRY

- Vacancies, leaves and modified duty in Psych make up 22.8% of the total staffing.
- Leaves make up a higher proportion of vacancies in psychiatry than in other areas – about 60%.

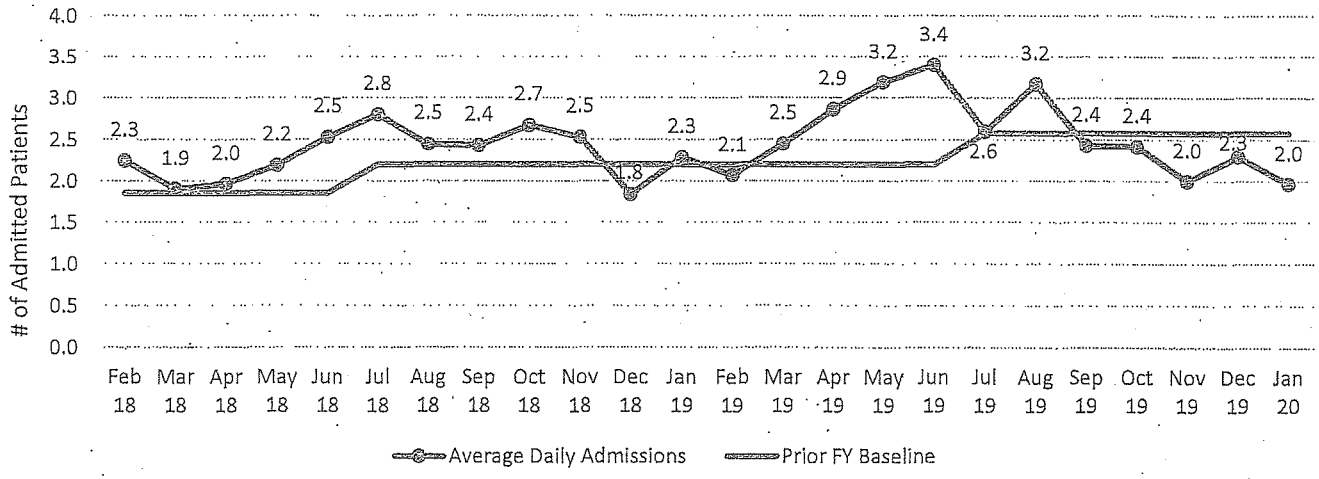
1017

PSYCH

Average Daily PES Encounters



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



1018

PSYCH

Position Type	Budgeted FTE	Vacancies, Leaves, and Modified Duty	P103/ TempN, Registry, and OT
RN (2320)	80.4	18.3	24.3
RN Manager (2322)	3	0	0
Clinical Nurse Specialist (2323)	1	0	0

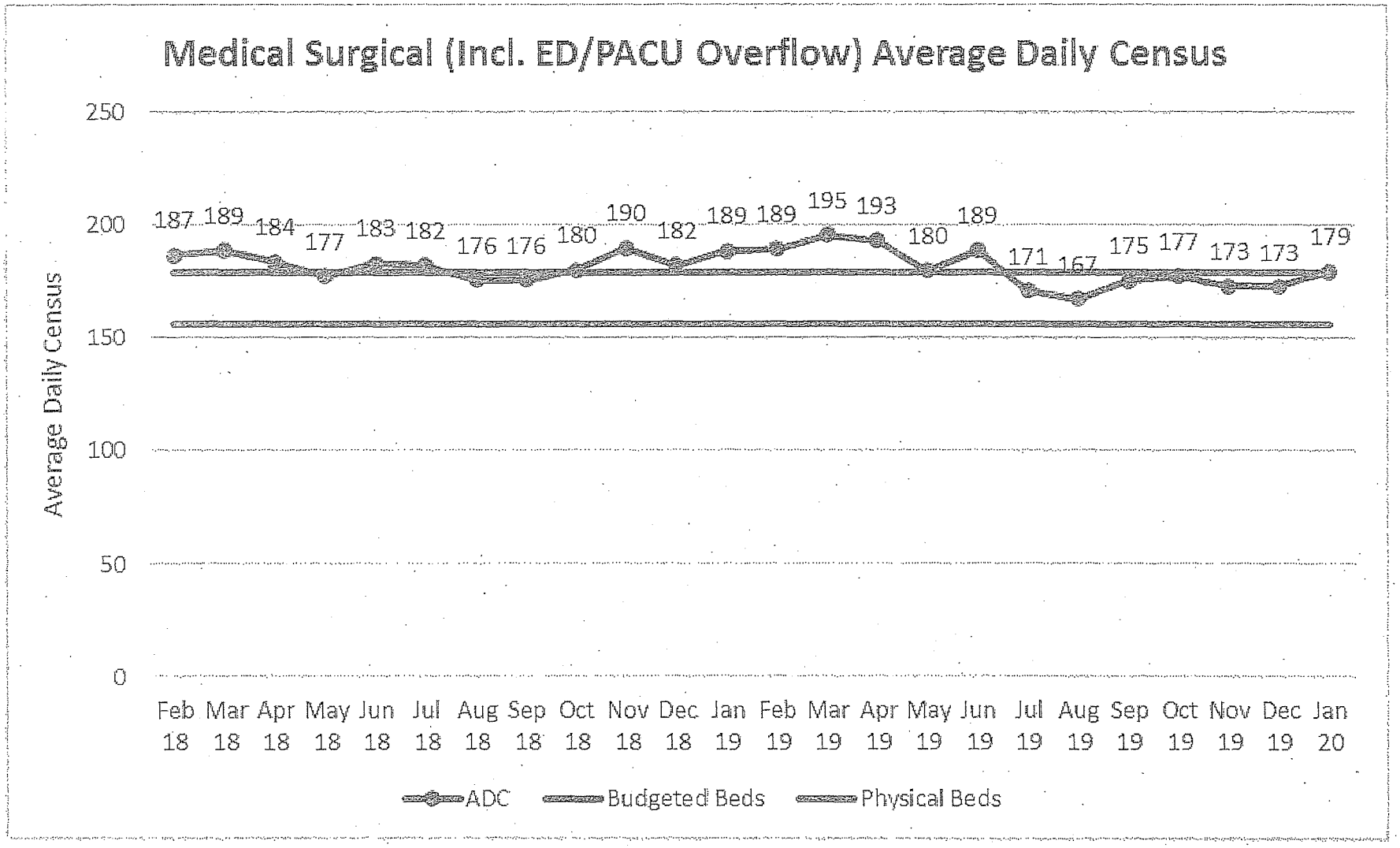
1019

RN: Vacancies = 9.5; Leaves = 14.8; Modified = 0.9

MEDICAL SURGICAL

- Med Surg census is higher than planned: 164 vs 179 or more.
- To accommodate this volume, H58 has been open, intermittently, since late 2017, with 8 – 15 patients. We've submitted a budget initiative to fund this permanently starting in July.
- Vacancies, leaves and modified duty in Med Surg are 20.3% of the total staffing.
- RNs that enter the ZSFG ED, Critical Care, and Perioprative training programs typically come from ZSFG Med Surg units which increases turnover.

1020


Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census
Average Daily Census
250
200
150
100
50
0
187 189 184 177 183 182 176 176 180 190 182 189 189 195 193 180 189 171 167 175 177 173 173 179
Feb 18
Mar 18
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18
Jan 19
Feb 19
Mar 19
Apr 19
May 19
Jun 19
Jul 19
Aug 19
Sep 19
Oct 19
Nov 19
Dec 19
Jan 20
ADC
Budgeted Beds
Physical Beds

1021

MED-SURG

Position Type	Budgeted FTE	Vacancies, Leaves, and Modified Duty	P103/ TempN, Registry, and OT
RN (2320)	266.6	54	77.25
RN Manager (2322)	5	1	0
Clinical Nurse Specialist (2323)	3	0	0

1022

RN: Vacancies = 23.5; Leaves = 26.9; Modified = 3.6

2. WORKPLACE VIOLENCE

Nationally

- According to American College of Emergency Physicians 70% of emergency room nurses and 47% of emergency room physicians have been physically assaulted at work

At ZSFG

- Patient on employee batteries and assault account for 86% of reported crime with high concentration in ED, Psych and PES

ZSFG Workplace Violence Committee

- Prevent and improve response to incidents of violence.

PRIORITIES

- Ensure integrity of data and reporting
- Assess and improve effectiveness of Crisis Prevention Institute training
- Perfect Code Tan
- Expand reach of Behavioral Emergency Response Team
- Maintain Regulatory Compliance with Cal-OHSA & TJC

1023

2. WORKPLACE VIOLENCE 2020 MILESTONES

When	What
December	• Expanded BERT team rounding in the ED
January	• First Townhall series • Implemented new WPV log • Deployed psych tech to the ED • Review all reported workplace violence incidents weekly
February	• Deployed WPV investigation toolkit and are training managers and charge nurses in its use • Developed training plan for WPV stratified by department and risk level
March	• Send out FAQ based on Townhall feedback • Improvement Event focused on WPV - Week of March 30th
April	• Deploy improvement event deliverables • Update staff through quarterly Equity Newsletter • Update Health Commission

1024

ED BACKGROUND: PATIENT VOLUME

	Total	ESI 1/2	ESI 3	ESI 4/5
Daily ED volume CY18	226 ± 15	25%	47%	28%
Daily ED Volume CY19	219 ± 13	26%	49%	25%

25% increase in ED volume from 7/2014-7/2018

- Volume peaks between 8AM and 7PM

	Walk in	Ambulance	PES Transfers	Admit Percent
ED volume CY18	72%	28%		16.6%
ED Volume CY19 (to date)	71.5 %	28.5%	10/day	16.7%

Hospital at >100% capacity with to 25%-30% of beds occupied by LLOC patients

- Long LOS (avg 10 hours) of admitted patients in the ED

1025

RN Hiring Project Overview

Anna Biasbas, Deputy Director of Employment Services

March 5, 2020

Board of Supervisors, Government Oversite Committee

RN Hiring Project

- DPH partnered with DHR on the RN Hiring Project
  - Goal: Reduce Registered Nurse Hiring to 90 Days from approved vacancy to offer letter of employment

RN Hiring Project

- Full job analyses of registered nurses in 20 specialty areas
- Audit of DPH's current hiring process to find bottlenecks & delays
- Revision of continuous testing program
- Implement efficiencies in hiring
- Develop a bank of interview questions for each specialty area
- Train a large pool of raters in Fairness in Hiring and DFEH Guidelines on appropriate questions to ask

Questions?

LOCAL 1021

SEIU

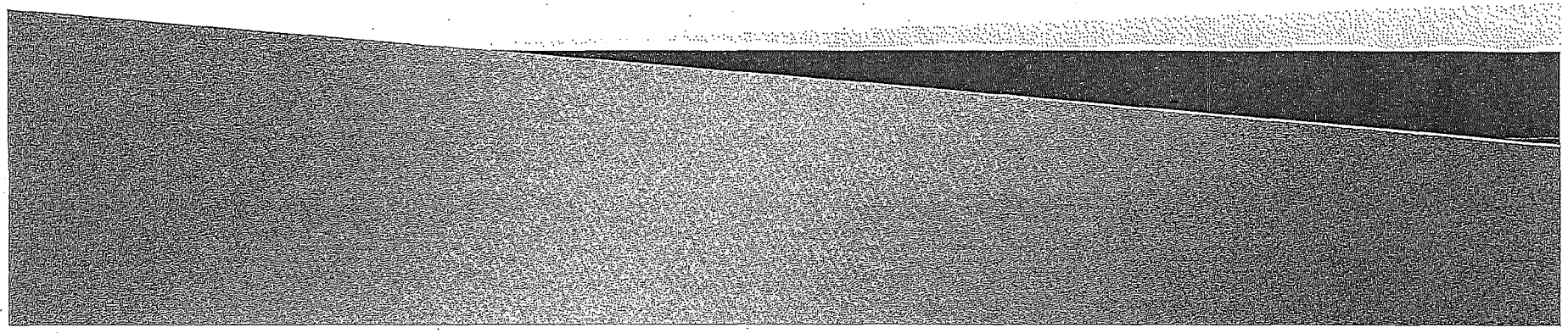
SAFE STAFFING NOW

#SilentNOMoreSFDPH

Dereliction of Duty

Patient Care Providers Sound the Alarm on San Francisco's Public Health System

March 5, 2020

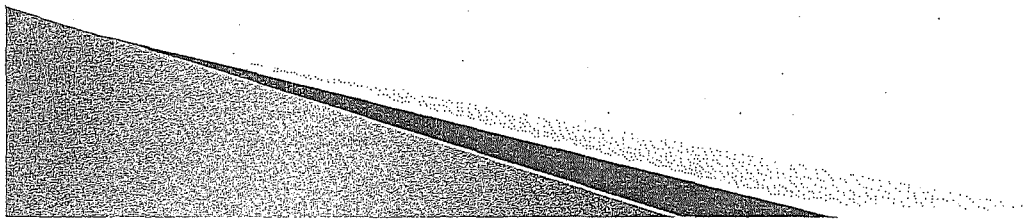


The problem:

Neglect
Mismanagement
Lack of Accountability

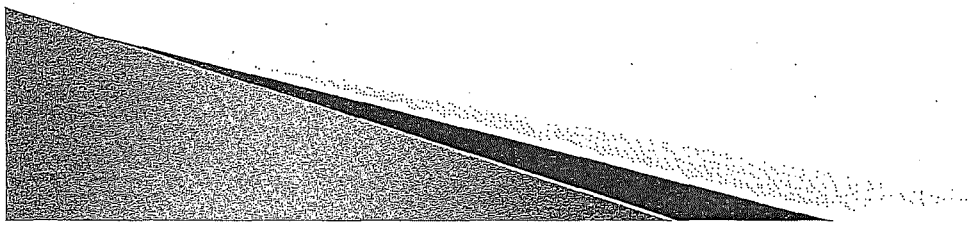
The result:

- Unsafe conditions for patients and staff
- Lack of preparation for disaster
- Systematic fail to serve the public
- High turn over rates
- Debilitating Working Environment



DPH management has known for years about inadequate staffing at SFGH and its effects on patient care and workplace safety.

Yet the problem continues.



2014: "The reality is that we *do* have staffing issues, and they *do* affect patient safety. We're asking for your help to try to resolve them."

2019: "We are chronically understaffed. I hold in my hands a petition of no confidence with the Department of Public Health, signed by more than 1,300 nurses."

What have we done so far?

2014

To: Dave Stacoms, Pat Carr, Terry Dentoni & Sue Currin,

The San Francisco General Hospital Emergency Department Nur... again express our concerns for the severity of safety and staffing issues... department. Our concern stems from the real shift-by-shift threats to pati... actual injuries sustained in our department (see attached: ADO's from Fr... Perez incident). The current staffing levels in the ED are dangerous... directly compromise the delivery of safe patient care and hinder adhere... Standards of Practice (2011), while also frequently violating Title 22 state... (or better) nursing ratio for critical patients. Standards promote and ensure safe... are a measure by which the public views nursing performance and accountability... hazardous SFGH Emergency Department staffing situation is alarming for our patients and... huge liability for the entire hospital... individual Registered N...

To All Concerned:

As members of the patient care team at San Francisco General Hospital & Trauma... the trends of chronic poor staffing, severe overcrowding, potential... by management that are spreading in severity, with ... resulted in negative impacts on patient care, unsafe...

The following list of concerns...

2019

Vote 'No Confidence' in San Francisco Dept. of Public Health's Executive Leadership

...ency Department, we feel compell... ...e City and ...

...al Nurses Chapter

SAFE STAFFING NOW!

1,001 have signed. Let's get to 1,500!

1000 signatures!

2019

Requests stipulated by SEIU 1021 ...

Presented to Hospital Administrat...

The following are a list of request... the Emergency Department.

To promote transparency

- Release of 2019 Press... see the full results.
- Report outlining the Emergency Dep... vacant leadership position...
- P103 RN staff, filled vs vacant... requests put forth at the LHMC for the...
- Fulfill all information requests which was recently promised to the Re...
- Documentation of the CDU plan, facility requirements, flow adjustments, proposed...
- ... training requirements, staff satisfaction with the CDU.
- ... CareStart ... Data. Data will include number of patients seen in CareStart... left without completing their care (LWBS AND AMA), bounceback data, ESI level of all patients...
- ... recommendations from CADPH findings...
- Release of documentation... plan for the Emergency Department (requested in October of 2019). Not limited to, but to include the changes required for the successful implementation of the newly required 1:1 ratio in Pod A.

Over 300 signatures

...neral Hospital

San Francisco, CA 94110

ACE Unit Staffing Concerns

Dear Ms. Dentoni

We, the undersigned nurses of the H76/78 ACE unit, submit to you this letter raising our concerns over serious patient safety issues caused by inadequate staffing levels. On a daily basis, staffing of RN's and Nursing Assistants is not sufficient to meet the needs of our patient population. Serving as patient advocates, we are demanding improvements be made for better ...

1034

SEIU Stronger Together

Service Employees International Union Local 1021

ASSIGNMENT DESPITE OBJECTION

You must first verbally protest your assignment to your supervisor at the time you believe the assignment is unsafe. This is usually at the beginning of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions at the bottom.

I/We [illegible] Health Worker [illegible]

Work Phone 415 206 8111 Home Phone N/A

Registered Nurse(s) employed at SFGH ED 1001 Potrero Ave SF CA

Hereby protest my/our assignments as [illegible]

Made to me/us by D. Stevens (Supervisor in Charge) 5/20/11 (Date and Time) despite my objection.

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I/we notify you that in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/We request immediate remedial action by management. I/We disclaim liability for any loss or omissions that may result from my/our care. I/We request immediate [illegible] acceptance of this assignment. I/We will, under protest, attempt to carry out the assignment to the best of my/our ability.

In my/our professional opinion, this assignment is unsafe because of (check appropriate items):

- [ ] Lack of training, orientation, or experience in the area assigned
- [x] In my professional opinion, less staff has been provided than is normal or safe for patient care.
- [x] Patient should be in a critical care unit with appropriate critical care staffing.
- [ ] New patients were admitted or transferred to unit without additional staff
- [ ] Involuntarily forced to work beyond my/our scheduled hours.
- [ ] Equipment, supplies inadequate for patient care.
- [x] Violation of Title 22.
- [ ] Other

Working Conditions: [ ] Meal period missed [ ] Break missed [ ] Other

Patient Care Staffing Count: Census 40 Unit Capacity 26 Acuity [x] High [ ] Average [ ] Low Clerk [ ] Yes [ ] No

	Regular	Float	Per Diem	Registry
RN	[illegible]			
LVN/LPT	[illegible]			
Unit/Ward	[illegible]			
Other	[illegible]			

When life and/or safety of a patient is impacted, call: California State Department of Health Services (800) 220-1018 • Board of Registered Nursing (916) 322-3350 • Cal OSHA (415) 557-1677

Brief Problem Statement: MULT BACK TO BACK TRAUMAS, NOT ENOUGH RNS FOR ALL OF [illegible] not provided state mandated staffing. [illegible]

[illegible] this form [illegible]

From : bobivoryrn@comcast.net

Sun, May 08, 2016 02:03 PM

Subject : Re: Nursing staffing day 1

1 attachment

To : Jason Gonzales <jason.negron.gonzales@gmail.com>

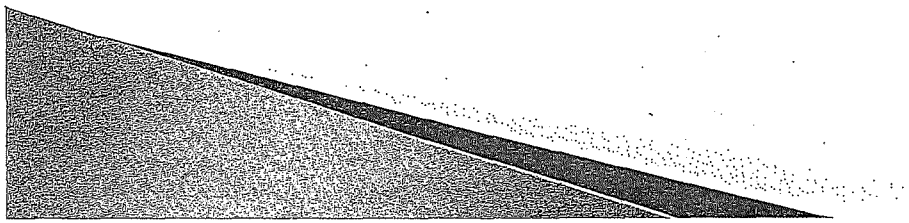
The vast majority of shifts 30, 53.5% overall, are staffed with less than 24 nurses the whole shift (15 days/15 noc).

Of these 22 shifts, 40% overall (12 day/10 noc)are short with less than the 21nurses we currently need to staff safely.

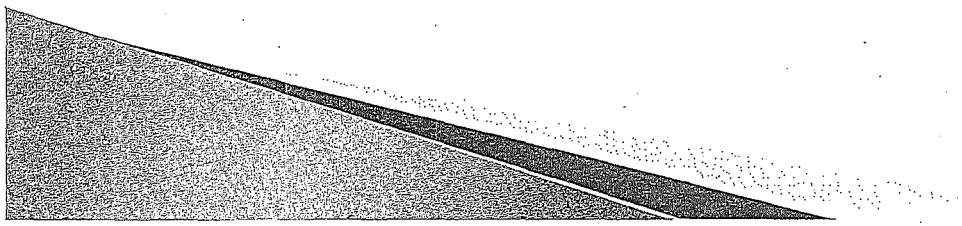
10 shifts 18% overall, (5 days/5 noc) are starting with critically short staffing of 16 nurses or less.

Oct 2019
Understaffed 40% of shifts

Nov 2019
Understaffed 52% of shifts

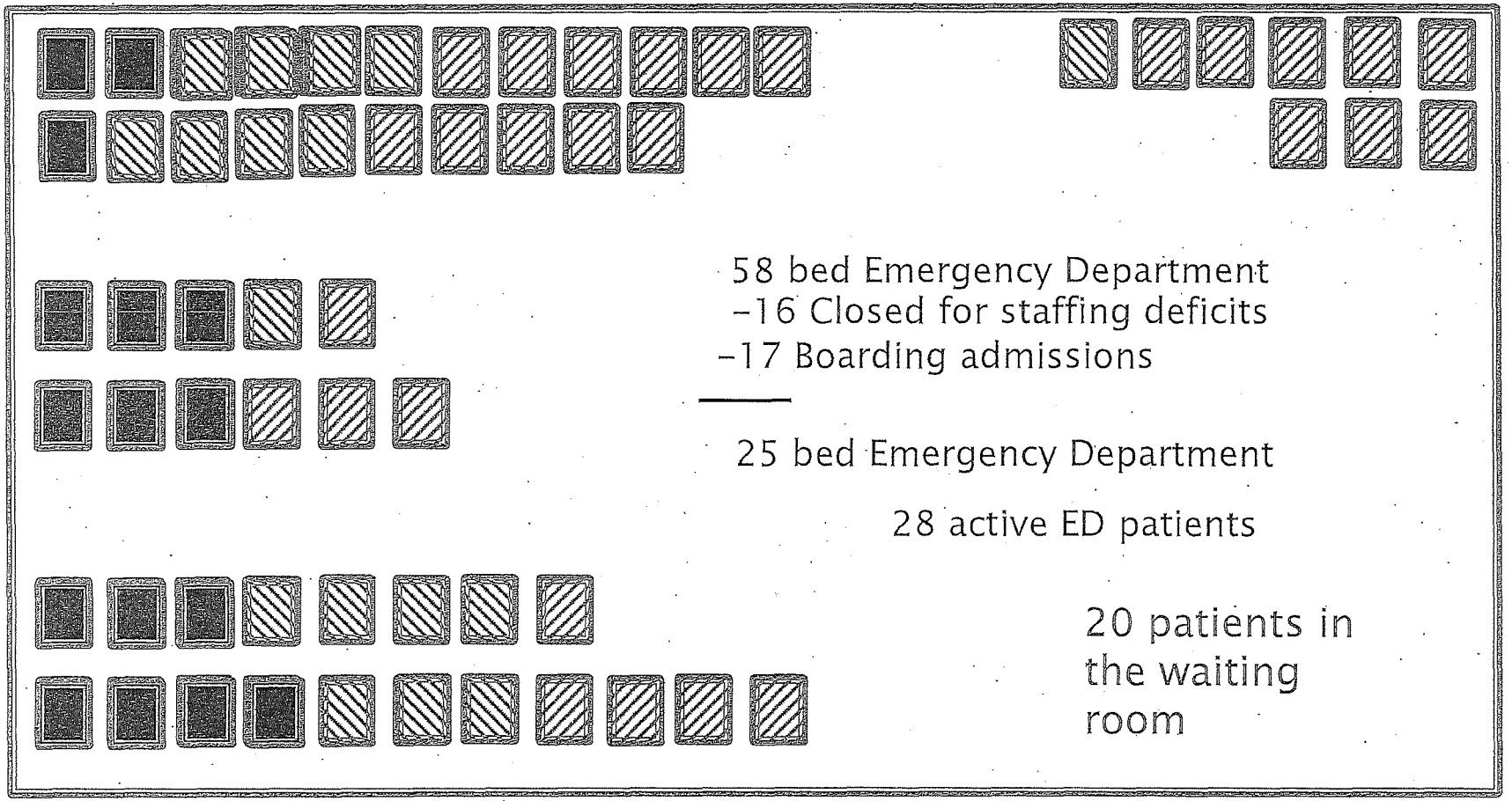


The following 'snapshot' of a recent night in the Emergency Department at SFGH provides an entry point for looking at this problem.



Emergency Department Pile-Up

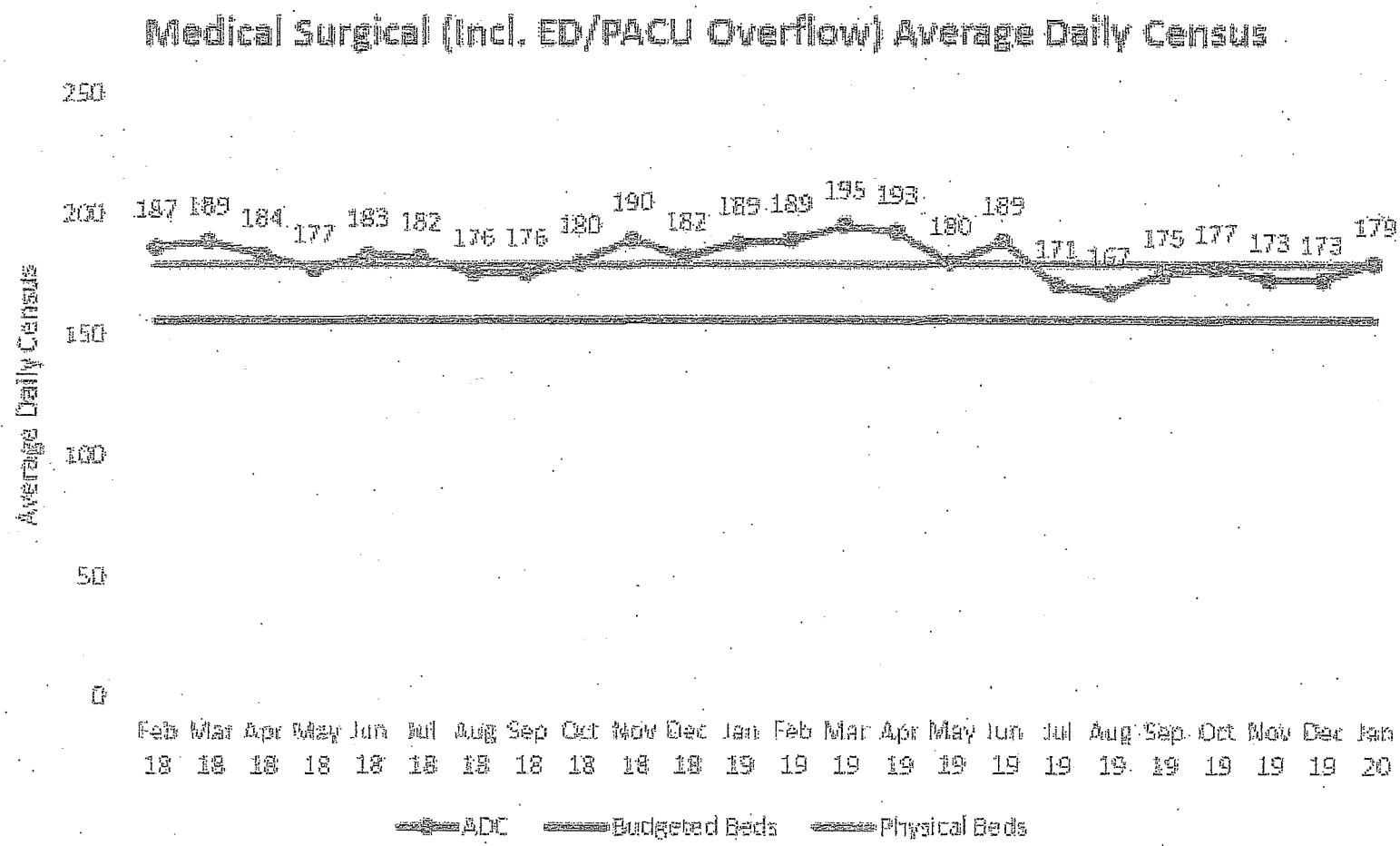
Patient Beds and Nurse Staffing on a recent Thursday at 11 pm



Budget ≠ Census

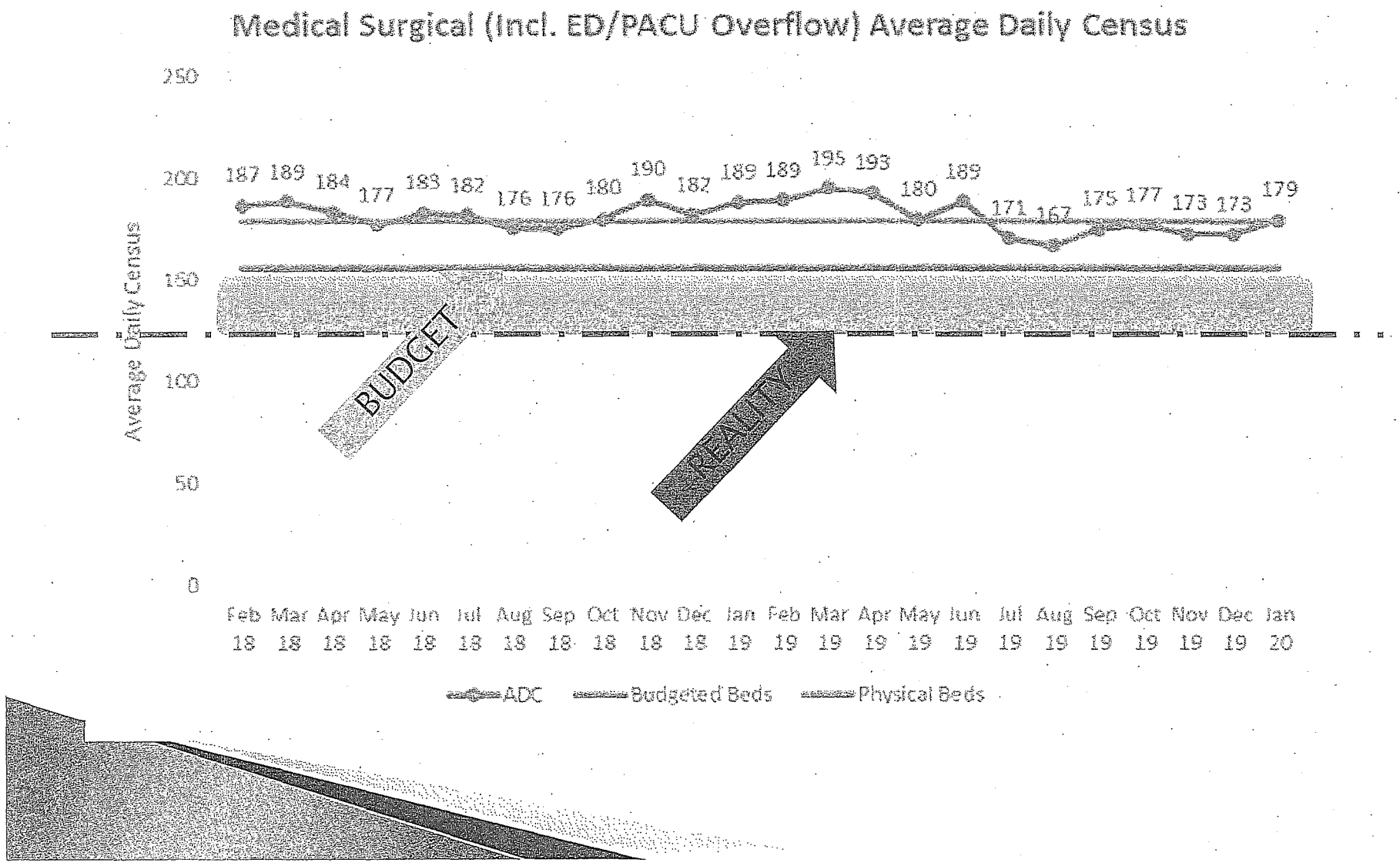
	FY2013 (daily avg)	FY2019 (daily avg)
ED Encounters	192	222
PES Encounters	16	22
(inpatient census)	70,080	81,030

Understaffing Is Built into the Hospital's Budget



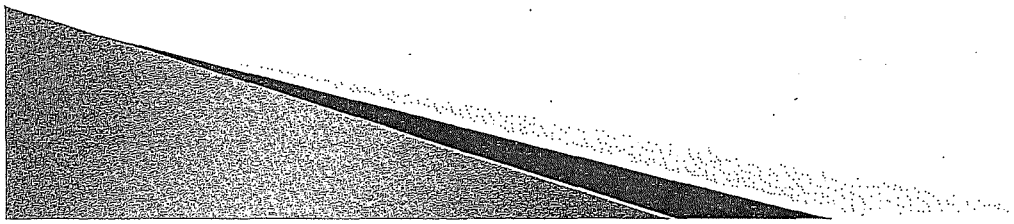
Source: SFGH Hospital Operations and Patient Care Report to Health Commission JCC, February 25, 2020

Nursing Staff Vacancies



Hiring Process

- Inconceivable
  - Over 200 days to hire a nurse
  - Complete confusion about how many nurses are actually applying
    - "We have trouble finding people"
    - vs
    - "There are over 1000 people on 'the list'"
  - Confusion over actual vacancies



Where are we now?

Reactionary Staffing

Per Diem vs Full Time

- Effects staffing consistency

Registry/Travelers

- 3 + years is not temporary
- Use in ED at 25.8% as of Jan 2020
- No disaster training
- No violence prevention training
- No employee protections

Reactionary Staffing cont...

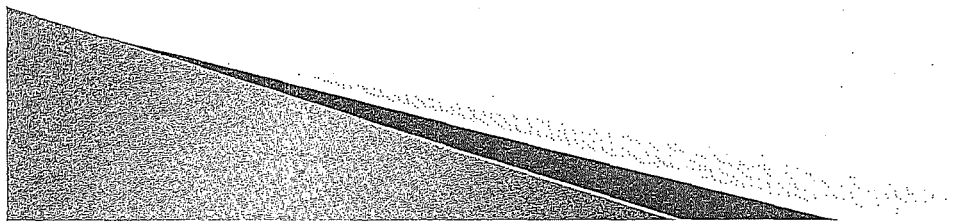
Unclear Overtime Protocols

- Offered almost daily
- Not being paid at time and a half

Mandatory overtime

- PES over 900 hours in 2019 alone

NO END IN SIGHT

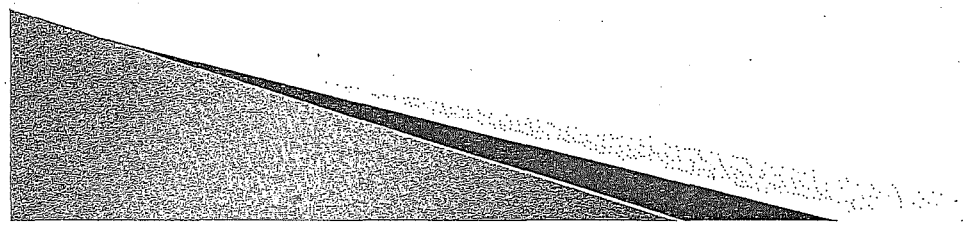


1045

Reactionary Programs

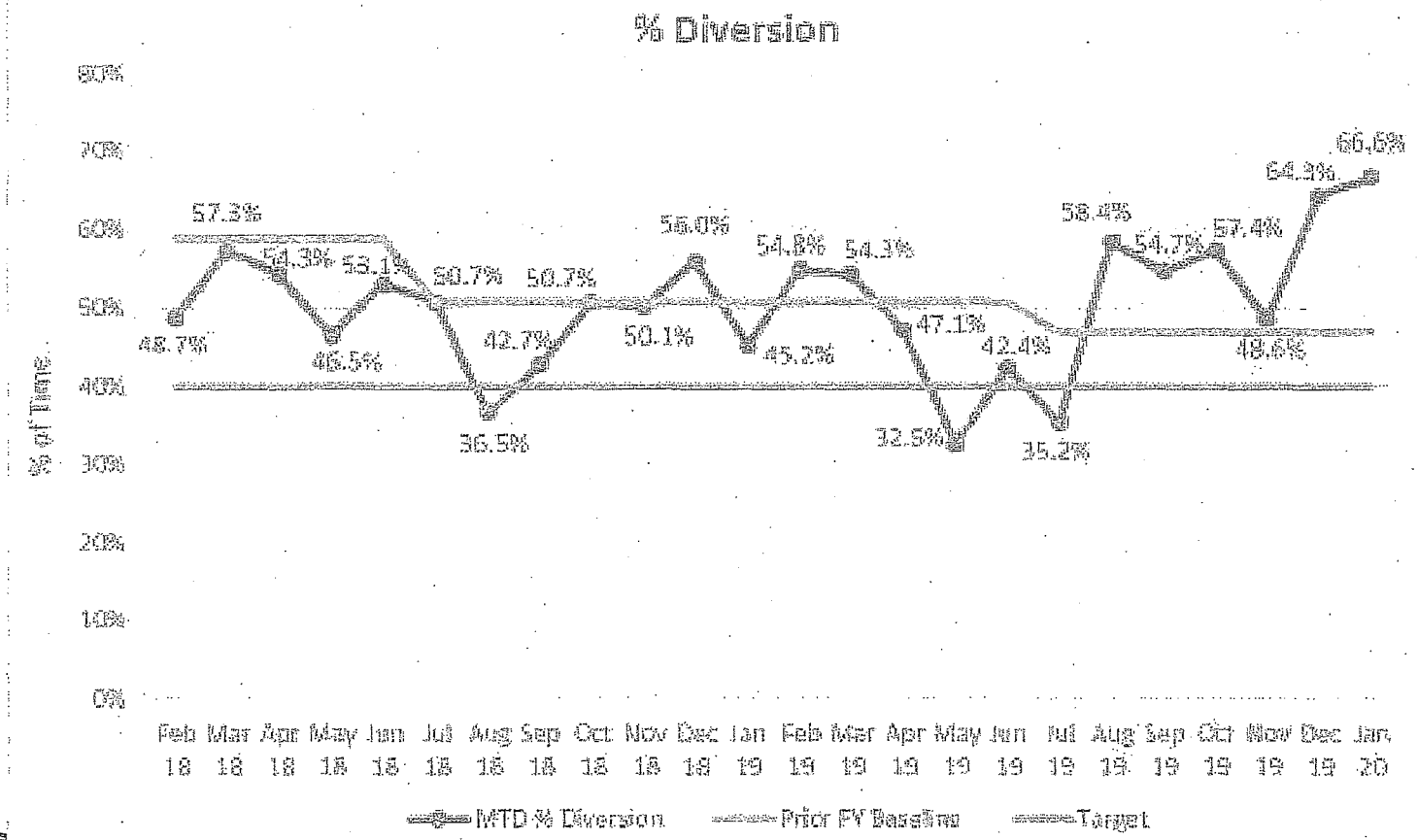
CareStart

- Designed to reduce census
- Poorly planned
- Lacked policy
- Staff reported objections and concerns for over a year
- Led to requesting state investigation (CalDPH)
- State mandated the program be shut down
  - Investigation is pending



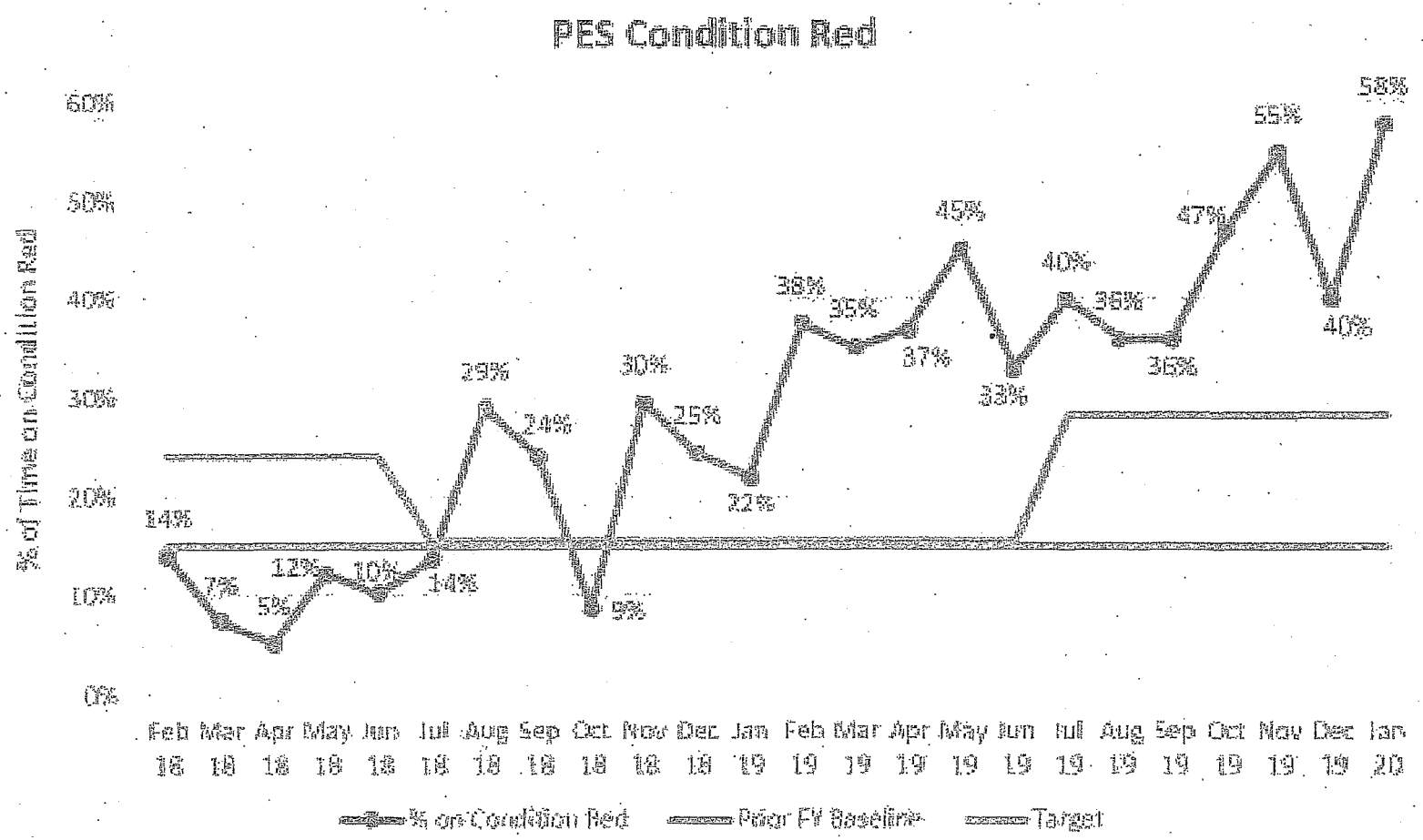
ED Diversion Status

ED is diverting ambulance traffic 60% of the time since May of 2016



PES Condition Red

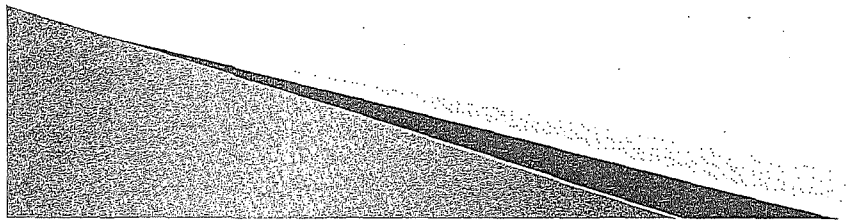
Psychiatric Emergency Services' version of "divert status"



Disaster Preparation

What Disaster Preparation?

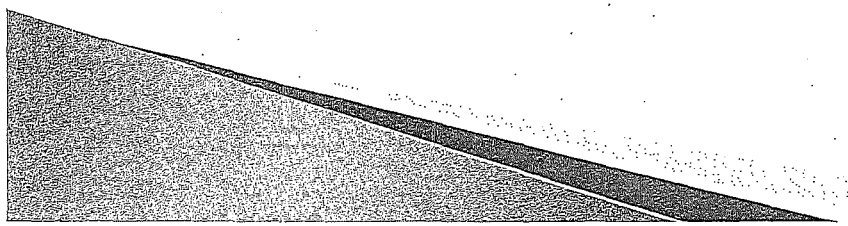
Sec 70741 of Title 22 - training requirement



Where does this leave our patients?

Patient Experience

- Left Without Being Seen rate at 6.9%
  - OVER 5000 patients!
- AWOL rate not reported
- Wait times for inpatient beds
- 38% of ED beds boarding admissions



8/7/2019 · Updated review

If you are one of the unlucky people who gets taken to or chose ZSFG Hospital, here's what you need to prepare for:

- Very long wait times
- Homeless and erratic people approaching you in the entrance area
- Loud, often -colored, adult-themed arguments erupting in the waiting area (watch the little ones
- Partly due to that, feeling generally unsafe
- Being made to feel like a nuisance for showing up with "your" problem on "their" busy day
- A never-ending flood of 30 page probably well intended yet completely over-the-top (PAPER) surveys to fill out with pen on paper the old fashioned way (seriously Mark Zuckerberg?!?!) from every department you touched while you're there to arrive in the mail for weeks after you visited (has ZSFG heard of online surveys that don't kill even more trees)

- Lots of "hiding" being policy and little explanation when dealing with treatment and care plans

- Glaring disconnects between MDs and nursing staff

7/3/2019

1 photo

UPDATE: We waited three hours for a 15 minutes "checkup"

7/3/19

Dear Facebook dude, your hospital sucks. We have been waiting for over three hours now for a simple eye appointment.

11/25/2019

Injured myself in a accident and someone drove me to nearest hospital which was Zuckerberg sat there in ER for hours and no matter how injured I was I went to another hospital. Why mark Zuckerberg would you want your name associated with such a horrible horrible group of people

8/8/2019

They do not answer their phones, their voice mail boxes are always full so there is literally no way to contact people about bill questions.

They only accept payment in person or by mail (but only if you're able to take time off work). Talk bout rigging the system to make people late on payments.

- Can't talk to someone about their issues
- Cannot e-mail someone about their issues
- Makes them call back daily hoping to talk to someone
- Bill becomes late

Great cycle!

I did not choose to come here and am forced into this crazily inefficient mess.

10/22/2019

If I could give this hospital negative stars I would.

1/8/2019

SFGH does not contract with any private insurance plans so expect outrageous out of network costs that your insurance won't cover. Avoid the ER at all costs unless you really need a Level 1 trauma center.

I was in a hit and run accident. Amoulance took me to SFGH. I spent 4 hours in the ER, CT scan, and x-rays. Total bill was roughly $35k and insurance only covered maybe 10%

Care was poor. During my orthopedic follow-up, the doctor was appalled that they discharged me without proper immobilization and protection for a broken bone.

Seriously - don't go there unless your life depends on it.

1/9/2019 · Updated review

Their billing has been so outrageous that Vox has even done a year-long investigation of their billing practices and have come out with this article: vox.com/policy-and-polit...

In short: they do not accept the majority of private insurance plans and therefore end up out of network, where they end up charging anywhere up to 12X as much as medicare pays. This hospital price gouges those who are in emergency and trauma situations.

3/30/2018 · Previous review

I should not be waiting for 6 hours to speak to a resident doctor. That is NOT appropriate in anyway shape or form. I was in the ER and to see a resident doctor is not professional. And now I have a $52,000 bill! The billing department told me that my insurance company would cover it! Be prepared sitting around for hours (not seeing any doctors) hearing homeless people screaming, and having medical bills skyrocketing because this hospital is "out of network" in about 90% of companies. It's absolutely horrible!!! HORRIBLE!!!!! If there is anyway to head to another hospital for an emergency, I urge you to.

12/26/2017

Please PLEASE PLEEEEASE stay away from this hospital! If you want to be treated with competent and compassionate staff.

1/8/2019

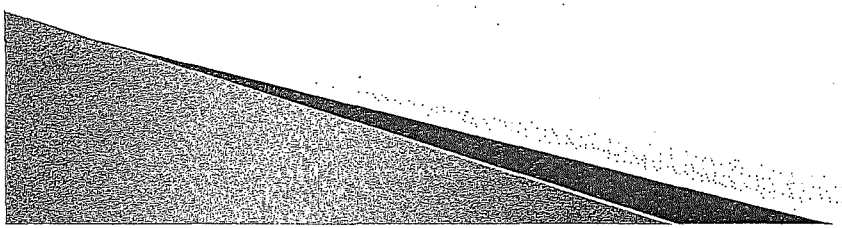
Avoid unless homeless or you have severe trauma.

I cut my finger with a kitchen knife and went there because it was the nearest ER. Big mistake. I waited for 3 hours in a waiting room where many of the regulars were known to the staff by first names and kind of went in for a checkup to clear up their intoxication. The waiting room was very dirty. Later, a janitor came by with a broom. The smell was bad.

Where does this leave our employees?

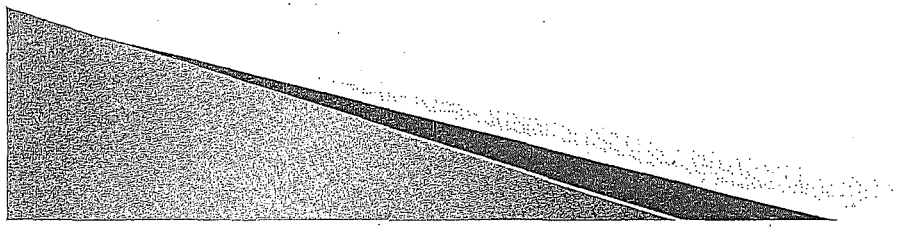
Violence in the Workplace

- Assaults continue to increase (23 in Jan 2020)
- Open Investigation by CalOSHA into multiple departments
- Admitted lack of reporting
- Nurses disinvited from attending Workplace Violence Taskforce (14 members, 1 nurse)
- Management disregards concerns for safety

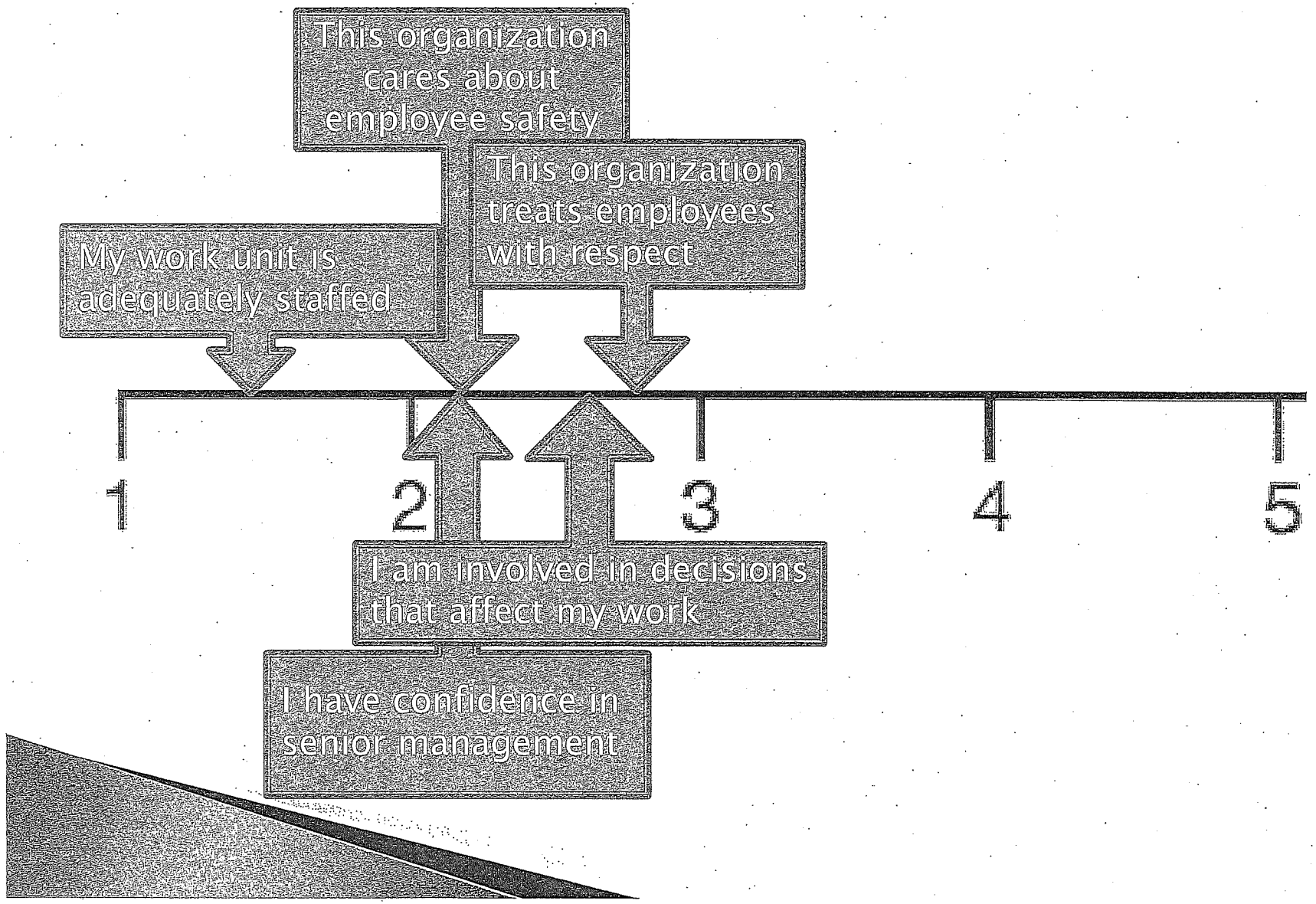


Employee Experience

- Over 900 hours Mandatory OT
- 40 RNs resign from ED within 2 years
- 50% of ED Leadership resigned their positions in 2019



Employee Experience



STRATEGIC A3

A Be[illegible] to Work

III. Targets and Goals:

*Benchmark = National hc average for Press Ganey

Selected Metrics	Baseline	Benchmark*	Target
Team: There is a climate of trust in my unit	3.31	3.88	3.36
Communication: Different levels of the organization communicate effectively	2.87	3.43	2.92
Leadership: I have confidence in senior mgmt.'s leadership	3.22	[illegible]	
Engagement: Staff and provider engagement			

ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

Title: A Better Place To Work

Owner: Dave Woods and Aiyana Johnson

A3 Team: Tom Holton, Jeff Critchfield, Jenna Bilinski, Kim Nguyen, Gillian Otway, Brent Andrew, Bernadette Gales, Karen Hill, Val Barnett, Jim Marks, Claire Horton, Brandi Frazier, Floyd Trammell, Casie Aniya, Anh Dao-Shah, Margaret Damiano

Ver: 7

I. Background: What problem are you talking about and why focus on it now?

ZSFG's most valuable resource are the approximately 6,000 [DPH and UCSF] resilient staff and providers that enable the organization to meet our True North goals and fulfill our purpose to our patients and community. Though our staff and providers strongly align with our mission and are committed to their work, we know that the

IV. Analysis: Why does the problem exist, in terms of causes, constraints, barriers?

**Analysis based on survey responses

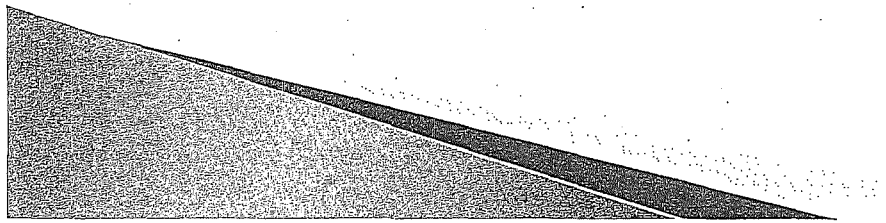
- A. Absence of a communication strategy
- Message penetration varies by group & shift
- Limited & inconsistent use of communication modes (email heavy)
- St[illegible]

Why are we here today?

Dereliction of Duty

- Lack of accountability
- Lack of transparency
- Lack of resources

= *unacceptable*



Steps to a Solution

- *Immediate f*ormal, independent **budget audit and performance audit** of DPH.
- *Revise the budget immediately to allow new hires.* SFGH needs to add frontline staff positions and can't afford to cut the staffing budget.
- **Fix the hiring process *immediately*** and expedite filling frontline staff vacancies *now.*
- *Rationalize* the continued employment and support of executive leadership staff that have failed to address these issues for so many years.
- Provide regular and comprehensive **training in disaster preparedness and protection, and violence prevention** for every employee at the hospital *immediately.*
- Keep DPH management **accountable and maintain transparency**, including:
- Hospital policy changes to ensure that frontline patient care workers represent 50% of the decision-making boards and committees within the institution.
- Front Line care representation on the Health Commission and Joint Commission to ensure executive leadership is held accountable to the staff and public.

Board of Supervisors
Government Audit & Oversight Committee
March 5, 2020

Department of Public Health
Director of Human Resources
Michael L. Brown

CURRENT STATE OF RN HIRING

The impact on the length of time it takes to hire staff may result in the closure of beds which could lead to increased diversion, operational complexities and staff satisfaction issues, which is more pronounced in the PES and the ED at ZSFG.

As of November 2019 the hiring time for nurses was calculated to be 165.5 days. This is calculated from the request to fill to offer of employment.

HIRING PROCESS OVERVIEW

- Position Approval Process
- Referral Issuance Process
- Candidate Selection Process
- Onboarding Process

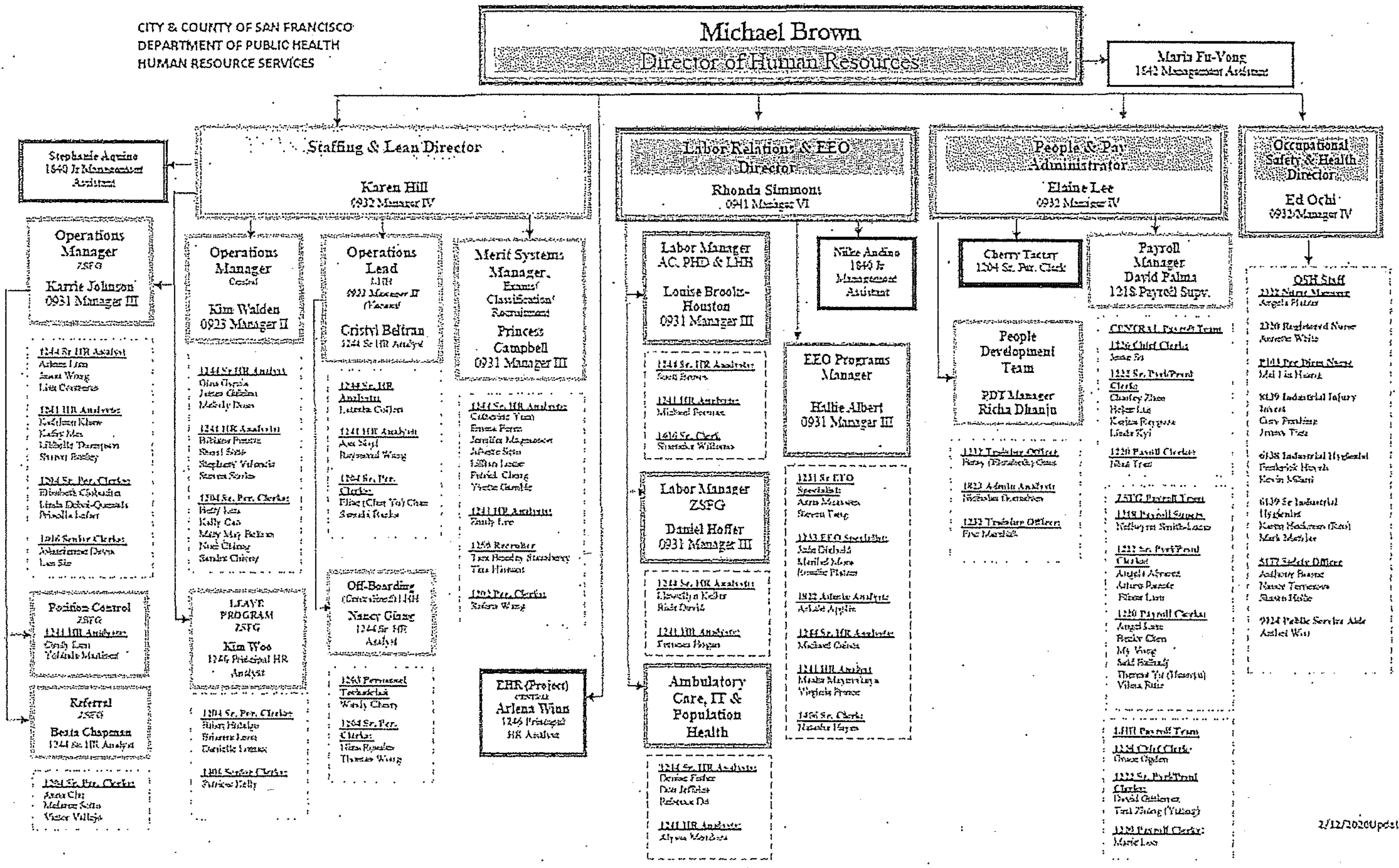
Hiring Timelines at SFDPH for Nursing vs. Non-Nursing Classifications by Month
Median Total Days to Hire
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
Nurse vs Non-Nurse
Nurses
Non Nurses
162.5 n = 34
199.0 n = 37
217.0 n = 29
228.0 n = 31
228.0 n = 25
265.0 n = 33
261.0 n = 49
300.0 n = 60
197.0 n = 23
201.0 n = 33
290.0 n = 37
297.5 n = 22
155.0 n = 13
155.5 n = 22
105.5 n = 8
204.0 n = 5
220.0 n = 31
91.5 n = 20
115.0 n = 6
131.0 n = 15
150.0 n = 15
136.0 n = 21
61.0 n = 17
131.0 n = 18
204.0 n = 26
165.5 n = 12
November 2018
December 2018
January 2019
February 2019
March 2019
April 2019
May 2019
June 2019
July 2019
August 2019
September 2019
October 2019
November 2019

HUMAN RESOURCES STAFFING

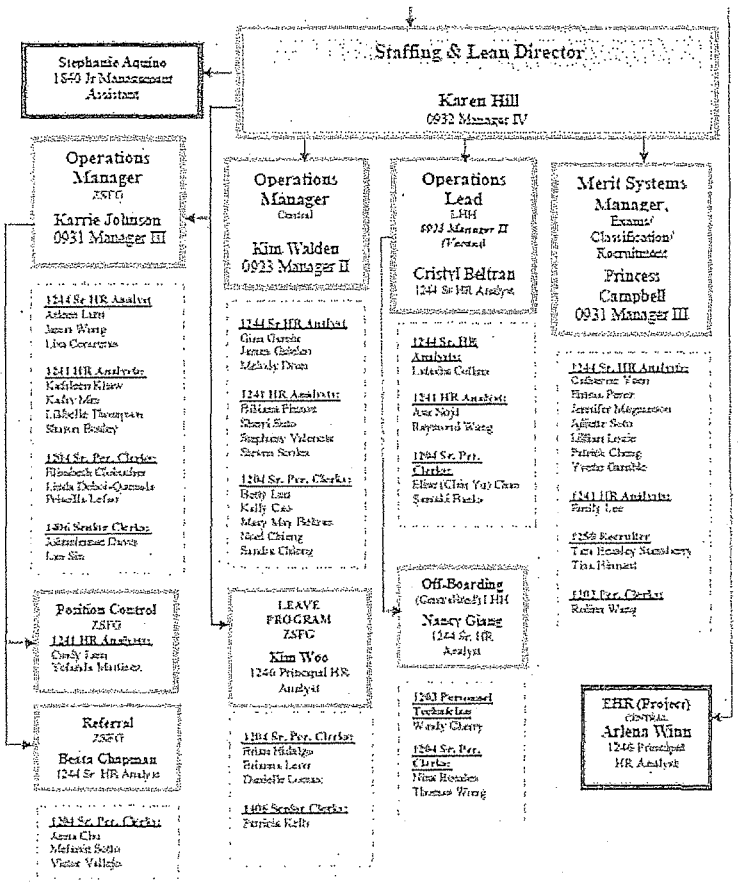
- Although there are some 117 FTE attributed to HR under my direction, these FTE's are not all involved in hiring.
- Our Onboarding, Position Control, and Referral Teams at ZSFG consist of the following classifications:

  1 – 0931 Manager III
  4 – 1244 Senior Human Resources Analyst
  6 – 1241 Human Resources Analyst
  2 – 1406 Senior Clerks
  6 – 1204 Sr. Personnel Clerks

- Current staffing is not adequate to sustain a hiring process with a 90 day turn-around without making changes.
- ZSFG has the largest component of nurse hires and highest turnover rate.


CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
HUMAN RESOURCE SERVICES
Michael Brown
Director of Human Resources
Maria Fu-Vong
1842 Management Assistant
Staffing & Lean Director
Karen Hill
0932 Manager IV
Stephanie Aquino
1840 Jr Management Assistant
Operations Manager
ZSFG
Karrie Johnson
0931 Manager III
Operations Manager
Central
Kim Walden
0923 Manager II
Operations Lead
0923 Manager II (Vacant)
Cristyl Beltran
1244 Sr HR Analyst
Merit Systems Manager,
Exams/ Classification/ Recruitment
Princess Campbell
0931 Manager III
Position Control
ZSFG
LEAVE PROGRAM
ZSFG
Kim Woo
1246 Principal HR Analyst
Off-Boarding
Nancy Giang
1244 Sr HR Analyst
Referral
ZSFG
Beata Chapman
1244 Sr. HR Analyst
EHR (Project)
Arlena Winn
1246 Principal HR Analyst
Labor Relations & EEO Director
Rhonda Simmons
0941 Manager VI
Labor Manager
AC, PHD & LHH
Louise Brooks-Houston
0931 Manager III
Nike Andino
1840 Jr Management Assistant
EEO Programs Manager
Hallie Albert
0931 Manager III
Labor Manager
ZSFG
Daniel Hoffer
0931 Manager III
Ambulatory Care, IT & Population Health
People & Pay Administrator
Elaine Lee
0932 Manager IV
Cherry Tactay
1204 Sr. Per. Clerk
Payroll Manager
David Palma
1218 Payroll Supv.
People Development Team
PDT Manager
Richa Dhanju
Occupational Safety & Health Director
Ed Ochi
0932 Manager IV
OSH Staff
2/12/2020Update

1066


Stephanie Aquino
1840 Jr Management Assistant
Staffing & Lean Director
Karen Hill
0932 Manager IV
Operations Manager
ZSFG
Karrie Johnson
0931 Manager III
1244 Sr HR Analyst
Arleen Lum
Jason Wang
Liza Cesarenas
1241 HR Analysts:
Kathleen Klaew
Kathy Mar
Lilibelle Thompson
Shawn Besley
1404 Sr. Per. Clerks:
Elizabeth Cockadee
Linda Debol-Quesada
Priscilla Lefar
1406 Senior Clerks:
Administrative Duties
Lan Sin
Position Control
ZSFG
1241 HR Analysts:
Cindy Leon
Yolanda Martinez
Referral
ZSFG
Beata Chapman
1244 Sr HR Analyst
1404 Sr. Per. Clerks:
Anna Chu
Mafanie Soffo
Victor Vallejo
Operations Manager
Central
Kim Walden
0923 Manager II
1244 Sr HR Analyst
Gina Gamble
James Gabelow
Melody Dean
1241 HR Analysts:
Bilkisu Pitmon
Sheri Soto
Stephany Valencia
Steven Scrden
1404 Sr. Per. Clerks:
Betty Lau
Kelly Cao
Mary May Beltran
Noel Chiang
Sandra Chiang
LEAVE PROGRAM
ZSFG
Kim Woo
1246 Principal HR Analyst
1404 Sr. Per. Clerks:
Brian Hidalgo
Brianna Lerer
Danielle Lomax
1406 Senior Clerks:
Patricia Kelly
Operations Lead
LHH
0923 Manager II
(Vacant)
Cristyl Beltran
1244 Sr HR Analyst
1244 Sr. HR Analysts:
Lilliche Collins
1241 HR Analyst:
Ana Noyd
Raymond Wang
1404 Sr. Per. Clerks:
Elsie (Chin Yu) Chan
Soraida Rueda
Off-Boarding
(Centralized) LHH
Nancy Giusa
1244 Sr. HR Analyst
1243 Personnel Technicians
Wendy Cherry
1404 Sr. Per. Clerks:
Nina Rosales
Theresa Wang
Merit Systems Manager, Exams/ Classification/ Recruitment
Princess Campbell
0931 Manager III
1244 Sr. HR Analysts:
Catherine Yuen
Emma Perez
Jennifer Magnuson
Juliette Soto
Lillian Locke
Patrick Cheng
Yvette Gamble
1241 HR Analysts:
Emily Lee
1250 Recruiter
Teri Beasley Stansberry
Tina Hamett
1101 Per. Clerks:
Rubien Wang
EHR (Project)
CENTRAL
Arlena Winn
1246 Principal HR Analyst

PROGRESS AND ACTION PLANS

✓ Removed inefficiencies in the Candidate Selection Process resulting in approximately 17 selections for hire within a week.

- From a reported 79 vacancies or @ 75 FTE at ZSFG there are 27 hire packets for RN selection waiting to be finalized for an offer of employment.

✓ Requested additional HR staffing through the budget process to help stabilize HR Operations at ZSFG and throughout the Department.

✓ Working with my Workforce Development team to provide identified training for HR staff, supervisors and managers.

✓ Exploring best practices to implement equity and diversity in the hiring process.

- Requesting to add description of their active role as a hiring supervisor or manager in the performance appraisals for 2020 to further equity and diversity.

✓ Consistent with 2019 SEIU 1021 Registered Nurses, Side Letter Agreement, DPH is engaged with DHR to make improvements and streamline the hiring process for nurses.

Here to provide a brief overview of additional information are:

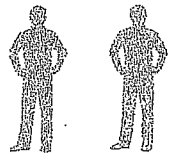
Anna Biasbas, Deputy Director of Employment Services, DHR
Susan Ehrlich, MD, Chief Executive Officer, ZSFG, SFHN
Terry Dentoni, MSN, RN, CNL, Chief Nursing Officer Nursing Administration

Why do we need nurses? What do nurses do?

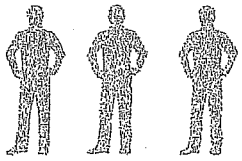
Nurses: save lives, improve quality of life, advocate, heal, integral part of patient care team- relating to each member of the team 'for' the patient, provide care doctors prescribe to enable a person to overcome illness or traumatic event, psycho-social care, know and understand medications that doctors prescribe, take care of you when you can't take care of yourself, the list goes on...

- In California, there are RN to patient ratio regulations, minimum standards of care for all hospitals to follow and provide safe care to the public.
- When a person is critically ill or injured the ratio is 1:2 or 1:1; occasionally 3 or 5 nurses are needed to resuscitate a person.
- Then, as people are less sick, the ratios increase. 1:3, 1:4, 1:5, 1:6.
- California nursing ratios are groundbreaking and we set a high basic minimum for patient safety.

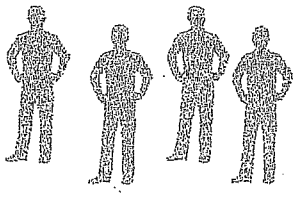
Severe Critical



Critical

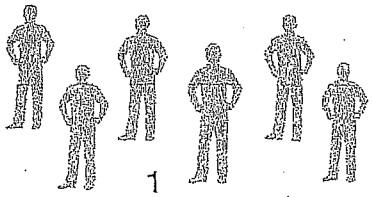


Monitoring



Med/Surg

Basic ED Patient



Rehabilitation

1

2019 ED Cumulative Stress Survey 52 respondents. 138-200 staff.
1-40% agree (21) Due to the safety issues, hostile work environment or violence in the ED; I have quit, retired earlier than planned or taken leave of absence.

2-80-86% agree (42-45) PTSD and anxiety disorder symptoms.
A-It is new (<2yrs) for me to experience three or more of the following: repeated, disturbing memories, thoughts or images of stressful experience at work; feeling very upset when something reminds you of a stressful situation at work; avoid coming in to work 'extra' because it is provokes intense anxiety; feeling distant or cut off from other people; feeling irritable or having angry outbursts; difficulty concentrating.
B-Due to work related stress and trauma, it is new (or sx have remarkably worsened) to experience three or more of the following: pounding heart, migraines, clenching teeth, sweating, weight gain or loss, trembling or shaking, short of breath, nausea or abdominal distress, afraid or scared, chest discomfort, choking feeling, constant or persistent worry, unable to relax, irritable or difficulty sleeping, nervousness.

4-The following causes me the most anxiety or stress at work (check all that apply)

Severe and predictable overcrowding	92.31% 48
I don't get paid fairly or correctly	36.54% 19
Violence and unsafe working conditions	86.54% 45
Unable to provide the level of care I am capable, due to poor staffing/ system issues	92.31% 48
All of your patients are admitted and excessive boarding times	59.62% 31

5-60% (32) Agree In the past two years, I have started new medications for anxiety, depression, PTSD or started therapy.

6-64% (33) Agree In the past two years, due work related stress, I have felt hopeless.

7-30% (14) The majority (>70%) of the time I call in sick, it is due to mental NOT physical issues.

8-I believe I am experiencing new mental health/stress related problems due to my work environment, because of one or more of the following: (Check all that apply)

Lack of professional growth, learning and/or this is not the experience I expected	32.69% 17
No incentive of picking up extra hours in the current environment	44.23% 23
I have a chronic disease that was well controlled, that has recently, remarkably worsened	13.46% 7
I feel every shift I work is full disaster level	51.92% 27
My family and friends are being affected by the stress or are worried about my safety	50.00% 26
I feel the leadership ignores the concerns for safe environment	80.77% 42
I have been retaliated against	11.54% 6
I have been pressured to train in positions which were too early in my years of experience	5.77% 3
I am being bullied by my coworkers	9.62% 5
Lack of true leadership	76.92% 40
I feel I am not able to advocate for patients	44.23% 23
Lack of resources	61.54% 32
Poor staffing	86.54% 45
Violence and safety issues	86.54% 45

Reply

SF GHED RNs <sfghedrns@seiu1021.me>
Fri 10/25/2019 12:36 PM

	This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Be-verlyn Navarro and Terry Dentoni,

This email is being sent in hopes of improving communication and rectifying the following issues:

1) Staff concerns about harassment, intimidation, retaliation and hostile work environment;
2) New ED "task forces" requesting staff to do "homework assignments", i.e., unpaid labor.
3) Need for productive and collaborative meetings.

1) Staff concerns about harassment, intimidation retaliation and hostile work environment:

There are clear policies and laws regarding harassment, retaliation, intimidation and hostile work environments. Several are listed/embedded below from the SFDPH site for the staff to print and refer when they or their colleague feels threatened, harassed or retaliated against by management or other staff.
On Monday, 21st of October at approximately 13:55, you approached one of the union stewards. Several people witnessed this discussion and later approached the steward, expressing concern that the steward was being harassed or retaliated against. It was not a positive, productive "director"-steward interaction. This is not the first such incident. We sent you an email several months ago, after you berated another ED union steward when they sought a clarification from you "during a staff meeting. You made very clear you "do not want to be questioned in front of the staff". This is not the way we have traditionally worked together in our department. We have a long history of collaboration between the staff and management, that seems to have been lost.

Many staff have recently confided in us that they fear retaliation if they speak up

about violence against staff and patients; poor staffing and/or clinical resources; dangerous overcrowding; the 10-30+ unfunded admit beds AKA "boarders" in the ED; and several other key safety and work place hostility complaints.
We are notifying you and HR: staff feel harassed, afraid, retaliated against or threatened due to hostile work practices. This is especially unfortunate at a time when staff are seeking solutions to the very serious issue of workplace violence which affects not only them, but the hospital's ability to provide the highest quality care to our patients.

For the good of SFGH and the community it serves, it is of the utmost importance to have a positive work environment where honest discussion and collaboration is welcomed. Unfortunately, staff are currently experiencing a hostile work environment that serves no good end and is destructive to morale. We are obligated to stand firm against any harassment, retaliation and/or unfair treatment.

2.3. DPH Leadership Commitment
Code of Conduct
DPH promotes a culture of openness and accountability in order to sustain an ethical and compliant work environment and to enhance business performance. DPH leadership is committed to ethical decision-making in all aspects of business, and to equip managers and employees with tools to confidently address ethics-related matters, and be able to speak up without fear of reprisal. DPH leadership affirms its commitment to its clients, members, providers, business partners and employees.
To our clients/patients: DPH is committed to providing quality health care services in a compassionate, honest, timely, respectful and professional manner, regardless of insurance or immigration status.
To our employees: DPH is committed to fully performing its responsibilities to manage its business in a manner that reflects the standards expressed in this Code of Conduct, and which treats employees with fairness, dignity and respect, in an environment that fosters professional growth.
7.3. Reporting Hazards and Other Safety Concerns
DPH has established policies to protect its employees, patients, and facility visitors from potential workplace hazards. DPH facilities comply with all government rules and regulations and DPH policies and practices that promote a healthy and safe workplace. Managers and supervisors are responsible for ensuring that all workforce members receive proper training in healthy and safe work practices.
8.1. Business Ethics
DPH is committed to conducting business with the highest standards of business ethics and integrity. All DPH employees, contractors, and consultants must demonstrate integrity in their business practices in order to instill and preserve trust on the part of our patients and business partners. Practices to be followed

include:

- Honesty in communication with others.

https://oag.ca.gov/publications/womensrights.cn1#1_4
https://www.sfdph.org/dph/files/HIPAAdocs/DPH-Code-of-Conduct-Form.pdf

2) New ED "task forces" requesting staff to do "homework assignments", i.e., unpaid labor:

There is a concern that staff are being asked to do unpaid work. At the end of your presentation or "meeting" about Carestart, Monday Oct 21 (at approximately 15:05), you stated "ok, here's some "homework" to do, in two weeks come back with ...". When asked about how this would be paid, with a vague shrug, you said, "sure we'll pay you," but did not communicate affirmatively how that would happen. We are professional nurses and at SFGH we do not do unpaid work. There have been prior instances of payroll making executive decisions that have resulted in staff not being fairly paid. Therefore, on behalf of the staff, we request that you provide a written policy (citing person and signature approval from HR) concerning how staff will be paid for any "task force projects."

3) Need for More Productive and Inclusive Meetings:
Our expectation is that meetings concerning important issues that affect our staff, such as workplace violence, will be an opportunity for constructive dialogue and problem solving, rather than merely a sitting for a power-point presentation. We urge you to rethink how we can truly best use our time together to solve problems and involve us in those solutions.

Please advise of your position on our concerns expressed above within the next 5 business days.

-The Emergency Department Stewards, SEIU 1021

11\19\2019 - Statement to the San Francisco Department of Public Health, Health Commission

Good afternoon President Loyce and members of the Commission.

As you know, the Board of Supervisors, the media, the unions, and the Mayor's office put the Department under great scrutiny earlier this year over a lack of behavioral health clinic staffing and a lack of staffing in the Behavior Health Center here on the ZSFG campus. In response, the Department leadership came up with a story that was at best a half truth. The story was intended to protect Finance and Network leadership but at the expense of the full truth. The full truth includes the fact that there has been a misappropriation of more than $100 million in funds. Funds that were approved in the annual budget specifically for staffing were spent elsewhere. The full truth also would have disclosed that the Network issued a written directive to Human Resources early in 2019 to stop all BHC hiring. My requests that the Department disclose those facts were not welcome and were ignored, and I was told to stop sending any information that ran contrary to the Department story for fear of public disclosure.

It is my opinion that if you are ever to have a culture of transparency and openness then orchestrated campaigns of disinformation such as this one must not be tolerated. The public has a right to know all of the facts, not just the facts that put the Department in the best light.

Thank you for your time, Ron Weigelt

11\5\2019 - Statement to the San Francisco Department of Public Health, Health Commission

Good afternoon President Loyce and members of the Commission. My name is Ron Weigelt and I am a 62 year old disabled veteran who was a dedicated worker for your department until last Friday. Now, I am unemployed with no medical insurance for myself or my chronically ill spouse, with only enough savings to pay my mortgage for a few months. As an older worker, my chances of successfully finding employment are much lower than they are for younger workers. And, the manner in which the Department and the City handled my separation has drastically reduced my chances of successfully finding employment.

On October 17th the Examiner ran an article within minutes of my attending a meeting with Dr. Colfax. That article included a quote by Dr. Colfax stating that Dr. Colfax had asked for my resignation. It was obvious that the Department had worked with the reporter in advance of my meeting. This breach of my privacy gave unreasonable publicity to my private life. By providing the Examiner with that quote, it set the article up to inaccurately make it appear that I was terminated for an unspecified derogatory reason. That statement will forever hinder my ability to be re-employed, and if employed it is likely to reduce my ability to earn the same or more than I made here.

I worked for you for 6 and a half years. During that time I successfully provided human resources support to implement the Affordable Care Act and to do the hiring needed to create our Health Network in 2014. I ensured that we were adequately staffed for our move into the new hospital in 2016. And, most recently I negotiated language with our unions to ensure that the Epic electronic medical records system could be implemented smoothly. These and many more accomplishments should have ensured me a respectful and trauma informed separation. Instead, the department and the City opted to work with the Examiner to trash my reputation now and into the future. In their statements to the press, the Department placed me in in a false light before the public, acting with malice and in reckless disregard for my reputation. I find this behavior to be inexcusable.

Thank you for your time, Ron Weigelt

I've worked at SFGH for twelve and a half years. I started as a new grad in July of 2007.
I love SFGH. I did many of my clinicals here; it was my first choice of where to work after graduating. I started on 6A, a very odd floor that was half Orthopedics, half Pediatrics. After a couple of years of experience under my belt I moved to 4B the Step-down unit. 4B was great unit, that I loved, and learned so much. Unfortunately when the move to the new hospital was made, the Step-down unit was eliminated and 4B became H66-68 which was a general medical-surgical floor. I decided to make the move to the Emergency Department for more knowledge and new challenges.

I have so many good things to say about the ED. I work with a staff of really smart nurses. The working relationship between the doctors and the nurses is respectful and collaborative (something that was not generally true as an in-patient nurse). We had some fantastic educators, Rich Nepomuceno, Rachel Limon, and our out-of-this-world smart, caring and informed CNS John Fazio. Our former manager Melissa Pitts was kick ass and nursing positive. The training program was on point; no wasted time. We were given pertinent information to become ED nurses in a clear and concise manner.

This brief outline of my time at SFGH sounds lovely. But through out the past 12 years, staffing and therefore patient safety has always been an issue. Every manager I have worked under, both the good, bad, and the mediocre has said "I'm going to fix the staffing". I believe they tried; they got new people in. However the staffing can't be fixed if half of the staff is per-diem and only have to work when they want to. The staffing can't be fixed without retaining the staff that is already in place. The staffing can't be fixed if everyday is such a battle that staff call in sick because they can't physically or emotionally handle coming to work.
The staffing is an issue that impacts patient safety.

As a new grad nurse on 6A, we still had LVNs working on the floor with full patient loads. I was expected to handle my patient load AND supervise an LVN and do all IV meds for the LVN. This meant that I had a full patient load of 5 patients and was also assisting with the care of 5 other patients as needed. Not only was this a lot of patients to be responsible for, but I was a new grad and still learning!

When I moved to 4B, the ratio was 3:1, which, in some ways, was better. However our patients were very sick. Many drips, dressing changes, multiple med passes, restrained patients with TBIs or alcohol withdrawal and total care patients. In theory we had PCAs to help us, except that every single day that I worked on 4B, every PCA was used as a coach for confused/combative patients. Therefore the PCA was only able to help a nurse *if* that particular patient that the PCA was assigned to close-obs needed something. My entire day would be stressful, trying to figure out how to do all of my tasks with absolutely no help. I had to do the admission database for new patients,start IV's, draw blood, pass meds, do restraint documentation, feed, clean and turn total care patients, do wound care which could take an hour...the list goes on. Everyone tried to help, but you can't help if you are drowning in your own assignment. Everyone always has a full assignment, so no wiggle room for sicker patients or patients with a lot of tasks that needed to be done.
When 4B, the step-down, moved to the new hospital and became H66-68/Medical-Surgical, the problems

Zuckerberg San Francisco General Hospitals Inaccurate Portrayal of an ACE Unit

Imagine your elderly grandparent, confused, in pain, and possibly soiled in a hospital bed. They were told several times not to get up from the bed without the help of a nurse because they are a high falls risk. However, they've called several times, and have been waiting for what seems to be an eternity, but nobody is answering the call, and there is nobody immediately around or that has time to come help. Within a few hours grandma is even more confused, she in now attempting to get out of bed without assistance, almost fell, and doesn't know when she needs to use the bathroom, so has been put in a diaper.

Unfortunately, this has become the sad reality of Zuckerberg General Hospitals Acute Care for the Elderly unit (ACE unit). The one unit in the hospital designated to deliver equitable care for San Francisco 65 years and older population, who have been admitted to the hospital. According to Zuckerberg San Francisco General Hospital Geriatric Care webpage, accessed on December 6, 2019, the ACE unit takes an interdisciplinary approach in caring for hospitalized older adults. It claims that each morning the patients are seen by a physician, nurse, occupational therapist, pharmacist, and social worker who meet and discuss their care, and focus on treatments such as exercise, socialization, and sleep hygiene. In fact, the hospital even received funding to ensure that this specialized approach is utilized.

However, this beautifully painted picture has not been the case recently, and according to several staff who worked on the unit prior to the last few years, the website was much more accurate. With the move to the new building in the spring of 2016, the doctors, nurses and staff had high hopes for the transformed and innovative new ACE unit. Specifically designed with windows in every patient room, equipped with a community dining, and a private roof top garden. Unfortunately, this well intended change turned out to be the downfall of the specialized, and quality care that the patients once received. With this move there was a promise for more trained staff in order to accommodate the needs of the population, growing patient numbers, and the much larger environment. Support staff who would be available to accompany the patients to the roof top garden, sit with and assist them in community dinning, socialization, and exercise. However, over the last few years, these promises proved to be empty, and the all hopes turned into desperation. The staffing conditions dramatically worsened, and what was once coordinated, and specialized care turned into rushed, and substandard care. Some even question whether the funding ran out, is not being used appropriately, or is simply not enough to maintain the adequate care needed for this specialized unit.

Currently there is no designated Social Worker, Nutritionist, Physical or Occupational Therapist for the ACE unit, and rarely support staff or Nursing Assistants available. Let alone these individuals meeting every morning, to provide or optimize patient care, or staff to take the patients to the community dinning, rooftop garden, socialize or exercise. These are some of the unique care models known to make up the foundations of what an ACE unit is supposed to be. Instead, the "so called" specialized care lands on only 2 staff members, 1 Geriatric doctor or Nurse Specialist, and the primary nurse. All whom are responsible for various other patients and patient care needs, and are barley keeping their heads above water. Over the last few years the ACE unit has struggled to meet or maintain adequate staffing, one of the many outcomes related to poor working conditions, and low job satisfaction.

When informing management and administration of this crucial disposition, the staff have been told to "be creative." In other words, go out of safe patient ratio to help other nurses because

nobody else is around or available, risk patient and staff safety, stay late, skip breaks, or just do whatever needs to be done, to get the job done. The dedicated Doctors, Nurses, and support staff have attempted to do their best given the limited resources allotted by administration. This has not come without a cost, it has been at the expense of the patients, the staff, and to the families of these individuals. The staff working on this floor, and the patients assigned to this unit have been set up for failure. The lack of funding for the ACE program or the misuse of the funding cannot and should not be a valid reason to continue to falsely advertising or claim to the public that this units is living up to ACE standards.

Let's be honest, no good is being done for the patients by attempting to help them without the necessary resources. It is time that the staff of this unit, those working closely with this patient population, and the public stand up to management and administration and say, enough is enough, WE DESERVE BETTER!

The Dream Job

When I graduated from nursing school and landed a job at my dream hospital, SFGH, I thought, "I have arrived!" Little did I know that only a few short years down the line I'd frequently come to view it as a nightmare. I love my work, my patients and my coworkers. But the hospital-wide culture of scarcity of resources, protocol-only over humanity, and fear of retaliation have quickly become all too familiar and I wonder- how did I come to work for a boss I can't trust and an administration whose top priorities don't seem to include patient safety or clinical outcomes, let alone the satisfaction or care of employees!?

Quickly after becoming a floor nurse I moved to night shift where I'd heard it was less chaotic. I wanted to spend time getting to know my patients. I wanted to stop the feeling that I was constantly running out on them and their worried families at the first possible chance in order to finish my charting or rush to the next overdue task. I also wanted to spend less time explaining myself to a manager who views questioning nurses' actions as leadership, and micromanages the unit while scarcely discussing big-picture clinical outcomes.

Upper management recently implemented a new medical record program, Epic, that is supposed to make our jobs easier and safer. With only one day (8 hours) of training compared to other hospitals that had 3 or more days I find myself in a constant state of fear that I've missed something, or that I will be pulled into the manager's office and reprimanded for meds that were charted 5 minutes late etc. I fail to see how this is an improvement and despite 'super-users' stationed around the hospital it has been totally half hazard with countless patients and families commenting on the delay it has caused in their care. The lack of educational opportunities for nurses in general is pretty abhorrent and this is only the most glaring example.

Along the lines of being reprimanded for late charting with the new system, punitive and insensitive management seems to be the norm on our unit. The manager has the power of scheduling our shifts and I've found it impossible to know when she will approve requests or deny them until the very last minute. As a consequence the nursing staff ends up shorting our family and friends due to the inability to plan more than two weeks out. It impacts our ability to build relationships within our communities or have regular activities for our families' health such as field trips in our childrens' schools, art classes or exercise programs. This may be the nature of shift work but all too often our nurses are begging to swap shifts with other nurses who were clearly available to work those hours in the first place.

Recently we've had a number of patients who died unexpectedly on our unit. Instead of debriefing with the nurses as one might expect, management has primarily showed concern with documenting the circumstances and necessary protocol. I will never understand that when a patient dies like this there is zero concern for the staff yet when a patient falls with or without injury we are required to 'huddle' and discuss the event. It seems that all the emphasis from management is financial: a) getting patients discharged, b) getting them off 1:1 coach, and c) avoiding falls - never mind outcomes!

So I ask myself, should I move to a different hospital? Friends who are nurses love to tell me about their respective Bay Area hospitals and the overtime pay and higher wages they earn. Meanwhile when I work extra shifts as a per-diem/P103 RN at the request of management I make a few dollars an hour more, far short of the 1.5 time offered at most hospitals. But no, I will not go. I will stay and continue to fight for the safety of our high-risk patients and the care that I believe nurses can and should be afforded the resources to provide them. As a bilingual nurse I believe that my work is especially valuable to our diverse patient population and I will continue to serve who I believe to the real backbone of the city- the immigrants and injured who without us might have no place to turn. I expect that city government will step up and support our work where hospital administration has inexcusably failed while we continue to serve as the frontline safety net of our community.

Here's a list of thoughts
- just had a nurse (not a new nurse) who was on vacation for 2 weeks and woke up at midnight in drenched sweat and a panic attack about coming back to work that morning. Work should not be that traumatic.
-pushing out Pitts, Rich, Rachel with lack of support only to replace with less experienced and qualified staff. One of the manager replacements only working Tues-Thurs.
-When lean took over, there was a huge staff involvement. Once front line staff realized that their input was not encouraged or valued or considered for change, involvement has greatly decreased.
- I've had conversations with new nurses that are beat down already. They have been super active with committees and improvements in other departments and "want to just come to work and fly under the radar" here because of the toxic leadership and complete lack of support.
- The work intensity and pace is unsustainable with no reprieve. We are losing experienced staff in droves d/t stress/exhaustion with no signs of change or improvement to department. No support or acknowledgement of unsustainable working conditions or attempt to improve/fix it.
-People avoid moving up to leadership positions or getting more involved simply because of the lack of support and toxic leadership all the way up to the ED director CNO and CEO.

FYI, last night recap.
Pod A=18 (constantly full)
Pod B=8
(constantly full)
Pod C= 12
(also full and having to absorb the mass amount of peds waiting when B closed at 2300)
Resus=11 plus
Triage turned into a pod, treating patients that needed to get back but literally no where to go. Nebs in the hallway going for the asthmatic, poor woman with the radial/ulnar deformity in excruciating pain, lined /labs/dilaudid/Zofran in the triage area waiting for a room. So, typical night... Multiple sick calls on top of short staffed to begin with, no help, holding on by the seat of our pants trying to provide humane and dignified care to our patients. Oh yeah, and it was Shino's last night. Another experienced and dedicated nurse gone who I would've wanted to care for me or my family. Ooof! Btw, our docs are in the dark. I was talking to Rob Rodriguez, who was shocked that Shino was leaving, and he was so surprised to hear what has been happening.

"Culture of Silence" at "Zuckerberg" SF General Hospital

After the revelation of patient abuse that continued for years at Laguna Honda , DPH Director Colfax properly decried a "culture of silence". He shouldn't be surprised as my own experience demonstrates the lengths hospital administration will go to silence anybody who dares to express concerns.

I warned of unauthorized FB research risk at SF "Zuckerberg": I was removed from the ethical review board

I contact DPH whistle-blower hotline with concern that Facebook may target "Zuckerberg" SFGH for more unethical research. I am warned not to be "political" on work time. Subsequently Facebook hired a Bay Area physician to "obtain" medical data from major US hospitals.

I reported an increase in serious patient injury falls associated with overcrowding and inadequate staffing: I was removed from leadership of the falls committee.

I saw that risk management was reporting patient fractures from falls as minor injuries and ignoring nurse documentation of bleeding or bruising to say "no injury": they removed my access to the unusual occurrence database.

The hospital posted incorrect statistics on falls on its Facebook page and I told the Health Commission: They will no longer let me train new employees about our falls prevention program.

I tell Nursing executive committee Union is happy to work with management to provide respectful care of LGBTQI patients. CNO says: "This isn't a union business meeting and we don't need or want your support."

I publish results of quality improvement study showing an unprecedented reduction of falls and resultant injuries and want to nominate the falls committee for an award from Health Commission. I am told that chief nurse officer (CNO) is angry and I am not to contact DPH Director.

Collaborative Alliance for Nursing Outcomes (CALNOC) comparative data shows hospital has increasing numbers of homeless patients at disproportionate risk of injury, CNO elects to withdraw from any nurse comparative outcomes.

I am applauded for my participation in the movie "5B", the first inpatient AIDS unit here at SFGH I worked in back in the '80s. Now my supervisor tells me we will need to "brainstorm" about what work I will do now that hospital is no longer benchmarking nursing-sensitive outcomes.

I shared this with the Health Commission in person. No response. I wrote to Grant Colfax. No response.

They may ignore and cover up data and even fire me, but I refuse to pretend that Epic or Lean will solve all our problems.

"When payroll corrections lead to union and legal representation; the staff is left feeling unvalued, fearful, uncomfortable and angry. Not being paid repeatedly in a correct and timely manner, is a form of negative treatment over a long period of time that systemically breaks down morale and results in a hostile and resentful work environment." -staff nurse

&&&&

Hi my love!! Good to hear from you. You probably didnt know this but I resigned my position (again) One of the reasons I came back was to make it easier to transition into a per diem position. Of course as you know that is not the case, it is actually harder since I would have to resign and be placed on the list, at the bottom of the list!!!. According to Chad HR takes per diem candidates from the top of the list, they never know what apps they are going to get until they're on their desk. To me that just sounds to conniving and I dont want any part of it. I told him to take a look around (we were in POD A) Every single nurse was a brand new entp or a traveler, even team lead was a newer nurse. I told him they are losing good experienced nurses. In my opinion he really didnt seem to mind the inexperience and potential danger to our pts and of course the baby nurse who are not "street smart" yet. I made up my mind that night that I would be leaving again this time for good.

Sent from Yahoo Mail on Android

My first job as a nurse was at the General, I can safely say that working side by side with some of the best nurses has been a blessing! If a patient crashes... you know that coworkers will be there to help and support you.

Things that made it hard and stressful was staffing, we often don't have break nurses and cover 8 patients at a time this is dangerous and if you had a loved one hospitalized you would see why!

Micromanagement, bullying, clicks and set ups were a common thing on the floor I worked, and throughout the whole hospital. If you ever worked on the ACE Unit under the current manager you are familiar with the power, discrimination, intimidation, hate and set-ups that come with it!
A couple examples to begin with, the floor is not diverse. That can be a problem if you don't fit in. You won't move up even when promised. The manager will have certain nurses write letters to her, stating complaints of your character in order to discredit your persona. If your P103, you won't get a permanent position for a long time and never if you don't fit in. You will be over worked and never appreciated, staying late and not getting paid is common. If you try to transfer, you won't or it will be hard. Other managers will be told to block the request and you'll stay there for more torture. If you happen to get off the floor, pray you don't land in the hands of one of her buddies, because the saga will continue further discrediting who you are.

My overall experience has been very stressful, I can compare it to an abusive relationship. I personally have had many or all of the stress symptoms almost like ptsd, smallest things will trigger anxiety and stress.

Leaders just like nurses work together, not all are bad I have encountered some nice, decent and respectable mangers who are true qualified leaders that respect the rules and guidelines established by our hospital.

Those who hold high up positions and abuse their powers, should be disciplined, step down and humbled instead of having positions based on years of service and who they know, some aren't even qualified in education. New standards should be implemented with surveys and changes. Retaliation happens, for some daily.

-Anonymous Nurse

Saved Photo

[redacted]

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN NURSING

In the Matter of
Be-Verlyn I. Navarro
RN License No. 268505

Docket No. RN-07-136

CONSENT AGREEMENT FOR PROBATION

The Massachusetts Board of Registration in Nursing (Board) and Be-Verlyn I. Navarro (Licensee), a Registered Nurse (RN) licensed by the Board, License No. 268505, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board.

1. The Licensee agrees that this Consent Agreement for Probation (Probation Agreement) is entered into in resolution of the Board's investigation of a complaint filed against her, Docket No. RN-07-136.

2. The Licensee acknowledges that her conduct, as documented in Docket No. RN-07-136, constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03(5), (15), (46) and (47), and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112, section 61 and Board regulations at 244 CMR 7.04, Disciplinary Actions. Specifically, the Licensee admits that while employed as a Nurse Manager at Harborside Healthcare Nursing and Rehabilitation Center in Saugus, MA on or about December 8, 2006, she did not know the resuscitation status of a patient under her responsibility, and demonstrated a serious lack of critical thinking skills and clinical judgment when she did not initiate cardio-pulmonary resuscitation (CPR) and otherwise respond appropriately upon a report of a patient who had a full resuscitation status found unresponsive in cardiac and pulmonary arrest.

3. The Licensee hereby agrees that her nursing license shall be placed on PROBATION for one (1) year (Probationary Period) commencing with the date on which the Board signs this Probation Agreement after receiving the Agreement signed by the Licensee (Effective Date)

4. During the Probationary Period, the Licensee further agrees that she shall comply with all of the following requirements to the Board's satisfaction.

---

a. Within thirty (30) days of the Effective Date of the Probation Agreement, the Licensee shall notify the Board's Probation Monitor in writing if the Licensee is not employed in a nursing position

1ST TIME EVER!

SF BOARD OF SUPERVISORS HEARING
SFDPH/SFGH SAFETY,
STAFFING AND LEADERSHIP ACCOUNTABILITY

HAVE YOUR VOICE HEARD!

SAFE STAFFING=PATIENT SAFETY
WE STAND UP FOR OUR PATIENTS AND
BETTER PUBLIC HEALTH CARE!
DOES SAN FRANCISCO STAND WITH NURSES?

TIRED OF SHORT STAFFING AND POOR SAFETY? GET ASSAULTED? SEE A COLLEAGUE GET ASSAULTED? RETALIATION?
NO SUPPORT STAFF? ZERO ACCOUNTABILITY OF LEADERSHIP?

GET INVOLVED FOR BETTER CARE AND WORK ENVIRONMENT!
STRENGTH & POWER IN NUMBERS!

NEXT MEETING TU 3/17 6PM AT SEIU 1021
REGULARLY 1ST & 3RD TUESDAYS
350 RHODE ISLAND/KANSAS STREET ENTRANCE

SFGHEDRNs@SEIU1021.me
https://sfghedrns.home.blog/sf-board-of-supervisors-hearing-looking-into-safety-and-staffing-sfdph/?frame-nonce=b52c524ae8

SPECIAL INVITE
SF BOARD OF SUPERVISORS
PUBLIC HEARING: SFDPH

SAFETY, STAFFING & ACCOUNTABILITY

MARCH 5 2020 12 PM

RALLY @ SF CITY HALL FRONT STEPS

HEARING: GOV'T AUDIT & OVERSIGHT COMMITTEE, SFBOS

1PM RM 263

COME HAVE YOUR VOICE HEARD! NURSES MATTER!

PATIENTS NEEDS STAFF, NOT SALARY SAVINGS!

ENOUGH IS ENOUGH!

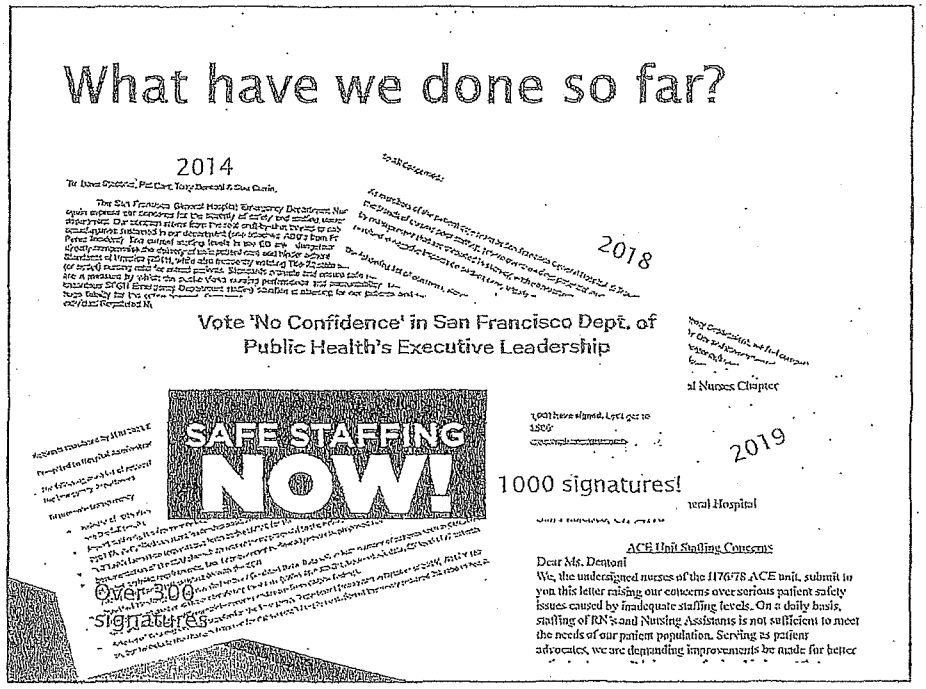
OUR PATIENTS & COMMUNITY ARE IN CRISIS -

WHILE EVERY DAY, WE DO MORE WITH LESS ON THE FRONTLINES FOR SFDPH

Thursday March 5, 2020 12 PM

#SAFESTAFFINGNOW #SILENTNOMORE

1089



Want you to understand how hard we have been trying to work with our administration

Specifics

WHAT WE'VE DONE SO FAR:

Petitions:

o Emergency Department petitions in **2014, 2016, 2018 and October 2019** pertaining to the obvious risks to patient safety due to chronic critical staffing numbers and unethical management practices.

o May 28, 2019- SFDPH petition with over 1000 signatures, to the Joint Commission for the critical staffing deficits.

o November 2019- Behavioral Health and Psychiatric Emergency petition signed by all RNs for abuse of mandatory overtime shifts to fill staffing vacancies.

o November 2019- CIR Resident Physicians petition for unsafe staffing.

o December 2019- Geriatric ACE unit petition signed by all RNs for lack of available patient coaches, whom are vital to adequate treatment of geriatric patients.

o December 2019- SFGH Medical Surgical RNs 4th floor petition for unsafe staffing levels.

Documentation of Assignment by Objection (ADO). Hundreds of ADO forms detailing unsafe and under-staffing presented to SFDPH administration at Labor Monitoring Committee Meetings.

Rallies:

o May 28, 2019- 100+ RNs rallied at SFGH Joint Commission for unsafe staffing and patient suffering.
o Oct 22, 2019- RNs rallied at SFGH Joint Commission for increased number of assaults on staff and the lack of clear violence prevention policy and training.
o November 22, 2019- RNs joined with CIR Residents to show that we are united and dedicated to advocating for our patients.
o December 10, 2019- RNs and Residents rallied at the Joint Commission Meeting after learning that we were not going to be given an opportunity to participate in a meaningful dialogue with committee members once again.

Meetings with department leadership:
o Monthly Labor Monitoring meetings- Meetings between union and leadership, staffing issues are presented and ignored or constantly in a shell game.
o December 5, 2019- Emergency Department RN stewards met with the CNO and HR to discuss the hostile work environment in the Emergency Department and a clear lack of intent to collaborate with frontline staff on programs.
o Monthly Health Commission meetings- For several years to alert administration to the staffing challenges and lack of patient and staff safety in all departments.
o December 2019- Psychiatric union steward met with Psych RN director to discuss constant mandating of overtime since May 2019. No promise of relief was offered.

Alerting state organizations:
o CalOSHA- SFGH emergency department and psychiatry have reported for increased violence, forced overtime and unsafe conditions. Investigation still pending.
o CaDPH- Laguna Honda hospital, SFGH emergency department and Psychiatry reported for unsafe staffing levels and unsafe working environment. Investigation still pending.
o Board of Registered Nursing- Emergency Department nursing director reported for practicing nursing duties without proper training, supporting a hostile work environment under direction of the CNO Terry Dentoni.

§ 70741. Disaster and Mass Casualty Program.
22 CA ADC § 70741
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
Title 22. Social Security
Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies
Chapter 1. General Acute Care Hospitals
Article 7. Administration (Refs & Annos)

22 CCR § 70741

§ 70741. Disaster and Mass Casualty Program.

(a) A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the California Emergency Plan of October 10, 1972 developed by the State Office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974 developed by the Office of Emergency Services, Department of Health. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

(b) The program shall cover disasters occurring in the community and widespread disasters. It shall provide for at least the following:

(1) Availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials.

(2) An efficient system of notifying and assigning personnel.

(3) Unified medical command.

(4) Conversion of all usable space into clearly defined areas for efficient triage, for patient observation and for immediate care.

(5) Prompt transfer of casualties, when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definite care.

(6) A special disaster medical record, such as an appropriately designed tag, that accompanies the casualty as he is moved.

(7) Procedures for the prompt discharge or transfer of patients already in the hospital at the time of the disaster who can be moved without jeopardy.

(8) Maintaining security in order to keep relatives and curious persons out of the triage area.

(9) Establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance arrangements with communications media will be made to provide organized dissemination of information.

(c) The program shall be brought up-to-date, at least annually, and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files, e.g., orientation checklist or elsewhere, indicating that all new employees have been oriented to the program and procedures within a reasonable time after commencement of their employment.

(d) The disaster plan shall be rehearsed at least twice a year. There shall be a written report and evaluation of all drills. The actual evacuation of patients to safe areas during the drill is optional.

This database is current through 2/21/20 Register 2020, No. 8

22 CCR § 70741, 22 CA ADC § 70741

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

MEMORANDUM

TO: Dr. Grant Colfax, Director, Department of Public Health
Micki Callahan, Director, Department of Human Resources

FROM: John Carroll, Assistant Clerk,
Government Audit and Oversight Committee, Board of Supervisors

DATE: January 15, 2020

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Government Audit and Oversight Committee has received the following proposed legislation, introduced by Supervisor Safaí on January 7, 2020:

File No. 200030

Resolution urging the administrative staff of the Department of Public Health to include frontline Registered Nurses and Resident Physicians in their decision-making process; to implement, to the extent possible, an expedited hiring process to less than 90-days from receipt of application; to cease supplementing staffing requirements with Contract Registered Nurses by implementing, to the extent possible, a ceiling of 5% or less of total staff; to provide annual violence prevention and disaster-preparedness training for all staff; and to support its bilingual staff.

If you have any additional comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

c: Greg Wagner, Department of Public Health
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Mawuli Tugbenyoh, Department of Human Resources

Print Form

Introduction Form

By a Member of the Board of Supervisors or Mayor

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2020 JAN -7 PM 2:26
Time stamp or meeting date

I hereby submit the following item for introduction (select only one):

- [x] 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- [ ] 2. Request for next printed agenda Without Reference to Committee.
- [ ] 3. Request for hearing on a subject matter at Committee.
- [ ] 4. Request for letter beginning :"Supervisor [ ] inquiries"
- [ ] 5. City Attorney Request.
- [ ] 6. Call File No. [ ] from Committee.
- [ ] 7. Budget Analyst request (attached written motion).
- [ ] 8. Substitute Legislation File No. [ ]
- [ ] 9. Reactivate File No. [ ]
- [ ] 10. Topic submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- [ ] Small Business Commission
- [ ] Youth Commission
- [ ] Ethics Commission
- [ ] Planning Commission
- [ ] Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.

Sponsor(s):

Supervisors Safai, Walton, Yee, Stefani

Subject:

Urging the San Francisco Department of Public Health to respond to the Zuckerberg San Francisco General Hospital (ZSFGH) Registered Nurses concerns and demands regarding understaffing, safety, and nurse-to-patient ratio.

The text is listed:

Resolution urging the administrative staff of the San Francisco Department of Public Health to include frontline Registered Nurses and Resident Physicians in their decision-making process; to implement, to the extent possible, an expedited hiring process to less than 90-days from receipt of application; to cease supplementing staffing requirements with Contract Registered Nurses by implementing, to the extent possible, a ceiling of 5% or less of total staff; to provide annual violence prevention and disaster-preparedness training for all staff; and to support its bilingual staff.

Signature of Sponsoring Supervisor: [signature]

For Clerk's Use Only