CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

Sent via Electronic Mail

December 6, 2013

SCOTT R. HELDFOND
PRESIDENT

E. DENNIS NORMANDY
VICE PRESIDENT

DOUGLAS S. CHAN
COMMISSIONER

KATE FAVETTI
COMMISSIONER

GINA M. ROCCANOVA
COMMISSIONER

IFER C. JOHNSTON
EXECUTIVE OFFICER

NOTICE OF CIVIL SERVICE COMMISSION MEETING

SUBJECT: PROPOSED AMENDMENTS TO CIVIL SERVICE COMMISSION RULES APPLICABLE TO THE UNIFORMED RANKS OF THE POLICE DEPARTMENT, VOLUME II RULE 211, EXAMINATIONS.

The above matter will be considered by the Civil Service Commission at a meeting to be held on **December 16, 2013** at 2:00 p.m. in Room 400, Fourth Floor, City Hall, 1 Dr. Carlton B. Goodlett Place.

This item will appear on the Regular Agenda. Please refer to the attached notice for procedural and other information about Commission hearings.

Attendance by you or an authorized representative is welcome. Should you or your representative not attend, the Commission will rule on the information previously submitted and testimony provided at its meeting. All calendared items will be heard and resolved at this time unless good reasons are presented for a continuance.

All non-privileged materials being considered by the Civil Service Commission for this item are available for public inspection and copying at the Civil Service Commission office Monday through Friday from 8:00 a.m. to 5:00 p.m.

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON
Executive Officer

Cc: Micki Callahan, Department of Human Resources
Dave Johnson, Department of Human Resources
Donna Kotake, Department of Human Resources
John Kraus, Department of Human Resources
Martin Halloran, San Francisco Police Officers Association
Chief Greg Suhr, San Francisco Police Department
Commission File
Chron

9

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

Sent via Electronic Mail

November 22, 2013

NOTICE OF CIVIL SERVICE COMMISSION ACTION

SUBJECT: PROPOSAL TO AMEND CIVIL SERVICE COMMISSION RULES APPLICABLE TO THE UNIFORMED RANKS OF THE POLICE DEPARTMENT, VOLUME II RULE 211, EXAMINATIONS.

At its meeting of **November 18, 2013** the Civil Service Commission had for its consideration the above matter.

It was decision of the Commission to adopt the Executive Officer's report; and to direct the Executive Officer to post the proposed revisions to Civil Service Commission Rules Applicable to the Uniformed Ranks of the Police Department, Volume Rule 211– Examinations.

If this matter is subject to Code of Civil Procedure (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON
Executive Officer

Cc: Micki Callahan, Department of Human Resources
Dave Johnson, Department of Human Resources
Donna Kotake, Department of Human Resources
John Kraus, Department of Human Resources
Martin Halloran, San Francisco Police Officers Association
Chief Greg Suhr, San Francisco Police Department
Commission File
Chron

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

Date: December 16, 2013

To: Civil Service Commission

From: Jennifer Johnston, Executive Officer

Subject: **Recommendation to Adopt Proposed Amendments to Civil Service Rule 211, Examinations**

During its meeting of November 18, 2013 the Civil Service Commission directed its Executive Officer to post proposed revisions to Civil Service Rule 211, Examinations that would: 1) create a requirement that examinations be given without charge to applicants for examinations covered under Volume II; and 2) create a pilot exception to the new requirement that examinations be without charge for a period not to exceed eighteen months, similar to the pilot Volume III Rule 311.5.2 that the Commission adopted at its meeting November 18, 2013.

The Executive Officer posted the proposed revisions to Civil Service Rule 211 on November 20, 2013 as directed (see attachment). The Executive Officer did not receive any requests to meet on, nor questions regarding, the proposed revisions.

Recommendation: Adopt the Executive Officer's report. Adopt the proposed amendments to Civil Service Rule Series 211, Examinations.

Attachment (1)

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25 VAN NESS AVENUE, SUITE 720 – SAN FRANCISCO, CA 94102-6033 – PHONE (415) 252-3247 – FAX (415) 252-3260
www.sfgov.org/Civil_Service

Attachment

Posting of Proposed Amendments to Civil Service Rule 211, Examinations

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

MEMORANDUM
CSC No. 2013 – 11

Date: November 20, 2013

To: Department Heads
Departmental Personnel Officers
Employee Organization Representatives

From: Jennifer Johnston
Executive Officer

Subject: **Notice of Posting: Proposed Amendments to Civil Service Rule 211 – Examinations, Affecting Uniformed Ranks of the San Francisco Police Department**

The Civil Service Commission ("Commission") acted on November 18, 2013, to direct its Executive Officer to post proposed amendments to Civil Service Commission Volume II, Rule 211 – Examinations, in accordance with the Charter and Civil Service Rules.

As reflected in the attachment, the proposed amendments would:

1. Create a requirement that examinations be given without charge to applicants for examinations covered under Volume II.

2. Create an 18-month pilot exception to the new requirement that examinations be without charge, during which time the Department of Human Resources would also be required to provide period reports. At the conclusion of the 18-month pilot period, the prohibition on examination fees under Volume II would be permanently imposed, absent further action by the Commission.

Requests by recognized employee organizations or other parties to meet and/or consult on these proposed Rule Volume II amendments must be submitted to my attention at Jennifer.Johnston@sfgov.org by close of business on ***Wednesday, December 4, 2013.*** Should any recognized employee organization or other party fail to request a meeting or consultation on the proposed amendment by ***5 p.m. on Wednesday, December 4, 2013,*** such failure shall be deemed an unequivocal waiver of any applicable right to meet and/or consult on the proposed amendments.

25 VAN NESS AVENUE, SUITE 720 ● SAN FRANCISCO, CA 94102-6033 ● (415) 252-3247 ● FAX (415) 252-3260 ● www.sfgov.org/civil_service/

Should you have any questions about the proposed revisions, or if you would like a copy of the staff report providing an overview of the proposed revisions, you may contact me at (415) 252-3247 or at Jennifer.Johnston@sfgov.org.

Respectfully submitted,

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON
Executive Officer

Attachment

Cc: Scott R. Heldfond, President, CSC
E. Dennis Normandy, Vice President, CSC
Douglas S. Chan, Commissioner, CSC
Kate Favetti, Commissioner, CSC
Gina Roccanova, Commissioner, CSC
Micki Callahan, Human Resources Director, DHR
Greg Suhr, Police Chief, SFPD
Martin Halloran, San Francisco Police Officers' Association

Attachment: Proposed Amendment to Rule 211, Examinations

Rule 211 - Examinations

Article I: Promotional Examinations In The Uniformed Ranks Of The Police Department

Applicability: Rule 211 shall apply to all classes of the Uniformed Ranks of the San Francisco Police Department

Section 211.1 General Provisions Governing Promotional Examinations

211.1.1 Except as specifically provided in this or other sections of these Rules, all promotions in the Uniformed Ranks of the Police Department, shall be made from the next lower civil service rank attained by examinations and/or other legally valid, job-related, selection procedures.

211.1.2 All promotive examinations in the Police Department shall be job-related, valid, and consistent with State and Federal laws that promote the non-discrimination policies of the City and County of San Francisco.

Section 211.2 Frequency of Promotional Examinations

The Civil Service Commission shall provide for promotion in the Police Department on the basis of examinations and tests at least once every four years for each promotive position or rank in the Police Department.

Section 211.3 Examination without Charge

211.3.1 Examinations shall be without charge to the applicants.

211.3.2 Pilot Exception to the Requirement that Examinations be without Charge

211.3.2(1) Notwithstanding Section 211.3.1 above, on a pilot basis for a period not to exceed eighteen (18) months, applicants for the entry-level Police Officer classification may be charged a fee by an outside vendor to take a City-approved examination that is administered by that vendor. Such fee may be waived for financial hardship.

211.3.2(2) The decision to deny an applicant's request for fee waiver based on financial hardship may be protested to the Human Resources Director within five (5) calendar days from the date of the notice of such denial. A day the Department of Human Resources is closed shall not be counted as the fifth (5th) calendar day. The Human Resources Director's decision to deny a request for fee waiver based on financial hardship shall be appealable to the Civil Service Commission in accordance with Civil Service Rule 205.12.1 - Appeal of Human Resources Director's and Executive Officer's Action, Examination Matters.

211.3.2(3) **The Department of Human Resources shall provide the Civil Service Commission with reports on a semiannual basis on those examinations for which applicants were charged a fee pursuant to this Section 211.3.2. Such reports shall include, but not be limited to, the following information for each examination: the number of applicants; the number of fee waiver requests, denials, protests and appeals; no-show rates; and available statistical information on the sex, race or ethnic group of applicants and eligibles.**

211.3.2(4) **This Pilot Rule Section 211.3.2 shall become inoperable and removed on [date 18 months from the date of Rule adoption] unless otherwise authorized by action of the Commission. The Rule shall be recorded and retained as part of the permanent Civil Service Commission records.**

Section 211.3 Human Resources Director Empowered to Act

The Human Resources Director or his or her designee shall rule on all matters concerning the examination program in accordance with these Rules.

PREVIOUS SUBMISSION SUBMITTED BY JENNIFER JOHNSTON,

EXECUTIVE OFFICER

Johnston, Jennifer

om:	Johnston, Jennifer
Sent:	Wednesday, November 13, 2013 2:23 PM
To:	; '; ; 's '; Fong, Daryl; ' '; Monroe, John; Selinger, Jacqueline; Matthews, Valerie; Williams, Yulanda; ' 'police@ccsf.edu'; 'marty@sfpoa.org'; ' ' '; ' ';
Subject:	Re: Executive Officer Staff Report on Proposal to Amend Rule 211-Examination
Attachments:	11-18-13 EO Staff Report on CF Proposal to Amend Rule 211.pdf

Dear Colleagues:

Please see the attached staff report in response to Commissioner Favetti's request that the Civil Service Commission consider amending Volume II to prohibit examination fees. **This matter will be before the Civil Service Commission for its consideration at its next meeting of November 18, 2013.** You may contact me via email or at 252-3250 should you have any questions.

Sincerely,

Jennifer Johnston
Executive Officer
Civil Service Commission
Phone: (415) 252-3247
ax: (415) 252-3260
5 Van Ness Avenue, Suite 720
San Francisco, CA 94102
www.sfgov.org/Civil_Service

THIS DOCUMENT SUPPORTS
CALENDAR ITEM 12

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

Date: November 18, 2013

To: Civil Service Commission

From: Jennifer Johnston, Executive Officer

Subject: **Proposed Amendment to Civil Service Rule 211, Examinations**

I. Overview

Currently, Civil Service Rule Volume II (applicable to uniformed members of the San Francisco Police Department) is the only Volume that allows the City to charge a fee for examinations. Civil Service Rule Volume I (applicable to miscellaneous employees), Volume III (applicable to uniformed members of the San Francisco Fire Department) and Volume IV (applicable to service-critical classes of the Municipal Transportation Agency) all contain the provision, "Examinations shall be without charge to the applicants." (See Civil Service Rules 111.5, 311.5.2 and 411.5, respectively.)

At the Civil Service Commission ("Commission") meeting of October 21, 2013, Commissioner Kate Favetti requested that the Commission consider amending Volume II to: 1) include a provision that would also prohibit charging fees for examinations covered under Volume II; and, 2) allow for a pilot period during which the prohibition on examination fees would be suspended, consistent with the proposed amendments to Civil Service Rule Volume III (applicable to uniformed members of the San Francisco Fire Department) that the Commission approved at its meeting on October 7, 2013.

Please see the attached draft amendments to Volume II for the Commission's review and consideration as requested by Commissioner Favetti.

II. Authority

Charter Section 10.101, General Powers and Duties, provides as follows:

> "Changes to the rules may be proposed by members of the Commission, the Executive Assistant or the Human Resources Director and approved or rejected by the Commission. The Commission may, upon ten days' notice, make changes in the rules, which changes shall thereupon be printed and be in force; provided that no such changes in rules shall affect a case pending before the Commission."

Civil Service Rule Series 001.5, Amendment of Rules, provides as follows:

> "The Commission may at any time amend these Rules. Any such proposed amendment shall be posted for a minimum of ten (10) consecutive calendar days prior to adoption. Upon adoption, changes in the Rules shall be in effect and shall be printed. No change in the Rules shall affect a case pending before the Civil Service Commission."

THIS DOCUMENT SUPPORTS CALENDAR ITEM 12

III. Proposed Revision to Civil Service Rule 211, Examinations

As reflected in the attachment, the proposed amendments would:

1. Create a requirement that examinations be given without charge to applicants for examinations covered under Volume II.

2. Create a pilot exception to the new requirement that examinations be without charge, similar to the pilot Volume III Rule 311.5.2 that the Commission approved for posting at its meeting on October 7th. As reflected in the attachment, the draft amendments to Volume II are consistent with the additional revisions recommended by the Executive Officer for the parallel Volume III Rule 311.5.2 (see the Executive Officer's staff report on Agenda Item #11 for the Commission meeting of November 18, 2013). Specifically, the Volume II Civil Service Rule amendment specifies that the pilot period shall be for a period not to exceed eighteen (18) months, and includes language regarding appeal rights and reporting requirements.

At the conclusion of the 18-month pilot period, the prohibition on examination fees under Volume II would be permanently imposed, absent further action by the Commission.

Recommendation:

Adopt the Executive Officer's report. Direct the Executive Officer to post the proposed revisions to Civil Service Rule 211–Examinations in accordance with the Charter and Civil Service Rules, should the Civil Service Commission agree with Commissioner Favetti's recommendation.

ATTACHMENT

Attachment: Proposed Amendment to Rule 211, Examinations

Rule 211 - Examinations

Article I: Promotional Examinations In The Uniformed Ranks Of The Police Department

Applicability: Rule 211 shall apply to all classes of the Uniformed Ranks of the San Francisco Police Department

Section 211.1 General Provisions Governing Promotional Examinations

211.1.1 Except as specifically provided in this or other sections of these Rules, all promotions in the Uniformed Ranks of the Police Department, shall be made from the next lower civil service rank attained by examinations and/or other legally valid, job-related, selection procedures.

211.1.2 All promotive examinations in the Police Department shall be job-related, valid, and consistent with State and Federal laws that promote the non-discrimination policies of the City and County of San Francisco.

Section 211.2 Frequency of Promotional Examinations

The Civil Service Commission shall provide for promotion in the Police Department on the basis of examinations and tests at least once every four years for each promotive position or rank in the Police Department.

Section 211.3 Examination without Charge

211.3.1 Examinations shall be without charge to the applicants.

211.3.2 Pilot Exception to the Requirement that Examinations be without Charge

211.3.2(1) Notwithstanding Section 211.3.1 above, on a pilot basis for a period not to exceed eighteen (18) months, applicants for the entry-level Police Officer classification may be charged a fee by an outside vendor to take a City-approved examination that is administered by that vendor. Such fee may be waived for financial hardship.

211.3.2(2) The decision to deny an applicant's request for fee waiver based on financial hardship may be protested to the Human Resources Director within five (5) calendar days from the date of the notice of such denial. A day the Department of Human Resources is closed shall not be counted as the fifth (5th) calendar day. The Human Resources Director's decision to deny a request for fee waiver based on financial hardship shall be appealable to the Civil Service Commission in accordance with Civil Service Rule 205.12.1 - Appeal of Human Resources Director's and Executive Officer's Action, Examination Matters.

Comment [JJ1]: This is consistent with the language in the other three Volumes (Rules 111.5, 311.5.2 and 411.5)

Comment [JJ2]: This Section 211.3.2 is consistent with the final language proposed by the Executive Officer for the amendments to Rule 311.5.2.

Comment [JJ3]: This language is consistent with other Rule provisions on protests of examination matters (e.g., Sections 211.5.1 and 211.15).

Comment [JJ4]: Section 205.12, Appeal of Human Resources Director's and Executive Officer's Action - 205.12.1 Examination Matters, provides:
An action by the Human Resources Director on examination matters may be appealed to the Civil Service Commission provided such appeal is received by the Executive Officer by close of business on the fifth (5th) working day (excluding Saturdays, Sundays, and holidays) following the postmarked mailing date of notification to the appellant. The appeal period shall be extended an additional five (5) working days (excluding Saturdays, Sundays, and holidays) where the notification to the appellant is sent exclusively by certified mail – return receipt requested. The Civil Service Commission's action on the appeal shall be final and no reconsideration request shall be allowed.

211.3.2(3) The Department of Human Resources shall provide the Civil Service Commission with reports on a semiannual basis on those examinations for which applicants were charged a fee pursuant to this Section 211.3.2. Such reports shall include, but not be limited to, the following information for each examination: the number of applicants; the number of fee waiver requests, denials, protests and appeals; no-show rates; and available statistical information on the sex, race or ethnic group of applicants and eligibles.

211.3.2(4) This Pilot Rule Section 211.3.2 shall become inoperable and removed on [date 18 months from the date of Rule adoption] unless otherwise authorized by action of the Commission. The Rule shall be recorded and retained as part of the permanent Civil Service Commission records.

Section 211.3 Human Resources Director Empowered to Act

The Human Resources Director or his or her designee shall rule on all matters concerning the examination program in accordance with these Rules.

Comment [JJ5]: This is based on language in the Pilot Rule for Redevelopment-Only Priority Eligible Lists, which provides:
112.32.6 Redevelopment-Only Priority Eligible List – Inoperability. This Rule shall become inoperable and removed on January 31, 2014 unless otherwise authorized by action of the Commission. The Rule shall be recorded and retained as part of the permanent Civil Service Commission records.

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

Sent via Electronic Mail

December 5, 2013

NOTICE OF CIVIL SERVICE COMMISSION MEETING

SUBJECT: **PRELIMINARY WORK PLAN: SALARY SETTING FOR THE CITY AND COUNTY OF SAN FRANCISCO BOARD OF SUPERVISORS FOR A FIVE (5) YEAR CYCLE, EFFECTIVE JULY 1, 2014 THROUGH JUNE 30, 2019, IN ACCORDANCE WITH CHARTER SECTION 2.100.**

The above matter will be considered by the Civil Service Commission at a meeting to be held on **December 16, 2013** at 2:00 p.m. in Room 400, Fourth Floor, City Hall, 1 Dr. Carlton B. Goodlett Place.

This item will appear on the Executive Officer's Report. Please refer to the attached Notice for procedural and other information about Commission hearings.

Attendance by you or an authorized representative is welcome. Should you or your representative not attend, the Commission will rule on the information previously submitted and testimony provided at its meeting. All calendared items will be heard and resolved at this time unless good reasons are presented for a continuance.

All non-privileged materials being considered by the Civil Service Commission for this item are available for public inspection and copying at the Civil Service Commission office Monday through Friday from 8:00 a.m. to 5:00 p.m.

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON
Executive Officer

Attachment

Cc: Angela Calvillo, Clerk, Board of Supervisors
The Honorable David Chiu, President, Board of Supervisors
The Honorable John Avalos, Member, Board of Supervisors
The Honorable David Campos, Member, Board of Supervisors
The Honorable Katy Tang, Member, Board of Supervisors
The Honorable Malia Cohen, Member, Board of Supervisors

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The Honorable London Breed, Member, Board of Supervisors
The Honorable Mark Farrell, Member, Board of Supervisors
The Honorable Jane Kim, Member, Board of Supervisors
The Honorable Eric Mar, Member, Board of Supervisors
The Honorable Norman Yee, Member, Board of Supervisors
The Honorable Scott Wiener, Member, Board of Supervisors
Micki Callahan, Human Resources Director
Steve Ponder, Manager, Compensation Unit, DHR
Ben Rosenfield, Controller
Debra Nebreda, Director, PPSD
Jason Elliott, Mayor's Office
Commission File
Commissioner's Binder
Chron

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

Date: December 16, 2013

To: Civil Service Commission

From: Luz Morganti, Senior Personnel Analyst

Subject: Preliminary Work Plan: Salary Setting for the City and County of San Francisco Board of Supervisors for a five (5) year cycle, effective July 1, 2014 through June 30, 2019, in accordance with Charter Section 2.100

In accordance with Charter Section 2.100 - Composition and Salary, the Civil Service Commission must again set the salary for the City and County of San Francisco Board of Supervisors for a five (5) year cycle, effective July 1, 2014 through June 30, 2019.

This Preliminary Work Plan is presented to the Commission to outline the tasks and timelines for conducting the salary survey, obtain input and receive direction from the Commission.

COMMISSION SALARY SETTING FOR BOARD OF SUPERVISORS

The Civil Service Commission first set the salary for the Board of Supervisors on May 19, 2003 for a one-year cycle beginning July 1, 2003 through June 30, 2004.

At the Civil Service Commission meeting of May 17, 2004, the Commission set the salary for the Board of Supervisors at $90,000 for a five (5) year cycle, effective July 1, 2004 through June 30, 2009. The Commission also acted to increase the salary for the Board of Supervisors each fiscal year effective July 1, 2005 based on the CPI-U reported in January of each year and not to exceed 5%. In addition, the Commission directed that the salary will not decrease in the event the CPI-U falls below zero.

THIS PRINT COVERS CALENDAR ITEM NO. 10

CHARTER SECTION 2.100 – COMPOSITION AND SALARY

Charter Section 2.100. directs the Civil Service Commission to set the salary for the City and County of San Francisco Board of Supervisors.

The Charter indicates that the Civil Service Commission shall conduct and consider a salary survey of other fulltime California City Councils and County Boards of Supervisors, and that it may also consider the Consumer Price Index (CPI) in its determination. The Civil Service Commission is directed to transmit its salary determination to the Controller in a timely manner to ensure that funds are set aside and assure implementation. This determination may not be changed except by the Civil Service Commission.

If the City and employee organizations agree to amend the compensation provisions of existing memoranda of understanding to reduce costs, the Civil Service Commission shall review and amend the Supervisors' salary as necessary to achieve comparable cost savings in the affected fiscal year or years.

SALARY SURVEY

The Commission must now set the salary for the Board of Supervisors for another five (5) year cycle, effective July 1, 2014 through June 30, 2019. The current annual salary of the Member, Board of Supervisors is $108,049.

Salary Survey Work Plan

The State of California has four hundred and seventy eight (478) cities and fifty eight (58) counties. It was established from the last survey conducted in 2009 that of the four hundred seventy eight (478) cities, six (6) cities indicate they have full-time City Council Members. Of the fifty eight (58) counties, there are forty eight (48) counties that have full-time Board of Supervisors. Therefore, salary information will be collected for six (6) California cities and all forty eight (48) California counties that have full-time City Council members or Board of Supervisors.

TIMELINE	BASIC INFORMATION
January 2014 – May 2014	**Survey and obtain annual salary information for Councilmembers and/or Member of Board of Supervisors for California cities and counties that have fulltime City Councils and County Supervisors.**
February 2014	Obtain Consumer Price Index Report for All Urban Consumers (CPI-U) issued by the United States, Department of Labor, Bureau of Labor Statistics, for the period from December 2012 to December 2013.
May 2014	Analyze, finalize and prepare salary information to present to Commission.

Timeline

CIVIL SERVICE COMMISSION REPORTING TIMELINE	
CSC MEETING	ACTIVITY
December 16, 2013	Presentation of preliminary work plan; outline of Civil Service Commission responsibilities.
April 07, 2014	Progress report
May 19, 2014	**Presentation of salary survey findings & recommendation at the Civil Service Commission Regular Meeting; Commissioners make decision & set base salary; forward salary decision/notice of action to the Controller for inclusion in the FY 2014-15 budget.**

RECOMMENDATION: Accept the report.

Attachment: SF Charter Sec. 2.100. Composition and Salary

c: Angela Calvillo, Clerk, Board of Supervisors
The Honorable David Chiu, President, Board of Supervisors
The Honorable John Avalos, Member, Board of Supervisors
The Honorable David Campos, Member, Board of Supervisors
The Honorable Katy Tang, Member, Board of Supervisors
The Honorable Malia Cohen, Member, Board of Supervisors
The Honorable London Breed, Member, Board of Supervisors
The Honorable Mark Farrell, Member, Board of Supervisors
The Honorable Jane Kim, Member, Board of Supervisors
The Honorable Eric Mar, Member, Board of Supervisors
The Honorable Norman Yee, Member, Board of Supervisors
The Honorable Scott Wiener, Member, Board of Supervisors
Micki Callahan, Human Resources Director
Steve Ponder, Manager, Compensation Unit, DHR
Ben Rosenfield, Controller
Debra Nebreda, Director, PPSD
Jason Elliott, Mayor's Office

City and County of San Francisco Charter

SEC. 2.100. COMPOSITION AND SALARY

The Board of Supervisors shall consist of eleven members elected by district.

The office of Board of Supervisors member is a full time position. The Civil Service Commission shall set the Supervisors' salary once every five years. Before the Commission determines the Supervisors' salary, it shall conduct and consider a salary survey of other full time California City Councils and County Boards of Supervisors and it may consider the Consumer Price Index (CPI).

The Civil Service Commission shall timely transmit its determination of the Supervisors' salary to the Controller, so that funds can be set aside for that purpose. The Controller shall include the Civil Service Commission's determination in appropriate budget documents to insure implementation. This determination may not be changed except by the Civil Service Commission.

The Civil Service Commission shall establish dates for an appropriate five-year cycle for making the determinations required by this Section, in order to efficiently coordinate with City budget processes and related procedures. In order to institute this five-year cycle the initial determination may be for less than a five-year period, as determined by the Civil Service Commission.

If the City and employee organizations agree to amend the compensation provisions of existing memoranda of understanding to reduce costs, the Civil Service Commission shall review and amend the Supervisors' salary as necessary to achieve comparable cost savings in the affected fiscal year or years.

The provisions of this Section shall apply, notwithstanding any other provision of this Charter. (Amended November 1996; June 1998; November 2002)

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

Sent via Electronic Mail

December 5, 2013

NOTICE OF CIVIL SERVICE COMMISSION MEETING

Marcus Campos

SUBJECT: REQUEST FOR HEARING BY MARCUS CAMPOS ON HIS FUTURE EMPLOYMENT RESTRICTIONS WITH THE DEPARTMENT OF PUBLIC HEALTH.

Dear Mr. Campos:

The above matter will be considered by the Civil Service Commission at a meeting to be held on **December 16, 2013** at 2:00 p.m. in Room 400, Fourth Floor, City Hall, 1 Dr. Carlton B. Goodlett Place.

The agenda will be posted for your review on the Civil Service Commission's website at www.sfgov.org/Civil_Service under "Meeting Materials" no later than end of day on Wednesday, December 11, 2013. Please refer to the attached notice for procedural and other information about Commission hearings. A copy of the department's staff report on your appeal is attached; however, a hard copy is also available for your review at the Civil Service Commission's office located at 25 Van Ness Avenue, Suite 720, San Francisco.

In the event that you wish to submit any additional documents in support of your appeal, the deadline for receipt in the Commission office is 5:00 p.m. on **Tuesday, December 10, 2013** (as a reminder, we require an original and eight copies of any supplemental materials you wish to submit—all double-sided, hole-punched, paper-clipped and numbered). Again, please be sure to redact your submission for any confidential or sensitive information that is not relevant to your appeal (e.g., home addresses, home or cellular phone numbers, social security numbers, dates of birth, etc.), as it will be considered a public document.

Attendance by you or an authorized representative is recommended. Should you or a representative not attend, the Commission will rule on the information previously submitted and any testimony provided at its meeting. Where applicable, the Commission has the authority to uphold, increase, reduce, or modify any restrictions recommended by the department. All calendared items will be heard and resolved at this time unless good reasons are presented for a continuance.

All non-privileged materials being considered by the Civil Service Commission for this item are available for public inspection and copying at the Civil Service Commission office Monday through Friday from 8:00 a.m. to 5:00 p.m.

You may contact me at (415) 252-3247 or at Jennifer.Johnston@sfgov.org if you have any questions.

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON
Executive Officer

Attachments (2)

Cc: Micki Callahan, Department of Human Resources
Donna Kotake, Department of Human Resources
Michael Brown, Department of Public Health
Ron Weigelt, Department of Public Health
Y. Denise Fisher, Department of Public Health
Willie Rameriz, Department of Public Health
Niki Mbotu, Department of Public Health
Dr. Joseph Pace, Tom Department of Public Health
Rebecca Silverman, Department of Public Health
Brook Demmerle, SEIU Local 1021
Commission File
Commissioners' Binder
Chron

ORIGINAL APPEAL SUBMITTED BY APPELLANT

CIVIL SERVICE COMMISSION
City and County of San Francisco
25 Van Ness Avenue, Suite 720
San Francisco, California 94102-6033
Jennifer Johnston, Executive Officer
(415) 252-3247

CSC Register No. 0223-13-7

To: X M. CALLAHAN

CC: D. KOTAKE
L. PALILEO
R. WEIGERT

APPEAL TO THE CIVIL SERVICE COMMISSION

INSTRUCTIONS:
Submit an original copy of this form to the Executive Officer of the Civil Service Commission at the address above **within the designated number of days** following the postmarked mailing date or email date (whichever is applicable) of the Department of Human Resources' or Municipal Transportation Agency's notification to the appellant. The appellant's/authorized representative's original signature is required. **(E-mail is not accepted.)** It is recommended that you include all relevant information and documentation in support of your appeal.

TYPE OF APPEAL: (Check One)
- ☐ Examination Matters **(by close of business on 5th working day)**
- ☐ Employee Compensation Matters **(by close of business on 7th working day) - Limited application**
- ☐ Personal Service Contracts **(Posting Period)**
- ☐ Other Matters (i.e., Human Resources Director/Executive Officer Action) **(30 Calendar days)**
- ☐ Future Employability Recommendations (See Notice to Employee)

Marcus Campos — Full Name of Appellant
SO Ivy — Work Address
Work Telephone

2430 — Job Code
nEA — Title
Tom Waddell Health Center — Department

Residence Address
City
State
Zip
Home Telephone

Full Name of Authorized Representative (if any)
Telephone Number of Representative (including Area Code)

NOTE: If this is deemed to be a timely and appealable matter, the department will submit a staff report to the Civil Service Commission to request that it be scheduled for hearing. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick-up a copy of the department's staff report at the Commission's offices. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please provide your email address below.

Email:

COMPLETE THE BASIS OF THIS APPEAL ON THE REVERSE SIDE. (Use additional page(s) if necessary)

Does the basis of this appeal include **new** information not previously presented in the appeal to the Human Resources Director? If so, please specify.	Check One: ☐ Yes ☐ No — more indepth & in writing

2013 AUG -6 PM 4:37

Original Signature of Appellant or Authorized Representative

08-06-13
Date

CIVIL SERVICE COMMISSION
SAN FRANCISCO
RECEIVED

CSC-12 (5/13)

Date Received by Civil Service Commission: _____

State the basis of this appeal in detail. For more information about appeal rights and deadlines, please review the Civil Service Rules located on the Civil Service Commission's website at www.sfgov.org/Civil_Service.

Request a civil service hearing to appeal HR Mngr M. Brown & HR Per. Anylst recommendation for no future employment with DPH.
Reason for termination given as: "charges of mistreatment of person a patient abuse and b) dishonesty during the internal investigation"
a) patient abuse: I challenge for context and intent of action with the event — "special" circumstance where communication is unavailable other than physical contact - Ex. pt is blind, deaf, mute — allegedly; pt is new to The physical contact in question was not for bad purpose - see definition — however the pt and temporary caretaker received p. contact with bad effect -
Further the contact was with the intent to lead pt away from reckless physical action he was exhibiting — Ex - of — too the potential endangerment to self, myself, and potentially the temporary care taker
b) dishonesty during the internal investigation:
attachment F is the written synopsis of events by me the day after event. This document was available for both Mboka & Brown to discern that I did not deny making physical contact with the patient however I do not subscribe to my contact as "hit" rather as a "pat" — see line 33 "paragraph" 10.
This seems a nuance of word scheme — however to emphasis the emergent situation that developed and my reaction apparent panic? (some say) — was not some harmful blow and further to not lie at the investigation.

CSC-12 (5/13) ~~Find a more appropriate reason for discharge~~ **(Use additional sheets if needed)**

Also four fingers versus hand contact -

Marcus Campos 08-06-13

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

August 7, 2013

Marcus Campos

Subject: **Register No. 0223-13-7: Request for Hearing on Future Employment Restrictions and Services deemed Unsatisfactory with the Department of Public Health for Marcus Campos**

Dear Mr. Campos:

This is in response to your appeal submitted to the Civil Service Commission on August 6, 2013 requesting a hearing on his future employment restrictions and services deemed unsatisfactory with the Department of Public Health as a 2340 Medical Evaluation Assistant. Your request has been forwarded to the Department of Human Resources and the Department of Public Health for investigation and response to the Civil Service Commission.

If your appeal is timely and appropriate, the department will submit its staff report on this matter to the Civil Service Commission in the near future to request that it be scheduled for hearing. The Civil Service Commission generally meets on the 1st and 3rd Mondays of each month. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick-up a copy of the department's staff report at the Commission's offices located at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please submit your request to CivilService@sfgov.org (this will also result in your receiving the meeting notice and staff report a few days sooner).

In the meantime, you may wish to compile any additional information you would like to submit to the Commission in support of your position. The deadline for receipt in the Commission office of any additional information you may wish to submit is 5:00 p.m. on the Tuesday preceding the meeting date (note that the Commission requires an original and eight copies of any supplemental/rebuttal materials you wish to submit—all double-sided, hole-punched, paper-clipped and numbered). Please be sure to redact your submission for any confidential or sensitive information (e.g., home addresses, home or cellular phone numbers, social security numbers, dates of birth, etc.), as it will be considered a public document.

You may contact me by email at Jennifer.Johnston@sfgov.org or by phone at (415) 252-3247 if you have any questions. You may also access the Civil Service Commission's meeting calendar, and information regarding staff reports and meeting procedures, on the Commission's website at www.sfgov.org/Civil_Service.

Sincerely,

CIVIL SERVICE COMMISSION

Sandra Eng FOR

JENNIFER JOHNSTON
Executive Officer

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

NOTICE OF RECEIPT OF APPEAL

DATE: August 7, 2013

REGISTER NO.: 0223-13-7

APPELLANT: MARCUS CAMPOS

Micki Callahan
Human Resources Director
Department of Human Resources
1 South Van Ness Avenue, 4th Floor
San Francisco, CA 94103

Dear Ms. Callahan:

The Civil Service Commission has received the attached letter from Marcus Campos, requesting a hearing on his future employment restrictions and services deemed unsatisfactory with the Department of Public Health as a 2340 Medical Evaluation Assistant. Your review and appropriate action is required.

If this matter is not timely or appropriate, please submit CSC Form 13 "Action Request on Pending Appeal/Request," with supporting information and documentation to my attention at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. CSC Form 13 is available on the Civil Service Commission's website at www.sfgov.org/Civil_Service under "Procedures and Forms."

In the event that Mr. Campos' appeal is timely and appropriate, the Department of Public Health is required to submit a staff report in response to the appeal within sixty (60) days so that the matter may be resolved in a timely manner. Accordingly, **the staff report is due no later than 11 a.m. on September 26, 2013** so that it may be heard by the Civil Service Commission at its meeting on October 7, 2013. If you will be unable to transmit the staff report by the September 26th deadline, or if required departmental representatives will not be available to attend the October 7th meeting, please notify me by use of CSC Form 13 as soon as possible, with information regarding the reason for the postponement and a proposed alternate submission and/or hearing date.

You may contact me at Jennifer.Johnston@sfgov.org or (415) 252-3250 if you have any questions. For more information regarding staff report requirements,

meeting procedures or future meeting dates, please visit the Commission's website at www.sfgov.org/Civil_Service.

Sincerely,

CIVIL SERVICE COMMISSION

Sandra Lee Fewer FOR

JENNIFER JOHNSTON
Executive Officer

Attachment

c: Donna Kotake, Department of Human Resources
Lucy Palileo, Department of Human Resources
Ron Weigelt, Department of Public of Health

ADDITIONAL INFORMATION

SUBMITTED BY THE APPELLANT ON

SEPTEMBER 3, 2013

AND

NOVEMBER 21, 2013

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

September 4, 2013

Micki Callahan
Human Resources Director
Department of Human Resources
1 South Van Ness Avenue, 4th Floor
San Francisco, CA 94103

Dear Ms. Callahan:

I am forwarding for your review, additional information submitted by Marcus Campos on his request for hearing on his future employment restrictions and services deemed unsatisfactory with the Department of Public Health as a 2340 Medical Evaluation Assistant. This matter was forwarded to the Department of Human Resources on August 7, 2013 with CSC Register No. 0223-13-7.

Sincerely,

CIVIL SERVICE COMMISSION

Sandra Eng FOR

JENNIFER JOHNSTON
Executive Officer

Attachment

c: Donna Kotake, Department of Human Resources
Ron Weigelt, Department of Public Health

City and County of San Francisco

Department of Public Health

Human Resource Services
Labor Relations Division
(415) 554-2587
Fax (415) 554-2855

CIVIL SERVICE COMMISSION
REGISTER NUMBER 0245 13 7

RE: M. CAMPOS APPEAL
ADDITIONAL INFO

M. Callahan
D. Kotake
R. Weight

Mayor
Edwin M. Lee

Barbara A. Garcia, MPA, Director of Public Health

2013 SEP -3 PM 2:33

VIA CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

June 4, 2013

Marcus Campos

The Department of Public Health, Human Resources Office is conducting an internal investigation into an allegation of patient abuse after an incident which occurred on May 22, 2013. The Department has determined that an interview with you is necessary to complete this investigation.

You are hereby directed to attend an investigatory interview with Human Resources on Monday, June 10, 2013 at 10:00am. This interview is mandatory. Failure to attend will constitute insubordination and could result in discipline. You may bring a representative of your choosing to the interview. Please be aware that no decision to proceed with discipline has been made at this time.

You are directed to answer all questions truthfully and provide any pertinent information during the investigatory interview. You are reminded not to contact and discuss this issue with co-workers or retaliate against anyone you believe may be involved in the investigation as a witness or in any other capacity. City policy strictly prohibits retaliation against any participants involved in an internal investigation.

The contents of this letter and the investigatory interview are considered confidential and you are directed to not discuss either the contents of the letter or the questions asked during the investigatory interview with anyone except your chosen representative until the investigation is complete. Failure to comply with any part of this letter may result in disciplinary action up to and including discharge.

Please report to San Francisco General Hospital, CHN Building, 2789 – 25th Street, 3rd Floor, Rm 339 on Monday, June 10, 2013 at 10:00am.

If you have any questions, please contact me directly at (415) 206-5025.

* called AR 08/06 ISMS for empyee file

Sincerely,

O. Niki Mbotu-Mitchell, Personnel Analyst

cc: Marcus Campos - regular mail
Michael Brown, HR*
Rebecca Silverman*
**electronic copy*

Personnel
101 Grove

change termination
to resignation & teach
Future employment ?

07/19

5

Case No.: 4950742 San Francisco Office of Appeals
CLT/PET: Marcus A Campos ALJ: Ira Jacobowitz
Parties Appearing: Claimant
Parties Appearing by Written Statement: None

ISSUE STATEMENT

The claimant appealed a determination disqualifying him for unemployment benefits under Unemployment Insurance Code §1256. The issue in this case is whether the claimant was discharged for misconduct connected with the most recent work.

FINDINGS OF FACT

The claimant worked most recently as medical evaluation assistant for 18 months for the above-named employer, earning $22 per hour as his final rate of pay. The claimant last worked on May 23, 2013, and was discharged as follows.

The claimant's job involved providing emergency and primary care to low and no-income, at-risk patients. On his final day of work, a patient who had been to the clinic twice before came in for a primary care appointment. The claimant was to take the man's vital signs and draw blood for a glucose/diabetes screen. The patient was a large man, accompanied by his new caregiver. The claimant had learned from the two previous visits that the patient was deaf, mute and blind.

In the final encounter, the caregiver brought the patient to the claimant's room, and had to caution the man (by touch and "writing" on his palm) not to "explore" by waving his arms. The claimant took the vital signs and drew the blood from the patient's middle finger. The claimant placed a cotton swab on the finger and proceeded to run the glucometer test. As the claimant was readying a band-aid to place on the patient's finger, the patient moved his arm, hit the glucometer and dislodged it, and wiped his bloodied finger on his pants. The claimant instinctively reached out to prevent the patient from causing more disruption; he touched the patient's wrist in what the patient later described as a "slap."

The patient stood up, made a vocal noise, and rushed out of the room. Although the claimant attempted to follow, he could not catch up to the man. The patient later filed a police report alleging battery by the claimant. After an internal investigation process, in which the claimant participated and told what he remembered, the employer discharged the claimant for two reasons: mistreatment of the patient and dishonesty during the investigation.

REASONS FOR DECISION

An individual is disqualified for benefits if he or she has been discharged for misconduct connected with his or her most recent work. (Unemployment Insurance Code, section 1256.)

"Misconduct connected with the work" is a substantial breach by the claimant of an important duty or obligation owed the employer, willful or wanton in character, and tending to injure the employer. (Precedent Decision P-B-3, citing *Maywood Glass Co. v. Stewart* (1959) 170 Cal.App.2d 719.)

On the other hand, mere inefficiency, unsatisfactory conduct, poor performance as the result of inability or incapacity, isolated instances of ordinary negligence or inadvertence, or good faith errors in judgment or discretion are not misconduct.

The employer has the burden of proving misconduct. (*Prescod v. California Unemployment Insurance Appeals Board* (1976) 57 Cal.App.3d 29.)

Testimony given at the hearing under oath and subject to cross-examination is generally entitled to greater weight than hearsay statements, whether or not such statements are signed under penalty of perjury. (Precedent Decisions P-B-218, P-B-293, and P-B-378.)

In the present case, the employer did not appear at the hearing but provided a portion of the police report and a summary of the investigative proceedings. The employer's "Summary of the Complaint" differs in significant detail from the description of the same events in its "Summary of Investigation Results". Neither of those summaries reflects the facts recited in the police report that the patient moved his hands and was restrained by the caregiver before the claimant touched him. The claimant testified credibly as to the events. Conflicts in the evidence were resolved in the claimant's favor.

The claimant had a patient who disturbed the equipment and threatened his and the claimant's safety. No evidence produced by the employer indicates the patient was harmed in any way by the claimant's "slap." The patient complained, and the employer felt it necessary to discharge the claimant. However, the employer has not established the claimant deliberately violated his obligations to the patient or to the employer. The claimant's reaction to the patient was not a willful violation of his duty to the employer. Accordingly, the claimant was discharged for reasons other than misconduct connected with his most recent employment. He is not disqualified for benefits under section 1256.

DECISION

The department determination is reversed. The claimant is qualified under section 1256, and benefits are payable provided he is otherwise eligible.

SFOA:ij/1/2

SFDPH A Info. Booklet: Comm oriented PC clinics

Your Responsibilities

Along with each patient's rights go certain responsibilities. As a patient at SFGH or at the Community-Oriented Primary Care Clinics, it is your responsibility to:

1. **Stay Informed:** If you do not understand something, keep asking the doctors or nurses. If you speak, understand, or read better in a language other than English, tell your doctors and nurses, so that we can provide interpreting services.
2. **Provide Information**: You are responsible for giving accurate and complete medical information about yourself. Tell your doctors and nurses of any unexpected changes in your condition.
3. **Keep Appointments**: You are responsible for keeping appointments. If you cannot keep an appointment, call the Hospital or clinic right away.
4. **Be Considerate**: You have a responsibility to consider the rights of other patients, employees, and visitors. We also ask that you respect Hospital and clinic property.
5. **Accept Consequences of Refusing Treatment:** If you refuse treatment or don't follow your doctor's instructions you must also accept the consequences. Please let your doctor or nurse know if you do not understand or can't follow the instructions that you have received.
6. **Give Current Billing Information** and/or make arrangement for payment of bills.
7. **Request Information**: If you don't understand any of the charges on your bill, please ask for an explanation from our Billing Office at (415) 206-8448.
8. **Continue Your Care**: It is important to understand how to continue your care after you leave the hospital. Be sure you know when and where to get further treatment, if needed and what you need to do at home to help with the treatment.
9. **Obey the No Smoking rule** in Hospital and clinic patient care areas.
10. **Follow SFGH and the clinics' rules and regulations** regarding patient care and conduct.

Q.1

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
(415) 554-2590
Fax (415) 554-2855

Edwin M. Lee, Mayor

VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED

July 17, 2013

Marcus Campos

Re: RESIGNATION IN LIEU OF TERMINATION

Dear Mr. Campos,

TPV 2430 Medical Evaluation Assistant, SEIU Local 1021

On June 27, 2013 a Skelly meeting was convened with you, Bill Blum, Chief Operating Officer, Tom Waddell Health Center, Y. Denise Fisher, Sr. Personnel Analyst, Human Resources and Michael Brown, Human Resource Manager/Skelly Officer, in the offices of Human Resources at 2789 - 25th Street, CHN Building. You were charged with mistreatment of person – patient abuse and dishonesty during an internal investigation.

During the Skelly meeting I explained that the Department would be moving forward with your termination and recommending no future employment with the Department of Public Health based on the findings in the investigative report. You were provided the opportunity to respond orally or in writing and you offered a verbal response. You were offered the opportunity to resign with services unsatisfactory which you declined. As a result of the Skelly meeting, you were terminated from your provisional 2430 Medical Evaluation Assistant position with Tom Waddell Health Center effective close of business Friday, June 28, 2013. (See attached Notice of Termination dated June 28, 2013.)

Subsequent to the Skelly meeting, our Human Resource Office was contacted by Brook Demmerle, SEIU Local 1021 Field Representative with a confirming voice message from you expressing your desire to resign in lieu of termination. The Department has accepted your request to resign with services unsatisfactory. The recommendation for employment restrictions still apply.

Your separation will be amended to reflect resignation with services unsatisfactory effective close of business, Friday, June 28, 2013. You may still request a hearing before the Civil Service Commission in regards to the recommended future employment restrictions within twenty (20) calendar days from the date of this notice. The request must be in writing and submitted to Jennifer Johnston, Executive Officer, Civil Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA 94103 before August 5, 2013.

I apologize in advance for providing you copies of documents you may have already received.

If this matter is subject to the California Code of Procedures (CCP) 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

Sincerely,

Michael L. Brown, Human Resource Manager
Labor Relations Division, Department of Public Health

Attachment: Notice of Termination from TPV 2430 Medical Evaluation Assistant Appointment– June 28, 2013 – 48 pgs.

cc: Marcus Campos – regular mail
Employee File
*Brook Demmerle, SEIU Local 1021
*Niki Mbotu, Human Resources
*Rebecca Silverman, Acting RN Mgr.
*Melissa Cayabyab, Client Services, DHR
*Ron Weigelt, HR Director, DPH
*Regina Pera, HR Operations
*Ruth Barretto, HR Operations
*Bill Blum, Operations Officer, TWHC
*Marcellina Ogbu, COPC Program Director
*Jennifer Johnston, Exec. Ofcer. CSC
*Payroll, Central Office, DPH
Log #L4245-13

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
554-2580
Fax 554-2855

Edwin M. Lee, Mayor

Barbara A. Garcia, MPA, Director of Public Health

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

June 28, 2013

Marcus Campos

TPV 2430 Medical Evaluation Assistant, SEIU Local 1021

Dear Mr. Campos:

Notice of Termination from TPV 2430 Medical Evaluation Assistant Appointment

On June 27, 2013 a Skelly meeting was convened with you, Bill Blum, Chief Operating Officer, Tom Waddell Health Center, Y. Denise Fisher, Sr. Personnel Analyst, Human Resources and Michael Brown, Human Resource Manager/Skelly Officer in the offices of Human Resources at 2789 – 25th Street, CHN Building.

You were provided notice of the Department's intent to terminate your provisional appointment for charges of mistreatment of person – patient abuse and dishonesty during the internal investigation in the letter dated June 21, 2013 and acknowledged receipt of the letter. The June 21, 2013 letter also provided notice that you were entitled to bring representation of your choice to the meeting, yet you represented yourself on June 27, 2013.

During the Skelly meeting on June 27, 2013 you were provided the opportunity to respond to the charges orally or in writing. You maintain that you did not hit or slap the patient and dispute that any statements provided during the investigation interview being false. You concern was that everything you said was not included in the investigation report. No written documentation was provided during the meeting.

Your oral arguments provided no new perspectives into the charges for the Skelly Officer to consider. Therefore, based on the investigative report, eye witness statement and statements found in the police report, your provisional appointment with the Department of Public Health will be terminated effective close of business Friday, June 28, 2013.

The Department is recommending no future employment with the Department of Public Health. You may request a hearing with the Civil Service Commission within twenty (20) calendar days of the mailing date of this letter to appeal this recommendation. The request must be in writing and submitted to Jennifer Johnston, Executive Officer, Civil Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA.

Only the Union may file a grievance on your behalf against this discharge action. The grievance must be filed at Step II or Step III within fifteen (15) days of the final notice of termination.

If you have any City property that must be returned or wish to retrieve any personal belongings, please make arrangements with Rebecca Silverman, Acting Nurse Manager or send or drop items with Human Resources, 101 Grove Street, Room 210, San Francisco, CA 94102.

If this matter is subject to the California Code of Procedures (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

Recommended by: _____
Michael L. Brown, Human Resource Manager

Approved by: _____
Barbara A. Garcia, Director of Public Health

Attachment: Notice to Provisional Appointee dated 12/19/2011; Notice of Intent to Terminate from TPV 2430 Medical Evaluation Assistant – June 21, 2013

cc: Marcus Campos – regular mail
Employee File
Chronological File – L4245-13
*Niki Mbotu, Personnel Analyst
*Rebecca Silverman, Acting RN Mgr.
*Melissa Cayabyab, Client Services, DHR
*Ron Weigelt
*Regina Pera, DPH Operations
*Payroll (First Page Only)
*Bill Blum, Operation Officer, TWHC
*Marcellina Ogbu, Prgm. Director
*Jennifer Johnston, Exec. Ofcr. CSC

City and County of San Francisco Department of Human Resources

NOTICE TO PROVISIONAL APPOINTEE

Marcus Campos
Name of Appointee

12/19/2011
Date Issued:

Street Address:

City/State/Zip

2430/ Med. Evaluation Assistant
Class Number & Title

Public Health
Department

Appointment Type (Check One)

X Temporary Provisional (TPV)
____ Limited Tenure (LT)
____ Non-Civil Services (NCS)

Work Schedule (Check One)

X Full-Time Regularly Scheduled
____ Part-Time Regularly Scheduled

____ School-Term, Full-Time Regularly Scheduled
____ School-Term, Part-Time Regularly Scheduled

Anticipated Last Day of Employment: 6/30/2012

IMPORTANT INFORMATION

As a provisional appointee you acquire no guaranteed right or preference for permanent Civil Service employment. Your provisional appointment is also time limited and may end by operation of the applicable Civil Service Rule. An appointment may, however, be extended by the Human Resources Director for additional time periods as allowed by Civil Service Rules.

Aside and apart from the time limitation above, in the absence of collective bargaining language to the contrary, the Appointing Officer may terminate your employment at any time. Further, you may be displaced by an eligible from a Civil Service list at any time. Your appointment may, therefore, be terminated prior to the anticipated last day of employment noted above.

Please sign this form below acknowledging that you have received a copy of this notice.

Signature of Appointee

12-19-11
Date

cc: Employee's Personnel File
Calos Salazar

DHR 6-19 (06-2000)

SEE REVERSE

INSTRUCTIONS

Notice to Provisional Appointee (Including Limited Tenure And Non-Civil Service Appointments)

1. The Notice to Provisional Appointee must be completed whenever a provisional, limited tenure, and non-civil service employee is appointed, has the appointment extended, or has a change in work schedules.

2. The original copy of the Notice to Provisional Appointee must be given to the employee and a copy placed in the employee's personnel folder in the department.

CIVIL SERVICE COMMISSIONS RULES

Refer to applicable Civil Service Commission Rules for provisions regarding provisional, limited tenure, and non-civil appointments.

Civil Service Commission Rules, Volume I

Provisional Appointee: CSC Rules 14.5 and 14.9
Limited Tenure Appointee: CSR Rules 14.7 and 14.9
Non-Civil Service Appointee:CSC Rules 14.6 and 14.9

Civil Service Commission Rules, Volume II

Police Department Uniformed Personnel
Provisional Appointee: CSC Rules 214.5 and 214.8

Civil Service Commission Rules, Volume III

Uniformed Ranks of the S.F. Fire Department
Provisional Appointee: CSC Rules 314.5 and 314.9
Limited Tenure Appointee: CSC Rules 314.7 and 314.9
Non-Civil Service Appointee:CSC Rules 314.6 and 314.9

Civil Service Commission Rules

Municipal Transportation Agency Service-Critical
Provisional Appointee: CSC Rules 414.5 and 414.9
Limited Tenure Appointee: CSC Rules 414.7 and 414.9
Non-Civil Service Appointee:CSC Rules 414.6 and 414.9
[1]

[1] Provisional_appointee

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
(415) 554-2587
Fax (415) 554-2855

Mayor
Edwin M. Lee

Barbara A. Garcia, MPA, Director of Public Health

SENT REGULAR MAIL

June 21, 2013

Marcus Campos

*Also sent via regular & certified mail to:

2430 Medical Evaluation Assistant, SEIU Local 1021

Dear Mr. Campos:

NOTICE OF INTENT TO TERMINATE FROM PROVISIONAL APPOINTMENT

Please be advised that the Department of Public Health (DPH), Tom Waddell Health Center has recommended your termination from your provisional position as a 2430 Medical Evaluation Assistant based on the charges of **mistreatment of person – patient abuse; and dishonesty during the internal investigation**. All documentation from which the decision is based is attached.

A Skelly meeting has been scheduled for Thursday, June 27, 2013 at 10:00 am, in order to give you the opportunity to respond, orally or in writing to the charges. The Skelly meeting will be held in the offices of Human Resource Services, 2789 – 25th Street, 3rd Floor, San Francisco, CA 94110. You are entitled to bring representation of your choice to this meeting. Your representative may appear at the meeting to protect your interests if you are unable to be present. Failure to attend, either in person or through a personal representative, provide a written response or to reschedule this meeting will automatically result in your separation, effective close of business Thursday, June 27, 2013 from your position with the Department of Public Health at Tom Waddell Health Center.

On May 24, 2013, pursuant to San Francisco Administrative Code, Section 16.17, you were placed on paid administrative leave in order for the department to conduct the investigation of an allegation of patient abuse. The Department has concluded the investigation. Therefore, your Paid Administrative Leave will end effective Thursday, June 27, 2013. Should you request to reschedule the Skelly meeting, you will be placed on unpaid administrative leave effective Friday, June 28, 2013.

Should you choose not to attend, the Department will assume that you have waived (refused) your right to a meeting. Further, the Department will note that you were given due process prior to the actual discharge action by affording you written notice of the charges, proposed action, the reasons, and that you did not avail yourself of the right to respond orally or in writing.

If this matter is subject to the California Code of Civil Procedure (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

If you have any questions, please contact me directly at (415) 206-5025.

Regards,

O. Niki Mbotu-Mitchell
Personnel Analyst, Human Resources

Attachment(s): Notice of Intent to Terminate From Provisional Appointment, June 21, 2013 (sent to home address) – 2 pages
Employee Conference Form dated, June 21, 2013 – 1 page
Investigative Report dated June 19, 2013 – 39 pages

cc: DPH Labor Relations* Disciplinary Log – L41493-13
**electronic copy*

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
(415) 554-2587
Fax (415) 554-2855

Mayor
Edwin M. Lee

Barbara A. Garcia, MPA, Director of Public Health

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

June 21, 2013

Marcus Campos

2430 Medical Evaluation Assistant, SEIU Local 1021

Dear Mr. Campos:

NOTICE OF INTENT TO TERMINATE FROM PROVISIONAL APPOINTMENT

Please be advised that the Department of Public Health (DPH), Tom Waddell Health Center has recommended your termination from your provisional position as a 2430 Medical Evaluation Assistant based on the charges of **mistreatment of person – patient abuse; and dishonesty during the internal investigation**. All documentation from which the decision is based is attached.

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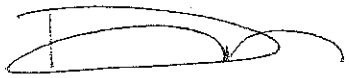
Should you choose not to attend, the Department will assume that you have waived (refused) your right to a meeting. Further, the Department will note that you were given due process prior to the actual discharge action by affording you written notice of the charges, proposed action, the reasons, and that you did not avail yourself of the right to respond orally or in writing.

101 Grove Street, Room 210
San Francisco, CA 94102

If this matter is subject to the California Code of Civil Procedure (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

If you have any questions, please contact me directly at (415) 206-5025.

Regards,



O. Niki Mbotu-Mitchell
Personnel Analyst, Human Resources

Attachment(s): Employee Conference Form dated, June 21, 2013 – 1 page
Investigative Report dated June 19, 2013 – 39 pages

cc: Marcus Campos - regular mail
Rebecca Silverman, Act Nurse Manager*
Marcellina Ogbu, Community Programs Director*
Ron Weigelt, Human Resources Director*
**electronic copy*
Michael Brown, Labor Relations Manager*
David Palma, Payroll Supervisor (page 1 & 2 only)*
Joseph Pace, TWHC Director*
Disciplinary Log – L41493-13

DEPARTMENT OF PUBLIC HEALTH
EMPLOYEE CONFERENCE FORM

I. NOTIFICATION

NOTIFICATION DATE:	METHOD OF DELIVERY:
June 21, 2013	HAND DELIVERED ☐ REGULAR MAIL ☒ CERTIFIED MAIL ☒

II. EMPLOYEE INFORMATION

EMPLOYEE NAME	CLASS / TITLE
Marcus Campos	2430 Medical Evaluation Assistant

DEPARTMENT/WORK LOCATION	SHIFT
TomWaddell Health Center (TWHC)	Days

HOURS	DAYS OFF	SUPERVISOR - NAME AND TITLE
8:00am - 5:00pm	Sat & Sun	Rebecca Silverman, Acting Nurse Manager

YOU ARE SCHEDULED FOR A CONFERENCE ON: DATE	TIME	PLACE
June 27, 2013	10:00am	2789-25th Street, 3rd Floor, Labor Relations Conference Room

YOU HAVE THE RIGHT TO REPRESENTATION AT THIS CONFERENCE

HAS THERE BEEN ANY PRIOR DISCIPLINARY ACTION(S) WITH THIS EMPLOYEE? YES ☐ NO ☒

ONLY INCLUDE DISCIPLINE WITHIN THE PAST THREE (3) YEARS LIST: - NOTIFICATION DATE - CHARGE - TYPE OF DISCIPLINE IMPOSED	1	2	3

III. CHARGE(S)

LIST CHARGE(S):

Mistreatment of person - patient abuse; and dishonesty during the internal investigation

DESCRIBE AND DOCUMENT EACH CHARGE: (Attach supporting documentation and additional pages if necessary)

After conducting a glucose reading on a patient, who was blind, deaf and mute, the patient began to explore his environment with his hands. You slapped the patient's hand causing him to become extremely upset. You were aware of the disabilities of the patient since you had seen him on a previous visit. Your action was inappropriate and in violation of the Department's Abuse Prevention and Prohibition policy. You have previously been provided this policy and are required to understand and abide by it. As a provisional employee you serve at the discretion of the appointing officer. The department is recommending your termination. (See attached investigative report.)

ACTION PROPOSED BY SUPERVISOR (check appropriate box)

WRITTEN DISCIPLINARY WARNING ☐	SUSPENSION FOR ____ DAY(S) ____ WORK WEEK(S)	TERMINATION/ DISMISSAL ☒	OTHER

☐ EMPLOYEE COPY ☐ DEPARTMENT COPY ☐ FILE COPY

Rev 11/03

CONFIDENTIAL
Investigative Report
June 19, 2013

Charged Party:	Marcus Campos, 2430 Medical Evaluation Assistant (MEA) Tom Waddell Health Center (TWHC) Department of Public Health
Basis of Complaint:	Mistreatment of Person - allegation of patient abuse
Date of Complaint:	The complaint was received on May 22, 2013 and reported to Human Resources by Rebecca Silverman, Acting Nurse Manager, TWHC on May 23, 2013.
Interviewees:	Meredith Florian, 2328 Nurse Practitioner, TWHC Diana (Lindy) Edward, P103 Per Diem Nurse, TWHC Felipe Acosta, Contract Caregiver, In Home Supportive Services, (IHSS) Jason Albertson, 2930 Psychiatric Social Worker, TWHC Frederick Ryan, 2822 Health Educator, SFGH Marcus Campos, 2430 Medical Evaluation Assistant - Patient not interviewed
Attachments:	A) SFGH Policy 1.12 Abuse Prevention/Prohibition Program B) Email from Frederick Ryan, dated June 11, 2013 C) Police Report, dated May 22, 2013 D) Notice of Paid Administrative Leave, dated May 23, 2013 E) Statement from Marcus Campos, dated May 23, 2013 F) Notes from Interviews: May 22, 2013 Marcus Campos May 28, 2013 Meredith Florian; Lindy Edward May 30, 2013 Jason Albertson; Felipe Acosta June 7, 2013 Felipe Acosta June 10, 2013 Marcus Campos

Brief Description of Charged Party

Marcus Campos, MEA has been employed continuously with the City and County of San Francisco since January 8, 2012. Mr. Campos currently works at TWHC and had previously worked at San Francisco General Hospital and Trauma Center (SFGH) from March 12, 2007 until October 8, 2007. There was no previous discipline documented during his employment at SFGH. However, an SFGH performance appraisal, dated fiscal year 2007/2008 stated that there was an unmet expectation. There were no negative attributes in his performance appraisal from TWHC. It is important to note that Mr. Campos resigned after approximately six (6) months of employment in 2007 with the reason noted as him being dissatisfied.

Brief Description of Complainant

Patient M is blind, deaf and mute. He can communicate by writing or through a caregiver with tactile messages (hand spelling). He presented himself, along with his caregiver, Felipe Acosta, on May 22, 2013 for a routine vital check and glucose screening. He is known to have diabetes with chronic renal disease and requires medication monitoring.

Summary of the Complaint

On May 22, 2013 a disabled patient registered at TWHC between 9:00am and 10:00am. After completing registration, patient M and caregiver, Mr. Acosta were escorted by Mr. Campos to the scale to check and record patient M's weight. Next they were escorted to the patient care room to perform general vitals and a glucose screening. A blood pressure check was completed and Mr. Campos proceeded to prepare for the glucose screening. After completing the fingerstick and giving patient M a cotton ball to contain the bleeding, patient M began to move his hands and arms around and drip blood on his self and possibly other areas of the patient care room. Mr. Campos slapped patient M's right hand saying "Look what you did!" Patient M made an audible noise "hoot", quickly stood up and attempted to run out of the room, bumping into obstacles as he attempted to leave. Mr. Acosta followed patient M to try to stop and calm him down.

The incident was reported to Human Resources on May 23, 2013 and Mr. Campos was placed on paid administrative leave effective close of business May 23, 2013, pending an investigation of mistreatment of person – patient abuse (See attachment D.).

Summary of Investigation Results

Based on the interviews with Mr. Acosta, who was the caregiver with patient M on May 22, 2013 and the statements provided by Marcus Campos, the patient was familiar with the procedures that were going to be performed. Patient M was brought into the patient care room and his vitals were checked. Even during the fingerstick that followed, patient M was calm. Both the Mr. Acosta and Mr. Campos stated patient M presented his finger for the stick.

Both Mr. Acosta and Mr. Campos said there was blood dripping from the finger as patient M was moving his hands and arms around subsequent to the vital and glucose check.

At this point there is a clear difference in the recollection of the events. Mr. Campos stated that he gently moved patient M's wrist/hand area in a downward motion, resulting in patient M getting upset and exiting the patient care room. However, according to Mr. Acosta, who was an eyewitness to the event, Mr. Campos slapped patient M's hand causing him to become upset and exit the patient care room. This is also consistent with the written statement patient M wrote directly following the incident, asking "Who did hit me?"

Discussion

Patient M was not available during the course of the investigation to answer further questions. His condition has worsened. He is intubated and currently hospitalized, unable to communicate. However, we do have the police report filed on May 22, 2013 with the patient's initial statements taken at that time (See attachment C.). In addition, we have the statements from Mr. Acosta, who was also present during the examination performed by Mr. Campos.

We do not believe Mr. Campos to be credible regarding his description of events. It is not logical for the patient to react intensely from a gentle downward motion of the hand.

It is important to note that during Mr. Campos' employment at SFGH, he was trained during orientation on the definition of patient abuse (See attachment A. - SFGH Policy 1.12 and Attachment B - Email from Fred Ryan, Training Coordinator, SFGH). Slapping the hand of a patient is considered patient abuse and is not acceptable behavior. Employees who engage in patient abuse may be discharged and subject to a fine including imprisonment for willful misconduct.

Conclusion

Therefore, we do find that patient abuse occurred and Mr. Campos knew that his behavior by slapping patient M's hand was not acceptable. It is also disturbing that we believe Mr. Campos was not truthful during the course of the investigative process and provided erroneous information to protect his own interest.

Rebecca Silverman, Acting Nurse Manager
Tom Waddell Health Center

6/19/13
(Date)

O. Niki Mbotu-Mitchell, Personnel Analyst
Human Resources – Labor Relations Division

6/19/13
(Date)

ATTACHMENT

A

[TOP]

Administrative Policy Number: 1.12

TITLE: ABUSE PREVENTION/PROHIBITION PROGRAM

PURPOSE

The purpose of this policy is to describe the process that San Francisco General Hospital and Trauma Center (SFGH) has developed to control, prevent and prohibit the mistreatment, neglect and abuse of patients, and/or the misappropriation of patient property, in accordance with federal and state regulations.

STATEMENT OF POLICY

SFGH is dedicated to maintaining an environment that promotes patient safety and is committed to protecting patient rights, including the prevention and prohibition of patient abuse, neglect and mistreatment, and the misappropriation of patient property.

It is facility policy to prohibit any actions that will harm our patients, visitors or staff. Each patient shall be treated with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.

DEFINITIONS

Abuse - The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish (42 CFR 488.301). Includes physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Mental Suffering - Includes fear, agitation, confusion, severe depression, or other forms of serious emotional distress that are brought about by forms of intimidating behavior, threats, harassment, or deceptive acts performed with malicious intent.

Misappropriation of Patient Property - The patterned or deliberate misplacement, exploitation, or wrongful temporary or permanent use of patient's belongings or money without the patient's consent.

Neglect - Failure to provide the goods or services necessary to avoid physical harm or mental suffering.

Physical Abuse - Includes hitting, slapping, pinching, spitting and kicking. It also includes controlling behavior through corporal punishment.

Sexual Abuse - Unconsented sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the hospital, including oral, vaginal or anal penetration or fondling of the patient's sex organ(s) by another individual's hand, sex organ, or object.

Verbal Abuse - The use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients/patients or to their families, or within their hearing, regardless of their age, ability to comprehend or their disability.

PROCEDURE

1. **Screening**

SFGH will not knowingly employ any individual who has been found guilty of abusing, neglecting or mistreating patients by a court of law; or who has had a finding entered into the State registry or licensing agency concerning abuse.

A. Employee Screening:

1. Applicants for employment shall provide proof of certification/licensure for verification of eligibility to practice if required.

2. Initial appointment processing requires fingerprinting and a background criminal conviction history check.

3. The hiring manager will secure the signature of the candidate to indicate consent to release information concerning reference check and complete the "Background Verification Form" (Appendix A) and forward to Human Resources. The hiring manager will complete reference checks from previous and current employers. SFGH Human Resources will ensure that reference checks have been done before proceeding with hiring. This policy applies to all potential new hires, as well as those who are being transferred to or reassigned from other divisions and/or departments.

4. When any employee is found to misrepresent or falsify information, this may lead to disciplinary actions up to and including termination.

2. **Training**

A. **Employees**

- In accordance with Section 15630 of the Welfare and Institutions Code, all new employees including transfers and reassignments shall, as a condition of employment, sign a statement acknowledging the obligation to report abuse of elderly or dependent adults. The statement, "Dependent Adult Abuse, Abuse Forbidden, Reporting Requirements" is kept in the employee's personnel file.

- The SFGH-wide orientation program provides each of its new employees with information on patient rights, including confidentiality, preservation of dignity, and recognizing and reporting abuse.

- All nursing staff receive annual education and training that includes:

  - SMART (Safety Management and Responsive Techniques).
  - Appropriate use of restraints including prohibition of use for discipline or convenience.
  - Information provided to patients on Patient Rights and Responsibilities.
  - Annual performance appraisals for all employees with patient care responsibilities include evaluation of employee support for autonomy, dignity and rights of patients, as well as identification and care for victims of violence, abuse and neglect.

- Risk Management and/or the Ethics Committee are available for consultation to employees with inquiries regarding patient rights.
- Treating all patients with dignity and respect.

B. **Volunteers**

Volunteer coordinators review policy regarding abuse and abuse reporting with each new volunteer. When at all possible newly recruited volunteers will attend hospital orientation.

Volunteers to the direct care units attend an annual in-service that includes patient rights (confidentiality, preservation of dignity and recognizing and reporting abuse). New volunteers sign a statement indicating willingness to comply with the abuse prevention policy. A copy of the signed statement is retained in the volunteer's service file.

C. **Patients**

On admission patients receive an Orientation packet and handbook containing information on patient rights and responsibilities, advocates, and to whom they can report concerns, incidents and complaints without fear of retaliation.

3. **Prevention**

Prevention measures include:

- Assessment of each patient's needs and/or behaviors which might lead to conflict or neglect, i.e.
  - patients with a history of aggressive and assaultive behaviors;
  - patients with self-injurious and/or provocative behavior;
  - patients with communication or language barriers; and
  - patients who require heavy nursing care and/or are totally dependent upon staff.
- Staff supervision to identify inappropriate actions i.e., use of derogatory and inappropriate language, rough handling, ignoring patients while giving care, directing patients who need assistance in ADLs, misappropriation of patient property.
- Provision of staff education and training as specified in #2 above.
- Providing adequate patient/staff ratios to meet patient care and safety needs and the assurance of staff knowledge of patient care needs.
- Providing patients and staff with information about reporting of concerns, incidents and grievances without fear of retaliation and when to expect a response to reports.

4. **Reporting**

A. In the event that an employee

- observes abuse, or
- suspects that abuse has occurred (See Attachment A), or
- is the first employee to learn of abuse of any SFGH patient, or

- is the first employee to learn of a patient-to-patient altercation,

than that employee shall immediately attempt to identify the patient and notify the responsible manager and the Administrator on Duty. In the event that a volunteer observes or receives a report of abuse of any SFGH patient, the volunteer shall immediately notify the volunteer coordinator, who shall assume these reporting responsibilities.

B. That employee shall also complete an "Unusual Occurrence" form.

C. The nurse manager/charge nurse shall immediately notify the SFGH AOD, and Risk Management (206-6600; pgr 1877-9543) of all reports of abuse or patient-to-patient inappropriate behavior or altercations. Regulatory Affairs will notify the appropriate regulatory branch within 24 hours of the allegation, and will provide a written summary of the SFGH investigation within five working days of the allegation. If an allegation is made against SFGH staff, the supervisor shall notify Human Resources and the supervisor of the involved employee(s). The supervisor and HR shall decide whether the employee(s) should be removed from the work environment.

If a report to a patient advocacy agency (e.g. Adult Protective Services, Ombudsman etc...) is required secondary to patient safety concerns, individual staff members should make the report in collaboration with hospital administration (e.g. Nurse Manager, Nursing Director, Risk Management etc...) to prevent possible imminent threats to patient safety.

D. The attending physician shall contact the patient's family or representative regarding abuse of patient with decision-making capacity if the patient gives permission to do so. If the patient does not have decision-making capacity, the physician shall notify the patient's surrogate decision-maker.

E. The supervisor conducting the investigation of alleged abuse shall ensure that an Unusual Occurrence (UO) report and any other required documentation is completed.

5. Response and Investigation

A. The employee and/or responsible managers shall take immediate measures to assure patient safety. The nurse manager or charge nurse will inform the patient that the abuse allegation is being taken seriously, identify for the patient what steps are being taken to provide for the patient's safety, and assure the patient that an investigation is being conducted.

B. Upon receiving a report of alleged abuse, the registered nurse shall promptly perform an assessment. The RN shall record in the progress notes of the patient's medical record the history of abuse as relayed, any finding of physical examination and psychological evaluation, and any treatment initiated. The RN shall include comments regarding past and present mental status, including any elements of doubt raised because of patient's mental status. The RN shall notify the attending or on-call physician and the Supervisory Nurse of all cases of suspected patient abuse.

C. In cases of abuse or patient-to-patient altercations (whether or not the altercation rises to

the level of abuse), the Registered Nurse shall assess whether the patient care plans are adequate and modify the care plans as needed. Transfer of one of the involved patients to a different area or unit should be considered.

D. In cases of rape, the attending physician shall make a direct referral to the San Francisco Trauma Recovery Center (SFTRC) and shall direct the staff to preserve physical evidence to include the patient's physical condition and related personal effects. SFTRC staff will interview the patient, take specimens, and treat for possible sexually transmitted diseases as well as HIV prophylaxis shall be prescribed as deemed appropriate. If the patient agrees, a police report will be completed at the San Francisco Trauma Recovery Center.

E. If an employee is accused and the preliminary inquiry supports the allegation, the AOD in concert with HR representative is responsible for ensuring that the employee is placed on unpaid administrative leave or ensuring that the accused is reassigned to non-patient care duties. The employee is not to return to the unit where the patient is being treated until notified to do so by the department supervisor or Human Resources.

The AOD and/or manager shall consider the following factors in determining whether the accused employee should be placed on administrative leave or reassigned:

- severity of the allegation
- circumstances of case per the investigation
- prior disciplinary and employment history

Risk Management will coordinate any involvement with the Sheriff's Department

F. If a non-employee is identified as a suspect, the AOD shall contact the Sheriff's Department. The investigation and initiation of action to protect the patient shall be carried out jointly by the AOD and the Institutional Sheriff Deputy.

- An investigation of abuse allegations involving staff shall be conducted by Human Resources.

G. The respective department head, in consultation with Human Resources, will report all cases of substantiated abuse investigations to the appropriate Licensing and Certification Boards and/or agencies.

H. Monitoring of conformance to this policy shall be the responsibility of department heads.

APPENDICES

Appendix A: Background Verification

APPROVAL

NAF	12/04/12
MEC	12/17/12
Quality Council	12/15/12

Date adopted: 04/05
Reviewed:

Revised: 3/08, 08/10, 9/12

[END]

ATTACHMENT

B

Marcus Campos - Abuse Prevention Training
Fred Ryan to: Michael Brown 06/11/2013 08:40 AM

History: This message has been replied to.

Hi Michael,

While Marcus Campos was employment at SFGH he attended and received abuse prevention training during New Employee Orientation. This session would have covered the various types of abuse, prevention measures, reporting and investigation. Additionally, he would have received a copy of the hospital's abuse prevention policy which was in force at that point in time (see attached).

Additionally, Mr Campos attended a full day of S.M.A.R.T. (Safety Management and Response Techniques) training during his employment. This class addresses the violence escalation cycle, methods of de-escalation as well as appropriate interventions once violence has occurred.

Please feel free to contact me if you have any additional questions.

1-12 (04-05).pdf

Frederick Ryan
San Francisco General Hospital
Tel: (415) 206-4699

ATTACHMENT

C

SAN FRANCISCO POLICE DEPARTMENT — INCIDENT REPORT *HEADING*

INCIDENT #: 130420906

ARREST MADE ☒ SUSP. KNOWN ☐ SUSP. UNK ☐ NON-SUSP. INCIDENT ☐ PAGE 1 OF 7

TYPE OF INCIDENT: BATTERY		INITIAL ☒ SUPP. ☐	CAD NO.
REPORT BY UNIT: 1V-4	DATE / TIME OF OCCURRENCE: WED 05/22/13 1030 HRS	DATE / TIME REPORTED TO POLICE: WED 05/22/13 1030 HRS	RELATED CASE NUMBERS: 753123
LOCAL TIME OF OCCURRENCE: 50 IVY		TYPE OF PREMISES: HOSPITAL/CLINIC # 440	LOCATION SENT TO: SAME
REPD BY: TO BUREAU/OPS CENTER (NAME / STAR / DATE / TIME)	DOMESTIC VIOLENCE ☐	DOMESTIC (TYPE OF WEAPON USED) ELDER ABUSE ☐	GANG RELATED ☐ JUVENILE SUBJECT ☐ PREJUDICE BASED ☐

I DECLARE UNDER PENALTY OF PERJURY, THIS REPORT OF 7 PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE, OR IS BASED ON INFORMATION AND BELIEF
FOLLOW-UP: ☑ AN INVESTIGATION OF THE EVENTS AND PARTIES INVOLVED.
PROP 1 – IS CERTIFIED: SVRB ☒ POST TRAINED ☒

REPORT BY: OFFICER (PRINT) BARRANTES STAR 1158 SIGNATURE

STATION: PCH/PU	REPORT REVIEWED BY (PRINT NAME / STAR) Sgt. D. Overall 826	DID APPROVE (PRINT NAME / STAR) Sgt. D. Overall 826	
WATCH: 700-1500		ASSIGNED BY (PRINT INITIAL / STAR) NB # 1158	
ASSIGN TO: SDZD	INCIDENT CODES: 04126		
HOW CL: 5150.0	COPIES TO (NAME OF UNITS): MIS	COPY TO A ☐ B ☐ C ☐	ICBS ENTRY

RP CODES: F – BUND; N – NOTIFY; P – PARENT; R – REPORTER; V – VICTIM; W – WITNESS RACE CODES: A; B; F; H; I; O; U; W

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
V	M.				
RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO				ZIP CODE	BUSINESS PHONE (DAY / NIGHT): NONE
BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO				ZIP CODE	R/P'S RELATIONSHIP TO SUBJECT

EXTENT OF INJURY / TREATMENT: PAIN TO (R) HAND	VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐	STAR	FOLLOW-UP FORM YES ☐	STATEMENT YES ☐

OTHER INFORMATION / IS INTERPRETER NEEDED SPECIFY LANGUAGE: M. AN OUT-PATIENT AT 50 IVY ST THE TOM WADDELL HEALTH CLINIC

SIGNATURE OF PARTY REPORTING MISSING PERSON	293 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐	CONFIDENTIALITY REQUESTED YES ☐ NO ☐	STAR	ADD'L RP'S ☐

SUBJECT CODES: A – ADVISED; B – BOOKED; C – CITED; D – DETAINED; E – EXONERATED; M – MISSING; S – SUSPECT; X – OTHER RACE CODES: A; B; F; H; I; O; U; W

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	ALIAS
C	CAMPOS, MARCUS				

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO	ZIP CODE
HOME / CONTACT PHONE	ID NO. (DOC#S / DP, LIC. / FBI / CII)				BF NO. / I NO.
BOOKING SECTION / CHARGE #1	CHARGE # 2	CHARGE # 3	CHARGE # 4		WHERE BOOKED
WARRANT #	COURT #	ACTION #	DEPT / ENROUTE TO		DWB CHECK (PRINT NAME / STAR): LENA # 68
WARRANT VIOLATION(S)	BAIL	MIRANDIZED YES ☐ NO ☐	STAR	STATEMENT YES ☐	
CITATION #: 096627005	CITE VIOLATION(S): 242 PC BATTERY		DATE / TIME OF APPEARANCE: 06/25/13 8 AM	LOCATION OF APPEARANCE: 850 BRYANT	
SCHOOL NAME IF JUVENILE	JUDGE		BOOK / CITE APPROVED BY (PRINT NAME / STAR): SGT. OVERALL 826		
M X-RAYS YES ☐	HATE ARREST CODE	OTHER INFORMATION: CITATION / WARRANT / BOOKING CHARGE(S) / MISSING PERSON – SUBJECT DESCRIPTION: CAMPOS IS A DEPT. OF PUBLIC HEALTH EMPLOYEE AS A MEDICAL EMERGENCY ASSISTANT			ADD'L SUBJ'S ☐

PRIVATE PERSON'S ARREST: ON THIS DATE, I ARRESTED THIS PERSON FOR THE PUBLIC OFFENCE(S) LISTED, COMMITTED IN MY PRESENCE IN SAN FRANCISCO, CALIFORNIA. I DELIVERED THIS PERSON TO THE SFPD AND WILL SIGN A WRITTEN COMPLAINT CHARGING THIS PERSON WITH THE COMMISSION OF THESE PUBLIC OFFENSES.
SEPARATE PRIVATE PERSON'S ARREST FROM ATTACHED ☐

NAME (PRINT) SIGNATURE

SFCCPD 377 A (02/05)

2 OF 15

SAN FRANCISCO POLICE DEPARTMENT
INCIDENT NO. 130420906

INCIDENT REPORT *ADDITIONAL REPORTING PARTIES*

PAGE 2 OF 3

CODES: F - FRIEND; N - NOTIFY; P - PARENT; R - REPORTER; V - VICTIM; W - WITNESS

RACE CODES: A; B; F; H; I; O; U; W

REPORTING PARTY

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
RP	ALBERTSON, JASON M.				

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO | ZIP CODE | BUSINESS PHONE (DAY / NIGHT)

BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO | ZIP CODE | RP'S RELATIONSHIP TO SUBJECT

EXTENT OF INJURY / TREATMENT | VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐ | STAR | FOLLOW-UP FORM YES ☐ | STATEMENT YES ☐

OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE
ALBERTSON IS A LICENSED CLINICAL SOCIAL WORKER EMPLOYED BY CCSF DEPT OF PUBLIC HEALTH

SIGNATURE OF PARTY REPORTING MISSING PERSON | 293 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐ | CONFIDENTIALITY REQUESTED YES ☐ NO ☐ | STAR | ADD'L RP'S ☐

REPORTING PARTY

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
W1	ACOSTA, FELIPE				

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO | ZIP CODE | BUSINESS PHONE (DAY / NIGHT)

BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO | ZIP CODE | RP'S RELATIONSHIP TO SUBJECT

EXTENT OF INJURY / TREATMENT | VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐ | STAR | FOLLOW-UP FORM YES ☐ | STATEMENT YES ☐

OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE
ACOSTA IS AN EMPLOYEE OF THE IHSS SUPPORTIVE SERVICES

SIGNATURE OF PARTY REPORTING MISSING PERSON | 293 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐ | CONFIDENTIALITY REQUESTED YES ☐ NO ☐ | STAR | ADD'L RP'S ☐

REPORTING PARTY

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO | ZIP CODE | BUSINESS PHONE (DAY / NIGHT)

BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO | ZIP CODE | RP'S RELATIONSHIP TO SUBJECT

EXTENT OF INJURY / TREATMENT | VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐ | STAR | FOLLOW-UP FORM YES ☐ | STATEMENT YES ☐

OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE

SIGNATURE OF PARTY REPORTING MISSING PERSON | 293 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐ | CONFIDENTIALITY REQUESTED YES ☐ NO ☐ | STAR | ADD'L RP'S ☐

REPORTING PARTY

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO | ZIP CODE | BUSINESS PHONE (DAY / NIGHT)

BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO | ZIP CODE | RP'S RELATIONSHIP TO SUBJECT

EXTENT OF INJURY / TREATMENT | VIOLENT CRIMES NOTIFICATION YES ☐ NO ☐ N/A ☐ | STAR | FOLLOW-UP FORM YES ☐ | STATEMENT YES ☐

OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE

SIGNATURE OF PARTY REPORTING MISSING PERSON | 293 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐ | CONFIDENTIALITY REQUESTED YES ☐ NO ☐ | STAR | ADD'L RP'S ☐

SFCOPD 377 B (01/06)

3

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SAN FRANCISCO POLICE DEPARTMENT
INCIDENT NO. 130420906

INCIDENT REPORT PROPERTY LISTINGS

PAGE 3 OF

PROPERTY CONDITION CODES: D – DAMAGE; E – EVIDENCE; F – FOUND; L – LOST; P – PROPERTY FOR SAFEKEEPING; R – RECOVERED; S – STOLEN

CODE	ITEM	QUANTITY	BRAND	MODEL	VALUE
E1	PHOTO COPY NOTES	4			

SERIAL NO.	CALIBER	COLOR	SEIZED BY (STAR)	FROM WHERE

NARCOTICS LAB NO.	ADDITIONAL DESCRIPTION / IDENTIFYING NUMBERS

CODE	ITEM	QUANTITY	BRAND	MODEL	VALUE
E2	WITNESS STATEMENT	1			

SERIAL NO.	CALIBER	COLOR	SEIZED BY (STAR)	FROM WHERE

NARCOTICS LAB NO.	ADDITIONAL DESCRIPTION / IDENTIFYING NUMBERS

CODE	ITEM	QUANTITY	BRAND	MODEL	VALUE
E3	VICTIM STATEMENT	1			

SERIAL NO.	CALIBER	COLOR	SEIZED BY (STAR)	FROM WHERE

NARCOTICS LAB NO.	ADDITIONAL DESCRIPTION / IDENTIFYING NUMBERS

CODE	ITEM	QUANTITY	BRAND	MODEL	VALUE
E4	CITIZEN'S ARREST FORM	1			

SERIAL NO.	CALIBER	COLOR	SEIZED BY (STAR)	FROM WHERE

NARCOTICS LAB NO.	ADDITIONAL DESCRIPTION / IDENTIFYING NUMBERS

CODE	ITEM	QUANTITY	BRAND	MODEL	VALUE

SERIAL NO.	CALIBER	COLOR	SEIZED BY (STAR)	FROM WHERE

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CODE	ITEM	QUANTITY	BRAND	MODEL	VALUE

SERIAL NO.	CALIBER	COLOR	SEIZED BY (STAR)	FROM WHERE

NARCOTICS LAB NO.	ADDITIONAL DESCRIPTION / IDENTIFYING NUMBERS

SFCCPD 377 D (01/05)

FROM

4 of 15

San Francisco Sheriff's Department
Case #130420906

Incident Report
Page: 4 OF 4

I, Deputy N. Barrantes #1158, employed by the SF Sheriff's Department assigned to the Institutional Patrol Unit at SF General Hospital Medical Center, 1001 Potrero Ave, San Francisco, Ca.94110 Phone: (415) 206-8063

On Wednesday, 05/22.2013 at 0930 hours, I was on duty, in uniform and was assigned to the Department of Public Health Building (DPH) at 101Grove Street.

I was in the main office, when (R) a DPH Social Worker Jason Albertson approached me to report that his client is a victim of Elder Abuse and was assaulted by a medical staff.

In addition, his client (V) M , who is mute, deaf and blind, was still in the clinic. I asked Albertson if he witnessed the incident, Albertson replied, "No". "I didn't see it but, his caretaker did", "He reported it, to me".

I advised Albertson to bring M and the caretaker to the office, so that I can interview them. After a few minutes, Albertson returned to the office with M and (W1) Felipe Acosta, as M approached the door, I noticed M touch the walls as a guide for direction. M was unstable on his feet and had trouble keeping his balance. Acosta was using himself as support while walking alongside M so that M would not fall. I also noticed whenever Acosta trailed too far and M did not feel Acosta's presence, M used his hands to search for Acosta and M became visibly apprehensive. Whenever M did this gesture, Acosta touched M to re- assure him that he was still close by. This simple gesture calmed M Both M and Acosta did this gesture several times during my interview. When M and Acosta reached my desk, Acosta touched M 's hand to signal to him that I was present. M extended his hand for a handshake, I shook M s hand.

I spoke to Acosta, He told me, and M was in the waiting room, waiting his turn to be seen for his medical appointment. When it was M 's turn, (C) Marcus Campos the Medical Emergency Assistant (MEA) called M 's name. Acosta informed Campos; M was deaf, mute and blind. Acosta also told Campos that M had trouble walking.

5 of 15

5 of 7

Acosta told me, Campos appeared impatient when M did not move quickly enough.

When M was being triaged, M was sitting in a chair. M was inside an exam room, along with Acosta and Campos. During the triage process, M put his right hand on the triage desk. At one point, M moved his hand and touched the power chord attached to the blood pressure machine. For M 's safety, Acosta moved M 's hand and placed it back on the desk.

Acosta told me, Campos performed a procedure to check M 's blood sugar. Shortly, after M moved his hand again and touched the glucometer machine. Acosta said, Campos suddenly hit M 's right hand.

M reacted, he became agitated. M let out a scream. M hysterically waved his arms to try and get out of the room. M stood up to leave, however, since he could not see, M bumped into walls, filing cabinets, desk and chair.

Acosta tried to calm M but Acosta was unsuccessful. Albertson heard the scream and entered the room. Albertson and Acosta tried to calm M down again but they were unsuccessful. After several minutes, M calmed down but was clearly still angry.

M communicated to Albertson and Acosta though a note pad. Albertson showed me (4) four pages of notes. Each page had one question. I read what M wrote, "Who did hit me"? "I want you call police please", "Ask police, we need a sign language, somebody knows that have" and "Battery".

I asked Acosta, if I could demonstrate how hard the hit was on Him. Acosta said, "Yes". I took Acosta by the wrist and gently pushed his hand away. Then, I hit my own hand with a slight downward force. Then, I hit my own hand a second time. This time, with harder downward force that Acosta could hear the slapping sound.

Acosta immediately said, "No, definitely not pushing my hand away, like that. "It was the second one, when you hit your hand".

6 of 15

6 of 7

I clarified the slap with Acosta; I demonstrated both strikes again, on my own hand. Once, with a slight force and second with a harder force. Acosta said, "The Last one".

Albertson also watched my demonstration to Acosta.

Albertson, made photo copies of the (4) four pages of notes and I submitted them into (E1) evidence. Acosta also gave me a written statement, which I submitted into (E2) evidence.

I communicated with M through Acosta. I asked, Acosta the questions and Acosta would take M 's hand and signal/write in M palm and understood what I asked.

Acosta told me, "M is sensitive to the touch and he knows". I asked the question, Is M injured? Acosta took M 's hand and appeared to write. M responded with a "slight moan and rubbed the top of his right wrist with his left fingers"

I asked a second question. Does M want to a doctor for his hand, or does he want an ambulance or go to San Francisco General Hospital. Again, Acosta took M 's hand and wrote my question. M , replied, "No". M shook his head left to right.

I asked a third question. Does M want to charges? Acosta took M hand again and wrote. M replied, "Yes". M gestured with, a thumbs up.

M also gave me a written statement, which I submitted into (E3) evidence.

I gave M a San Francisco Sheriff's Department Citizen's arrest form, which M signed and returned to me. I also submitted the Citizen's Arrest form into (E4) evidence.

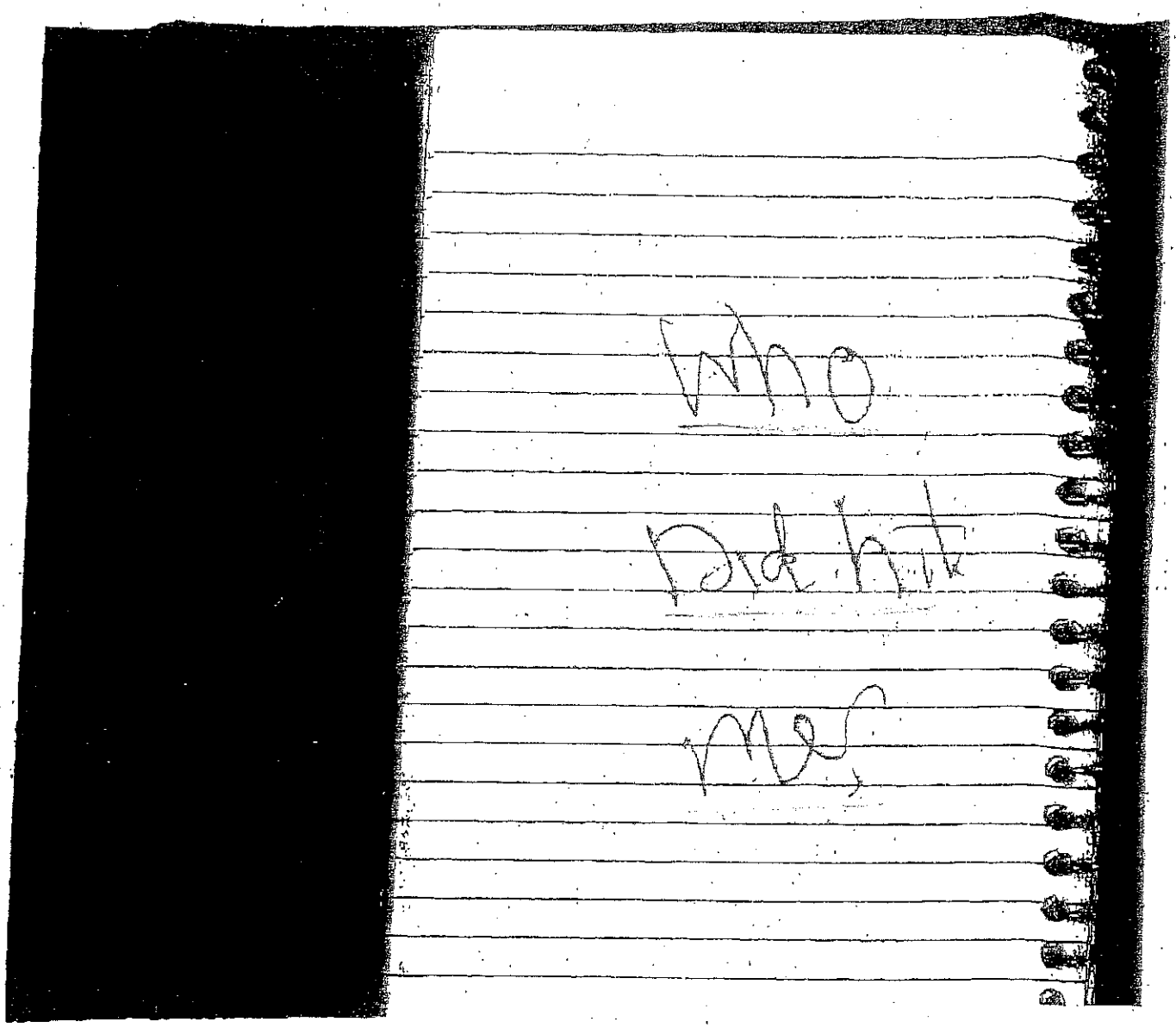
I contacted Campos and informed him that M wanted to press charges against him for the battery. I cited Campos for the 242 PC Battery and released him.

7 of 15

7 of 7

This incident is consistent with the possible elements of Elder Abuse (368 PC) and should be reviewed by the San Francisco District Attorney's office. Martin is a dependent care adult and is significantly disabled.

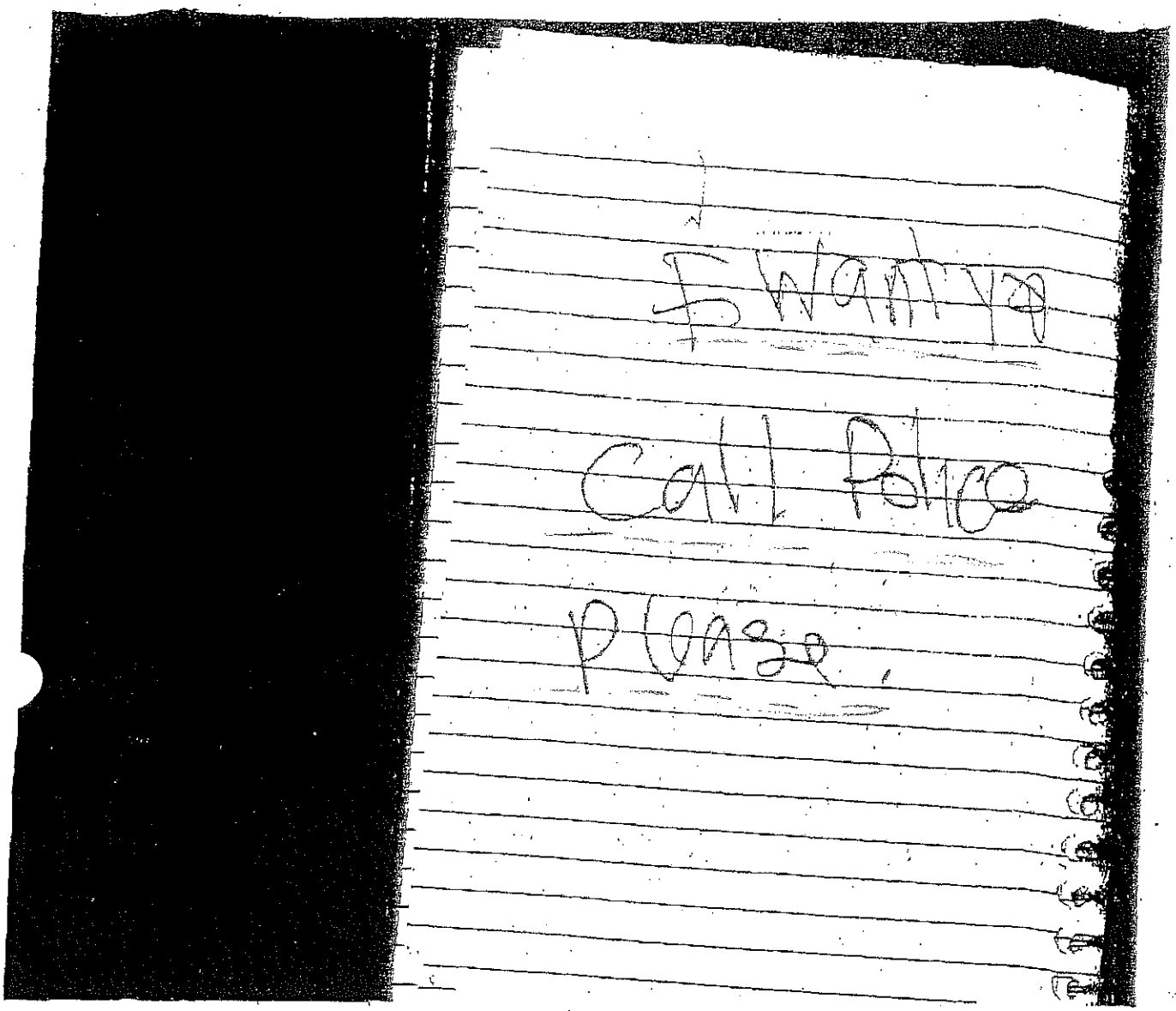
6 of 15



VB 1158
CASE# 13042090S
—#

9

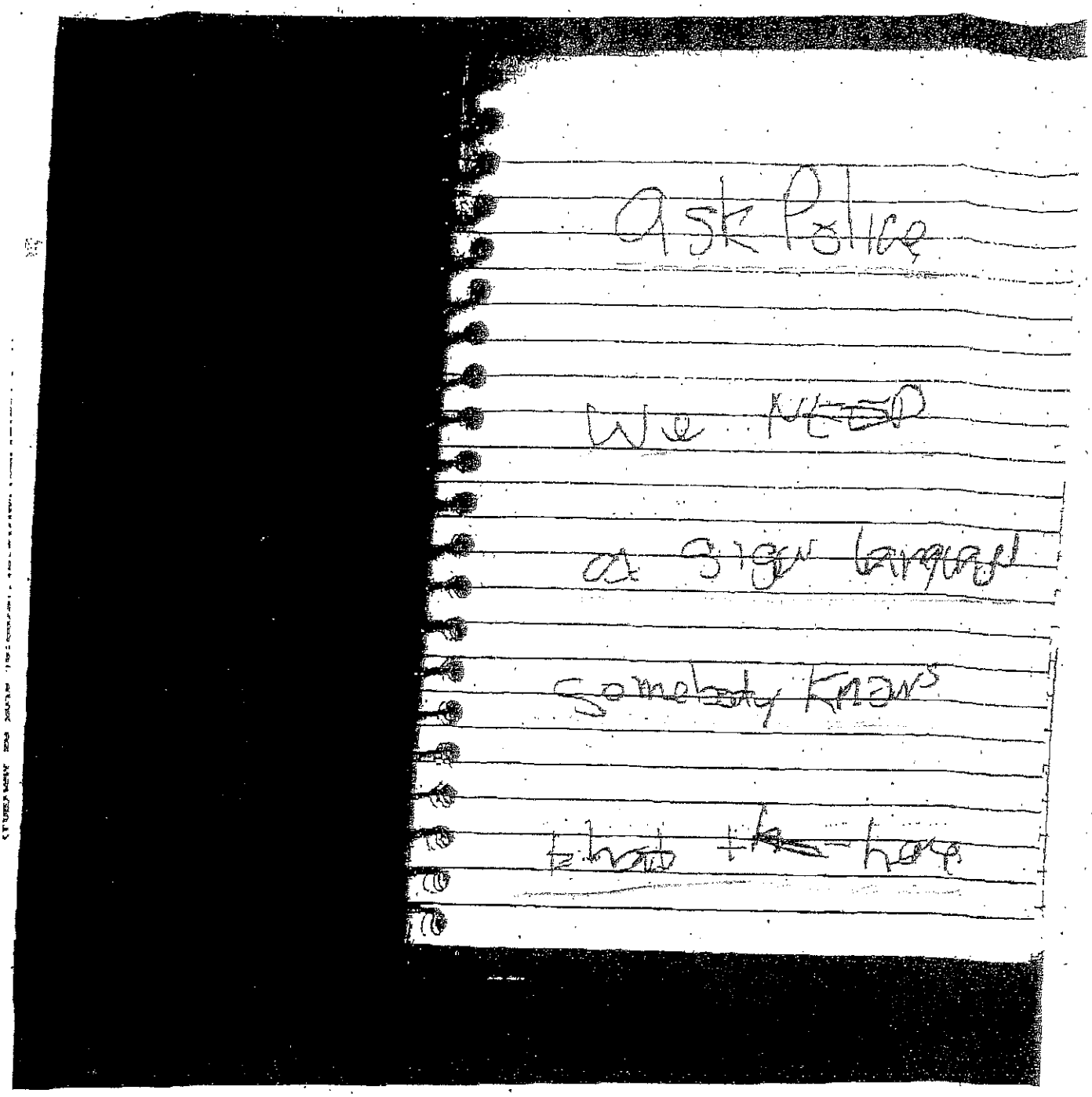
9 of 15



NB USB
CASE # 130420906
a-4

10

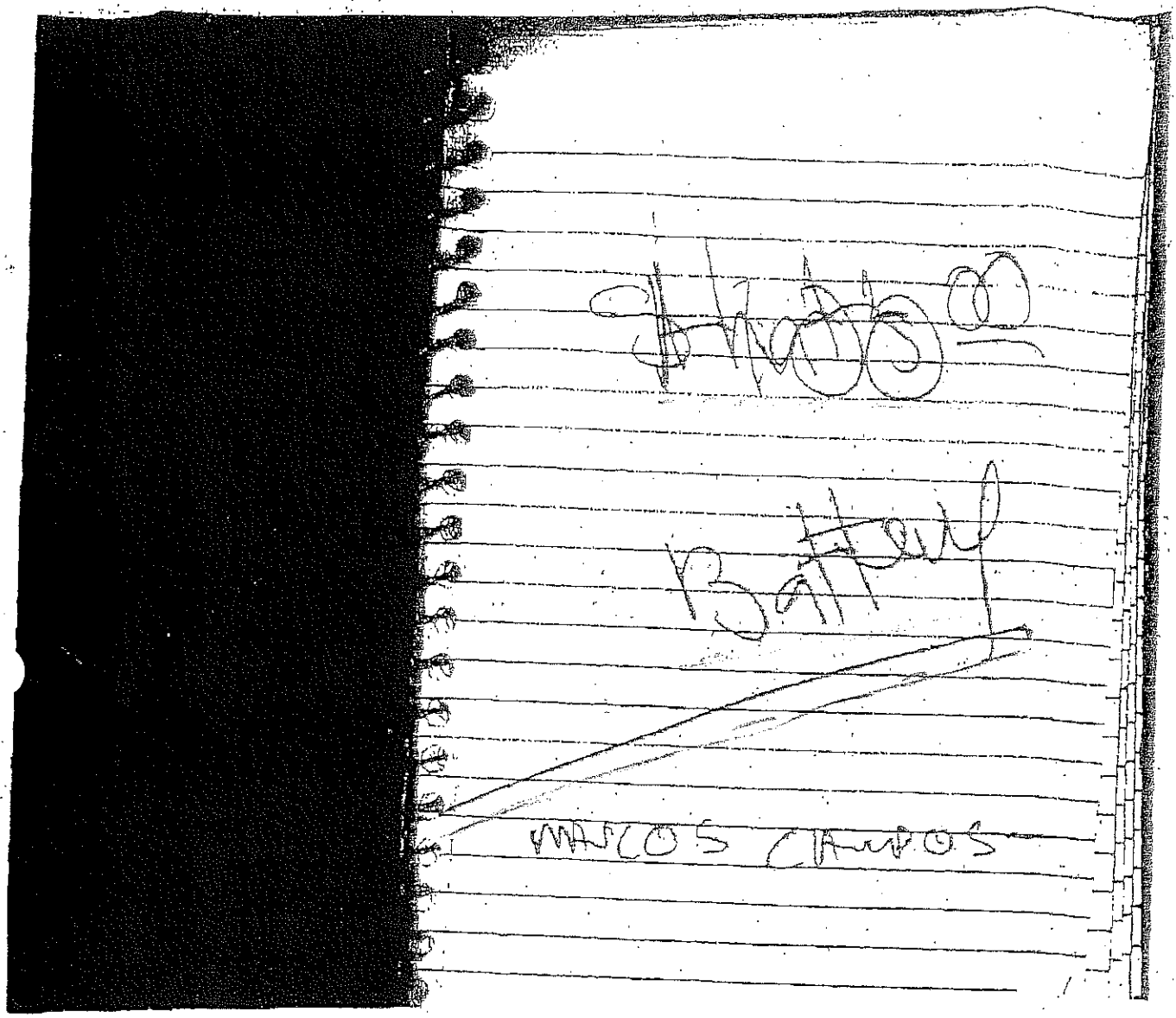
10 of 15



NB USB
CASE # B0420906
3-4

11

11 OF 15



NB HBS
CASE#130420906
4-4

SAN FRANCISCO POLICE DEPARTMENT

INCIDENT REPORT STATEMENT

INCIDENT NO. 130420906			
NAME (LAST, FIRST, MIDDLE) OF PERSON GIVING STATEMENT: ACOSTA, FELIPE	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)	BUSINESS PHONE (DAY / NIGHT)
RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO	ZIP CODE	BUSINESS ADDRESS / CITY IF NOT SAN FRANCISCO	ZIP CODE
DATE OF STATEMENT: 5-22-13	TIME STARTED	TIME COMPLETED	LOCATION WHERE STATEMENT TAKEN: AT SCENE ☒ OTHER:
STATEMENT TAKEN BY (NAME / STAR): BARCANTES USB	IN PRESENCE OF		

Inside at Tom Waddell Clinic
M was called by the
Triage nurse. He weighted him and
He directed both (M & Myself)
To the examining room. Once inside
the nurse (Q) took a blood sample from
M left hand middle finger, but
M cannot see, talk or hear.
M moved his right hand to
the desk and touched the recording instrument
and the nurse slapped his right hand
in a hard manner.

NR USB

I DECLARE UNDER PENALTY OF PERJURY, THE STATEMENT OF 1 PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT [signature]

13 OF 15

SAN FRANCISCO POLICE DEPARTMENT

INCIDENT REPORT STATEMENT

INCIDENT NO. 13[illegible]4[illegible]6[illegible]06

PAGE 1 of 2

NAME (LAST, FIRST, MIDDLE) OF PERSON GIVING STATEMENT	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)	BUSINESS PHONE (DAY / NIGHT)
M		NONE	NONE

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO	ZIP CODE	BUSINESS ADDRESS / CITY IF NOT SAN FRANCISCO	ZIP CODE

DATE OF STATEMENT	TIME STARTED	TIME COMPLETED	LOCATION WHERE STATEMENT TAKEN
5-22-13			AT SCENE ☒ OTHER:

STATEMENT TAKEN BY (NAME/STAR)	IN PRESENCE OF
BARRANTES 1155	

I Just touched

fax machine Because I can't

see and I'm Blind. then

Someone hit too hard my hand

wrist

arm

[signature]

I, UNDER PENALTY OF PERJURY, THE STATEMENT OF ___ PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT

14 OF 15

SAN FRANCISCO POLICE DEPARTMENT

INCIDENT REPORT STATEMENT

INCIDENT NO. 130420915

PAGE 2 OF 2

PRINT LAST, FIRST, MIDDLE OF PERSON GIVING STATEMENT: FJA	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT): NONE	BUSINESS PHONE (DAY / NIGHT): NONE
RESIDENCE ADDRESS (IF NOT SAN FRANCISCO)	ZIP CODE	BUSINESS ADDRESS (IF NOT SAN FRANCISCO)	ZIP CODE
DATE OF STATEMENT: 5-22-13	TIME STARTED	TIME COMPLETED	LOCATION WHERE STATEMENT TAKEN: AT SCENE [X] OTHER:
STATEMENT TAKEN BY (PRINT NAME / I.D. NO.): SGT PONCE 1158	IN THE MATTER OF		

RIGHT WRIST

I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT OF 1 PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT

15 OF 15

SAN FRANCISCO POLICE DEPARTMENT
CITY AND COUNTY OF SAN FRANCISCO
NOTICE TO APPEAR 096627005

☐ Traffic ☐ Infraction ☒ Misdemeanor
☒ Nontraffic ☐ Felony (Juvenile, PER 602(c) W&I)

Date of violation: 05/22/13 Time: 1400 Day of week: W Incident No.: 130420906

Name: MARCUS CAMPOS

Correctable violation / Description:
☒ 242 PC BATTERY M

Location of violation: 50 IVY ST, TRANSITIONAL UNIT

☒ VIOLATION(S) NOT COMMITTED IN MY PRESENCE, DECLARED ON INFORMATION AND BELIEF.
I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

[signature] Issuing officer: [illegible] 1V14

WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR AT TIME AND PLACE INDICATED BELOW.
X SIGNATURE [signature] 05-22-[illegible]

Notice: On or before 06.25.2013
Date: TUE 06 25 2013 Time: 0800

COURT COPY

096627005

SAN FRANCISCO SHERIFF'S DEPARTMENT
CITIZEN'S ARREST FORM

SAN FRANCISCO CITY & COUNTY

I made a CITIZEN'S ARREST on the Person of MARCUS CAMPOS
for the violation(s) 242 PC BATTERY
On 05-22-13, committed in my presence at 50 IVY ST
Month Day Year Address/Location

[signature], and I did thereupon request the San Francisco Sheriff's Department to assume custody of the above subject. I understand that I will be contacted by the District Attorney of the City and County of San Francisco should I be required to sign a formal complaint charging the above named subject with the commission of the violation(s) herein indicated.

Signature [signature]

Print N[illegible]

ATTACHMENT

D

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
554-2580
Fax 554-2855

Edwin M. Lee, Mayor

Barbara A. Garcia, MPA, Director of Public Health

Via Certified Mail – Return Receipt Requested

May 23, 2013

Marcus Campos

Re: Notice of Paid Administrative Leave Pending an Investigation

Dear Mr. Campos:

You are hereby notified per San Francisco Administrative Code Section 16.17 that the Appointing Officer has placed you on paid administrative leave effective May 24, 2013 from your 2430 Medical Evaluation Assistant position pending an investigation of patient abuse after an incident which occurred on May 22, 2013.

You may be contacted and scheduled for an investigatory interview at a later date. During the course of this investigation, you are not to return to your work location or contact any departmental employees or clients/patients without authorization from Human Resources or your manager. We also ask that you not discuss the specifics of this case with potential witnesses, so as not to elicit information or influence the outcome of this investigation. You may provide the investigator with the names of individuals who may have specified information regarding this case, if you would like them to be contacted.

Once the investigation is completed and charges, if any, are formalized, you will be provided written notice of the recommended disciplinary action listing specific charges, a copy of all the documentation from which the decision was based and an opportunity to respond to the charges orally or in writing. Throughout the investigative process, you will be entitled to a representative of your choice.

If you have any questions, please call Niki Mbotu, 206-5025.

Reviewed by: _____
Michael L. Brown, Human Resource Manager

Approved by: _____
Barbara A. Garcia, Director of Public Health

Attachment: Letter of Request Dated May 23, 2013 from Rebecca Silverman

cc: Marcus Campos – Regular Mail
Joseph Pace
Marcellina Ogbu,
Rebecca Silverman
Employee File

101 Grove Street, Room 210
San Francisco, CA 94102

Edwin Lee
Mayor

San Francisco Department of Public Health
Community Oriented Primary Care
Tom Waddell Health Center/
Homeless Programs
50 Ivy Street
San Francisco, CA 94102
Telephone: (415)-355-7400
FAX: (415)-355-7407

May 23, 2013

Michael Brown, HR Labor Relations Manager
San Francisco Department of Public Health
Department of Human Resources
101 Grove, Room 210
San Francisco, CA 94102

Dear Mr. Brown:

On May 22, 2013 it was reported that Marcus Campos, 2430 Medical Evaluation Assistant was involved in an interaction with a patient. The allegation involves patient abuse. Therefore, I am respectfully requesting to place Mr. Campos on paid administrative leave pending an investigation into the incident effective close of business May 23, 2013.

Please do not hesitate to call me with any questions or concerns.

Thank you,

Rebecca Silverman, RN
Acting Nurse Manager
Tom Waddell Health Center
rebecca.silverman@sfdph.org
Office: 415-355-7548
Cell: 415-846-6127

cc: Joseph Pace
Marcellina Ogbu
Judith Sansom

ATTACHMENT

E

dos entered
05/23/13

Patient – M – arrives 25 minutes late in the company of two men.

Patient approximately 6'1", moderate to heavy build, light skin tone, short to balding hair, possibly Caucasian; presents with hx. Of being deaf, mute, and blind.

One man approximately 5'8", medium build, medium skin tone, bald to balding hair, possibly Caucasian; is familiar to me the two previous times I performed blood draw on the Patient in the UC setting of TWHC within 1 week of this PC visit- he represented patient.

This man was getting patient registered when I was advised by staff that patient was being registered for service. Afterwards he was called in the medical providers room to discuss patient care while I was with the patient and caretaker.

Therefore I prepared the scale for weight (turned on), called patient from hallway –with caretaker (second man) who assisted me in getting patient successfully on to the scale for weight. Next the three of us went to the patient care room in which the patient protested to the caregiver that he didn't want our normal armless chairs, rather a chair with arm support, so the caretaker went to the half the bring in a chair with arm rests as I removed the armless chair – meanwhile patient is standing in room with mild – moderate attendance by me. Once patient is in the chair with arm rests I begin getting vitals, chief complaint, and general health hx. such as: smoking, medication allergies, hiv, dm, pain, etc.

The patient is sitting in arm support chair with b/p machine near and over his r shoulder, exam table to his right, me in front of him, a counter, door, then sink to his left, caretaker standing next to door.

Caretaker wrote on patients hand to inform him of need for b/p, etc.

Patient seemed ancy/restless in the chair he would pull on some cord(s) and reach out towards me for me to hurry with process of vitalization. The caretaker laughed at these things: why I may only speculate.

In the real time I am rushed , there are two other patients in the lobby with scheduled appointment who now have to wait. However, based upon this particular patients needs he is given preferential service. My intent is to be professional, not to mistreat a person under my care.

The right arm had the b/p cuff, left hand finger had pulse/O2 saturation sensor, temperature under the tongue. – Patient was mostly cooperative with vitals and time for me to ask questions of caretaker regarding pts. Health hx. Patient swung his L hand with arm towards me – to me – suggesting he wanted me to remove it – having the reading I removed the device . Patient seemed bored/restless: B/p wasn't finished – caretaker advised pt –writing on his hand – that I would need to do a finger stick, since the L hand was free I went to that hand, I cleaned the middle finger and stated to the caretaker that I would return in a moment with the glucometer – device for reading blood sugar. Returning to the room I data input information into the glucometer got the equipment read and placed onto the table (to the patients right side, then I got the lancet out and got the patients finger and lanced – blood issued forth which I guided to connect with the glucometer strip for received blood specimen. Then I placed a cotton swab on puncture site for pt to hold to control the bleed momentarily. While the glucometer was calculating the result I was getting the bandaid ready, the pt became irritated during this time and swung his arm (believe his R arm at the table striking the glucometer –which was in operation calculating his sugar level) I was attempting to ascertain putting the band aid on his finger to better control the puncture site with bleed – however before I could safely be near the patient he reached for with his bloody hand – I'm in front him – caretaker to my right and behind, patient wiped bloody finger on his white shorts , table, etc. because the patient was acting unsafe and erratic, and I was standing directly in front of him, on the arm were in punctured the finger – finger still bleeding – I petted the pt forearm inferior to the wrist which was presented distally to me – I did this to suggest to the pt to stop –because his actions were unsafe/ and because he is able to take verbal/visual cues to stop. Risk of blood exposure was most apparent for myself, and somewhat for the caretaker. After patting the pt wrist he arose quickly and roared and raced out of the room with the caretaker.

Unsafe to himself – has to be left around. – however he is

Again I felt unsafe with the patient in that he could have knocked me over and/or touched me with his bloody finger – further the glucometer which he initially struck has blood which I could also have been exposed to. Fortunately I had the prescence of ability to avoid potential harm to myself. When the patient left the room the hot team member left the medical providers room (across the hall) to join the patient.

I was concerned for the patient etc. to control the bleeding, however I felt he was out of control and would require my "battery" of him for me to grab his hand and put a bandage on his finger. Very disruptive and unappreciative behavior by the patient. In many facets. Some question caretaker knew and some he didn't . Medical provider requested a glucose check which required a fingerstick. Second man is approximately 5'6", slight build, moderate to dark skin tone, shoulder length hair, possibly Hispanic; introduces himself (approximately) as the patient's caretaker. Later during vitals, possibly stated he has only been in care of patient for 1 week.

Caretaker approximateness?
Translation where?

06-10-13

ATTACHMENT

F

Interviews:

Interview with Marcus Campos (MEA), at about 1040 on Wednesday 5/22/13:
Mr. Campos reports that "The patient was 25 minutes late for his appointment, but I knew Meredith really wanted to see him so I took him in right away anyway." "I've seen this guy before in Urgent Care and he's usually with his regular worker—the bald guy [Jason Albertson]. Today he was with another worker while I was doing his vitals. The regular guy [Mr. Albertson] was in with Meredith." Mr. Campos reports that the he understands that the patient cannot see, hear, or talk. Mr. Campos states that patient was "moving his arms around, touching the equipment" consistently while he was taking vital signs, "and the worker didn't help at all, just was laughing." Mr. Campos says that kept re-directing patient's limbs throughout the time they were together. Mr. Campos then reports that usually "the regular guy" communicates by tracing letters on the patient's hand. Mr. Campos states that he'd been told by Meredith that the patient needed a fingerstick for blood glucose, so he was concluding the vitals by doing the fingerstick. Per Mr. Campos, the patient stuck his hand out willingly for the lancet and glucometer, but that afterwards, while Mr. Campos was trying to apply a Band-Aid to the patient's finger, the patient began moving his arms again: "He knocked down the glucometer and got blood on it, he also got blood on his pants." Mr. Campos says he did not know how to communicate to the patient to stop moving with the bloody finger, so he "touched [the patient's] arm like this [illustrates a firm but not painful or slapping touching of this writers arm]." Mr. Campos reports that at this time, the patient stood up quickly to leave and "the worker" followed him, "I followed them out to try to get [the patient] to put the band-aid on, but he just kept going."

Interview with Meredith Florian (NP), at about 1400 on Tuesday 5/28/13:
Meredith relates that a new patient of hers, who is "blind, deaf, and mute," was expected on the morning of Wednesday 5/22/13, for an appointment that she states was very difficult to have scheduled and had taken much coordination between herself and Jason Albertson, psychiatric Social Worker from the Homeless Outreach Team [HOT Team]. Meredith lists others in clinic that morning as: Diana (Lindy) Edward (RN), Angela (Angie) Davidson (RN), Carlos Barillas (MEA), and Marcus Campos (MEA). She reports that the patient arrived late, and so she was attempting to be efficient by talking in one exam room with Mr. Albertson, while Mr. Campos readied the patient for the visit (by taking chief complaint and vitals) in her other exam room. She states that she finished up with Mr. Albertson, and then saw another patient briefly in a third exam room. Meredith reports that when she came out in the hall to see the patient who is at issue in this investigation, she saw Mr. Albertson, who informed her that the patient had left because Mr. Campos had slapped the patient on the hand. Meredith states that she accompanied Mr. Albertson outside to try and mitigate the situation, but that the patient waved his hands and shook his head, indicating, to her mind, that he did not want to see her at all. Meredith says that she asked Mr. Acosta what had happened to the patient, and Mr. Acosta responded that Mr. Campos had given the patient "a vicious slap" on the hand. Meredith states that Mr. Albertson informed her they were going to make a police report. Meredith came back inside and I happened to meet her there upon her return. Meredith concludes by stating, "It was very unfortunate that they [the HOT team] were not able to get an interpreter to accompany the patient."

Interview with Diana (Lindy) Edward (P103 RN), at about 1700 on Tuesday 5/28/13:
Lindy reports that she did not witness any part of the incident (which she knows about because she was in the nursing station when Meredith was initially informing me about the incident on 5/22/13). She does report that as she was leaving Meredith's exam room after a joint visit with the patient who Meredith saw just before she was to see the patient, she heard a "sort-of hoot." Lindy states that she has a brother who is deaf and unable to speak, and she reports that this was familiar to her as a sound of distress.

Interview with Jason Albertson (psychiatric social worker with HOT team), via telephone, at about 1200 on Thursday 5/30/13:

Mr. Albertson reports that on Wednesday 5/22/13, he had escorted the patient, who he confirms is hearing and visually impaired, and cannot speak beyond various noises, to a scheduled appointment with Meredith Florian in the Tom Waddell Primary Care Clinic. They were accompanied by the patient's IHSS worker, Felipe Acosta. Mr. Albertson states that once the patient was called by Mr. Campos to have his vitals taken, Mr. Albertson went into another exam room to discuss plans for the visit with Meredith Florian. Mr. Albertson states that they were unable to get an interpreter to assist with the visit; per Mr. Albertson, the patient communicates mostly by writing and that he has others communicate to him by "tactile" sign language (described by Jason as actually tracing letters onto the patient's right hand). Mr. Albertson states that as he exited the room he'd been in with Meredith, he heard a "hoot," from the room in which Mr. M was with Mr. Acosta and Mr. Campos. Mr. Albertson describes this "hoot" as the patient's "distress call." Mr. Albertson says that he next saw the patient "trying to flee, looking very upset." Mr. Albertson says that the patient was being physically escorted down the hallway toward the exit by Mr. Acosta. Mr. Albertson reports that when they got outside, Mr. Acosta told him that Mr. Campos had slapped the patient on the hand during the vitals-taking and that this is what had upset the patient. Mr. M communicated in writing that he wanted to call the police. Mr. Albertson asked the patient to wait outside with Mr. Acosta while he went back into clinic to inform Meredith of what was alleged by the patient and Mr. Acosta. Per Mr. Albertson, Meredith followed him back outside to try to see if the patient was willing to talk to her; per Mr. Albertson, the patient did not want to communicate with Meredith but wanted to proceed with police report. Mr. Albertson says he then drove the patient around the corner to the Sheriff's Dept. office at 101 Grove (accompanied again by Mr. Acosta), "It's so difficult for Mr. Martin to walk that it was just easier to drive." Mr. Albertson says that during the interview with the Deputy (identified as Barrantes), Mr. M alleged that Mr. Campos had actually slapped him twice on the right arm. Mr. Albertson concludes, "then we had to leave because we had to drive the patient to a [pre-scheduled] interview with The Chronicle." Mr. Albertson states that he did call and inform the DPH Privacy Officer Ilene Shields, who was already aware that the interview was happening, about the above allegation in case that came up in the interview.

Felipe Acosta Interview, via telephone, at about 1245 on Thursday 5/30/13:

Mr. Acosta reports that at the time of the appointment, he had been working with the patient as his IHSS worker daily since 5/9/13. Mr. Acosta states that works as a private contractor for IHSS on an on-call basis. He usually starts his work with the patient at 1000 and ends at 1200. However, Mr. Acosta reports that on the day of the appointment he and the patient and Mr. Albertson arrived at the clinic "Sometime between 900 and 1000." Per Mr. Acosta, "the triage nurse [I clarified that that Mr. Acosta was in fact talking about Mr. Campos, and then informed Mr. Acosta that Mr. Campos was an MEA] took us in the back to take the vital signs." Mr. Acosta says he informed Mr. Campos that all procedures should be done on the patient's left arm, since Mr. M uses his right hand to write as well as receive tactile messages. Mr. Acosta first states that Mr. Campos used the patient's right hand for fingerstick only, but left for all other procedures (BP, pulse, oxygen saturation), and then, when I tried to clarify, changed his report, stating that Mr. Campos used only the patient's left hand/arm for all procedures. Mr. Acosta reports that the patient did at times reach up to touch things, which Mr. Acosta reports the patient does to familiarize himself with his surroundings. Mr. Acosta states that when it came time for the patient to have the fingerstick, the patient just stuck his finger out without having the procedure explained by anyone, "He is used to getting medical care and must just know that is the next thing." Mr. Acosta states that after Mr. Campos got the blood from the patient's finger onto the

glucometer strip, and laid the glucometer down to apply a Band-Aid to the patient's finger, "The patient touched his hand on top of the reading machine." Mr. Acosta states that at this point, Mr. Campos "slapped [the patient's] right hand," and said "Look what you did!" to the patient. Mr. Acosta states that the patient "is very sensitive to the touch" because it is the sense he most depends upon. Mr. Acosta also says that there was blood from the patient's finger on the table near the glucometer after the patient reached out to touch the machine. Mr. Acosta states that at that time, the patient stood up and began basically flailing around the room trying to figure out how to get out the door. Mr. Acosta states that he was very worried for the patient's safety at that time and got up to assist him as fast as he could, but that the patient ran into the wall and door before Mr. Acosta could get to him to escort him out. They met Mr. Albertson in the hallway and all three of them proceeded to leave the clinic.

Follow-up Interview with Felipe Acosta, via telephone, at about 1000 on Friday 6/7/13
I asked Mr. Acosta what room he and the patient were seen in, and he reports it was 148.
Mr. Acosta adds the detail that the patient requested a chair with armrests to sit in during the visit, which was not initially available in Rm. 148, so Mr. Acosta and Mr. Campos brought a new chair in.
Mr. Acosta confirms that Mr. Campos did the fingerstick for blood glucose on the patient's left hand.
Mr. Acosta now states that the patient got blood on his shorts, not on the table. He states he did not see blood on the glucometer.
Mr. Acosta states that Mr. Albertson actually met Mr. Acosta and the patient when they were still in the room, not out in the hallway.
Mr. Acosta states that he was standing to the right of the patient for much of the visit, and could not easily touch the patient to write on his hand.

Interview with Marcus Campos, June 10 at 9:53am

2430 MEA, full-time, M-F 8am – 5pm Schedule, since January 1, 2012

TWHC at 50 Ivy

Worked previously at SFGH, daytime shift with similar hours to TWHC, but not guaranteed hours, from approx. March through October 2007.

Current duties:

- Vital signs
- Document chief complaints (reason for visit)
- Stocking rooms (supplies)
- Cleaning rooms (wiping down tables & equipment)
- Assisting Providers w/ tests, EKG's
- Drawing blood
- Documenting weight & height
- Computer data entry (patient lab info, vitals & medical history)

Per Mr. Campos, prior to his initial interaction with the patient, provider, Meredith Florian mentioned patient "was a new patient" and told Mr. Campos about his "handicaps" and that he was a "must see". Mr. Campos then began to explain that "the patient was 25 minutes late" and also explained that if he (Mr. Campos) goes to his doctor and is late, he may not get seen. Mr. Campos explained that the TWHC was very busy and stated, "They are trying to bring some order. It's a bit chaotic."

Mr. Campos goes on to explain that he first saw the patient and caregiver (Felipe Acosta) down the hall at the front entrance, sitting in a chair, while the Hot Team (Jason Albertson) was recording the patient's registration information. Although Mr. Campos was ready to see the patient, the registration process did not appear to have been complete, so Mr. Campos decided to return to the patient care room to continue to prepare for the appointment.

Mr. Campos described how he left the patient care room to check the patient registration area again, where he noticed that the patient was still not finished with the registration process. Mr. Campos then re-explained that the patient was 25 minutes late for his appointment, but the patient was a "must see". Mr. Campos then stated, " I didn't know exactly what the patient's history was, his disabilities, maybe this is not for me to know."

Mr. Campos then described how he went to the scale to turn it on in preparation of weighing the patient. Mr. Campos then stated that they [patient, Mr. Acosta and Mr. Albertson] appeared to be done with registration, so he made contact with Mr. Acosta, to escort the patient and Mr. Acosta down the hallway to the scale. After documenting the patient's weight, Mr. Campos escorted the patient and Mr. Acosta to the patient care room, where the patient took a seat in the chair that was right next to the examination table. Mr. Campos noticed Mr. Acosta "writing on the patient's hand." Mr. Campos took and recorded the patient's blood pressure, pulse rate and temperature. Mr. Campos observed the patient touching and pulling the cords on the blood pressure machine and stated that he assumed the patient was becoming bored. Mr. Campos looked at Mr. Acosta, who laughed. At that time, Mr. Campos asserts that he asked Mr. Acosta to ask the patient "not to touch the cords." In response Mr. Acosta wrote something in the patient's hand.

Mr. Campos indicated that next the patient presented the middle finger of his left hand to Mr. Campos. Mr. Campos felt that this was not an act meant to be offensive, but more that the patient knew "what came next". Mr. Campos explained that he had been informed by Mr. Acosta to utilize the patient's left hand for the procedures because the patient used his right hand to communicate. Mr. Campos wiped the finger that the patient presented before completing the "fingerstick", utilized to check glucose levels. Mr. Campos punctured the finger (middle) and placed a cotton ball on that finger, then placed the patient's thumb from the same hand on the other side of the cotton ball to contain the bleeding from the punctured finger. Mr. Campos sat in the chair directly across from the patient and began to collect and record the data from the glucometer machine. The patient then began moving his hands and arms and "hit the table/glucometer machine out of impatience". Mr. Campos noticed some "drops" that were either blood or sweat, on the paper lining the examination table where the glucometer machine was sitting. Mr. Campos also noticed blood on the white pants the patient was wearing. Mr. Campos explained that he was concerned about his own safety and that of Mr. Acosta since the patient was bleeding. Mr. Campos took the wrist/hand area of the patient and moved it in a downward motion to prevent the patient from continuing to move the bloody finger around, possibly spreading blood pathogens. The patient reacted by "roaring", standing up and running out of the room. He explained that Mr. Acosta didn't stop the patient from leaving, but exited the room, following the patient. Mr. Campos explained that he was very surprised by the patient's reaction and a couple seconds after that he looked outside the room for the patient, but did not see the patient or Mr. Acosta. Mr. Campos asserted that, he "didn't want to go after him [patient] to further attack him, so I just felt it was best to stay away." Mr. Campos said that this was the last contact he had with the patient and that he was then approached and cited by the police department.

Mr. Campos went on to explain that he felt the patient was not acting like a patient. Mr. Campos then said, "Well, the definition of a patient is to wait." Mr. Campos also expressed suspicions about how quickly the patient exited the room for a blind person. Mr. Campos did not recall noticing if patient felt around to find the exit or if the patient bumped into anything on his way out of the patient care room.

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

November 25, 2013

Micki Callahan
Human Resources Director
Department of Human Resources
1 South Van Ness Avenue, 4th Floor
San Francisco, CA 94103

Dear Ms. Callahan:

I am forwarding for your review, additional information submitted by Marcus Campos on his request for hearing on his future employment restrictions and services deemed unsatisfactory with the Department of Public Health as a 2340 Medical Evaluation Assistant. This matter was forwarded to the Department of Human Resources on August 7, 2013 with CSC Register No. 0223-13-7.

Sincerely,

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON
Executive Officer

Attachment

c: Donna Kotake, Department of Human Resources
Ron Weigelt, Department of Public Health
Michael Brown, Department of Public Health

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES

2011-12

Performance Plan and Appraisal Report

I. EMPLOYEE IDENTIFICATION INFORMATION

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. JOB CODE NUMBER AND TITLE	3. STATUS
CAMPOS, MARCUS	☐ 2320 RN ☐ P103 RN **XX 2430 MEA** ☐ 2830 PHN	☐ Permanent (PCS) ☒ Provisional (TPV) ☐ Permanent Exempt (PEX) ☐ Temporary Exempt (TEX) ☐ Temporary Civil Service (TCS) ☐ Limited Tenure (Restricted Use) (TLT) ☐ Non Civil Service (Restricted Use) (NCS)
4. WORK LOCATION & DIVISION Tom Waddell Health Center 50 Ivy Street San Franciscom Ca 94102	**5. DEPARTMENT** DPH-COPC	**6. REASON FOR REPORT** XX Annual ☐ Dept. Review Period ☐ Probationary ☐ Unscheduled
	7. REVIEW PERIOD June 2011- June 2012	**8. PROBATION START AND END DATE**

Supplemental A

SFDPH H Info. Booklet: Comm. Oriented PC Clinics

Your Responsibilities

Along with each patient's rights go certain responsibilities. As a patient at SFGH or at the Community-Oriented Primary Care Clinics, it is your responsibility to:

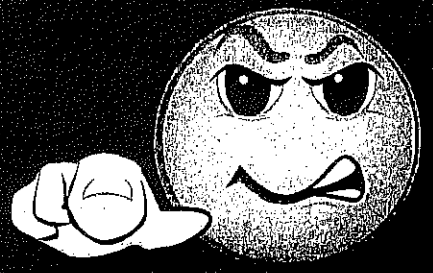
1. **Stay Informed:** If you do not understand something, keep asking the doctors or nurses. If you speak, understand, or read better in a language other than English, tell your doctors and nurses, so that we can provide interpreting services.
2. **Provide Information**: You are responsible for giving accurate and complete medical information about yourself. Tell your doctors and nurses of any unexpected changes in your condition.
3. **Keep Appointments**: You are responsible for keeping appointments. If you cannot keep an appointment, call the Hospital or clinic right away.
4. **Be Considerate**: You have a responsibility to consider the rights of other patients, employees, and visitors. We also ask that you respect Hospital and clinic property.
5. **Accept Consequences of Refusing Treatment:** If you refuse treatment or don't follow your doctor's instructions you must also accept the consequences. Please let your doctor or nurse know if you do not understand or can't follow the instructions that you have received.
6. **Give Current Billing Information** and/or make arrangement for payment of bills.
7. **Request Information**: If you don't understand any of the charges on your bill, please ask for an explanation from our Billing Office at (415) 206-8448.
8. **Continue Your Care**: It is important to understand how to continue your care after you leave the hospital. Be sure you know when and where to get further treatment, if needed and what you need to do at home to help with the treatment.
9. **Obey the No Smoking rule** in Hospital and clinic patient care areas.
10. **Follow SFGH and the clinics' rules and regulations** regarding patient care and conduct.

Q-1

Supplemental B

Neglect

- Failure to provide the goods or services necessary to avoid physical harm, mental anguish or illness.



Regarding Marcus Campos

DPH June 04, 2013 Letter from Personnel Analyst: O. Niki Mbotu
Statement:
You are directed to answer all questions truthfully and provide any pertinent information during the investigatory interview.
Response:
I did. Was more than forthcoming with both verbal and written renditions.

June 28, 2013 Notice of Termination from TPV 2430 MEA appointment -Human Resource Manager: Michael L. Brown

Statement:
1) "charges of mistreatment of person"
2) "patient abuse"
3) "and dishonesty during the internal investigation"
4) "maintain that you did not hit or slap the patient"
5) "and dispute that any statements provided during the investigation interview being false."
6) "concern that everything you said was not included in the investigation report."
7) "No written documentation was provided during the meeting."
8) "Based on the investigative report"
9) "eye witness statement"
10) "and statements found in the police report"
11) "Department is recommending no future employment with the Department of Public Health."

Response:

1) Actions in self defense.
2) Contact made not to injure rather to inform patient of danger.
3) See "Attachment E" - page 42. Specify "dishonesty".
4) See "Attachment E". "Patted".
5) "Any statements" seems absurd. Moreover my review of case reveals investigation was not thorough.
6) Please fully review case and give accurate assessment.
7) See "Attachment E" - which has been in DPH possession since June 10th, 2013.
8) "Investigative report" seems to have overlooked much of the evidence.
9) Compare accounts within DPH 48 page document.
10) Review evidence of police report.
11) No previous discipline; present action of emergence. Therefore dismissal with ineligibility of hire is inappropriate.

DPH: Employee Conference Form - Page 9
II. Employee Information You have the right to representation at this conference

Statement:
1) "Has there been any prior disciplinary action(s) with this employee? NO "X""

Response:

1) No previous disciplinary action.
notes: See "Supplemental A".

III. Charge(s)

Statements:
2) "After conducting glucose...patient began to explore his environment with his hand"
3) "You slapped the patients hand" - "causing him to become extremely upset".
4) "You are aware of the disabilities..." - "since you had seen him on a previous visit"
5) "Your action was inappropriate" - "in violation of Department Abuse Prevention & Prohibition Policy"
6) "Action proposed by supervisor written discipline(?) suspension(?) termination "X""

Response:

2) "Glucose" conducted means patient was bleeding."Began" may be misleading; caregiver communicated "tactile" to

1) I don't know extent nor degree of new patient handicaps.

2) "Blind" yet legibly writes within lines. See "S.F.S.D. Mr M note" - Pages 30-33.
notes: See "S.F.S.D. I.R." - Page 35 - 36: effectively crosses out mistake then writes "Battery".
If patient partially sees why "just touched box machine".

3a) Not "routine", patient is new to clinic. I had never before performed vitals or glucose on "Mr M".
3b) If patient has "DM with chronic renal failure" is not "known" to me.
notes: Further I don't know what he has or doesn't. He could be psychotic and dangerous, have HIV disease- I don't know and should. Primary Care Provider requested blood glucose check - a test to screen for Diabetes Mellitus - doesn't mean patient has DM.
Don't assume MEA is familiar or aware of patient history or chief complaint.

DPH: C.I.R. - (cont. pg. 11) Summary of The Complaint

Statements:
1) "After completing registration"
2) "Patient M began to move his hands and arms around and drip blood on his self and possibly other areas of the patient care room."
3) "Mr C slapped patients R hand"
4) "Saying" look what you did!"
5)"(Patient) quickly stood up and attempted to run out of the room, bumping into obstacles"

Response:

1) Initially registration began with three: patient., caregiver, and social-worker. When social-worker observed alone at registration - paperwork not available/ being processed - patient & caregiver were in waiting room/hallway. Calling patient to begin vitals in the interests of continuity of clinic workflow etc.

2a) Patient is familiar with procedure. See "Interview: F Acosta" - Pg.45- 46.
2b) am I being put at risk?
notes: Relate to "Supplemental D".

3a) Was there sound reason for physically contacting/communicating with patient?
3b) Right hand or wrist.
notes: "Slapped" once or twice? Compare Interviews: "J. Albertson" - Page 45 - with "F Acosta" - Pg.45- 46.

4a) I could concede to saying this - being in a shocked state at what was transpiring - blood etc.
notes: Obviously doesn't make sense to speak verbally to a purported "deaf" person.

5a) "Blindly" patient charged his large size with bleed at my direction - I being in front of him.
notes: Is he allowed per "Patient Rights and Responsibilities" see "Supplemental B"- to put me at harm?

DPH: C.I.R. - (cont. pg. 11) Summary of Investigation Results

Statements:
1) "Based on the interviews with Mr A who was the caregiver with patient M on May 22nd, 2013.."
2) "And the statements provided by Mr C, the patient was familiar with the procedure that were going to be performed"
3) "Patient M was calm"
4) "Both Mr A and Mr C stated pt M presented his finger for the stick."
5) "Both Mr A and Mr C said there was blood dripping from the finger as patient M was moving his hands and arms subsequent to the vital and glucose check."
6)"Mr C stated he gently/moved patient M's wrist hand area in a downward motion."
7) "Mr A, eyewitness, Mr C slapped pt M's hand"
8) "Written statement patient M wrote asking "who did hit me?"

Response:

1a) Caregiver since "05/09/13" see "Interview: F Acosta" - Pg.45- 46. Not apparent at patients 2 previous UC visits.
1b) S.F.S.D. Mr "M" note - Pages 30-33 "Ask police we need a sign language somebody know that have"

4a) Not logical? You do not know the patient or history. Logical to wipe blood on self and not follow instruction?
4b) Did I say "gentle downward motion"?
notes: Is it logical for someone in my position to respond in haste to emergency?

5) See "Supplemental D". Scenario not covered in training. I was not neglectful of patient when concerned for his "personal hygiene" and "illness" (regarding bleeding).

6) In all instances? is that logical?
notes: slap vs "pat"

7) "May be discharged".

8) See PC 242 Battery definition regarding "willful". Charges dropped by District Attorney office.
notes: Was I "willful" or in self defense within emergent/dangerous situation?

Conclusion: - (cont. pg. 12)

Statements:
1) "Mr C knew that his behavior by slapping patient M's hand was not acceptable."
2) "Not truthful...provided erroneous information to protect his own interests."

Response:

1) If "knew" then why did I?
notes: What does logic suggest?

2) Investigator determines me a "liar". See my written account "Attachment E" -pg. 42.
notes: Acting Nurse Manager may attest to my in-depth verbal testimony.

DPH: Abuse Prevention/Prohibition Program - Page 14 Purpose

Statement:
1) "Prohibit the mistreatment, neglect and abuse of patients"

Response:

1a) Review entire scenario. Were my actions "vicious"?
1b) Allowing patient to continue wiping blood on self - unknowingly - is "neglecting".

Abuse Prevention/Prohibition Program - Page 14 Statement of Policy

Statements:
1) "SFGH is dedicated to maintaining an environment that promotes patient safety... committed to protecting patient rights... prevention & prohibition of patient abuse, neglect and mistreatment."
2) "Facility policy to prohibit any actions that will harm our patients, visitors or staff."
3) "Pt shall be treated with dignity and respect and shall not be subjected to verbal or physical abuse of any kind."
Response:

1) I am for safety. Patient was unsafe "exploring", wiping blood, and spreading pathogen droplets.
notes: Employee rights.

2) "Any actions" including my circumstance?
notes: What prohibition exists against patient abusive actions?

3) Define what is abuse in this situation.

Definition - (cont. pg. 14)

Statements:
1) "Abuse - The willful infliction of injury... intimidation or punishment with resulting harm, pain or mental anguish."
2) "Includes physical abuse, neglect.. or other treatment with resulting physical harm or pain or mental suffering"
3) "Mental suffering - includes fear, agitation, confusion, severe depression... emotional distress malicious intent"

Response:

1) Patient unknown: new patient.
2) Patient history unknown to me the Medical Evaluation Assistant. Does Primary Care Provider, social worker, and caregiver know?
3) Exploring and wiping blood on self are "provocative".
4) Known.
5) I'd say so.
6) Why is patient interpreter not present? See "S.F.S.D. Mr "M"" note - Pages 30-33
7) I was uninformed - Medical Evaluation Assistant out of loop.
8) have submitted several Unusual Occurrences and have never received response.
notes: History of chaotic and dangerous patients who frequent TWHC; uncertainty for safety of employees = stress.

DPH: A.P./P.P. (cont.) - Page 17 Reporting B.

Statement:
1) "That employee shall complete an "unusual occurrence" form."

Response:

1) See "Attachment E" -pg. 42
notes: Have completed U.O. form's in the past with no response.

DPH: A.P./P.P. (cont.) - Page 18 5. Response and Investigation G.

Statement:
1) "The respective department head, in consultation with Human Resources, will report all cases of substantiated abuse investigations to the appropriate Licensing and Certification Boards and/or agencies.

Response:

1) Is this situation "substantiated"? Has HR < Labor Relations made report against me to related Licensing and Certifying agencies?

Regarding Abuse Prevention Training - Page 21 Fred Ryan

Statements:
1) "While M.C. was employed at SFGH he attended and received abuse prevention training during New Employee orientation."
2) "This session would have covered the various types of abuse, prevention measures, reporting and investigation."
3) "Mr C attended SMART training. This class addresses the violence escalation cycle methods of de-escalation, as well as appropriate interventions once violence has occurred."

Response:

1) See "Supplemental.D".

2) This scenario is not covered.

3) Curriculum does not cover patient who is blind, deaf, mute and bleeding.

San Francisco Police Department - Page 23 Incident No. 130420906

Statements:
1) "Pain to R Hand"
2) "242 PC Battery"

Response:

1a) Right/left hand or wrist. See "S.F.S.D. I.R."- Page 35 - 36
1b) Still in pain at time of report?
1c) how much pain, scale 1-10; continuing injury or healed?

8a) Again, "x" times, random movement of arms - large person, again I'm in danger.
8b) With me in his front; "x" time at risk of being struck by his arms; also bleed.

9a) "Blindly" charged in my direction: left room ahead of Acosta.
9b) Patient swiftly left room and was gone out of site when I followed.

10) Albertson was never in patient room; see "Interview: J. Albertson" - Page 45.

11) Is patient allowed to be angry?

12) Patient doesn't know me. Someone should explain situation.

13) Without explanation: jumps to conclusion of a crime.

14a) See "Interview: M Florian" - Pg. 44.
14b) Who is caregiver and what are qualifications to assist?
14c) See "Abuse Prevention/Prohibition Program": 3. Prevention - pg. 16: "patients with communication or language barriers - who require heavy nursing"
14d) (cont. pg. 16) "assurance of staff knowledge of patient care needs" - I don't know any of this. Im in the dark.
notes: If patient requires a translator why not at medical appointment?

15) How much force? Is any and all force inappropriate?

S.F.S.D. I.R. (cont.) - Page 28

Statements:
1) "I demonstrated both strikes again, once with a slight force and second with a harder force. A said the last one."
2) "Is M injured? M responded with a slight moan and rubbed the top of his R wrist with his L finger"
3) "Does M want a Dr for his hand, M replied "No"."
4) "Does M want to charge? M gestured with a thumbs up."
5) "cited C for 242 Battery."
6) "M is a dependent care adult and is significantly disabled."

Response:

1a) "Strikes" - define.
1b) Is there a harder "force". Yes.
1c) Sheriff does not ask "A" reason for "strike".

2a) Was there a mark? With Sheriffs self inflicted second "strike" how long would injury be sustained?
2b) Was there visible blood on left middle finger? hand? shorts?
2c) Wrist or hand? See "Interview: F Acosta" - Pg.45- 46.
notes: Investigate: is anyone able to verify blood stain on shorts?

3) Extent of "injury?"

4) Without explanation of action "blind" and "deaf" patient wants to "charge."
notes: Is this logical?

5a) Dismissed by District Attorney.
5b) Patient initially battered me. self-defense.

S.F.S.D. Mr "M" note - Pages 30-33

Statements:
1) "Who Did hit me?"
2) "Want call Police Please"
3) "Ask police we need a sign language somebody know that have"
4) (effectively crosses out mistake) then: "Battery"

Response:

without; 243 is with) Willful use of force or violence upon another. some type of unwanted contact.
-Willful: purpose or willingness regardless of intent or accident.
Is "violence" justified or unjustifiable?
Patient's force or violence (1) rude (2) angry (3) disrespectful manner - see "Supplemental B"
I did not want his battery or assault. His previous and present movements exhibited assaultive behavior.
Patient brought arms and hands in my direction, flipping me off & grinning, bloody finger with droplets, battered glucometer (extension of me - I was holding - in possession of) + charging at me = assaultive/ battery
Justified self defense - further in defense of patient & caregiver - imminent harm.
-Natural reaction to defend when being battered and assaulted.
-Could say: patient statement "was a accident" however, patient asked previously by caregiver to not "explore" - is caregiver qualified to effectively interpret to patient? What did caregiver write?
-Patient displayed familiarity with procedures; so why allow bloody finger and to strike glucometer?

Attachment E: "Personal day after account" - Page 42

Statements:
1) "Patient M arrives 25 minutes late..."
2) "in the company of two men."
3) "Patient approximately 6'1", moderate to heavy build..."
4) "presents with history of being deaf, mute, and blind."
5) "One man...is familiar to me the two previous times I performed blood draw on the patient in the UC setting of TWHC within 1 week of this PC visit - he represented patient."
6) "This man was getting patient registered..."
7) "Afterwards he was called in the medical providers room..."
8) "while I was with the patient and caretaker."
9) "I began getting...general health history..."
10) "Pt seemed ancy/restless"
11) "would pull on some chord(s) and reach out towards me for me to hurry with process of vitalization."
12) "The caretake laughed at these things"
13) "In the real time I am rushed"
14) "My intent is to be professional"
15) "The R arm had the b/p cuff...L hand finger had O2 sat sensor"
16) "Pt was mostly cooperative"
17) "Pt swung his L hand with arm towards me - to me- suggesting he wanted me to remove-"
18) "Pt seemed bored/ restless."
19) "caretaker advised pt - writing on his hand-"
20) "I cleaned the middle finger"
21) "return in a moment with the glucometer"
22) "got the pt's finger and lanced -blood issued forth which I guided to connect with the glucometer strip"...then I placed a cotton swab on puncture site for pt to hold to control bleed momentarily."
23) "While the glucometer was calculating the result I was getting the bandaid ready, the pt became irritated"
24) "Swung his arm...striking the glucometer"
25) "I was attempting to ascertain putting the bad aid on his finger to better control the puncture site with bleed."
26) "however before I could safely be near the pt he reached for with his bloody hand - I'm in front of him... pt wiped bloody finger on his white shorts"
27) "because the patient was acting unsafe and erratic"
28) "and I was standing directly in front of him,"
29) "on the one arm were in punctured the finger-finger still bleeding- I patted the pt FA which was presented to me"
30) "I did this to suggest to the pt to stop"
31a) "because his actions were unsafe"
31b) "and because he is unable to take verbal/visual cues to stop"
31c) "risk of blood exposure was most apparent for myself"
32) "after patting the pt wrist"
33) " he arose quickly and roared and raced out of the room"
34) "again I felt unsafe with the pt"
35) "he could have knocked me over and/or touched me with his bloody finger"
36) "further the glucometer which he initially struck has blood which I could have been exposed to"
37) "Fortunately I had the presence of ability to avoid potential harm to myself"
38) "When patient left the room the hot team member left the medical providers room (across the hall) to join the pt."
39) "I was concerned for the patient etc. to control the bleeding"
40) "I felt he was out of control"
41) "would require my "battery of him for me to grab his hand and put a bandage on his finger"

13) Patient late. two other patients waiting. Haven't received paperwork from registration so I will go down the hallway to get paperwork. Leave the room another time to obtain glucometer - when available. Had made "5" found trips along PC hallway in the interests of patient M. First to note he was at registration, second go back to room for setup, third go to hallway to meet patient - back to room with patient, fourth go for paperwork then back to room,fifth obtain glucometer - back to room.
notes: More movement than I want to be engage in - circumstance.

14a) going beyond normal DPH practice - I clean the patient room before each patient as time permits - so they have a "clean" room. - includes stocking and getting computer database ready.
14b) I want to do the service correctly not short the patient. Get equipment ready, etc.
notes: Further I don't like keeping scheduled people waiting.

15) contradicts caregiver statement, see "Interview: F Acosta" - Pg.45- 46.

16) This compared to typical and notorious TWHC patient behavior. Aside from the movement. "Verbal abuse" with the middle finger, including arms with hand being brought into my proximity - I was moreover interested to complete task so PCP could treat patient. Regardless of distractions which are of the norm at TWHC.

17) this is atypical of my limited experience with patient behavior. Ideally he remains still and allows tech to remove equipment without danger of being struck incidentally by hand or arm.

18a) noticed from patients facial, body, arm with hands expression, movement, attitude, example given moving arms to have me remove equipment illustrates he wanted to be finished with this process.
18b) The movement disrupted the test(s), once patient cooperated by not moving body/arms test was complete apparatus removed.

19a) Caregiver advised patient to cooperate by not moving and a second time that need to puncture a finger for glucose check.
19b) What the caregiver wrote I don't know.

20a) Patient stuck out middle finger and grinned towards me. see "verbal abuse"
20b) in the interests of completing task and perceiving as some sort of "humor". Chose not to be offended in the interests of PCP ability to see "must see" patient.

21a) Trip round through PC clinic.
21b) Glucometer shared per clinic with other staff -therefore not monopolized by me.

22a) At this point in the visit I know patient is bleeding from left middle finger. any other blood from patient is unknown to me. there is blood also on glucometer.
22b) Some people bleed a lot some bleed just a little; after holding the cotton momentarily I have bandage ready and assess wound for care.

23a) Glucometer is transferred from my hands and set to my left onto exam table while I open bandaid.

23b) Perhaps because of the boredom/restlessness cause of irritation

24a) Patient arm swung from up to down causing glucometer to bounce -droplets appeared on table paper in vicinity of glucometer.
24b) I had just put glucometer down and picked up bandaid for bandaging of bloody finger.

25) Because of the erratic arm gesture and recent - this visit history- of erratic arm movement I didn't feel safe to naturally move closer to patient, get finger and bandage-moment in time.

26a) I don't want to be wiped with blood.
26b) Large stain of red (from blood) appeared on shorts. some people don't bleed much - however from this display I perceived much bleeding - my training is to control bleeding.

27a) "Unsafe": striking instrument in my possession, wiping blood on self, don't know if he intends to wipe blood on me or strike me or?
27b) "Erratic" with other movement during this visit; I waited because I couldn't if he would cooperate and be still or move arms putting me in harm.

43a) Over-all caregiver was unfamiliar with patient. - see "Interview: F Acosta" - Pg.45- 46

43b) I am unfamiliar with patient; this is inappropriate setting.

44) This "check" doesn't assume patient has Diabetes, further patient is new and his health history is largely unknown to me.

45) 1-2 wks for short hour duration - person caregiver - however he wasn't apparent to me when patient visited me twice in previous week. Social worker Jason Albertson was only known contact.

Attachment F Interview with M Campos - Page 44

Statements:
1) "Wednesday 05/22/13"
2) "Patient was 25 minutes late"
3) "I know Meredith really wanted to see him"
4) "I've seen this guy before"
5) "he's usually with his regular worker"
6) "understands that the patient cannot see"
7) "moving his arms around, touching the equipment consistently"
8) "the worker didn't help at all, was laughing"
9) "kept redirecting patient's limbs"
10) "usually the "regular guy""
11)"told by Meredith that the patient needed a fingerstick"
12) "patient stuck his hand out willingly for the lancet"
13) "trying to apply a bandaid to the patient's finger"
14) "patient began moving his arms again"
15) "he knocked down the glucometer and got blood on it, he also got blood on pants"
16) "did not know how to communicate to the patient to stop moving with the bloody finger"
17) "touched the patient's arm...illustrates a firm but not painful or sloping touching"
18) "touching of this writers arm"
19) "patient stood up quickly to leave"

Response:

1a) Date of interview is incorrect; actual interview, which was in person, and immediate supervisor present met 06/10 @ ~ 10:15 a.m.
1b) 05/22/13 is date of incident

2a) Policy of 20 minutes unless special designate of "must see" patient was afforded "must see" status.
2b) Subsequently with Mr. M's party tardiness my time frame constricted with work load increase.

3a) Unlikely that I would address provider by first name.
3b) Again, patient was a "must see" - "really wanted to see him".

notes: Sense investigator Mbotu is portraying me in a certain way; for instance the language she depicts me as using for recounting of events.-Why?

4a) Unlikely I would call patient "guy".
4b) "Seen" patient briefly for venipuncture within two weeks of new present visit.

5a) Unlikely I would say "usually"; essentially the patient and I are unfamiliar.
5b) Unlikely I would say "regular worker", tenor and person of Jason Albertson is essentially unknown to me.

6) The nurse that came to the lab and asked me to go to UC room B for venipuncture informed me that patient was blind,deaf, mute. that is the extent of my understanding regarding patient.

notes: I don't know extent or validity of patient disabilities; care provided according to available information.

7a) Initial UC visits patient was completely cooperative - no movement.
7b) New patient PC visit patient would often "explore" = unsafe behavior.

notes: Is caregiver qualified to assist at this appointment? Why am I in unsafe situation?

Interview: D. Edwards - Pg. 44

Statements:
1) "Lindy"
2) "sort of hoot: this was familiar as a sound of distress"

Response:

1) Why first name instead of Ms.?

2a) during huddle pre-clinic "Lindy" the Charge RN was advised of blind,deaf, mute patient.
2b) why didn't she respond to "sound of distress"?

notes: Is it because I am deemed competent for patient care? Then why be terminated and unhirable?

Interview: J. Albertson - Page 45

Statements:
1) "Patient he confirms is hearing and visually impaired"
2) "IHSS worker, Felipe Acosta."
3) "once the patient was called to have vitals taken, Mr. Albertson went into another exam room"
4) "others communicate to him by "tactile" sign language"
5) "trying to flee, looking very upset"
6) "patient was being physically escorted down the hallway toward the exit by Mr. Acosta"
7) "when they got outside, Mr. Acosta told him Mr. Campos had slapped the patient on the hand"
8) "Mr. M communicated in writing that he wanted to call the police"
9) "It's so difficult for Mr. M to walk that it was just easier to drive"
10) "Mr. M alleged that Mr. Campos had actually slapped him twice on the right arm."

Response:

1a) This is the recognized companion of patient from 2 prior UC visits.
1b) "Impairment" to what degree? partial/complete?

notes: Investigate. How long in care of and familiar with patient?

2) Wasn't with patient two previous visits -from what I observed. See pg. 45 -"in service since 05/09".

3) Mr. Albertson remained at registration - patient & Felipe Acosta left to have seat in hallway. Before paperwork was completed at registration patient was in vitals room. Jason Albertson was brought back shortly after with Florian.

notes: Slight time difference.

4a) Is Felipe Acosta qualified to assist with "sign language"?
4b) What did he communicate to patient during vitals?

5a) Another dangerous situation patient could have trampled and wiped blood on me.
5b) Patient ahead of caregiver.
5c) Albertson was never in vitals room as F. Acosta purports -pg. 45.

6) Was that after patient was observed on his own "fleeing" and then caregiver caught up and physically "escorted" patient?

7a) First meet of three post registration.
7b) F. Acosta states "hand" was "slapped".
7c) F. Acosta doesn't elaborate on any of the other related events - why?

8a) Since patient is void of three senses, did anyone fill in the blanks of what happened before pursuing accusation?
8b) Did J. Albertson or F.Acosta observe large red stain - brightly visible on white shorts or elsewhere on patient?

11) This open-air exposed-wound may be touched.

12) Table to my left, patient in front, me about to put band-aid on patient- "when".

13a) Only "touched"? Mbotu words: "is it reasonable" for the "MEA" to "become upset" at just touch?
13b) Did F. Acosta observe machine bouncing?
13c) Patient "touched" and I "viscously slapped" per F.Acosta.
13d) Patient is familiar with procedure - per F. Acosta.

14) any reason why F.Acosta? right hand, wrist, or arm?

15) May have said in alarmed state - again patient is reportedly deaf and wouldn't be able to hear - likely said as part of emergent reaction - disbelief.

16a) Unpredictable patient: familiar with procedures, instructed not to "explore", bleeding, and then "touched" the machine. See "Supplemental B".
16b) Prevention - where is employee safety? who is this patient in front of me? Why is he not following direction? Who is this caregiver I've not met before, is he qualified to care for this patient?
16c) There "was blood" = risk of exposure.
16d) Patient PC 242: unwanted "touching" of glucometer in my possession.

17a) Me directly in front of reckless patient- in harms way:physical and blood born pathogen.
17b) Is patient allowed to act this way?

notes: Am I held to a standard and not the patient? Why does the patient have the right to put me in harms way?

(follow-up interview with F. Acosta)

18) Caregiver was not sitting rather standing by doorway.

19) Albertson states; 'observed F. Acosta with patient leaving clinic - then next outside.
Doesn't mention going in patient care vitals room as Acosta stated.

notes: Patient requested a chair with arm rests.

20a) How large of blood stain?
20b) Were you concerned about bleeding finger? contacting blood?
20c) When did you first notice blood on shorts? room, -hallway, etc.

21) The glucometer strip is outside of machine and has blood from patient - open air.

22) Contradicts Albertson

24) He only stood and approached from the left of patient; I being to the right and directly in front of patient; the table was to the right of patient.

Interview with M Campos, June 10 at 09:53 am - Page 47 - 48

Statements:
1) "cleaning rooms"
2) "patient "was a new patient" and told about his "handicaps" and... "must see"
3) "patient was 25 minutes late"
4) "TWHC...are trying to bring some order. It's a bit chaotic."
5) "first saw the patient and caregiver...at the front entrance"
6) "patient care room to check patient registration area again"
7) "I didn't know exactly what the patients history was"
8) "maybe this is not for me to know"
9) "appeared done with registration"
10) "patient took a seat"
11) "next to exam table
12) "took...patients blood pressure, pulse rate and temperature"

14) Patient fidgeting, movement, sighs, etc. were signs of his boredom. Check with caregiver.

15) What did "Mr. Acosta" write?

16) Patient smiles toward me - grinning while presenting middle finger.

notes: See "Abuse Prevention/Prohibition Program" - Page 14: verbal abuse.

17a) Fact: "Abuse Prevention/Prohibition Program" - Page 14: verbal abuse.
17b) Patients at TWHC are often inappropriate -staff becomes tolerant - if I discontinue visit because of mid finger with suggestive grin - to many similar acting patients will not be seen (and this has been documented: repeatedly).
17c) Moreover at that moment I didn't' have evidence enough to suggest "imminent danger". Choosing to not be offended in the interests of continued care.

notes: Why do the Investigators of the DPH HR Labor division not bring this "abuse" to light?

18) Familiar - so why not hold cotton & allow for bandage? ~why explore? - why strike glucometer "accidentally" if your familiar, knowing equipment will be there.

notes: Why do the Investigators of the DPH HR Labor division not bring this "abuse" to light?

19) I didn't sit.

20) The "data" wasn't ready yet - I was getting band aid fully open - split second.

21) "Began" - actually- 3rd time arm movements.

22a) Causing machine to bounce & droplets to appear.
22b) His right arm with hand coming in a downward arc.

23) I felt further rushed by patient - more than once.

24) Glucometer had bounced - exposed strip with blood - noticed a few droplets - "then":

25) After blood at glucometer area, patient wearing shorts. See "Supplemental B".

notes: A lot of blood.

26a) Patient was moving arms erratically for 3rd to 4th time - even thou asked not to at initial.
26b) Patient had verbally abused me.
26c) Patient hand battered me via glucometer.
26d) Patient had wiped blood on self.

27e) Patient reported as blind,deaf, and mute - appears to not know he is bleeding - last 3-4 patient movements within this 5 minute visit have been erratic - I don't know if he would "accidentally bring his bloody finger into contact with me.

28) See "Attachment E" -pg. 42: "patted".

29a) Caregiver didn't intervene.
29b) I was directly in front of patient; - trained to "control bleeding".
29c) He had - multiple times explored hands.

30) Why is patient consistently erratic and not following direction?

31a) Two brief previous UC visits patient fully cooperative; this new patient PC visit patient unpredictable.
31b) Question who is the patient - why does MEA to know?

32) See patient writing; thou patient is familiar with procedures is putting staff - me - in danger = "suspicious". See "Supplemental B"; patient familiar per caregiver.

STAFF REPORT

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

CIVIL SERVICE COMMISSION REPORT TRANSMITTAL (FORM 22)

Refer to Civil Service Commission Procedure for Staff - Submission of Written Reports for Instructions on Completing and Processing this Form

1. Civil Service Commission Register Number: 0233 - 13 - 7

2. For Civil Service Commission Meeting of: December 16, 2013

3. Check One:
   - Ratification Agenda
   - Consent Agenda
   - Regular Agenda X
   - Human Resources Director's Report

4. Subject: Appeal by Marcus Campos on future employment restrictions with the Department of Public Health

5. Recommendation: Deny the appeal and adopt the report

6. Report prepared by: Michael L. Brown Telephone number: 415 554-2590

7. Notifications: **(Attach a list of the person(s) to be notified in the format described in IV. Commission Report Format -A).**

8. Reviewed and approved for Civil Service Commission Agenda:

   Human Resources Director: [signature]

   Date: 12/4/13

9. Submit the original time-stamped copy of this form and person(s) to be notified (see Item 7 above) along with the required copies of the report to:

   Executive Officer
   Civil Service Commission
   25 Van Ness Avenue, Suite 720
   San Francisco, CA 94102

10. Receipt-stamp this form in the ACSC RECEIPT STAMP≅ box to the right using the time-stamp in the CSC Office.

CSC RECEIPT STAMP

Attachment

Notification List
Marcus Campos Appeal

Marcus Campos
[redacted]

Brook Demmerle
SEIU Local 1021
350 Rhode Island, Suite 100 South
San Francisco, CA 94103

Rebecca Silverman
Tom Waddell Health Center
50 Ivy Street
San Francisco, CA 94102

Dr. Joseph Pace
Tom Waddell Health Center
50 Ivy Street
San Francisco, CA 94102

Willie Ramirez, Human Resource Manager
Laguna Honda Hospital
375 Laguna Honda Blvd.
San Francisco, CA 94116

Y. Denise Fisher, Senior Personnel Analyst Laguna Honda Hospital
375 Laguna Honda Blvd.
San Francisco, CA 94116

Niki Mbotu, Personnel Analyst
San Francisco General Hospital, Human Resources
2789 - 25th Street, 3rd Floor
San Francisco, 94110

Michael Brown
Human Resource Manager
Department of Public Health
101 Grove Street, Room 210
San Francisco, CA 94102

Ron Weigelt
Human Resource Director
Department of Public Health
101 Grove Street, Room 210
San Francisco, CA 94102

Donna Kotake
Workforce Development Director
Department of Human Resources
One South Van Ness Avenue, 4th Floor
San Francisco, CA 94103

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
554-2580
Fax 554-2855

Edwin M. Lee, Mayor

Barbara A. Garcia, MPA, Director of Public Health

DATE:	November 14, 2013
TO:	The Honorable Civil Service Commission
THROUGH:	Micki Callahan, Human Resources Director
FROM:	Michael L. Brown Human Resource Manager, Labor Relations Division, DPH
SUBJECT:	Appeal of Unsatisfactory Services and Future Employment Restrictions Marcus Campos, TPV 2430 Medical Evaluation Assistant
RECOMMENDATION:	Adopt Staff Report; and Restrict Future Employment – "No future employment with the Department of Public Health".

Issue for Appeal

Marcus Campos worked as a provisional 2430 Medical Evaluation Assistant (MEA) with the Department of Public Health at the Tom Waddell Health Center from January 8, 2012 through June 28, 2013. He served at the discretion of the appointing officer. He was terminated for an incident considered to be patient abuse and for being dishonest during an internal investigation. The effective date of his termination was close of business (COB) June 28, 2013. Subsequent to his termination, Mr. Campos requested to resign in lieu of termination and the Department accepted his resignation. The appointing officer designated his services to be unsatisfactory and recommended no future employment with the Department of Public Health. Mr. Campos has appealed this recommendation before the commission.

Background

Marcus Campos was previously employed at San Francisco General Hospital (SFGH) as an as-needed 2430 MEA from March 12, 2007 to October 17, 2007. He resigned from his as-needed 2430 MEA position for reason of "dissatisfaction". On December 3, 2007, Ditas Hernandez, Nurse Manager, requested services unsatisfactory and noted problems during Mr. Campos' employment at SFGH. A summary of issues provided by Ditas Hernandez include:

- Supervisor received complaints by the EKG department regarding Mr. Campos' inability to keep up with his workload.

- Mr. Campos refused advice and was resistant in taking constructive criticism.
- Mr. Campos was late from breaks at least 2 times for more than 10 minutes. He was resistant to engage in counseling regarding the late return from breaks and refused to acknowledge that returning late to the unit was an important issue.
- Mr. Campos frequently was found to engage in arguments with co-workers and had difficulty getting along with others.

Mr. Campos was allowed to resign from his as-needed 2430 MEA position with services satisfactory because the information was received from Ditas Hernandez was 2 months after his resignation. However, the documentation was placed in the personnel file for future consideration. (See Attachment #1 - Voluntary Resignation Form and attachments received in HR December 3, 2007.)

Mr. Campos was rehired as a provisional 2430 MEA with Tom Waddell Health Center and began working at the Community Oriented Primary Care (COPC) clinic on January 9, 2012. He was scheduled to attend orientation conducted through SFGH and attended on February 13, 2013. (See attachment #2 Attendance Sheet for Orientation at San Francisco General Hospital - February 13, 2013.)

The orientation he attended on February 13, 2013 included a presentation on Treating Patients with Dignity and Respect and within that presentation a definition of patient abuse was provided. (See attachment #3 – Treating Patients with Dignity and Respect.) Although the presentation was designed for SFGH, the COPC clinics have adopted many policies relative to their interactions with patients. Mr. Campos and other COPC newly hired staff were sent to participate at SFGH as part of their orientation program. In slide #7 it lists one category of abuse to be physical abuse and on slide #12 it further defines physical abuse as "hitting, slapping, punching, kicking; and includes controlling behavior through corporal punishment." The orientation presentation at SFGH clearly demonstrates that Mr. Campos had full knowledge of what patient abuse means.

Tom Waddell also provided more specific orientation. Mr. Campos was required to know and under the policies specific to the COPC clinics. The COPC Policy Number 1.01 Victims of Dependent Adult/Elder Abuse, Child Abuse, Assaultive and Abusive Conduct, and Rape/Sexual Assault and Code of Professional Conduct Policy Number: 3.10 are available on the Department Intranet website for COPC employee access. Mr. Campos had intranet access and was expected to know and be familiar with policies governing the COPC clinic as well.

The purpose of the COPC Victims of Abuse policy is "to delineate the procedures for mandated reporting of abuse to local law enforcement officials in accordance with California law." The purpose of the Code of Conduct is "to promote an environment of care at Community Oriented Primary Care (COPC) in which all person at the centers, whether employees, patients, or visitors, are treated in a courteous, respectful and dignified manner, in order to foster the efficient operation of the center and the delivery of high quality care." (See attachment #4 Policy 1.01 and attachment #5 Policy 3.10.)

Policy 1.01 also defines abuse and includes "physical abuse…(Mental suffering include fear, agitation, confusion, severe depression, or other forms of serious emotional distress…") This policy also defines a dependent adult as being "persons between the ages of 18 and 64 with physical or mental limitations such as physical or developmental disabilities or age-diminished physical or mental abilities that restrict his or her ability to carry out normal activities or to protect his or her own rights."

COPC Code of Conduct Policy 3.10, page 2, lists expected behaviors, which include "Communications, including spoken remarks, written documents, and electronic messages, will be conducted in a professional manner." Conversely, a sample of disruptive or inappropriate behaviors include, "physical, condemning,

demeaning communications and other behavior demonstrating disrespect, intimidation, or disruption to the delivery of quality patient care and an environment free of harassment and violence."

Lastly, the COPC Policy Number 16.04 outlines the rights and responsibilities of the patient/client at SFGH and COPC. Patients should expect to "Receive care in a safe setting, free from verbal or physical abuse or harassment." (See attachment #6 - Patient Rights, page 3.)

California law (Section 11166 of the Penal Code) requires medical, non-medical and health practitioners working in specified public and private facilities to report abuse to the appropriate protective agency or to the local law enforcement agency. All Department of Public Health employees are required to sign acknowledgement of understanding their obligation to report abuse. Mr. Campos signed the Dependent Adult Abuse Reporting and Dependent Adult Abuse forms on December 19, 2011. Both forms specifically mention physical abuse. (See attachment #7, Dependent Adult Abuse Reporting and Dependent Adult Abuse.)

On May 22, 2013, the Department received a complaint from a patient seen by Mr. Campos that same day and the Department launched an investigation. The patient who is blind, deaf and mute arrived with his personal caregiver to assist with communication. Mr. Campos admits knowing that the patient was a dependent adult and had treated the patient at least once before. During this visit a routine glucose screening involving a finger stick was given. The personal caregiver observed Mr. Campos slap the hand of the patient who then became visibly upset, stood and began to quickly maneuver his exit from the clinic on his own. The caregiver was in tow. The patient filed a police report alleging battery with pain to his right hand. He was able to write, "who did hit me" and "I just touched box machine because I can't see and I'm blind then someone hit too hard my hand wrist". (See attachment #8, Resignation In-lieu of Termination dated July 17, 2013, Police Report, pages 32 and 37 of 50.)

Mr. Campos acknowledges he made contact with the patient's hand, but disputes the contact as being a form of abuse. He denies slapping or hitting his hand. Mr. Campos believes his contact with the patient's hand was appropriate and in response to prevent the patient from contaminating equipment in the room or dripping blood on the patient's clothes. However, the personal care giver witnessed Mr. Campos slap the hand of the patient. The patient was agitated and upset by the hit and sought immediately the police to file a report.

Analysis

Mr. Campos was trained and aware of what physical abuse means, which includes hitting or slapping. His reaction with the patient to avoid the contamination of blood on machinery or clothes did not promote an environment for the disabled patient who was a dependent adult to feel respected or leave the room feeling he was treated in a courteous respectful and dignified manner. Mr. Campos did not provide high quality care for a dependent adult patient and exercised poor judgment.

Mr. Campos has failed to accept any responsibility or recognize his role in the patient's dissatisfaction. This makes it difficult to consider future employment of Mr. Campos with the Department of Public Health. Mr. Campos has exhibited similar behavior in 2007 in failing to take responsibility for his actions for returning from break late and recognizing how his conduct would impact the unit.

The fact that there was an eyewitness to the event and that the patient immediately became agitated after Mr. Campos made contact with the patient, leads the Department to believe Mr. Campos is not being honest in describing his own behavior that day. He refuses to recognize that his action was considered abuse and that the dependent adult who came for care received a form of corporal punishment for something beyond his control. In addition, after he observed the response by the patient Mr. Campos failed to report the incident.

Recommendation

In 2007 Mr. Campos resigned from his as-needed 2430 MEA position and the supervisor recommended his services to be unsatisfactory. Unfortunately, the recommendation was untimely. Marcus Campos returned to City employment with Tom Waddell Health Center as a provisional employee, serving at the discretion of the appointing officer. As a result of the investigation from the incident which occurred on May 22, 2013, there was a finding of patient abuse. Patient abuse is not defined by the intent behind an action. The appointing officer terminated Mr. Campos from his provisional 2430 MEA position with Tom Waddell Clinic for cause. The Department has taken into consideration the previous recommendation in 2007 by his Nurse Manager and we believe the behavior is relevant to the more current incident involving patient abuse.

The inability for Mr. Campos to accept responsibility for his actions presents a problem anywhere Mr. Campos would be exposed to patient contact. Although Mr. Campos was allowed to resign in lieu of termination, his services were designated unsatisfactory. We strongly recommend that Mr. Campos be restricted from employment with the Department of Public Health. We ask that the Civil Service Commission adopt the staff report and uphold our recommendation.

Attachment:
1) Voluntary Resignation Form and attachments received in HR December 3, 2007
2) Attendance Sheet for Orientation at San Francisco General Hospital - February 13, 2013
3) Treating Patients with Dignity and Respect.
4) COPC Policy Number 1.01 Victims of Dependent Adult/Elder Abuse, and Abusive Conduct...
5) COPC Policy 3.10
6) COPC Policy Number 16.04 - Patient Rights
7) Dependent Adult Abuse Reporting and Dependent Adult Abuse
8) Resignation In-lieu of Termination dated July 17, 2013

cc: Brook Demmerle, SEIU Local 1021 Worksite Organizer
Elizabeth Silverman
Joseph Pace
Niki Mbotu, Personnel Analyst
Ron Weigelt, HR Director, DPH
Jennifer Johnston, Executive Office, CSC
Melissa Cayabyab, DHR Client Services

ATTACHMENT # 1

City and County of San Francisco

Gavin Newsom
Mayor

Department of Public Health
Human Resource Services
Operations Division
(415) 206-5538
FAX (415) 206-5668

RECEIVED
DEC 0 3 2007
HUMAN RESOURCES

TO: Human Resources Services
Operations Unit
CHN Building, 3rd Floor

I hereby voluntarily resign from my position as a 2430 MEA at Close of Business (COB) 10/17/07
Class No. and Title / Date

I understand that, if I am qualified, I shall be compensated for any vacation hours earned but not used.

Reason for Resignation: Dissatisfaction

I also understand that this resignation refers to all other employment, which I hold at San Francisco General Hospital, including any as-needed position or position from which I am currently on leave. My other employment is in class: _____

Signature of Employee — Home Address

Marcus CAMPOS — 10/17/07
Print Name of Employee — Date

FOR SUPERVISOR'S USE ONLY:

This is to certify that the above employee's services have been satisfactory

☒ This is to request that the above employee's services be marked unsatisfactory and that his/her future employability be determined by the Civil Service Commission. I understand that this request will not be considered unless supporting documentation is attached.

Signature of Supervisor — 206 830 — Department Name
Phone Number

Terry Deakon — 10/17/07
Print Name of Supervisor — Date

RS\FORMS\RESIG
Rev. 1/2005

December 3,2007

Marcus Campos worked in the EKG department between March & October of 2007. His hours varied weekly per assignment as needed. Marcus floats from EKG and 4C

Over the 7 month period, there were numerous complaints from EKG staff members regarding Marcus' job performance and attitude.

>Work-speed/efficiency - Complaints from Senior EKG technician regarding difficulty keeping up with workload. Per Senior Tech, each EKG would take 10-15 minutes. Normally, it should only take 5 minutes to perform task. When guidance given on how to improve speed, no change in performance.

>Poor response to constructive criticism - When approached by senior staff in EKG department regarding how to improve speed, refused to follow their lead. He felt people were "watching him" and wanted to do things his way. For example, staff noticed that he would wipe down the entire EKG machine from top to bottom after each patient (adding a great deal of time to his process). This was not necessary. Only areas that touch the patient need to be wiped down between patients. When counseled regarding this, Marcus refused to change his practice.

>Late from breaks - On 2 occasions, late from lunch break by more than 10 minutes. When asked by co-workers to explain his tardiness, refused to speak to them regarding this issue. When counseled by managers regarding these instances, more concerned with co-workers response to his behavior and unwilling to agree that timely return from breaks was important.

>Frequent arguments with co-workers - Unable to get along with co-workers. Several instances with staff both in EKG department and out of department. In EKG, arguments usually involved work efficiency/desire to do things his own way. Out of the EKG department, arguments with staff as well. One instance reported to nurse manager, in which Marcus approached the ICU CNS both during and after a Code Blue regarding the fact that the CNS had touched the EKG machine. During the Code Blue when the CNS had touched the machine, the CNS felt they had discussed the matter fully. However, Marcus come back later in the day & argued this issue with the CNS.

Ditas Hernandez RN,MSN
San Francisco General Hospital
Specialty Clinics
Nurse Manager 4C/3D
415-206-5660
Fax 415- 206- 8429

Yvette Gamble/DPH/SFGOV
11/29/2007 03:27 PM

To Ditas Hernandez/DPH/SFGOV@SFGOV, Terry Dentoni/DPH/SFGOV@SFGOV
cc Jadine Hue/DPH/SFGOV@SFGOV, Stephanie Sampera/DPH/SFGOV@SFGOV, Melanie Morales/DPH/SFGOV@SFGOV
bcc
Subject Marcus Campos

FYI, we just had a visit from a former employee, Marcus Campos, 2430 MEA, inquiring about his status. He said he was going to work for Ditas and had stopped working for a while and was being rehired and wanted to know if he needed to re-do his paperwork. We checked our records and advised him that he was still a current employee because he had never been separated and then he asked about his ID so we referred him back to you...

Yvette Gamble
Human Resources, Operations Division
San Francisco General Hospital, DPH
(415) 206-5034
(415) 206-5668 (fax)

Gemma,
Please let me know the employment restriction.

If you change it to "satisfactory" that would be great ☺

Thx Email to 11/29

11/5/08 designated as satisfactory; did not submit info for copy request

Irma Rodriguez/DPH/SFGOV
11/30/07 10:06 AM

To Ditas Hernandez/DPH/SFGOV@SFGOV
cc Luenna H Kim/DPH/SFGOV@SFGOV, Terry Dentoni/DPH/SFGOV@SFGOV, Yvette Gamble/DPH/SFGOV@SFGOV
bcc
Subject Fw: Marcus Campos

If the services are going to be considered unsatisfactory, please submit supporting documentation.

Thanks,

Nelly Rodriguez
SFGH Human Resources
415-206-8630
----- Forwarded by Irma Rodriguez/DPH/SFGOV on 11/30/07 10:01 AM -----

Luenna H Kim/DPH/SFGOV
11/30/07 10:02 AM

To Yvette Gamble/DPH/SFGOV@SFGOV
cc Ditas Hernandez/DPH/SFGOV@SFGOV, Irma Rodriguez/DPH/SFGOV@SFGOV, Jadine Hue/DPH/SFGOV@SFGOV, Melanie Morales/DPH/SFGOV@SFGOV, Stephanie Sampera/DPH/SFGOV@SFGOV, Terry Dentoni/DPH/SFGOV@SFGOV
Subject Re: Marcus Campos

Terry,

We don't have it. Can you please resend to me?

-L

Luenna H. Kim
Departmental Personnel Officer
2589 - 25th Street, 3rd Floor
San Francisco, California 94110
p 415/206-5197
f 415/206-4580
b 415/809-2204
Yvette Gamble/DPH/SFGOV

Yvette Gamble/DPH/SFGOV
11/29/07 05:52 PM

To Terry Dentoni/DPH/SFGOV@SFGOV, Luenna H Kim/DPH/SFGOV@SFGOV
cc Ditas Hernandez/DPH/SFGOV@SFGOV, Jadine Hue/DPH/SFGOV@SFGOV, Melanie Morales/DPH/SFGOV@SFGOV, Stephanie Sampera/DPH/SFGOV@SFGOV, Irma Rodriguez/DPH/SFGOV@SFGOV
Subject Re: Marcus Campos

Okay, I understand now. If the resignation was designated as unsatisfactory, it would have been processed by the Labor Team. Today, when Mr. Campos came to our customer service window, he gave us the impression that you were re-hiring him.

Luenna, do you have this employee's separation? Thanks!

Yvette Gamble
Human Resources, Operations Division
San Francisco General Hospital, DPH
(415) 206-5034
(415) 206-5668 (fax)
Terry Dentoni/DPH/SFGOV

Terry Dentoni/DPH/SFGOV
11/29/07 04:11 PM

To Yvette Gamble/DPH/SFGOV@SFGOV
cc Ditas Hernandez/DPH/SFGOV@SFGOV, Jadine Hue/DPH/SFGOV@SFGOV, Melanie Morales/DPH/SFGOV@SFGOV, Stephanie Sampera/DPH/SFGOV@SFGOV
Subject Re: Marcus Campos

Hi,
He signed a resignation form and was marked unsatifactory. I wonder if the form was lost, if so we will be happy to redo . Please advise... .Terry
Terry Dentoni, RN
Director Perioperative/Critical Care/Specialty Clinic Nursing
4M Nurse Manager
1001 Potrero Avenue
San Francisco, CA 94110
206-8307 (voicemail)

TERMINATION REPORT

DATE : 15-JAN-2008

Name : Marcus Campos SSN : EMPL Rcd# : 0

Address :

TER Reason : RSS Resign - Satisfactory Service
Effective Date : 18-OCT-2007

Terminated From Current Position
Job Code : 2430
Job Title : Medical Evaluations Assistant
Department : DPH
Appt Status : TEX
Appt Date : 12-MAR-2007
Dept Sen Date :
City Sen Date :
Rank :
List :

Appointing Officer Name : (PRINT) _____

Signature _____ Date _____

Submitted by : Yvette L Gamble Date Issued : 15-JAN-2008

SFTERM.06

ATTACHMENT # 2

SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER NEW EMPLOYEE ORIENTATION

Date: February 13, 2012 Time: 8:00am - 4:00pm Coordinator:

	NAME (Please Print Clearly)	SIGNATURE	JOB CLASS & TITLE	DEPARTMENT OR UNIT	Supervisor	SFGH	UCSF	Other
[redacted]								
19.	Marcus Camacho	[signature]	1424 2320	TMHC	Carlos Salazar	✓		

Revised 12/09

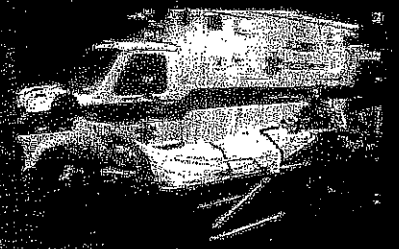
Data Entry done by: RAS 5/2/12

ATTACHMENT # 3

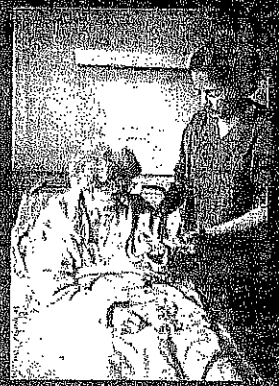
Treating Patients with Dignity and Respect San Francisco General Hospital and Trauma Center

Jay Kloo, RN, MS, Director of Regulatory Affairs
Troy Williams, RN, MS Director of Risk Management

SFGH Overview

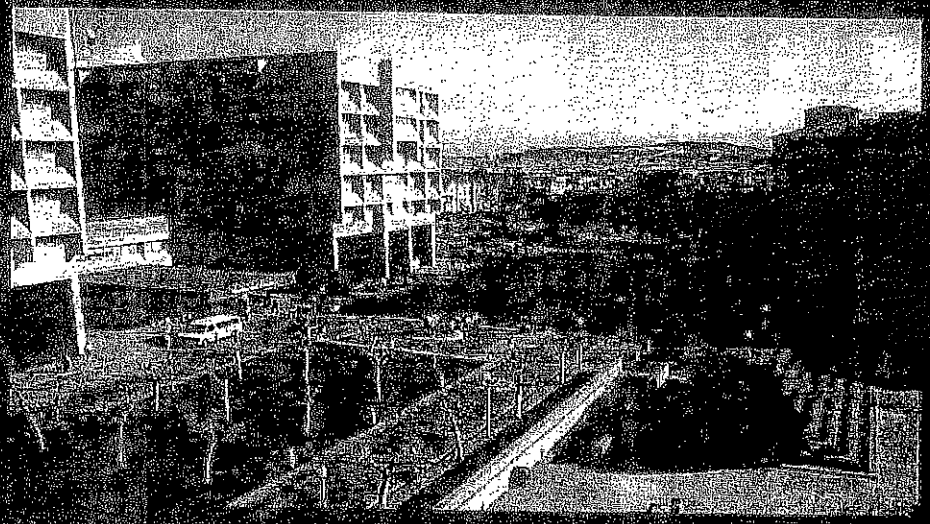


- Only Trauma Center in San Francisco
- Care for over 100,000 patients per year
- Provides 20% of all inpatient care in SF
- Only Psychiatric Emergency & Rehabilitation Services
- Referral Center for "Healthy San Francisco", the health access program for the uninsured



Top 10 Discharge Diagnoses
FY 2009-2010

- NORMAL DELIVERY
- SCHIZOPHRENIA/PSYCHOSIS
- PNEUMONIA
- CONGESTIVE HEART FAILURE
- ALCOHOL WITHDRAWAL
- CELLULITIS
- OBSTRUCTIVE CHRONIC BRONCHITIS
- HIV DISEASE
- DEPRESSIVE DISORDER
- ACUTE APPENDICITIS



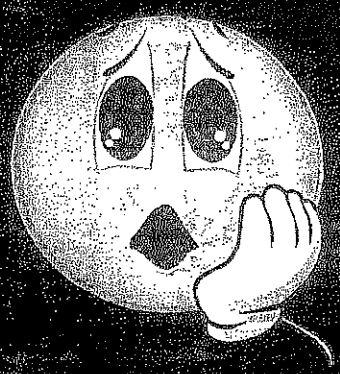
San Francisco General Hospital and Trauma Center is dedicated to maintaining an environment that promotes patient safety and is committed to protecting patient rights, including the prevention and prohibition of all types of abuse.

San Francisco General Hospital and Trauma Center
has a
ZERO Tolerance Policy
regarding patient abuse!!!

It is our responsibility to treat all patients with dignity and respect.

Definition of Abuse

- **The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish.**



Types of Abuse

Types of abuse include:

- Mental Suffering
- Withholding of Comfort Measures
- Misappropriation of Patient Property
- Neglect
- Physical Abuse
- Sexual Abuse
- Verbal Abuse
- Physical Restraint (Non-Clinical Indication)

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Mental Suffering

- Includes but is not limited to humiliation, harassment and threats of punishment or deprivation.
  - Withholding of medications
  - Isolating patients from his/her family, friends or regular activities
  - The threat of seclusion and/or restraint

Withholding of Comfort Measures

- Willfully withholding comfort interventions as a means of punishment.
  - Withholding of food
  - Withholding of clothing
  - Withholding of pain medications
  - Withholding of warmth (blankets)
  - Withholding of personal hygiene

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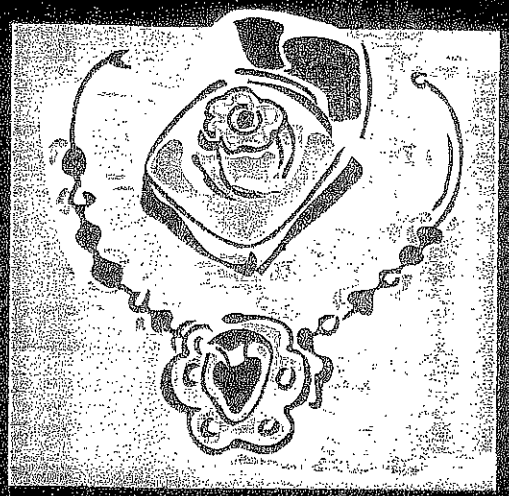
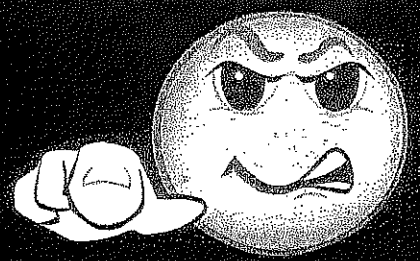
Misappropriation of Patient Property

- The pattern or deliberate misplacement, exploitation, or wrongful temporary or permanent use of a patient's belongings or money without a patient's consent.
  - Theft
  - "Borrowing"
  - Selling
  - Hiding



Neglect

- Failure to provide the goods or services necessary to avoid physical harm, mental anguish or illness.



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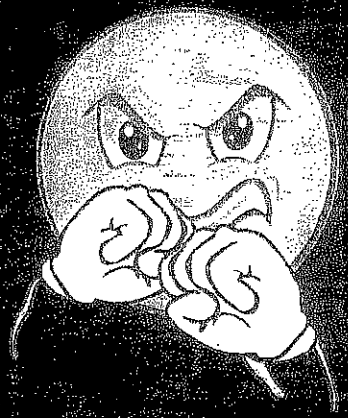
Physical Abuse

Examples Include:

- Hitting
- Slapping
- Pinching
- Kicking
- Includes controlling behavior through corporal punishment



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Sexual Abuse

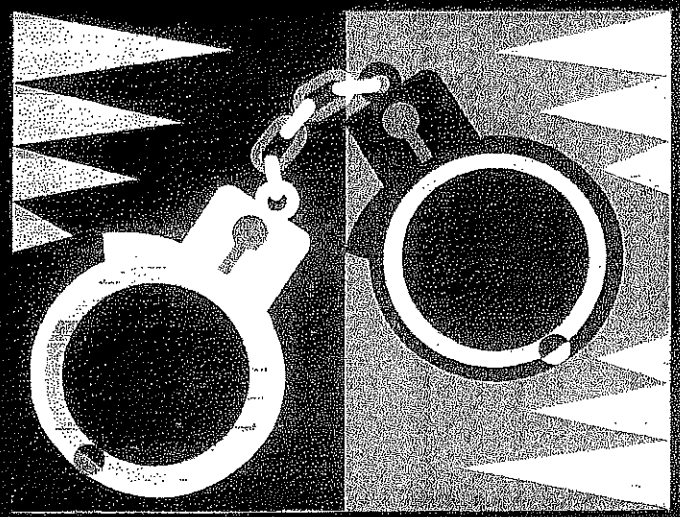
- Any physical contact with any area of the body not considered socially acceptable, with sexual intent. It is accomplished without consent through violence, force, fear, menace or duress. This includes, but is not limited to:
  - Sexual harassment
  - Sexual coercion
  - Sexual assault

Verbal Abuse

- The use of oral/written or gestured language that willfully includes disparaging and derogatory terms to patients and/or families or within their hearing distance; regardless of their age, ability to comprehend or his/her disability.
  - Name calling
  - Finger gestures
  - Overt disrespect
  - Racism
  - Sexism
  - Ageism

Physical Restraint (Non-Clinical Indication)

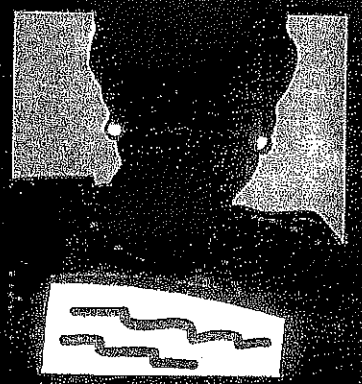
- Any device which inhibits a patient's normal ability to move freely.
- Physical holds of any type
  - See SFGH Administrative Restraint Policy (18.09)



28

Reporting

As a healthcare professional you are required ethically and by law to report all types of abuse.



Process for Reporting

If an employee observes abuse, suspects that abuse has occurred or is the first person to learn of abuse of any kind the employee must do the following:

- Notify the responsible manager, physician, Administrator on Duty and Risk Management
- Complete an Unusual Occurrence (UO) form

Immediate Response

Immediate response must include:

- Immediate measures to assure patient safety
- RN assessment of the patient, documentation of findings (i.e. update care plan, nursing notes), and notification of the attending physician

Exercises for your thinking muscle!

Following are 3 practice situations for you to read, think about, and come up with solutions/answers. You can then check your thoughts against a list of potential answers.

This portion of the course is not the test for the course and is not graded. It is meant to stimulate thinking.

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Example #1

A nurse is at a confused/demented patient's bedside assisting with a bed bath. The patient reaches for candy on bedside table. The nurse strikes the patient on the arm multiple times to stop him from grabbing the candy.

Two other staff members are in the room and witness the interaction. Later, these two staff members discuss what they observed and how it made them feel uncomfortable. They decide to talk privately to the first staff member about the incident and to keep the incident between themselves.

Things to think about regarding Example 1.

Is this abuse?

If yes, what type?

Did the observers make the right decision?

If not, what should they have done?

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Example 1 - Potential Answers

Is this abuse? - Yes

If yes, what type? - Physical abuse

Did the observers make the right decision? - No

If not, what should they have done? - The two observing staff members had a duty to report what they saw and even interrupt/intervene if able.

Example #2

A female patient walks down the hallway dressed in revealing attire. She makes a nasty comment to a nurse she is not getting along with. The nurse responds angrily, "That is some outfit. What corner do you think you're standing on?"

Things to think about regarding Example 2.

Is patient abuse taking place in this scenario?

If yes, what type(s)?

How could this situation have been better handled by the nurse?

Example 2 - Potential Answers

Is patient abuse taking place in this scenario? - Yes

If yes, what type(s)? - Sexual, Mental Suffering, Verbal

How could this situation have been better handled by the nurse? - Asking the patient to meet with her to discuss the animosity between them. A third person could also be asked to mediate. Even if these people can not agree to be friends, they could be asked to agree to be respectful to each other as treatment with respect is a patient right as well as a patient responsibility.

Remember:

Every patient has the right to be treated with dignity and respect

Questions?

ATTACHMENT # 4

Community Oriented Primary Care
Policy Number: 1.01

VICTIMS OF DEPENDENT ADULT/ELDER ABUSE, CHILD ABUSE, ASSAULTIVE AND ABUSIVE CONDUCT, AND RAPE/SEXUAL ASSAULT

1. **Purpose:**

The purpose of this policy is to delineate the procedures for mandated reporting of abuse to local law enforcement officials in accordance with California law.

2. **Statement of Policy:**

It is the policy of San Francisco General Hospital Medical Center (SFGHMC) **and the Community Oriented Primary Care Services (COPC)** that:

1. 1. Staff will report reasonable suspicions of abuse to local law enforcement officials in accordance with California law; specifically the suspicion of elder/dependent adult abuse (California Welfare and Institutions Code Section 15600-15659), child abuse (California Penal Code Section 11164-11174.3), assaultive and abusive conduct (California Penal Code Section 11160-11163), and rape/sexual assault (11 CCR 920 *et seq*).
2. 2. Staff will receive information on reporting requirements during orientation sessions and shall sign a statement documenting their knowledge of reporting requirements. These statements will be maintained in each employee's personnel file.
3. 3. Department heads will ensure that staffs receive unit specific information on reporting requirements.
4. 4. Medical Social Workers will be available for consultation regarding reporting requirements and intervention strategies.

3. **Procedure:**

I. I. GENERAL

A. A. CONFIDENTIALITY CONSIDERATIONS

Although abuse reporting is mandated by law, caution should be taken not to unnecessarily violate the patient's confidentiality expectations. Medical information should be disclosed only to the extent necessary. The SFGHMC Risk Manager (206-6600) or University of California at San Francisco (UCSF) Risk Manager (206-6052) should be contacted before any psychiatric patient information is disclosed or if there are any questions regarding information to disclose.

B. B. DUTY TO REPORT

There are requirements imposed by statute and by hospital policy for reporting victims of abuse. Failure to report could result in criminal liability, civil liability, and/or disciplinary action.

C. C. WHEN TWO OR MORE PERSONS ARE AWARE OF THE SAME INSTANCE OF ABUSE

1. 1. If two or more persons are aware of the same instance of abuse, they may select, by mutual agreement, a single person to be responsible for making the telephone report and making and signing the written report.
2. 2. If one of these persons knows that the designated person has failed to report, that person must thereafter make the report.
3. 3. Supervisors and/or administrators may be apprised of the situation. In such cases, the supervisor and/or administrator must respect the patient's right to confidentiality, may not impede or inhibit the reporting process, and may not discipline the reporter for making the report.

D. D. MEDICAL RECORDS

1. 1. Documentation of known or suspected abuse should be maintained in the medical record and should include at least the following:
   a. a. Any comments by the patient regarding the abuse and the name of any person suspected of inflicting the abuse, wound, physical injury, or assaultive or abusive conduct upon the person;
   b. b. A map of the patient's body showing and identifying injuries and bruises at the time the health care services are provided;
   c. c. A copy of the law enforcement reporting form;
   d. d. a safety assessment of the victim and his/her children; and
   e. e. the referrals that were made.

2. 2. Other documentation should be recorded for the following purposes:

   a. a. To inform other members of the health team in order to promote continuity of care;

   b. b. To identify patients who have been abused and have the potential for further abuse to be inflicted upon them; and

   c. c. To alert staff to implement security procedures in order to provide a safe environment for the patient, other patients, visitors, and staff.

II. II. ABUSE OF ELDERS AND DEPENDENT ADULTS

A. A. GENERAL

The Elder Abuse and Dependent Adult Protection Act imposes mandatory reporting requirements for abuse of elders and dependent adults. The reporting requirements for elders and dependent adults are identical. Abuse of an elder or dependent adult is a criminal act.

B. B. DEFINITIONS

1. 1. **"Abuse"** includes physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering **(Mental suffering include fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or deceptive acts performed with malicious intent.).**

2. 2. **"Elders"** are persons 65 years of age or older.

3. 3. **"Dependent Adults"** are persons between the ages of 18 and 64 with physical or mental limitations such as physical or developmental disabilities or age-diminished physical or mental abilities **that restrict his or her ability to carry out normal activities or to protect his or her**

rights. The law also expressly includes any person between the ages of 18 and 64 who is admitted as an inpatient in an acute care hospital or other 24-hour health facility.

4. 4. **"Mandated Reporters"** include physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, licensed nurses, licensed clinical social workers, and all other administrators, supervisory and licensed staff of a public facility that provides care or services for elder or dependent adults.

C. C. WHEN TO REPORT

1. 1. Per statute, Mandated Reporters must report if, in his/her professional capacity or within the scope of his/her employment, he/she

   a. a. has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect; or

   b. b. is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect; or

   c. c. reasonably suspects abuse.

2. 2. A person who is not a Mandated Reporter who knows or reasonably suspects that an Elder or Dependent Adult has been the victim of abuse may report that abuse.

D. D. WHEN REPORTING IS NOT REQUIRED

1. 1. A mandated reporter need not report an incident where all of the following conditions exist.

   a. a. The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect;

   b. b. The mandated reporter is not aware of any independent evidence that corroborates the

statement that the abuse has occurred;

c. c. The elder or dependent adult has been diagnosed with a mental illness, defect, dementia, or incapacity, or is the subject of a court-ordered conservatorship because of a mental illness, defect, dementia, or incapacity; and

d. d. The mandated reporter reasonably believes that the abuse did not occur.

2. 2. A mandated reporter does not have a duty to investigate a known or suspected incident of abuse.

3. 3. In addition to the reports of abuse that must be made by mandated reporters, reports of other types of elder or dependent adult abuse may be made by any person, whether mandated reporter or other persons. Other forms of elder or dependent adult abuse may include intimidation, cruel punishment, or other treatment that endangers an elder or dependent adult's will being.

4. 4. A person who is not a mandated reporter who knows or reasonably suspects that an elder or dependent adult has been the victim of abuse.

E. E. HOW TO REPORT

1. 1. TELEPHONE REPORT

a. a. A telephone report must be made immediately or as soon as possible after receiving the information concerning the incident.

b. b. The reporter should call the Department of Social Services, Adult Protective Services Reporting Hotline at (415) 557-5230.

c. c. If the reporter receives an answering machine, the reporter

should leave his/her name, the patient's name, his/her telephone number, and a convenient time to call. A report is not considered to have been filed until the information is given directly to an intake person.

d. d. The reporter should be prepared to provide the intake person with the following information:

i. i. His/her name (this is not required if the person is not a Mandated Reporter);

ii. ii. The name and age of the Elder or Dependent Adult;

iii. iii. The present location of the Elder or Dependent Adult;

iv. iv. The names and addresses of family members or any other person responsible for the Elder's or Dependent Adult's care;

v. v. The nature and extent of the Elder's or Dependent's Adult's condition;

vi. vi. The date of the incident; and

vii. vii. Any other information requested by Adult Protective Services, including information that led the reporter to suspect Elder or Dependent Adult abuse.

2. 2. WRITTEN REPORT

a. a. A written report must be sent within two working days of

receiving the information concerning the incident.

b. b. The written report must be made by completing the Report of Suspected Dependent Adult/Elder Abuse Form (See Appendix A). No other writing satisfies the statutory requirement for making a written report.

c. c. The written report should be mailed to the City and County of San Francisco, Department of Human Services, Adult Protective Services, P.O. Box 7988, San Francisco, CA 94120. Alternatively, it may be faxed to (415) 557- 5377 with a cover sheet addressed to Adult Protective Services.

F. F. SKILLED NURSING FACILITIES (MHRF AND 4A)

1. 1. If the suspicion of abuse involves a resident in a SNF, the Administrator On Duty/Hospital Supervisor (AOD/HS) and SFGHMC Risk Manager should be notified immediately.

2. 2. The SFGHMC Quality Management staff will report the incident to the Long Term Care Ombudsman Office in accordance with State and Federal laws.

G. G. PHOTOGRAPHING OF SUSPECTED ABUSE

Photographs of a suspected victim of Elder or Dependent Adult abuse may be taken at the direction of a Mandated Reporter for the sole purposes of assisting the investigating agency and preserving documentation for the justification for reporting the abuse. The patient's Consent to Photograph is not required under these circumstances.

H. H. CONFIDENTIALITY OF REPORTS

1. 1. Reports of Elder and Dependent Adult abuse are confidential and may be disclosed only as described herein.

2. 2. Information relevant to the incident of Elder or Dependent Adult Abuse may be given to an investigator from an adult protective services agency, a local law enforcement agency, or the bureau of Medi-Cal fraud who is investigating the known or suspected case of Elder or Dependent Adult abuse.

3. 3. Persons who are trained and qualified to serve on multidisciplinary teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse.

4. 4. Any questions regarding the appropriateness of reporting or disclosing information should be referred to SFGHMC or UCSF Risk Management.

I. I. DETENTION OF ENDANGERED ADULTS

1. 1. Under certain circumstances, a physician may delay the release of an endangered adult, whether or not medical treatment is required by the adult, until

   a. a. A local law enforcement agency takes custody of the endangered adult;

   b. b. It is determined by the responding agency that the adult is not an endangered adult; or

   c. c. The responding agency takes other appropriate action to ensure the safety of the endangered adult.

2. 2. If a physician determines that an adult is endangered and should be detained, he/she should contact the Administrator On Duty/Hospital Supervisor (AOD/HS) and SFGHMC or UCSF Risk Management.

III. III. CHILD ABUSE

A. A. GENERAL

The California Penal Code imposes mandatory reporting requirements for the reasonable suspicion of child abuse. Abuse of a child is a criminal act.

B. B. DEFINITIONS

1. 1. **"Child"** means a person under the age of 18.

2. 2. **"Child Abuse"** means:

a. a. **Sexual abuse of a child;**

b. b. **Neglect;**

c. c. **Willful cruelty or unjustifiable punishment;**

d. d. **Unlawful corporal punishment or injury; and**

e. e. **Abuse or neglect in out-of-home care.**

Child Abuse does not mean a mutual affray among minors, an injury caused by a peace officer's reasonable and necessary force used while acting within the course and scope of the officer's employment as a peace officer, or reasonable parental discipline.

3. 3. **"Sexual Abuse" means sexual assault or exploitation including rape, rape-in concert, statutory rape, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, sexual penetration and child molestation.**

4. 4. **"Reasonably Suspects"** means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate from his/her training and experience, to suspect child abuse.

5. 5. **"Mandated Reporters"** include physicians, psychiatrists, dentists, residents, interns, podiatrists, licensed nurses, any person who performs autopsies, and any other person who is licensed under Business and Professions Code section 500 *et seq.*

C. C. EVALUATING A REASONABLE SUSPICION OF CHILD ABUSE

1. 1. If there is a reasonable suspicion of sexual abuse, call the Child and Adolescent Sexual Abuse Resource Center (CASARC) at (415) 206-8386. A CASARC physician is available at all times for emergency evaluation of sexual abuse and evidence collection.

2. 2. For all other forms of child abuse, call the Pediatric Attending for a consult. A medical and social history should be completed, including the circumstances around the injury. Additionally, a complete physical examination should be completed, including a map of the patient's body showing and identifying and injuries and/or bruises.

D. D. CONSENT ISSUES

1. 1. When there is a reasonable suspicion of child abuse, a physician or dentist or their agents, at their direction, may take skeletal x-rays of a child without the consent of the child's parent or guardian, but only for the purpose of diagnosing the case as one of possible child abuse and determining the extent of such child abuse.

2. 2. A minor who is alleged to have been sexually abused may give consent to the furnishing of hospital, medical, and surgical care related to the diagnosis and treatment of such condition. The consent of the minor's parent or guardian is not necessary. **However,** the professional person rendering the medical treatment must attempt to contact the minor's parent or guardian and note the date and time of such contact or, if unsuccessful, when the contact was attempted. The professional person need not make this contact if he/she reasonably believes that the parent or guardian committed the sexual assault on the minor.

3. 3. Photographs of a suspected victim of child abuse may be taken at the direction of a Mandated Reporter for the sole purposes of assisting the investigating agency and preserving documentation for the justification for reporting the abuse. In such circumstances,

the consent of the parent or guardian is not necessary.

E. E. WHEN TO REPORT

1. 1. Per statute, a Mandated Reporter must report if he/she has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of abuse.

2. 2. This reporting requirement applies even if the child has expired, regardless of whether the possible abuse was a factor contributing to the child's death and even if the suspected child abuse was discovered during an autopsy.

3. 3. A person who is not a Mandated Reporter may make a report if he/she has knowledge of or observes a child whom he/she knows or reasonably suspects has been a victim of child abuse.

F. F. HOW TO REPORT

1. 1. TELEPHONE REPORT

a. a. A telephone report must be made immediately or as soon as practically possible after receiving the information concerning the incident.

b. b. The reporter should call the Department of Social Services, Child Protective Services Hotline at (415) 558-2650 or (800) 856-5553. If there is a suspicion of child sexual abuse, the reporter should call the Child and Adolescent Sexual Abuse Resource Center (CASARC) at (415) 206-8386.

c. c. The reporter should be prepared to provide the intake person with the following information:

i. i. His/her name (this is not required if the person is not a Mandated Reporter);

ii. ii. The name of the child;

iii. iii. The present location of the child;

iv. iv. The nature and extent of the injury; and

v. v. Any other information requested by Child Protective Services, including information that led the reporter to suspect child abuse.

2. 2. WRITTEN REPORT

a. a. A written report must be sent to Child Protective Services within 36 hours of receiving the information concerning the incident.

b. b. The written report must be made by completing the Suspected Child Abuse Form (See Appendix B).

c. c. The reporter should fill out as much of the form as possible, adding any additional information that seems pertinent and carefully following the instructions printed on the back of the form.

d. d. A medical professional who examines a child for physical injury or for sexual assault must complete a medical report. This report should be made on the form for Medical Report - Suspected Child Abuse (See Appendix C) or Medical Report - Suspected Child Sexual Abuse (See Appendix D). Per statute, the Medical Report - Suspected Child Sexual Abuse Form must be used when there is evidence of

child sexual abuse. When no sexual abuse is indicated, the Medical Report - Suspected Child ~~Sexual~~ Abuse Form should be used since it is better suited to gathering evidence of physical abuse or neglect.

e. e. **By order of the Superior Court of the State of California in and for the City and County of San Francisco, all medical records and related information shall be released to the Department of Social Services on any minor, if:**

1. 1. **The infant or child is subject to proceedings before the juvenile court; or**
2. 2. **The infant was born with drug and/or alcohol exposure or exhibiting the symptoms of infants born with drug and/or alcohol exposure; or**
3. 3. **The infant was born with positive toxicology screenings for drugs and/or alcohol.**

Said records are to released to the Department of Social Services case manager *and/or custodian or* records for said minor by the Birth Registrar in Health Information Services (X8015).

f. f. The Suspected Child Abuse Form and the Medical Report should be mailed together to Child Protective Services, Attention H 110, P.O. Box 7988, San Francisco, CA 94120.

G. G. CONFIDENTIALITY OF REPORTS

1. 1. Reports of Child Abuse are confidential and may be disclosed only as described herein.

2. 2. Information relevant to the incident of suspected child abuse may be given to an investigator from Child Protective Services who is investigating a known or suspected case of child abuse. However, the only information that may be disclosed is that which is relevant to the incident of child abuse. Medical information regarding the suspected victim or perpetrator should be disclosed only if it appears to satisfy this relevancy test.

3. 3. Persons who are trained and qualified to serve on multidisciplinary teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse.

4. 4. The child abuse reporting requirements supersede the psychotherapist-patient privilege; however, only information needed to fulfill the reporting requirements may be disclosed. The reporting law does not give Child Protective Services direct access to mental health records and information protected by the Lanterman-Petris-Short law.

5. 5. Any questions regarding the appropriateness of reporting or disclosing information should be referred to SFGHMC or UCSF Risk Management.

H. H. SPECIAL CIRCUMSTANCES

1. 1. SUSPECTED MENTAL OR EMOTIONAL ABUSE

a. a. If a Mandated Reporter has knowledge of or reasonably suspects that mental suffering has been inflicted on a child or the child's emotional well-being is endangered in any other way, he/she may, at his/her discretion, report such suspected instance of child abuse to Child Protective Services.

b. b. Reporting is mandatory if the mental or emotional suffering is willfully caused or permitted in circumstances which constitute willful cruelty or unjustifiable punishment.

2. 2. MATERNAL SUBSTANCE ABUSE

a. a. A positive toxicology screen at the time of an infant's delivery is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse requires an assessment of the needs of both the mother and child. If other factors are present that indicate risk to a child, then a report must be made.

b. b. A report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse must be made only to the county welfare department and not to a law enforcement agency.

I. I. DETENTION OF AN ABUSED CHILD

If necessary, a police hold can be obtained to detain an abused child for his/her protection. Child Protective Services should be contacted in such circumstances. In an emergency, call 911

IV. IV. ASSAULTIVE AND ABUSIVE CONDUCT

A. A. GENERAL

The California Penal Code imposes mandatory reporting requirements for the reasonable suspicion of assaultive or abusive conduct. Assaultive and abusive conduct may be a criminal act.

B. B. DEFINITIONS

1. 1. **"Reasonably Suspects"** means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing,

when appropriate, on his/her training and experience, to suspect.

2. 2. **"Mandated Reporters"** include health practitioners employed in a health facility or clinic operated by a local public health department who, in his/her professional capacity or within the scope of his/her employment, provides medical services for a patient whom he/she knows or reasonably suspects has been subjected to assaultive or abusive behavior.

C. C. WHEN TO REPORT

1. 1. Per statute, Mandated Reporters must report if he/she provides medical services for a physical condition to a patient whom he/she knows or reasonably suspects is a person described as follows:

a. a. Any person suffering from any wound or other physical injury inflicted by his/her own act or inflicted by another where the injury is by means of a firearm; or

b. b. Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

2. 2. This reporting requirement applies even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury or assaultive or abusive conduct was a factor contributing to the death and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

D. D. HOW TO REPORT

1. 1. TELEPHONE REPORT

a. a. A report by telephone shall be made immediately or as soon as practically possible after receiving

the information concerning the incident.

b. b. The reporter should call the San Francisco Police Department at (415) 553-9220.

c. c. The reporter should be prepared to provide the following information:

i. i. The name of the injured person;

ii. ii. The injured person's whereabouts;

iii. iii. The character and extent of the person's injuries; and

iv. iv. The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

2. 2. WRITTEN REPORT

a. a. A written report must be sent to the San Francisco Police Department within two working days of receiving the information regarding the person.

b. b. The written report should be mailed to San Francisco Police Department, 850 Bryant St., San Francisco, California 94103.

E. E. CONSENT ISSUES

1. 1. The patient should be informed that the Mandated Reporter has a duty to report the reasonable suspicion of assaultive or abusive conduct.

2. 2. A physical examination, collection of evidence, and photographing of the injuries can not occur without the patient's consent.

F. F. ASSAULT OR ABUSE INFLICTED BY A SPOUSE OR PARTNER

Patients exhibiting signs of spousal or partner abuse should be advised of available crisis intervention services. Intervention services available in San Francisco are set forth in Appendix E. Safety planning with a battered patient will depend on the situation, their priorities and the options they decide with work best (See Appendix F).

V.V. SEXUAL ASSAULT/RAPE

A. A. GENERAL

Per statute, sexual assaults must be reported to the local law enforcement Authorities by telephone and in writing. The San Francisco Rape Treatment Center is the designated law enforcement agency for the City and County of San Francisco. Sexual assault/rape is a criminal act.

B. B. HOW TO REPORT

1. 1. All incidents of adult (age 18 and over) cases of rape and/or sexual assault are to be reported the San Francisco Rape Treatment Center at (415) 821-3222.

2. 2. Staff at the San Francisco Rape Treatment Center are available 24 hours a day to provide examination, treatment, evidence collection, and counseling.

3. 3. The San Francisco Rape Treatment Center provides follow up medical treatment and counseling services, regardless of whether legal action is to be taken.

C. C. CONSENT ISSUES

1. 1. The patient should be informed that physicians have a duty to report to the San Francisco Rape Treatment Center the name and whereabouts of any persons who are victims of rape or sexual assault.

2. 2. A consent must be obtained from the patient or his/her surrogate decision-maker for a

medical examination and evidence collection of rape or sexual assault. The examination and evidence collection shall be performed at the county's expense

3. 3. The patient or his/her surrogate decision-maker must be informed of the right to consent to medical and surgical treatment without consenting to an examination for evidence or collection of evidence of the sexual assault or rape.

4. 4. The patient must be informed that he/she has the right to have a sexual assault victim counselor and at least one other support person of the patient's choosing present at any medical evidentiary or physical examination.

4. APPENDICES:

Appendix A - Report of Suspected Dependant Adult/Elder Abuse Form
Appendix B - Suspected Child Abuse Form
Appendix C - Medical Findings - Suspected Child Abuse
Appendix D - Medical Report - Suspected Child Sexual Abuse (Page 1)
Appendix E - San Francisco Intervention Services for Spousal/Partner Abuse
Appendix F - Safety Assessment & Planning

5. CROSS REFERENCE:

SFGHMC Administrative Policy and Procedures:
1.03 Administrator On-Duty/Hospital Supervisor
21.03 Unusual Occurrences: Reporting Unusual Occurrences to the State Department of Health Services (DHS)

Skilled Nursing Facility Policy Abuse Prevention/Prohibition Program

SUPERSEDES:

Abuse or Neglect: Handling of Adult and Child Victims of Alleged or Suspected Abuse or Neglect

6. Signed by:

Michael Drennan, MD, Medical Director, Primary Care Service; Barbara Garcia, MPA, Deputy Director, SFDPH; Sheila Kerr, RN, MS, Nursing Director, Primary Care Service

7. Approval date:

This policy was originally approved on: 01 Nov 2007

This version was approved on: 02 Feb 2008

This policy will be reviewed by: 15 Feb 2013

ATTACHMENT # 5

Community Oriented Primary Care
Policy Number: 3.10

CODE OF PROFESSIONAL CONDUCT

1. Purpose:

To promote an environment of care at Community Oriented Primary Care (COPC) in which all persons at the centers, whether employees, patients, or visitors, are treated in a courteous, respectful and dignified manner, in order to foster the efficient operation of the center and the delivery of high quality care.

This Policy supplements (but does not replace) the provisions of the Medical Staff Bylaws, ACGME and UCSF policies governing resident physicians and students, Policies and Procedures for Department of Public Health (DPH) employees, and Collective Bargaining Agreements between the City and County of San Francisco and Unions.

2. Rationale:

Intimidating and disruptive behaviors may foster medical errors, contribute to preventable adverse outcomes, contribute to poor patient satisfaction, increase the cost of care, and cause qualified clinicians, administrators, managers, and staff to seek new positions in more professional environments. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and promote a culture of safety, and to comply with standards of the Joint Commission, COPC is committed to addressing behaviors that threaten the performance of the health-care team.

Per the new Joint Commission leadership standard (LD.03.01.01), COPC has adapted the following policy from SFGH addressing two elements of performance:

- a **code** of **conduct** that defines acceptable versus disruptive and inappropriate behaviors.
- a process for managing disruptive and inappropriate behaviors.

3. Scope: All personnel involved in clinical care at DPH COPC centers or clinics

STANDARDS OF BEHAVIOR

Expected Behaviors:

a. All COPC physicians and other providers, nurses, ancillary staff, administrators, employees, patients, patient family members, and other persons at the hospital are to be treated courteously, respectfully, and with dignity.

b. Communications, including spoken remarks, written documents, and electronic messages, will be conducted in a professional, constructive, respectful, and efficient manner.

c. Cooperation and availability are expected of all personnel who will report on time for all scheduled clinical, teaching, and administrative duties and respond to pages promptly and appropriately.

d. Understanding that a variety of experience levels exists, tolerance for those who are learning is expected.

Examples of Disruptive and Inappropriate Behaviors:

a. Shouting, yelling or tirades.

b. Use of profanity, particularly when directed at another individual.

c. Slamming or throwing of objects.

d. Physical or verbal intimidation and harassment.

e. Hostile, condemning, or demeaning communications.

f. Criticism of performance and/or competency delivered in an inappropriate location (i.e., not in private) and not aimed at performance improvement.

g. Impertinent and inappropriate comments written in patient medical records, or other official documents including electronic communications, which have the primary purpose or effect of attacking or belittling other providers and staff, imputing incompetence of other providers or staff, or impugning the quality of care of other providers or staff.

h. Lack of cooperation or unavailability to other practitioners or staff for exchange of pertinent patient care information or resolution of patient care issues (including patient hand offs and timely response to pages) or to participate in required patient safety procedures.

i. Failure to report for clinic, patient rounds, surgery, or other scheduled patient care and teaching responsibilities without providing notice or repeated tardiness for such duties.

j. Other behavior demonstrating disrespect, intimidation, or disruption to the delivery of quality patient care and an environment free of harassment and violence.

k. k. Retaliation against any person who addresses or reports unacceptable behavior.

Expressing contrary opinions is not disruptive **conduct**, nor is expressing concern or constructive criticism of existing policies or procedures or questioning potentially unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place and manner, and with the aim of improving the environment of care rather than personally attacking any individual.

PROCEDURES for addressing Disruptive and Inappropriate Behaviors involving patient care

If the alleged conduct involves harassment, violence in the workplace, and/or discrimination, Human Resources shall be notified (415-554-2580). Allegations of harassment also must be reported to the DPH Equal Employment Opportunity Office (415-554-2595) within one business day.

Meeting for Resolution

The optimal way to address inappropriate **conduct** is a face-to-face meeting between the parties involved using the following steps:

- The person who was aggrieved is expected to address the issue with the other party in a timely manner and private setting using this **Code** of Professional **Conduct** as a reference.
- This meeting may be more productive after a "cooling off" period of a few hours or a few days so that the parties involved may gain perspective on the precipitating events and process breakdowns that may have been contributing factors.
- If facilitation of the discussion is needed, the supervisor and/or appropriate leadership may serve as facilitators.
- Sincere apologies should be encouraged and every reasonable attempt should be made to defuse the situation without further intervention.
- If clinical care/clinic process deficiencies are discovered during this face-to-face meeting, these concerns will be addressed for improvement by the clinic's leadership.
- No documentation of incidents resolved by the involved parties is required unless required by policy, rule and/or law.

Every effort should be made to have a Meeting for Resolution. If the reporter of a Disruptive and Inappropriate Behavior feels s/he cannot initiate a meeting with the alleged party, s/he will discuss with her/his supervisor. If the matter cannot be resolved satisfactorily, a written ***Code*** *of Professional* ***Conduct*** *Unusual*

Occurrence Report shall be submitted and include an explanation as to why a Meeting for Resolution did not occur and why the matter was not resolved with the assistance of the supervisor (Required).

Report of Alleged Disruptive and Inappropriate Behavior involving patient care

If the issue is not resolved after a reasonable attempt by the affected parties, the situation shall be reported using the confidential and 1156-protected Unusual Occurrence (UO) form, "**Code** of Professional **Conduct** Report"

1. Any person who witnesses an incident of Disruptive and Inappropriate Behavior may report the incident by completing a written **Code** of Professional **Conduct** Report and submitting to Risk Management. Reports may be submitted on-line from the CHN Intranet Unusual Occurrence website.

2. The report shall include the following as applicable:

(i) The name of the person exhibiting the Disruptive and Inappropriate Behavior;

(ii) The date, time, and location of the incident;

(iii) The name of any patient, nurse, officer, employee or other person affected by the Disruptive and Inappropriate Behavior;

(iv) A list of witnesses to the event;

(v) A detailed, factual, and objective description of the incident;

(vi) The consequences, if any, of the Disruptive and Inappropriate Behavior as it relates to patient care or the operations of the center; and

(vii) A record of any action taken to remedy the effects of the Disruptive and inappropriate Behavior, including the date, time, place, action taken, and name(s) of the individual(s) intervening.

3. Risk Management will log and forward the Report for further investigation and action according to the classification of the personnel involved:

a. **Employees**: Direct supervisor. If the incident involves Employee Disruptive and Inappropriate Behavior, Administration and/or Human Resources will be informed as well. Further action, including counseling, warning, and disciplinary action will proceed according to current MOUs and COPC Policies and Procedures. A

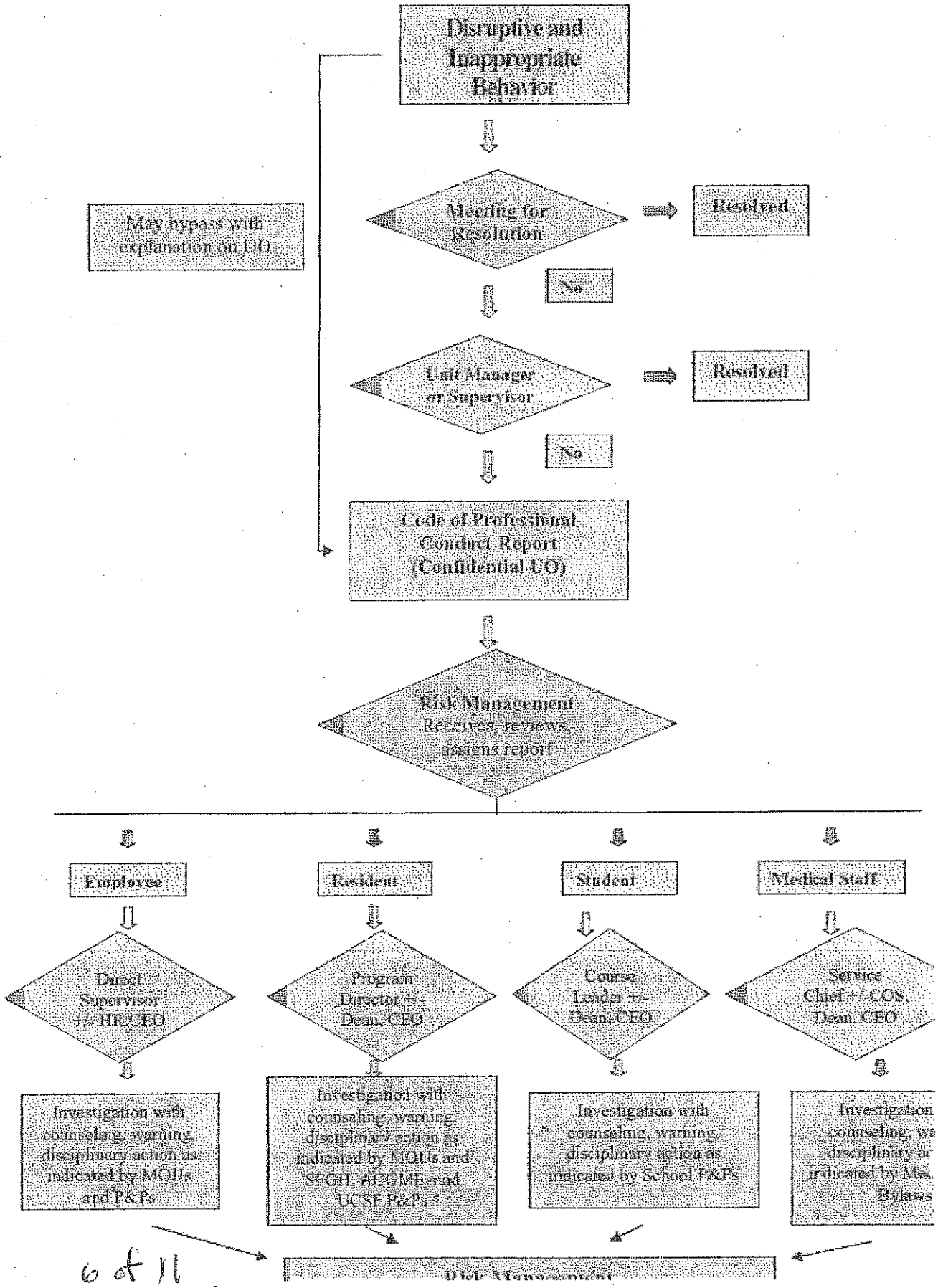
manager may counsel his/her employee regarding the alleged misconduct. Such counseling is not discipline. However, if the alleged misconduct may lead to disciplinary action, the employee is entitled to union representation pursuant to general labor law. A report of outcome and resolution will be logged by Risk Management via the UO system.

b. **Residents:** Residency program Director, the Dean's Office will be informed as well.

c. **Students:** The course/rotation leader, the Dean of Student Affairs for Medical Students or similar authority for other student programs will be informed as well.

d. **Medical Staff:** The Chief of the Clinical Service will be notified as needed.

4. 4. At the conclusion of the investigation and resolution, the assigned supervisor will communicate the outcome to Risk Management. The supervisor also will notify Human Resources when indicated. Risk Management will log, track trends, and report aggregate data to the Performance Improvement and Patient Safety Committee (PIPS) twice annually.


Disruptive and Inappropriate Behavior
May bypass with explanation on UO
Meeting for Resolution
Resolved
No
Unit Manager or Supervisor
Resolved
No
Code of Professional Conduct Report (Confidential UO)
Risk Management Receives, reviews, assigns report
Employee
Resident
Student
Medical Staff
Direct Supervisor +/- HR, CEO
Program Director +/- Dean, CEO
Course Leader +/- Dean, CEO
Service Chief +/- COS, Dean, CEO
Investigation with counseling, warning, disciplinary action as indicated by MOUs and P&Ps
Investigation with counseling, warning, disciplinary action as indicated by MOUs and SFGH, ACGME and UCSF P&Ps
Investigation with counseling, warning, disciplinary action as indicated by School P&Ps
Investigation counseling, wa disciplinary ac indicated by Me Bylaws

San Francisco General Hospital

Code of Professional Conduct Unusual Occurrence Report

[Outline of electronic reporting form on Intranet site managed by Risk Management Office]

Person exhibiting Disruptive and Inappropriate Behavior:

Date and Time of Event:

Location of Event:

1. Please describe the situation that you found to be disruptive and/or inappropriate. Please be as detailed as possible using quotes whenever possible:

2. What circumstances precipitated this event?

3. Names of Patient/Family, Employee, or Medical Staff involved:

4. List all who witnessed the event:

5. How do you think this situation impacted patient care, hospital or clinic operations, or the work environment?

6. What did you or others do to address this **conduct**? Did you have a face-to-face meeting for resolution? If not, why not? (Required)

Did you address this matter with your unit manager or supervisor? (Required)

7. How would you like to see the situation resolved?

Name of person completing form:

Department: Date:

IMPORTANT NOTE: If the behavior you experienced involves any form of harassment (including, but not limited to harassment based on race, color, sex, religion, national origin, age or disability), violence, or the threat of violence, please contact any member of administration or the Human Resources Department at 415/206-8630 (hospital) or 415/554-2580 (outpatient clinics) or, if appropriate, the Office of Equal Employment Opportunity Office at 415/554 2595.

Medical Staff Procedures

[To be incorporated into Medical Staff Bylaws]

Investigation of Alleged Disruptive and Inappropriate Behavior by Medical Staff Members

The **Code** of Professional **Conduct** Unusual Occurrence Report will be received and logged by Risk Management. A copy of the Report will be forwarded to the Chief of Service. The Chief of Service or designee shall perform an initial investigation, soliciting perspectives from all parties relevant to the incident, within one week. The Chief of Service, in consultation with the Chief of Staff, Dean, Chief Medical Officer and/or Administrative Executives as needed, will assign a preliminary plan of action based on severity of the behavior using the following tiers:

I. No Action: The alleged behavior does not meet the level of Disruptive and Inappropriate Behavior as defined by the **Code** of Professional **Conduct**. Where the Chief of Service concludes that an alleged instance of Disruptive and Inappropriate Behavior does not rise to the level defined in the **Code** of Professional **Conduct** Policy, no further action shall be taken. The Chief of Service will report this outcome to Risk Management.

II. Meeting for Resolution: The behavior is relatively minor, had low potential to adversely affect patient care, and likely can be resolved by a meeting of the involved parties. The Chief of Service will convene and facilitate a face-to-face Meeting for Resolution between the Member and the affected party. The Chief of Staff may help identify an alternative facilitator/mediator upon request. The Chief of Service will report this outcome to Risk Management upon successful resolution.

III. Verbal Counseling: The behavior had the potential to adversely affect patient care, is a first event for the Member, and the Disruptive and Inappropriate

Behavior is not of a sufficient nature to warrant more formal action by the Medical Executive Committee. The Chief of Service shall verbally counsel the Member when an instance of Disruptive and Inappropriate Behavior warrants such counseling. The Verbal Counseling shall emphasize the particular **conduct** that is inappropriate and stress that future similar **conduct** may result in more formal action under the procedures of the Medical Staff Bylaws. A record of the Verbal Counseling will be kept by the Chief of Service and will include expectations, the action plan, and the consequences of repeat behavior of a similar nature (which will include Written Counseling). The Member also may be directed by the Chief of Service to issue an apology. The Chief of Service will report this outcome to Risk Management.

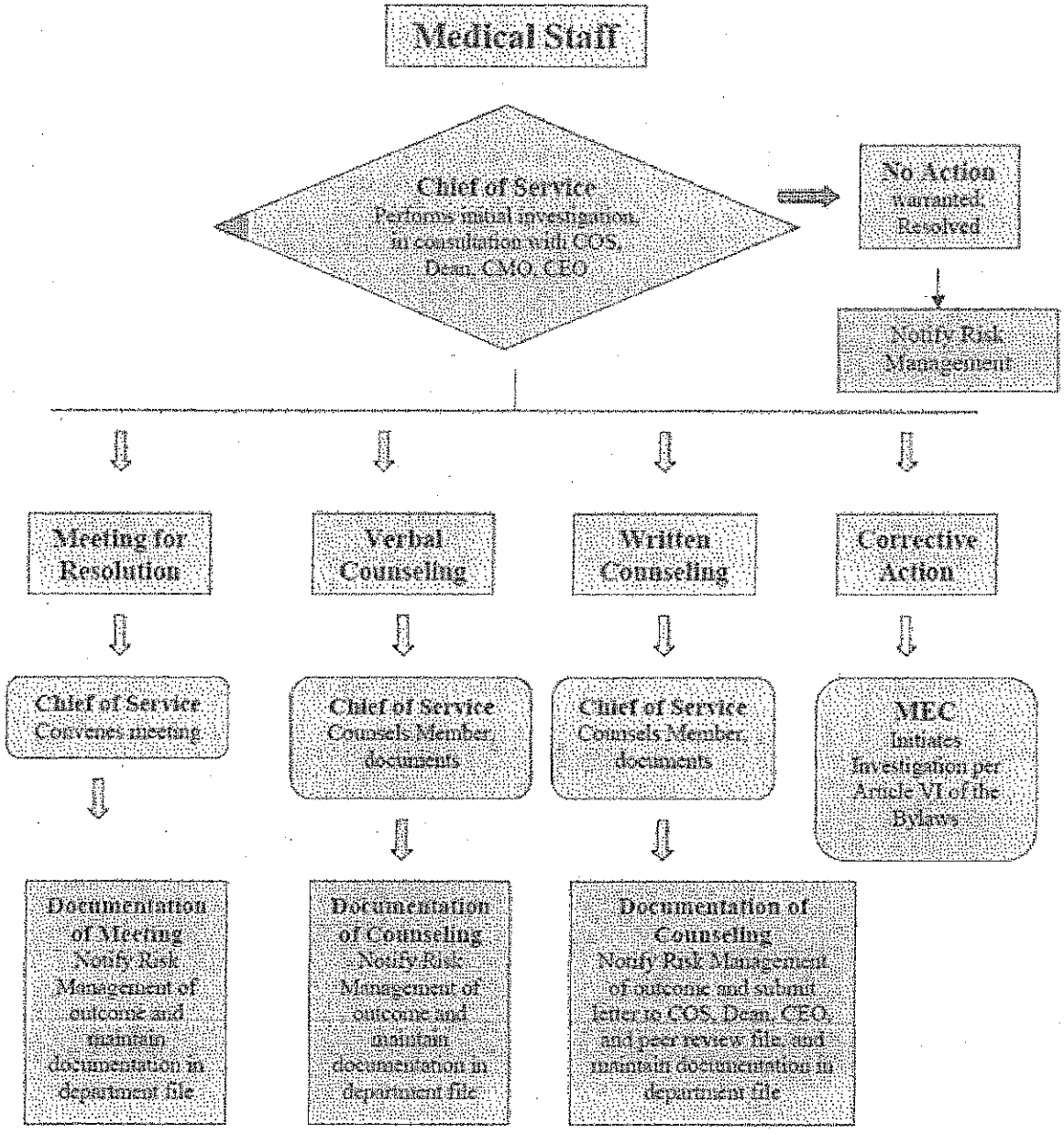
IV. Written Counseling: The behavior had the potential to adversely affect patient care, is not of a sufficient nature to warrant more formal action by the Medical Executive Committee, but is sufficiently serious to make Verbal Counseling inappropriate OR it represents recurrent Disruptive and Inappropriate Behavior. The Chief of Service will meet with the Member and write a formal letter that sets forth the serious nature of the Disruptive and Inappropriate Behavior, reiterates any previous verbal counseling in relation to similar Disruptive and Inappropriate Behavior exhibited by the Member, emphasizes the responsibility of Medical Staff Members to treat all persons at the Hospital courteously, respectfully, and with dignity. The letter will include expectations, the action plan, and the consequences of repeat behavior of a similar nature (which may include referral for Corrective Action). The Member also may be directed by the Chief of Service to issue an apology. A copy of the Written Counseling shall be sent to the Chief of Staff, the Dean, the Chief Executive Officer and the Medical Staff Office for inclusion in the Member's peer review ("credentials") file. The Medical Staff Member may submit a letter of rebuttal that will be placed in the Member's peer review file. The Chief of Service will report this outcome to Risk Management.

V. Corrective Action: The behavior has the potential to be seriously disruptive to the operation of the Hospital, the functioning of the Medical Staff, or the delivery of high quality medical care at the Hospital, OR it represents a documented pattern of Disruptive and Inappropriate Behavior by a Member. A documented pattern of Disruptive and Inappropriate Behavior by a Member in accordance with the **Code** of Professional **Conduct** Policy shall constitute *prima facie* evidence of **conduct** that is disruptive to the operation of the Hospital, the functioning of the Medical Staff, and the delivery of high quality medical care at the Hospital. The Chief of Service will refer the matter to the Medical Executive Committee for Investigation under Article 6.2 of the Bylaws. The Chief of Service will report this outcome to Risk Management.

The Chief of Service is encouraged to consult freely with the Chief of Staff, Dean, Chief Medical Officer, and/or Executive Administrators in determining the appropriate plan of action. The level of action may be revised by the Chief of Service, in consultation with

the Chief of Staff, Dean and/or Chief Medical Officer as appropriate, after further information is obtained in the course of investigation and counseling.

Risk Management will log **Code** of Professional **Conduct** UO reports and outcomes, track trends, and report aggregate data to the Performance Improvement and Patient Safety Committee (PIPS) twice annually.



4. CROSS REFERENCE:

SFGH Policy 3.13 Code of Professional Conduct

5. **ATTACHMENTS:**
Code of Conduct Flow Sheet
Code of Professional Conduct Unusual Occurrence Report
Code of Professional Conduct Medical Staff Procedure

6. **APPROVAL DATE:**
September 30, 2010

ATTACHMENT # 6

Community Oriented Primary Care
Policy Number: 16.04

PATIENT RIGHTS AND RESPONSIBILITIES

1. Purpose:

The purpose of this policy is to list and describe the rights and responsibilities of the patient/client at San Francisco General Hospital Medical Center (SFGHMC) **and Community Oriented Primary Care (COPC) Services.**

2. Statement Of Policy:

In accordance with the State of California Department of Health Services, Title 22 requirements for patients, Joint Commission for Accreditation of Healthcare Organizations (JCAHO) standards, Medi-Care Conditions of Participation, and other federal guidelines, it is the policy of SFGHMC **and COPC Services** that employees and medical staff ensure the rights and acknowledge the responsibilities of patients. These patient rights also apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

3. Procedure:

I. Patients shall have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your personal values and beliefs.

2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.

3. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.

4. Receive information about your health status, course of treatment and prospects for recovery in terms you can understand. You have the right to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.

5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.

7. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.

8. Reasonable responses to any reasonable requests made for service.

9. Request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from sever chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when

treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.

12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. Basic information may be released to the public, unless specifically prohibited in writing by you. Written permission shall be obtained before medical records are made available to anyone not directly concerned with your care, except as otherwise may be required or permitted by law.

13. Access information contained in your records within a reasonable time frame, except in certain circumstances specified by law.

14. Receive care in a safe setting, free from verbal or physical abuse or harassment. You have the right to access protective services including notifying government agencies of neglect or abuse.

15. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.

16. Reasonable continuity of care and to know in advance the time and location of appointment as well as the identity of the persons providing care.

17. Be informed by the physician, or a delegate of the physician, of continuing health care requirements following discharge from the hospital.

18. Know which hospital rules and policies apply to your conduct while a patient.

19. Designate visitors of your choosing, if you have decision - making capacity, whether or not the visitor is related by blood or marriage, unless:

- No visitors are allowed.
- The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.

- You have told the health facility staff that you no longer want a particular person to visit

However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.

20. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.

21. Examine and receive an explanation of the hospital's bill regardless of the source of payment.

22. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status, or the source of payment for care.

23. File a grievance and/or file a complaint with the state Department of Health Services and/or the hospital and be informed of the action plan.

II. Patients shall be responsible for:

1. Provision of Information.

   The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about his/her place of residence, present complaints, past illnesses, changes in his/her medical condition, hospitalizations, medications, and other matters relating to his/her health, including perceived risks in their care. A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.

2. Compliance with Instructions.

   The patient is responsible for following the treatment plan recommended by the health care provider primarily responsible for his/her care. This may include following the instructions of nurses and other allied health personnel as they implement the

coordinated plan of care and enforce the applicable SFGHMC rules and regulations.

3. Respect and Consideration.

   The patient is responsible for being considerate of the rights of other patients and SFGHMC employees and for assisting in the control of noise and number of visitors. The patient is responsible for respecting the property of other persons and of SFGHMC. Since SFGHMC is a smoke-free environment, patients must respect the rule prohibiting smoking.

4. Hospital Rules and Regulations.

   The patient is responsible for following SFGHMC **and COPC Services** rules and regulations which are detailed in the "Patient Handbook" and include matters pertaining to patient care, conduct, operations, and security. The patient is responsible for accepting the consequences of their own decisions and actions.

4. Appendices:

None

5. Cross Reference:

SFGHMC Administrative Policy:

1.08	Advanced Directives to Health Care Provider
3.09	Consent to Medical and Surgical Procedures
3.12	CPR (Resuscitation Of Patients)
13.10	Medical Records, Confidentiality and Security
16.03	Patient/Visitor Concerns Policy
18.09	Physical Restraints Policy
23.01	Withholding and Withdrawing Medical Treatments

SFGHMC Skilled Nursing Facility Policy and Procedure Manual (4A/SNF & MHRF)
1.18 Residents Rights and Responsibilities

6. **Signed by:**

Michael Drennan, MD, Medical Director, Primary Care Service; Barbara Garcia, MPA, Deputy Director, SFDPH; Sheila Kerr, RN, MS, Nursing Director, Primary Care Service

7. **Approval date:**

This policy was originally approved on: 01 Nov 2007

This version was approved on: 02 Feb 2008

This policy will be reviewed by: 15 Feb 2013

ATTACHMENT # 7

City and County of San Fra .sco De; tment of Public Health

EMPLOYEE STATEMENT - DEPENDENT ADULT ABUSE REPORTING

California Welfare and Institutions Code Section 15632 requires DPH to provide all "dependent adult care custodians" and "health practitioner" who are employees after January 1, 1986 (both continuing and new employees), with the following statements. The legal definition of "care custodian" includes all employees of a hospital. California law requires that this statement be signed by the employee as a prerequisite to employment and be retained by DPH Central Office.

Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of an adult protective services agency or a local law enforcement agency who has knowledge of, or observes a dependent adult in his or her professional capacity, or within the scope of his or her employment, who he or she knows has been the victim of physical abuse, or who has injuries under circumstance which are consistent with abuse, where the dependent adult's statements indicate, or in the case of person with developmental disabilities, where his or her statements or other corroborating evidence indicates that abuse to an adult protective services agency or a local law enforcement agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Care custodian" means an administrator or an employee of any of the following public or private facilities:

1. Health Facility
2. Clinic
3. Home health agency
4. Educational institution
5. Sheltered workshop
6. Camp
7. Respite cares facility
8. Residential care institution, including Homes and group home
9. Communities care facility
10. Adult day care facility, including Adult day health care facilities
11. Regional center for persons with Developmental disabilities.
12. Licensing worker or evaluator
13. Public assistance worker
14. Adult protective services
15. Patient's right's advocate
16. Nursing home ombudsman
17. Legal guardian or conservator
18. Skilled nursing facility
19. Intermediate care facility
20. Local law enforcement agency
21. Any other person who provides goods or services necessary to avoid harm or mental suffering and who perform such duties.

Health Practitioner means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern podiatrist, chiropractor, licensed nurse, dental hygienist, marriage, family and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, a person certified pursuant to Division 2.5 (commencing with Section 1797) of the health and Safety Code, or a psychological assistant registered pursuant to Section 2193 of the Business and Professions Code, a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, a state or county public health employee who treats a dependent adult for any condition, a coroner, or a religious practitioner who diagnosis, examines or treats dependent adults.

I certify that I have read and understood this statement and will comply with my obligations under the dependent adult abuse reporting law.

NAME (print) Marcus Campos

SIGNATURE [signature]

DATE 12-19-11

City and County of San Fran. .co Dep. nent of Public Health

DEPENDENT ADULT ABUSE

Abuse Forbidden

Reporting Requirements

As an employee of DPH Central Office/Mental Health you are either a health care practitioner or care custodian of dependent adults. If you see abuse of a DPH patient or resident, are told of abuse by a patient or resident, or suspect that abuse has occurred, the law says you must report it. Anyone who is required by law to report an incident, but fails to do so, is guilty of a misdemeanor.

Abuse includes:

Physical abuse:

Assault (attempt to commit a violent injury)

Battery (unlawful use of force or violence)

Unreasonable physical constraint or prolonged or continual deprivation of food or water.

Sexual assault

Use of a physical or chemical restraint or psychotropic medication for punishment or for a longer period or for a purpose other than that authorized by the physician providing medical care.

Other abuse

Neglect

Intimidation

Cruel punishment

Abuse of a patient's or resident's money, property, or financial resources

Abandonment

Isolation

REPORTING

Where to report: If you believe a report should be filed, contact your supervisor for assistance. An incident of abuse to any patient or resident of the Department of Public Health must be reported to a long-term care Ombudsman. In addition, an Unusual Occurrence form must be completed.

(Over)

Contents of report:

1. Your name, address, telephone number and occupation.
2. The name and address of the victim.
3. Date, time, and place of the incident.
4. Other details including your observations and beliefs about the incident.
5. Any statement made by the victim.
6. Names of people believed to have knowledge of the incident.
7. Names of the persons believed to be responsible for the incident and their connection to the victim.

When to report: You must report instances of physical abuse by telephone immediately, or as soon as possible, followed by a written report within two working days. For abuse, other than physical abuse, only the written report, sent within two working days, is required.

EXCEPTION: When two or more persons have knowledge to the incident, one person may be mutually selected to make the report. However, if you know the person who was designated to report hasn't done so, you must make the report.

I have read the above statement and will comply with its provisions.

Signature

Z430 MEP
Class Number and Title

Marcus Campos
Name - Print

12-19-11
Date

cc: Employee

Dphforms.doc

ATTACHMENT # 8

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
(415) 554-2590
Fax (415) 554-2855

Edwin M. Lee, Mayor

VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED

July 17, 2013

Marcus Campos

Re: RESIGNATION IN LIEU OF TERMINATION

Dear Mr. Campos,

TPV 2430 Medical Evaluation Assistant, SEIU Local 1021

On June 27, 2013 a Skelly meeting was convened with you, Bill Blum, Chief Operating Officer, Tom Waddell Health Center, Y. Denise Fisher, Sr. Personnel Analyst, Human Resources and Michael Brown, Human Resource Manager/Skelly Officer, in the offices of Human Resources at 2789 - 25th Street, CHN Building. You were charged with mistreatment of person – patient abuse and dishonesty during an internal investigation.

During the Skelly meeting I explained that the Department would be moving forward with your termination and recommending no future employment with the Department of Public Health based on the findings in the investigative report. You were provided the opportunity to respond orally or in writing and you offered a verbal response. You were offered the opportunity to resign with services unsatisfactory which you declined. As a result of the Skelly meeting, you were terminated from your provisional 2430 Medical Evaluation Assistant position with Tom Waddell Health Center effective close of business Friday, June 28, 2013. (See attached Notice of Termination dated June 28, 2013.)

Subsequent to the Skelly meeting, our Human Resource Office was contacted by Brook Demmerle, SEIU Local 1021 Field Representative with a confirming voice message from you expressing your desire to resign in lieu of termination. The Department has accepted your request to resign with services unsatisfactory. The recommendation for employment restrictions still apply.

Your separation will be amended to reflect resignation with services unsatisfactory effective close of business, Friday, June 28, 2013. You may still request a hearing before the Civil Service Commission in regards to the recommended future employment restrictions within twenty (20) calendar days from the date of this notice. The request must be in writing and submitted to Jennifer Johnston, Executive Officer, Civil Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA 94103 before August 5, 2013.

I apologize in advance for providing you copies of documents you may have already received.

If this matter is subject to the California Code of Procedures (CCP) 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

Sincerely,

Michael L. Brown, Human Resource Manager
Labor Relations Division, Department of Public Health

Attachment: Notice of Termination from TPV 2430 Medical Evaluation Assistant Appointment– June 28, 2013 – 48 pgs.

cc: Marcus Campos – regular mail
Employee File
*Brook Demmerle, SEIU Local 1021
*Niki Mbotu, Human Resources
*Rebecca Silverman, Acting RN Mgr.
*Melissa Cayabyab, Client Services, DHR
*Ron Weigelt, HR Director, DPH
*Regina Pera, HR Operations
*Ruth Barretto, HR Operations
*Bill Blum, Operations Officer, TWHC
*Marcellina Ogbu, COPC Program Director
*Jennifer Johnston, Exec. Ofcer. CSC
*Payroll, Central Office, DPH
Log #L4245-13

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
554-2580
Fax 554-2855

Edwin M. Lee, Mayor

Barbara A. Garcia, MPA, Director of Public Health

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

June 28, 2013

Marcus Campos

TPV 2430 Medical Evaluation Assistant, SEIU Local 1021

Dear Mr. Campos:

Notice of Termination from TPV 2430 Medical Evaluation Assistant Appointment

On June 27, 2013 a Skelly meeting was convened with you, Bill Blum, Chief Operating Officer, Tom Waddell Health Center, Y. Denise Fisher, Sr. Personnel Analyst, Human Resources and Michael Brown, Human Resource Manager/Skelly Officer in the offices of Human Resources at 2789 – 25th Street, CHN Building.

You were provided notice of the Department's intent to terminate your provisional appointment for charges of mistreatment of person – patient abuse and dishonesty during the internal investigation in the letter dated June 21, 2013 and acknowledged receipt of the letter. The June 21, 2013 letter also provided notice that you were entitled to bring representation of your choice to the meeting, yet you represented yourself on June 27, 2013.

During the Skelly meeting on June 27, 2013 you were provided the opportunity to respond to the charges orally or in writing. You maintain that you did not hit or slap the patient and dispute that any statements provided during the investigation interview being false. You concern was that everything you said was not included in the investigation report. No written documentation was provided during the meeting.

Your oral arguments provided no new perspectives into the charges for the Skelly Officer to consider. Therefore, based on the investigative report, eye witness statement and statements found in the police report, your provisional appointment with the Department of Public Health will be terminated effective close of business Friday, June 28, 2013.

The Department is recommending no future employment with the Department of Public Health. You may request a hearing with the Civil Service Commission within twenty (20) calendar days of the mailing date of this letter to appeal this recommendation. The request must be in writing and submitted to Jennifer Johnston, Executive Officer, Civil Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA.

Only the Union may file a grievance on your behalf against this discharge action. The grievance must be filed at Step II or Step III within fifteen (15) days of the final notice of termination.

101 Grove Street, Room 210
San Francisco, CA 94102

If you have any City property that must be returned or wish to retrieve any personal belongings, please make arrangements with Rebecca Silverman, Acting Nurse Manager or send or drop items with Human Resources, 101 Grove Street, Room 210, San Francisco, CA 94102.

If this matter is subject to the California Code of Procedures (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

Recommended by: _____
Michael L. Brown, Human Resource Manager

Approved by: _____
Barbara A. Garcia, Director of Public Health

Attachment: Notice to Provisional Appointee dated 12/19/2011; Notice of Intent to Terminate from TPV 2430 Medical Evaluation Assistant – June 21, 2013

cc: Marcus Campos – regular mail
Employee File
Chronological File – L4245-13
*Niki Mbotu, Personnel Analyst
*Rebecca Silverman, Acting RN Mgr.
*Melissa Cayabyab, Client Services, DHR
*Ron Weigelt
*Regina Pera, DPH Operations
*Payroll (First Page Only)
*Bill Blum, Operation Officer, TWHC
*Marcellina Ogbu, Prgm. Director
*Jennifer Johnston, Exec. Ofer. CSC

City and County of San Francisco Department of Human Resources

NOTICE TO PROVISIONAL APPOINTEE

Marcus Campos
Name of Appointee

12/19/2011
Date Issued:

Street Address:

City/State/Zip

2430/ Med. Evaluation Assistant
Class Number & Title

Public Health
Department

Appointment Type (Check One)

X Temporary Provisional (TPV)
____ Limited Tenure (LT)
____ Non-Civil Services (NCS)

Work Schedule (Check One)

X Full-Time Regularly Scheduled
____ Part-Time Regularly Scheduled

____ School-Term, Full-Time Regularly Scheduled
____ School-Term, Part-Time Regularly Scheduled

Anticipated Last Day of Employment: 6/30/2012

IMPORTANT INFORMATION

As a provisional appointee you acquire no guaranteed right or preference for permanent Civil Service employment. Your provisional appointment is also time limited and may end by operation of the applicable Civil Service Rule. An appointment may, however, be extended by the Human Resources Director for additional time periods as allowed by Civil Service Rules.

Aside and apart from the time limitation above, in the absence of collective bargaining language to the contrary, the Appointing Officer may terminate your employment at any time. Further, you may be displaced by an eligible from a Civil Service list at any time. Your appointment may, therefore, be terminated prior to the anticipated last day of employment noted above.

Please sign this form below acknowledging that you have received a copy of this notice.

Signature of Appointee

12-19-11
Date

cc: Employee's Personnel File
Calos Salazar

DHR 6-19 (06-2000)

SEE REVERSE

INSTRUCTIONS

Notice to Provisional Appointee (Including Limited Tenure And Non-Civil Service Appointments)

1. The Notice to Provisional Appointee must be completed whenever a provisional, limited tenure, and non-civil service employee is appointed, has the appointment extended, or has a change in work schedules.

2. The original copy of the Notice to Provisional Appointee must be given to the employee and a copy placed in the employee's personnel folder in the department.

CIVIL SERVICE COMMISSIONS RULES

Refer to applicable Civil Service Commission Rules for provisions regarding provisional, limited tenure, and non-civil appointments.

Civil Service Commission Rules, Volume I

Provisional Appointee:	CSC Rules 14.5 and 14.9
Limited Tenure Appointee:	CSR Rules 14.7 and 14.9
Non-Civil Service Appointee:	CSC Rules 14.6 and 14.9

Civil Service Commission Rules, Volume II

Police Department Uniformed Personnel

Provisional Appointee:	CSC Rules 214.5 and 214.8

Civil Service Commission Rules, Volume III

Uniformed Ranks of the S.F. Fire Department

Provisional Appointee:	CSC Rules 314.5 and 314.9
Limited Tenure Appointee:	CSC Rules 314.7 and 314.9
Non-Civil Service Appointee:	CSC Rules 314.6 and 314.9

Civil Service Commission Rules

Municipal Transportation Agency Service-Critical

Provisional Appointee:	CSC Rules 414.5 and 414.9
Limited Tenure Appointee:	CSC Rules 414.7 and 414.9
Non-Civil Service Appointee:	CSC Rules 414.6 and 414.9

[1]

[1] Provisional_appointee

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
(415) 554-2587
Fax (415) 554-2855

Mayor
Edwin M. Lee

Barbara A. Garcia, MPA, Director of Public Health

SENT REGULAR MAIL

June 21, 2013

Marcus Campos

*Also sent via regular & certified mail to:

2430 Medical Evaluation Assistant, SEIU Local 1021

Dear Mr. Campos:

NOTICE OF INTENT TO TERMINATE FROM PROVISIONAL APPOINTMENT

Please be advised that the Department of Public Health (DPH), Tom Waddell Health Center has recommended your termination from your provisional position as a 2430 Medical Evaluation Assistant based on the charges of **mistreatment of person – patient abuse; and dishonesty during the internal investigation**. All documentation from which the decision is based is attached.

A Skelly meeting has been scheduled for Thursday, June 27, 2013 at 10:00 am, in order to give you the opportunity to respond, orally or in writing to the charges. The Skelly meeting will be held in the offices of Human Resource Services, 2789 – 25th Street, 3rd Floor, San Francisco, CA 94110. You are entitled to bring representation of your choice to this meeting. Your representative may appear at the meeting to protect your interests if you are unable to be present. Failure to attend, either in person or through a personal representative, provide a written response or to reschedule this meeting will automatically result in your separation, effective close of business Thursday, June 27, 2013 from your position with the Department of Public Health at Tom Waddell Health Center.

On May 24, 2013, pursuant to San Francisco Administrative Code, Section 16.17, you were placed on paid administrative leave in order for the department to conduct the investigation of an allegation of patient abuse. The Department has concluded the investigation. Therefore, your Paid Administrative Leave will end effective Thursday, June 27, 2013. Should you request to reschedule the Skelly meeting, you will be placed on unpaid administrative leave effective Friday, June 28, 2013.

Should you choose not to attend, the Department will assume that you have waived (refused) your right to a meeting. Further, the Department will note that you were given due process prior to the actual discharge action by affording you written notice of the charges, proposed action, the reasons, and that you did not avail yourself of the right to respond orally or in writing.

101 Grove Street, Room 210
San Francisco, CA 94102

If this matter is subject to the California Code of Civil Procedure (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

If you have any questions, please contact me directly at (415) 206-5025.

Regards,

O. Niki Mbotu-Mitchell
Personnel Analyst, Human Resources

Attachment(s): Notice of Intent to Terminate From Provisional Appointment, June 21, 2013 (sent to home address) – 2 pages
Employee Conference Form dated, June 21, 2013 – 1 page
Investigative Report dated June 19, 2013 – 39 pages

cc: DPH Labor Relations*
**electronic copy*
Disciplinary Log – L41493-13

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
(415) 554-2587
Fax (415) 554-2855

Mayor
Edwin M. Lee

Barbara A. Garcia, MPA, Director of Public Health

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

June 21, 2013

Marcus Campos

2430 Medical Evaluation Assistant, SEIU Local 1021

Dear Mr. Campos:

NOTICE OF INTENT TO TERMINATE FROM PROVISIONAL APPOINTMENT

Please be advised that the Department of Public Health (DPH), Tom Waddell Health Center has recommended your termination from your provisional position as a 2430 Medical Evaluation Assistant based on the charges of **mistreatment of person – patient abuse; and dishonesty during the internal investigation**. All documentation from which the decision is based is attached.

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101 Grove Street, Room 210
San Francisco, CA 94102

If this matter is subject to the California Code of Civil Procedure (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

If you have any questions, please contact me directly at (415) 206-5025.

Regards,

O. Niki Mbotu-Mitchell
Personnel Analyst, Human Resources

Attachment(s): Employee Conference Form dated, June 21, 2013 – 1 page
Investigative Report dated June 19, 2013 – 39 pages

cc: Marcus Campos - regular mail
Rebecca Silverman, Act Nurse Manager*
Marcellina Ogbu, Community Programs Director*
Ron Weigelt, Human Resources Director*
Michael Brown, Labor Relations Manager*
David Palma, Payroll Supervisor (page 1 & 2 only)*
Joseph Pace, TWHC Director*
Disciplinary Log – L41493-13
electronic copy

DEPARTMENT OF PUBLIC HEALTH
EMPLOYEE CONFERENCE FORM

I. NOTIFICATION

NOTIFICATION DATE:	METHOD OF DELIVERY:
June 21, 2013	HAND DELIVERED ☐ REGULAR MAIL ☒ CERTIFIED MAIL ☒

II. EMPLOYEE INFORMATION

EMPLOYEE NAME	CLASS / TITLE
Marcus Campos	2430 Medical Evaluation Assistant

DEPARTMENT/WORK LOCATION	SHIFT
TomWaddell Health Center (TWHC)	Days

HOURS	DAYS OFF	SUPERVISOR - NAME AND TITLE
8:00am - 5:00pm	Sat & Sun	Rebecca Silverman, Acting Nurse Manager

YOU ARE SCHEDULED FOR A CONFERENCE ON: DATE	TIME	PLACE
June 27, 2013	10:00am	2789-25th Street, 3rd Floor, Labor Relations Conference Room

YOU HAVE THE RIGHT TO REPRESENTATION AT THIS CONFERENCE

HAS THERE BEEN ANY PRIOR DISCIPLINARY ACTION(S) WITH THIS EMPLOYEE? YES ☐ NO ☒

ONLY INCLUDE DISCIPLINE WITHIN THE PAST THREE (3) YEARS LIST: - NOTIFICATION DATE - CHARGE - TYPE OF DISCIPLINE IMPOSED	1	2	3

III. CHARGE(S)

LIST CHARGE(S):

Mistreatment of person - patient abuse; and dishonesty during the internal investigation

DESCRIBE AND DOCUMENT EACH CHARGE: (Attach supporting documentation and additional pages if necessary)

After conducting a glucose reading on a patient, who was blind, deaf and mute, the patient began to explore his environment with his hands. You slapped the patient's hand causing him to become extremely upset. You were aware of the disabilities of the patient since you had seen him on a previous visit. Your action was inappropriate and in violation of the Department's Abuse Prevention and Prohibition policy. You have previously been provided this policy and are required to understand and abide by it. As a provisional employee you serve at the discretion of the appointing officer. The department is recommending your termination. (See attached investigative report.)

ACTION PROPOSED BY SUPERVISOR (check appropriate box)

WRITTEN DISCIPLINARY WARNING ☐	SUSPENSION FOR ____ DAY(S) ____ WORK WEEK(S)	TERMINATION/ DISMISSAL ☒	OTHER

☐ EMPLOYEE COPY ☐ DEPARTMENT COPY ☐ FILE COPY

Rev 11/03

CONFIDENTIAL
Investigative Report
June 19, 2013

Charged Party:	Marcus Campos, 2430 Medical Evaluation Assistant (MEA) Tom Waddell Health Center (TWHC) Department of Public Health
Basis of Complaint:	*Mistreatment of Person - allegation of patient abuse*
Date of Complaint:	The complaint was received on May 22, 2013 and reported to Human Resources by Rebecca Silverman, Acting Nurse Manager, TWHC on May 23, 2013.
Interviewees:	Meredith Florian, 2328 Nurse Practitioner, TWHC Diana (Lindy) Edward, P103 Per Diem Nurse, TWHC Felipe Acosta, Contract Caregiver, In Home Supportive Services, (IHSS) Jason Albertson, 2930 Psychiatric Social Worker, TWHC Frederick Ryan, 2822 Health Educator, SFGH Marcus Campos, 2430 Medical Evaluation Assistant
Attachments:	A) SFGH Policy 1.12 Abuse Prevention/Prohibition Program B) Email from Frederick Ryan, dated June 11, 2013 C) Police Report, dated May 22, 2013 D) Notice of Paid Administrative Leave, dated May 23, 2013 E) Statement from Marcus Campos, dated May 23, 2013 F) Notes from Interviews: May 22, 2013 Marcus Campos May 28, 2013 Meredith Florian; Lindy Edward May 30, 2013 Jason Albertson; Felipe Acosta June 7, 2013 Felipe Acosta June 10, 2013 Marcus Campos

Brief Description of Charged Party

Marcus Campos, MEA has been employed continuously with the City and County of San Francisco since January 8, 2012. Mr. Campos currently works at TWHC and had previously worked at San Francisco General Hospital and Trauma Center (SFGH) from March 12, 2007 until October 8, 2007. There was no previous discipline documented during his employment at SFGH. However, an SFGH performance appraisal, dated fiscal year 2007/2008 stated that there was an unmet expectation. There were no negative attributes in his performance appraisal from TWHC. It is important to note that Mr. Campos resigned after approximately six (6) months of employment in 2007 with the reason noted as him being dissatisfied.

Brief Description of Complainant

Patient M is blind, deaf and mute. He can communicate by writing or through a caregiver with tactile messages (hand spelling). He presented himself, along with his caregiver, Felipe Acosta, on May 22, 2013 for a routine vital check and glucose screening. He is known to have diabetes with chronic renal disease and requires medication monitoring.

Summary of the Complaint

On May 22, 2013 a disabled patient registered at TWHC between 9:00am and 10:00am. After completing registration, patient M and caregiver, Mr. Acosta were escorted by Mr. Campos to the scale to check and record patient M's weight. Next they were escorted to the patient care room to perform general vitals and a glucose screening. A blood pressure check was completed and Mr. Campos proceeded to prepare for the glucose screening. After completing the fingerstick and giving patient M a cotton ball to contain the bleeding, patient M began to move his hands and arms around and drip blood on his self and possibly other areas of the patient care room. Mr. Campos slapped patient M's right hand saying "Look what you did!" Patient M made an audible noise "hoot", quickly stood up and attempted to run out of the room, bumping into obstacles as he attempted to leave. Mr. Acosta followed patient M to try to stop and calm him down.

The incident was reported to Human Resources on May 23, 2013 and Mr. Campos was placed on paid administrative leave effective close of business May 23, 2013, pending an investigation of mistreatment of person – patient abuse (See attachment D.).

Summary of Investigation Results

Based on the interviews with Mr. Acosta, who was the caregiver with patient M on May 22, 2013 and the statements provided by Marcus Campos, the patient was familiar with the procedures that were going to be performed. Patient M was brought into the patient care room and his vitals were checked. Even during the fingerstick that followed, patient M was calm. Both the Mr. Acosta and Mr. Campos stated patient M presented his finger for the stick.

Both Mr. Acosta and Mr. Campos said there was blood dripping from the finger as patient M was moving his hands and arms around subsequent to the vital and glucose check.

At this point there is a clear difference in the recollection of the events. Mr. Campos stated that he gently moved patient M's wrist/hand area in a downward motion, resulting in patient M getting upset and exiting the patient care room. However, according to Mr. Acosta, who was an eyewitness to the event, Mr. Campos slapped patient M's hand causing him to become upset and exit the patient care room. This is also consistent with the written statement patient M wrote directly following the incident, asking "Who did hit me?"

Discussion

Patient M was not available during the course of the investigation to answer further questions. His condition has worsened. He is intubated and currently hospitalized, unable to communicate. However, we do have the police report filed on May 22, 2013 with the patient's initial statements taken at that time (See attachment C.). In addition, we have the statements from Mr. Acosta, who was also present during the examination performed by Mr. Campos.

We do not believe Mr. Campos to be credible regarding his description of events. It is not logical for the patient to react intensely from a gentle downward motion of the hand.

It is important to note that during Mr. Campos' employment at SFGH, he was trained during orientation on the definition of patient abuse (See attachment A. - SFGH Policy 1.12 and Attachment B - Email from Fred Ryan, Training Coordinator, SFGH). Slapping the hand of a patient is considered patient abuse and is not acceptable behavior. Employees who engage in patient abuse may be discharged and subject to a fine including imprisonment for willful misconduct.

Conclusion

Therefore, we do find that patient abuse occurred and Mr. Campos knew that his behavior by slapping patient M's hand was not acceptable. It is also disturbing that we believe Mr. Campos was not truthful during the course of the investigative process and provided erroneous information to protect his own interest.

Rebecca Silverman, Acting Nurse Manager
Tom Waddell Health Center

6/19/13
(Date)

O. Niki Mbom-Mitchell, Personnel Analyst
Human Resources – Labor Relations Division

6/19/13
(Date)

ATTACHMENT

A

[TOP]

Administrative Policy Number: 1.12

TITLE: ABUSE PREVENTION/PROHIBITION PROGRAM

PURPOSE

The purpose of this policy is to describe the process that San Francisco General Hospital and Trauma Center (SFGH) has developed to control, prevent and prohibit the mistreatment, neglect and abuse of patients, and/or the misappropriation of patient property, in accordance with federal and state regulations.

STATEMENT OF POLICY

SFGH is dedicated to maintaining an environment that promotes patient safety and is committed to protecting patient rights, including the prevention and prohibition of patient abuse, neglect and mistreatment, and the misappropriation of patient property.

It is facility policy to prohibit any actions that will harm our patients, visitors or staff. Each patient shall be treated with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.

DEFINITIONS

Abuse - The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish (42 CFR 488.301). Includes physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Mental Suffering - Includes fear, agitation, confusion, severe depression, or other forms of serious emotional distress that are brought about by forms of intimidating behavior, threats, harassment, or deceptive acts performed with malicious intent.

Misappropriation of Patient Property - The patterned or deliberate misplacement, exploitation, or wrongful temporary or permanent use of patient's belongings or money without the patient's consent.

Neglect - Failure to provide the goods or services necessary to avoid physical harm or mental suffering.

Physical Abuse - Includes hitting, slapping, pinching, spitting and kicking. It also includes controlling behavior through corporal punishment.

Sexual Abuse - Unconsented sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the hospital, including oral, vaginal or anal penetration or fondling of the patient's sex organ(s) by another individual's hand, sex organ, or object.

Verbal Abuse - The use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients/patients or to their families, or within their hearing, regardless of their age, ability to comprehend or their disability.

PROCEDURE

1. Screening

SFGH will not knowingly employ any individual who has been found guilty of abusing, neglecting or mistreating patients by a court of law; or who has had a finding entered into the State registry or licensing agency concerning abuse.

A. Employee Screening:

1. Applicants for employment shall provide proof of certification/licensure for verification of eligibility to practice if required.

2. Initial appointment processing requires fingerprinting and a background criminal conviction history check.

3. The hiring manager will secure the signature of the candidate to indicate consent to release information concerning reference check and complete the "Background Verification Form" (Appendix A) and forward to Human Resources. The hiring manager will complete reference checks from previous and current employers. SFGH Human Resources will ensure that reference checks have been done before proceeding with hiring. This policy applies to all potential new hires, as well as those who are being transferred to or reassigned from other divisions and/or departments.

4. When any employee is found to misrepresent or falsify information, this may lead to disciplinary actions up to and including termination.

2. Training

A. Employees

- In accordance with Section 15630 of the Welfare and Institutions Code, all new employees including transfers and reassignments shall, as a condition of employment, sign a statement acknowledging the obligation to report abuse of elderly or dependent adults. The statement, "Dependent Adult Abuse, Abuse Forbidden, Reporting Requirements" is kept in the employee's personnel file.

- The SFGH-wide orientation program provides each of its new employees with information on patient rights, including confidentiality, preservation of dignity, and recognizing and reporting abuse.

- All nursing staff receive annual education and training that includes:

  - SMART (Safety Management and Responsive Techniques).
  - Appropriate use of restraints including prohibition of use for discipline or convenience.
  - Information provided to patients on Patient Rights and Responsibilities.
  - Annual performance appraisals for all employees with patient care responsibilities include evaluation of employee support for autonomy, dignity and rights of patients, as well as identification and care for victims of violence, abuse and neglect.

- Risk Management and/or the Ethics Committee are available for consultation to employees with inquiries regarding patient rights.
- Treating all patients with dignity and respect.

B. Volunteers

Volunteer coordinators review policy regarding abuse and abuse reporting with each new volunteer. When at all possible newly recruited volunteers will attend hospital orientation.

Volunteers to the direct care units attend an annual in-service that includes patient rights (confidentiality, preservation of dignity and recognizing and reporting abuse). New volunteers sign a statement indicating willingness to comply with the abuse prevention policy. A copy of the signed statement is retained in the volunteer's service file.

C. Patients

On admission patients receive an Orientation packet and handbook containing information on patient rights and responsibilities, advocates, and to whom they can report concerns, incidents and complaints without fear of retaliation.

3. Prevention

Prevention measures include:

- Assessment of each patient's needs and/or behaviors which might lead to conflict or neglect, i.e.
  - patients with a history of aggressive and assaultive behaviors;
  - patients with self-injurious and/or provocative behavior;
  - patients with communication or language barriers; and
  - patients who require heavy nursing care and/or are totally dependent upon staff.
- Staff supervision to identify inappropriate actions i.e., use of derogatory and inappropriate language, rough handling, ignoring patients while giving care, directing patients who need assistance in ADLs, misappropriation of patient property.
- Provision of staff education and training as specified in #2 above.
- Providing adequate patient/staff ratios to meet patient care and safety needs and the assurance of staff knowledge of patient care needs.
- Providing patients and staff with information about reporting of concerns, incidents and grievances without fear of retaliation and when to expect a response to reports.

4. Reporting

A. In the event that an employee

- observes abuse, or
- suspects that abuse has occurred (See Attachment A), or
- is the first employee to learn of abuse of any SFGH patient, or

- is the first employee to learn of a patient-to-patient altercation,

than that employee shall immediately attempt to identify the patient and notify the responsible manager and the Administrator on Duty. In the event that a volunteer observes or receives a report of abuse of any SFGH patient, the volunteer shall immediately notify the volunteer coordinator, who shall assume these reporting responsibilities.

B. That employee shall also complete an "Unusual Occurrence" form.

C. The nurse manager/charge nurse shall immediately notify the SFGH AOD, and Risk Management (206-6600; pgr 1877-9543) of all reports of abuse or patient-to-patient inappropriate behavior or altercations. Regulatory Affairs will notify the appropriate regulatory branch within 24 hours of the allegation, and will provide a written summary of the SFGH investigation within five working days of the allegation. If an allegation is made against SFGH staff, the supervisor shall notify Human Resources and the supervisor of the involved employee(s). The supervisor and HR shall decide whether the employee(s) should be removed from the work environment.

If a report to a patient advocacy agency (e.g. Adult Protective Services, Ombudsman etc...) is required secondary to patient safety concerns, individual staff members should make the report in collaboration with hospital administration (e.g. Nurse Manager, Nursing Director, Risk Management etc...) to prevent possible imminent threats to patient safety.

D. The attending physician shall contact the patient's family or representative regarding abuse of patient with decision-making capacity if the patient gives permission to do so. If the patient does not have decision-making capacity, the physician shall notify the patient's surrogate decision-maker.

E. The supervisor conducting the investigation of alleged abuse shall ensure that an Unusual Occurrence (UO) report and any other required documentation is completed.

5. **Response and Investigation**

A. The employee and/or responsible managers shall take immediate measures to assure patient safety. The nurse manager or charge nurse will inform the patient that the abuse allegation is being taken seriously, identify for the patient what steps are being taken to provide for the patient's safety, and assure the patient that an investigation is being conducted.

B. Upon receiving a report of alleged abuse, the registered nurse shall promptly perform an assessment. The RN shall record in the progress notes of the patient's medical record the history of abuse as relayed, any finding of physical examination and psychological evaluation, and any treatment initiated. The RN shall include comments regarding past and present mental status, including any elements of doubt raised because of patient's mental status. The RN shall notify the attending or on-call physician and the Supervisory Nurse of all cases of suspected patient abuse.

C. In cases of abuse or patient-to-patient altercations (whether or not the altercation rises to

the level of abuse), the Registered Nurse shall assess whether the patient care plans are adequate and modify the care plans as needed. Transfer of one of the involved patients to a different area or unit should be considered.

D. In cases of rape, the attending physician shall make a direct referral to the San Francisco Trauma Recovery Center (SFTRC) and shall direct the staff to preserve physical evidence to include the patient's physical condition and related personal effects. SFTRC staff will interview the patient, take specimens, and treat for possible sexually transmitted diseases as well as HIV prophylaxis shall be prescribed as deemed appropriate. If the patient agrees, a police report will be completed at the San Francisco Trauma Recovery Center.

E. If an employee is accused and the preliminary inquiry supports the allegation, the AOD in concert with HR representative is responsible for ensuring that the employee is placed on unpaid administrative leave or ensuring that the accused is reassigned to non-patient care duties. The employee is not to return to the unit where the patient is being treated until notified to do so by the department supervisor or Human Resources.

The AOD and/or manager shall consider the following factors in determining whether the accused employee should be placed on administrative leave or reassigned:

- severity of the allegation
- circumstances of case per the investigation
- prior disciplinary and employment history

Risk Management will coordinate any involvement with the Sheriff's Department

F. If a non-employee is identified as a suspect, the AOD shall contact the Sheriff's Department. The investigation and initiation of action to protect the patient shall be carried out jointly by the AOD and the Institutional Sheriff Deputy.

- An investigation of abuse allegations involving staff shall be conducted by Human Resources.

G. The respective department head, in consultation with Human Resources, will report all cases of substantiated abuse investigations to the appropriate Licensing and Certification Boards and/or agencies.

H. Monitoring of conformance to this policy shall be the responsibility of department heads.

APPENDICES

Appendix A: Background Verification

APPROVAL

NAF	12/04/12
MEC	12/17/12
Quality Council	12/15/12

Date adopted: 04/05
Reviewed:

Revised: 3/08, 08/10, 9/12

[END]

ATTACHMENT

B

Marcus Campos - Abuse Prevention Training
Fred Ryan to: Michael Brown 06/11/2013 08:40 AM

History: *This message has been replied to.*

Hi Michael,

While Marcus Campos was employment at SFGH he attended and received abuse prevention training during New Employee Orientation. This session would have covered the various types of abuse, prevention measures, reporting and investigation. Additionally, he would have received a copy of the hospital's abuse prevention policy which was in force at that point in time (see attached).

Additionally, Mr Campos attended a full day of S.M.A.R.T. (Safety Management and Response Techniques) training during his employment. This class addresses the violence escalation cycle, methods of de-escalation as well as appropriate interventions once violence has occurred.

Please feel free to contact me if you have any additional questions.

1-12 (04-05).pdf

Frederick Ryan
San Francisco General Hospital
Tel: (415) 206-4699

ATTACHMENT

C

SAN FRANCISCO POLICE DEPARTMENT

INCIDENT REPORT HEADING

INCIDENT NO. 130420906

ARREST MADE [X] SUSP. KNOWN [ ] SUSP. LINK [ ] NON-SUSP. INCIDENT [ ] PAGE 1 OF 7

TYPE OF INCIDENT: BATTERY

INITIAL [X] SUPP. [ ] CAD NO.

REPORTING UNIT: 1V71

DATE / TIME OF OCCURRENCE: WED 05/22/13 1030 HRS

DATE / TIME REPORTED TO POLICE: WED 05/22/13 1030 HRS

RELATED CASE NUMBERS: 130...43

LOCATION OF OCCURRENCE: 50 IVY

TYPE OF PREMISES: HOSPITAL/CLINIC # 440

LOCATION SENT TO: SAME

REPORTED TO BUREAU/OPS CENTER (NAME / STAR / DATE / TIME)

DOMESTIC VIOLENCE (TYPE OF WEAPON USED) [ ] ELDER ABUSE [ ] GANG RELATED [ ] JUVENILE SUBJECT [ ] PREJUDICE BASED [ ]

I DECLARE UNDER PENALTY OF PERJURY, THIS REPORT OF 7 PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE, OR IS BASED ON INFORMATION AND BELIEF FOLLOWING AN INVESTIGATION OF THE EVENTS AND PARTIES INVOLVED.

PROP 115 CERTIFIED: YES [X] POST TRAINED [X]

REPORTING OFFICER (PRINT): BARRANTES STAR 1158 SIGNATURE: 1158

STATION: INGN/IRU

REPORT REVIEWED BY (PRINT NAME / STAR): Sgt. D. ... 826

CID APPROVAL (PRINT NAME / STAR): Sgt. D. ... 1826

WATCH: 700-1600

ASSIGNED BY (PRINT INITIAL / STAR): NB # 1156

ASSIGNED TO: SD20

INCIDENT CODES: 04134

HOW CL. ...: ...

COPIES TO (NAME OF UNITS): MIS

COPY TO: A [ ] B [ ] C [ ]

ICMS ENTRY

RP CODES: B - BUND; N - NOTIFY; P - PARENT; R - REPORTEE; V - VICTIM; W - WITNESS

RACE CODES: A; B; F; H; I; O; U; W

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
V	M.				

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO — ZIP CODE — BUSINESS PHONE (DAY / NIGHT): NONE

BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO — ZIP CODE — RP'S RELATIONSHIP TO SUBJECT

EXTENT OF INJURY / TREATMENT: PAIN TO (R) HAND

VIOLENT CRIME NOTIFICATION YES [ ] NO [ ] NA [ ] STAR FOLLOW-UP FORM YES [ ] STATEMENT YES [ ]

OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE:
M. AN OUT-PATIENT AT 50 IVY ST THE TOM WADDELL HEALTH CLINIC

SIGNATURE OF PARTY REPORTING MISSING PERSON

290 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES [ ]

CONFIDENTIALITY REQUESTED YES [ ] NO [ ] STAR ADD'L RP'S [ ]

SUBJECT CODES: A - ADMONISHED; B - BOOKED; C - CITED; D - DETAINED; E - EXONERATED; M - MISSING; S - SUSPECT; X - DIVERTED. RACE CODES: A; B; F; H; I; O; U; W

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	ALIAS
C	CAMPOS, MARCUS				

HEIGHT / WEIGHT / HAIR COLOR / EYE COLOR / RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO / ZIP CODE

HOME / CONTACT PHONE / ID NO. (BOOKED, / OP. LIC. / FBI / CII) / SF NO. / X NO.

BOOKING SECTION / CHARGE #1 / CHARGE #2 / CHARGE #3 / CHARGE #4 / WHERE BOOKED

WARRANT # / COURT # / ACTION # / DEPT / ENROUTE TO / DWB CHECK (PRINT NAME / STAR): LENA # 88

WARRANT VIOLATION(S) / BAIL / MIRANDIZED YES [ ] NO [ ] / STAR / STATEMENT YES [ ]

CITATION #: 096627 005

CITE VIOLATION(S): 242 PC BATTERY

DATE / TIME OF APPEARANCE: 06/26/13 8 AM

LOCATION OF APPEARANCE: 850 BRYANT

SCHOOL NAME IF JUVENILE / J.S. / D.S.

BOOK / CITE APPROVED BY (PRINT NAME / STAR): SGT. OVERALL 216

M X-RAYS YES [ ] MASS ARREST CODE

OTHER INFORMATION: CITATION / WARRANT / BOOKING CHARGE(S) / MISSING PERSON - SUBJECT DESCRIPTION:
CAMPOS IS A DEPT. OF PUBLIC HEALTH EMPLOYEE AS A MEDICAL EMERGENCY ASSITANT

ADD'L SUBJ'S [ ]

PRIVATE PERSON ARREST: ON THIS DATE, I ARRESTED THIS PERSON FOR THE PUBLIC OFFENCE(S) LISTED, COMMITTED IN MY PRESENCE IN SAN FRANCISCO, CALIFORNIA. I DELIVERED THIS PERSON TO THE SFPD AND WILL SIGN A WRITTEN COMPLAINT CHARGING THIS PERSON WITH THE COMMISSION OF THESE PUBLIC OFFENSES.

SEPARATE PRIVATE PERSON'S ARREST FORM ATTACHED [ ]

NAME (PRINT) SIGNATURE

SFCCPD 377 A (02/05)

2

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SAN FRANCISCO POLICE DEPARTMENT
INCIDENT NO. 130420906

INCIDENT REPORT ADDITIONAL REPORTING PARTIES

RP CODES: F - FRIEND; N - NOTIFY; P - PARENT; R - REPORTER; V - VICTIM; W - WITNESS

RACE CODES: A; B; F; H; I; O; U; W

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
RP	ALBERTSON, JASON M.				
RP'S RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO				ZIP CODE	RP'S PRIMARY PHONE (DAY / NIGHT)
SUSPECT'S BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO				ZIP CODE	RP'S RELATIONSHIP TO SUBJECT
EXTENT OF INJURY / TREATMENT	VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐	STAR		FOLLOW-UP FORM YES ☐	STATEMENT YES ☐
OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE: ALBERTSON IS A LICENSED CLINICAL SOCIAL WORKER EMPLOYED BY CCSF DEPT OF PUBLIC HEALTH					
SIGNATURE OF PARTY REPORTING MISSING PERSON	300 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐	CONFIDENTIALITY REQUESTED YES ☐ NO ☐		STAR	ADD'L RP'S ☐

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
W	ACOSTA, FELIPE				
RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO				ZIP CODE	BUSINESS PHONE (DAY / NIGHT)
BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO				ZIP CODE	RP'S RELATIONSHIP TO SUBJECT
EXTENT OF INJURY / TREATMENT	VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐	STAR		FOLLOW-UP FORM YES ☐	STATEMENT YES ☐
OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE: ACOSTA IS AN EMPLOYEE OF THE HHS SUPPORTIVE SERVICES					
SIGNATURE OF PARTY REPORTING MISSING PERSON	300 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐	CONFIDENTIALITY REQUESTED YES ☐ NO ☐		STAR	ADD'L RP'S ☐

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO				ZIP CODE	BUSINESS PHONE (DAY / NIGHT)
BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO				ZIP CODE	RP'S RELATIONSHIP TO SUBJECT
EXTENT OF INJURY / TREATMENT	VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐	STAR		FOLLOW-UP FORM YES ☐	STATEMENT YES ☐
OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE					
SIGNATURE OF PARTY REPORTING MISSING PERSON	300 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐	CONFIDENTIALITY REQUESTED YES ☐ NO ☐		STAR	ADD'L RP'S ☐

CODE	NAME (LAST, FIRST, MIDDLE) / FIRM NAME IF BUSINESS	RACE	SEX	DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO				ZIP CODE	BUSINESS PHONE (DAY / NIGHT)
BUSINESS ADDRESS / NAME OF SCHOOL IF JUVENILE / CITY IF NOT SAN FRANCISCO				ZIP CODE	RP'S RELATIONSHIP TO SUBJECT
EXTENT OF INJURY / TREATMENT	VIOLENT CRIME NOTIFICATION YES ☐ NO ☐ N/A ☐	STAR		FOLLOW-UP FORM YES ☐	STATEMENT YES ☐
OTHER INFORMATION / IF INTERPRETER NEEDED SPECIFY LANGUAGE					
SIGNATURE OF PARTY REPORTING MISSING PERSON	300 PC NOTIFICATION (SEX OFFENSE CASE ONLY) YES ☐	CONFIDENTIALITY REQUESTED YES ☐ NO ☐		STAR	ADD'L RP'S ☐

SFCOPD 377 B (01/06)

SAN FRANCISCO POLICE DEPARTMENT

INCIDENT NO. 130420906

INCIDENT REPORT PROPERTY LISTINGS

PAGE 2 OF 2

PROPERTY CONDITION CODES: D – DAMAGED; E – EVIDENCE; F – FOUND; L – LOST; P – PROPERTY FOR SAFEKEEPING; R – RECOVERED; S – STOLEN

CODE	ITEM	QUANTITY	BRAND	MODEL	VALUE
E1	PHOTO COPY NOTES	4			
E2	WITNESS STATEMENT	1			
E3	VICTIM STATEMENT	1			
E4	CITIZEN'S ARREST FORM	1			

(Each item block also contains blank fields: SERIAL NO., CALIBER, COLOR, SEIZED BY (STAR), FROM WHERE, NARCOTICS LAB NO., ADDITIONAL DESCRIPTION / IDENTIFYING NUMBERS)

SFCCPD 377 D (01/06)

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San Francisco Sheriff's Department
Case #130420906

Incident Report
Page: 4 OF 7

I, Deputy N. Barranser #1158, employed by the SF Sheriff's Department assigned to the Institutional Patrol Unit at SF General Hospital Medical Center, 1001 Potrero Ave, San Francisco, Ca.94110 Phone: (415) 206-8063

On Wednesday, 05/22.2013 at 0930 hours, I was on duty, in uniform and was assigned to the Department of Public Health Building (DPH) at 101Grove Street.

I was in the main office, when (R) a DPH Social Worker Jason Albertson approached me to report that his client is a victim of Elder Abuse and was assaulted by a medical staff.

In addition, his client (V) M , who is mute, deaf and blind, was still in the clinic. I asked Albertson if he witnessed the incident, Albertson replied, "No". "I didn't see it but, his caretaker did", "He reported it, to me".

I advised Albertson to bring M and the caretaker to the office, so that I can interview them. After a few minutes, Albertson returned to the office with M and (W1) Felipe Acosta, as M approached the door, I noticed M touch the walls as a guide for direction. M was unstable on his feet and had trouble keeping his balance. Acosta was using himself as support while walking alongside M so that M would not fall. I also noticed whenever Acosta trailed too far and M did not feel Acosta's presence, M used his hands to search for Acosta and M became visibly apprehensive. Whenever M did this gesture, Acosta touched M to re- assure him that he was still close by. This simple gesture calmed M Both M and Acosta did this gesture several times during my interview. When M and Acosta reached my desk, Acosta touched M 's hand to signal to him that I was present. M extended his hand for a handshake, I shook M s hand.

I spoke to Acosta, He told me, and M was in the waiting room, waiting his turn to be seen for his medical appointment. When it was M 's turn, (C) Marcus Campos the Medical Emergency Assistant (MEA) called M 's name. Acosta informed Campos; M was deaf, mute and blind. Acosta also told Campos that M had trouble walking.

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Acosta told me, Campos appeared impatient when M did not move quickly enough.

When M was being triaged, M was sitting in a chair. M was inside an exam room, along with Acosta and Campos. During the triage process, M put his right hand on the triage desk. At one point, M moved his hand and touched the power chord attached to the blood pressure machine. For M 's safety, Acosta moved M 's hand and placed it back on the desk.

Acosta told me, Campos performed a procedure to check M 's blood sugar. Shortly, after M moved his hand again and touched the glucometer machine. Acosta said, Campos suddenly hit M 's right hand.

M reacted, he became agitated. M let out a scream. M hysterically waved his arms to try and get out of the room. M stood up to leave, however, since he could not see, M bumped into walls, filing cabinets, desk and chair.

Acosta tried to calm M but Acosta was unsuccessful. Albertson heard the scream and entered the room. Albertson and Acosta tried to calm M down again but they were unsuccessful. After several minutes, M calmed down but was clearly still angry.

M communicated to Albertson and Acosta though a note pad. Albertson showed me (4) four pages of notes. Each page had one question. I read what M wrote, "Who did hit me"? "I want you call police please". "Ask police, we need a sign language, somebody knows that have" and "Battery".

I asked Acosta, if I could demonstrate how hard the hit was on Him. Acosta said, "Yes". I took Acosta by the wrist and gently pushed his hand away. Then, I hit my own hand with a slight downward force. Then, I hit my own hand a second time. This time, with harder downward force that Acosta could hear the slapping sound.

Acosta immediately said, "No, definitely not pushing my hand away, like that. "It was the second one, when you hit your hand".

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I clarified the slap with Acosta; I demonstrated both strikes again, on my own hand. Once, with a slight force and second with a harder force. Acosta said, "The Last one".

Albertson also watched my demonstration to Acosta.

Albertson, made photo copies of the (4) four pages of notes and I submitted them into (E1) evidence. Acosta also gave me a written statement, which I submitted into (E2) evidence.

I communicated with M through Acosta. I asked, Acosta the questions and Acosta would take M 's hand and signal/write in M palm and understood what I asked.

Acosta told me, "M is sensitive to the touch and he knows". I asked the question, Is M injured? Acosta took M 's hand and appeared to write. M responded with a "slight moan and rubbed the top of his right wrist with his left fingers"

I asked a second question. Does M want to a doctor for his hand, or does he want an ambulance or go to San Francisco General Hospital. Again, Acosta took M 's hand and wrote my question. M , replied, "No". M shook his head left to right.

I asked a third question. Does M want to charges? Acosta took M hand again and wrote. M replied, "Yes". M gestured with, a thumbs up.

M also gave me a written statement, which I submitted into (E3) evidence.

I gave M a San Francisco Sheriff's Department Citizen's arrest form, which M signed and returned to me. I also submitted the Citizen's Arrest form into (E4) evidence.

I contacted Campos and informed him that M wanted to press charges against him for the battery. I cited Campos for the 242 PC Battery and released him.

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This incident is consistent with the possible elements of Elder Abuse (368 PC) and should be reviewed by the San Francisco District Attorney's office. Martin is a dependent care adult and is significantly disabled.

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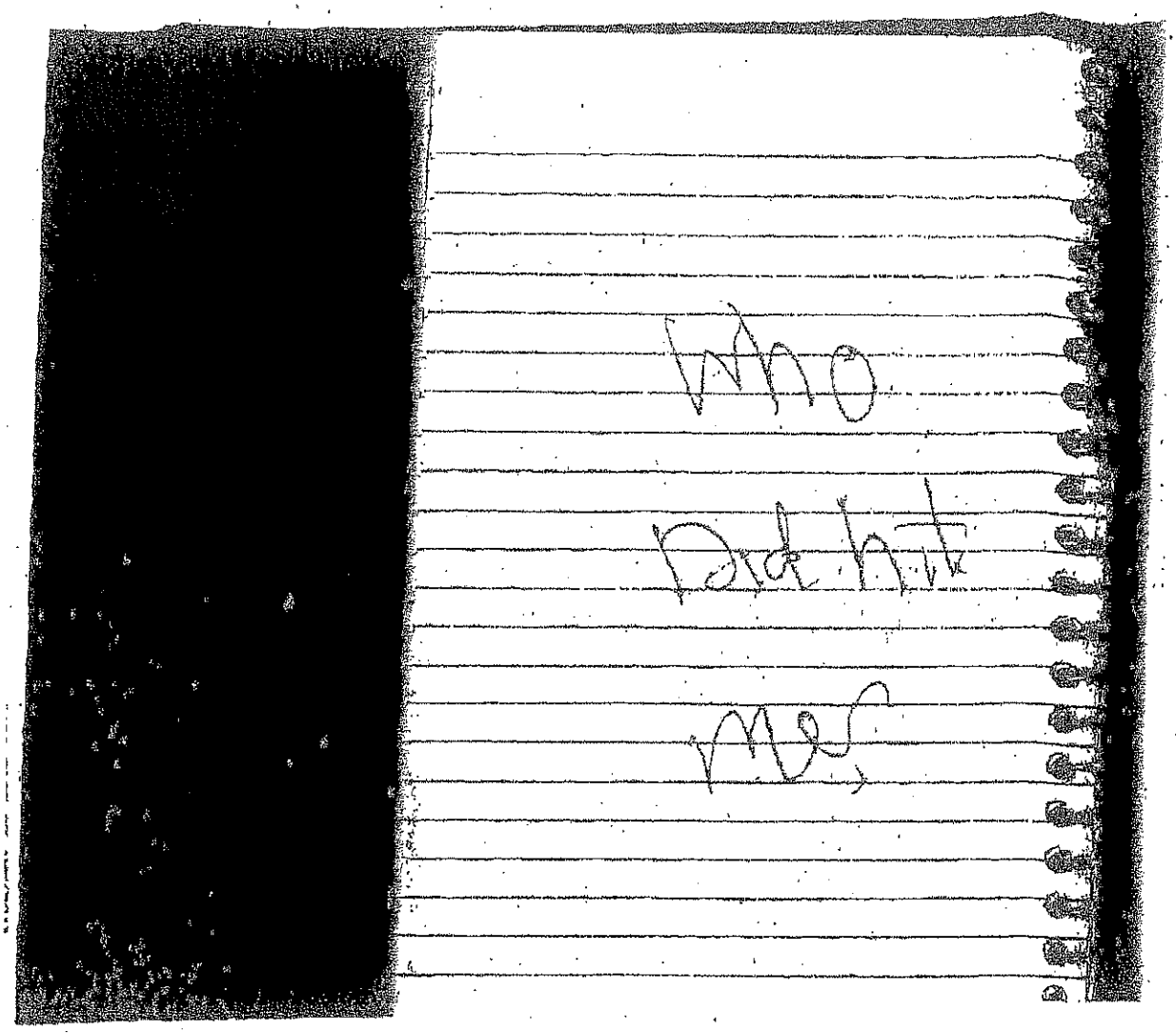

B1158
Ass# 130420906
-f

9

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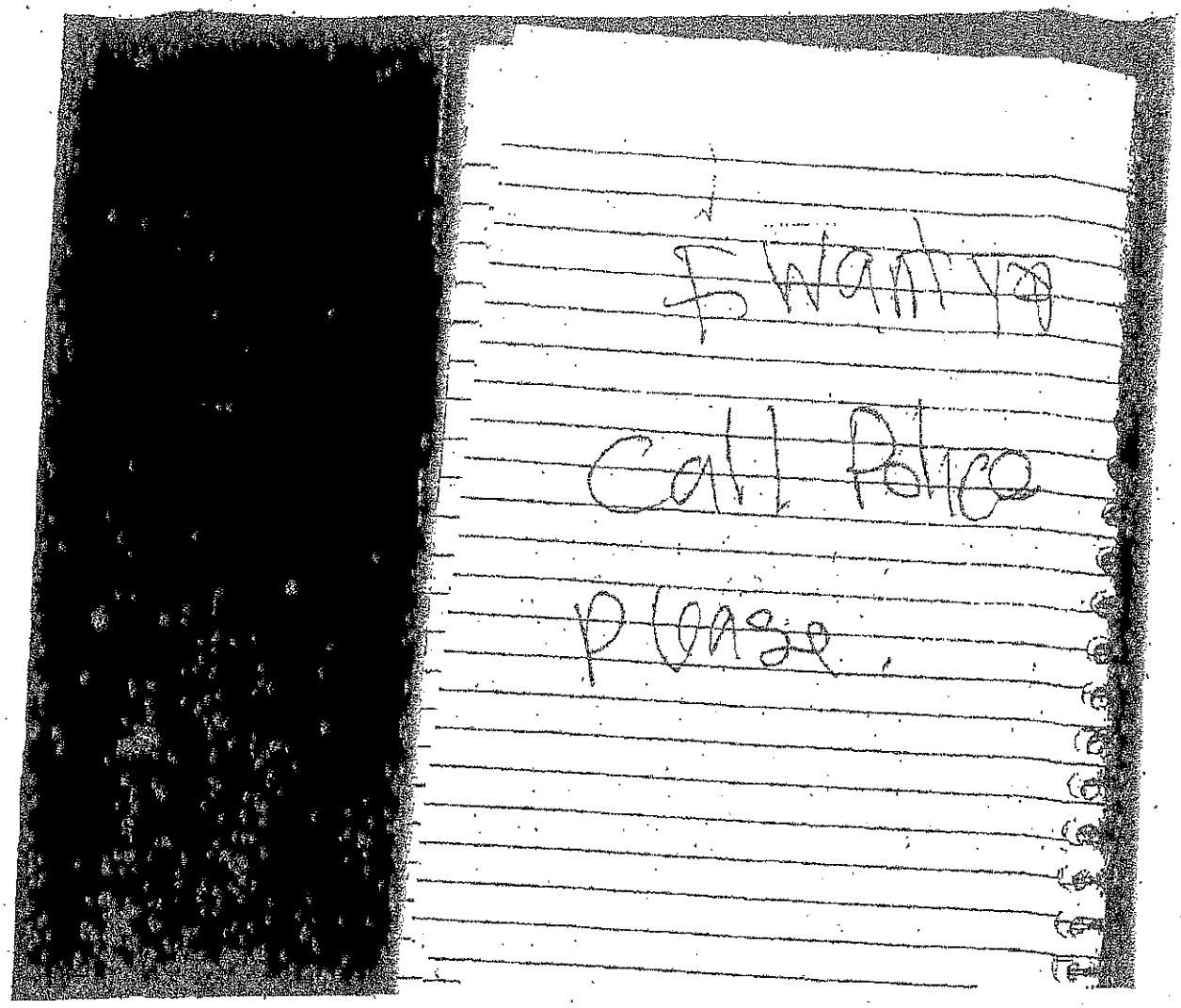

NB 1158
Case # 130420906
Q-mf

10

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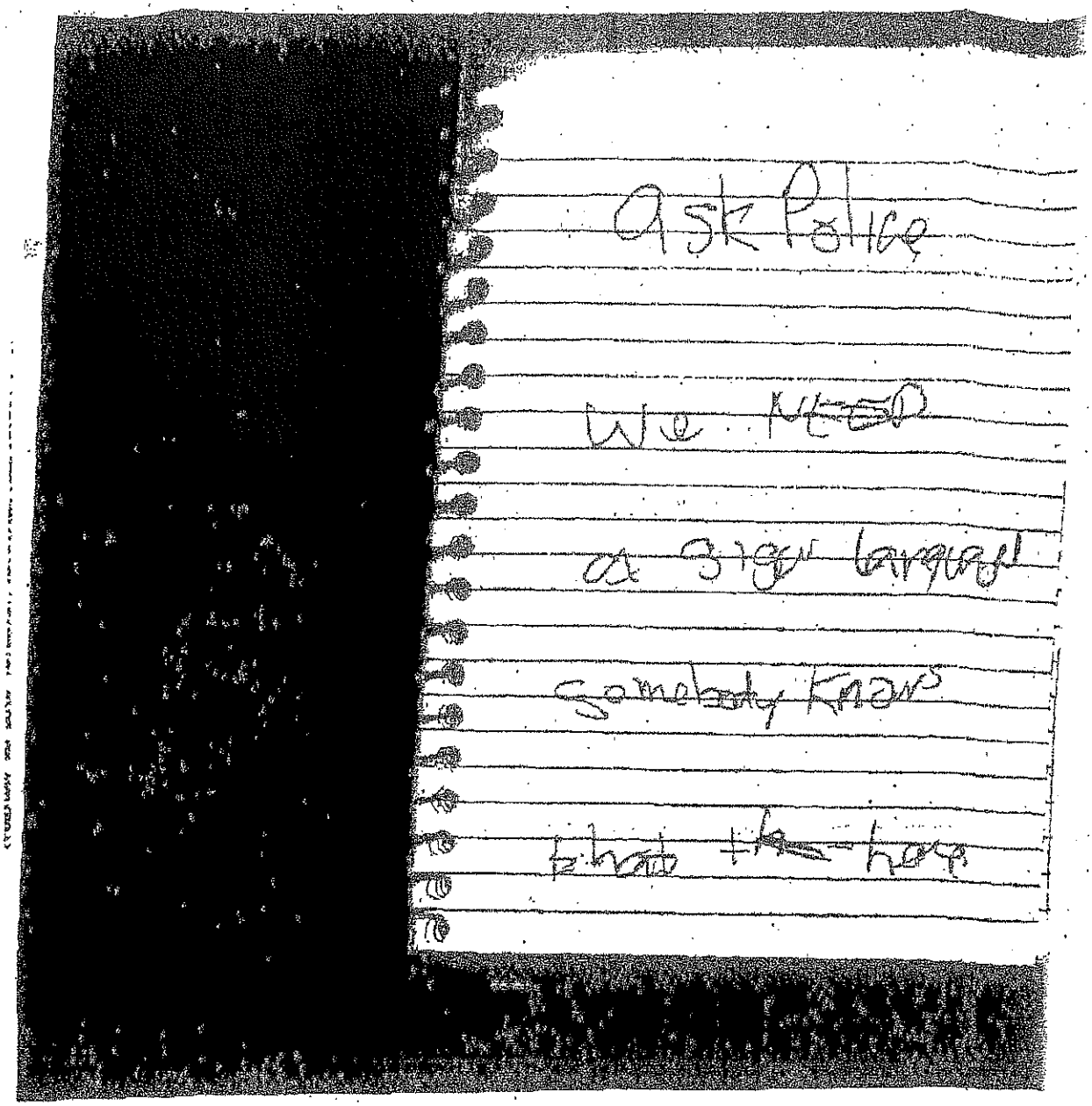

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CASE #: 13042906
5-4

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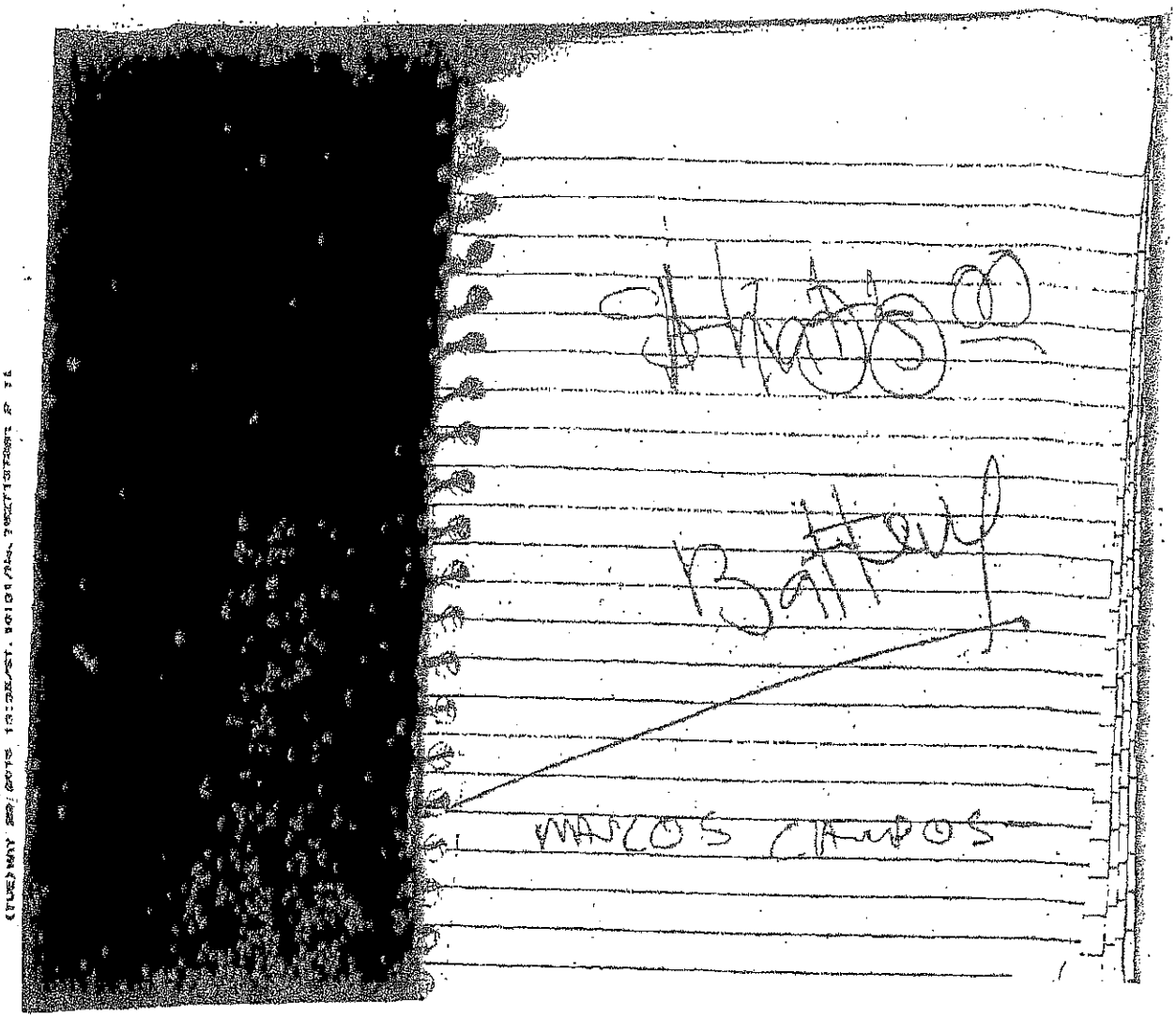

NS 118
CASE #13042D906
4-4

SAN FRANCISCO POLICE DEPARTMENT — INCIDENT REPORT STATEMENT

INCIDENT NO.			
13 [illegible] 420906			
NAME (LAST, FIRST, MIDDLE) OF PERSON GIVING STATEMENT: ACOSTA, FELIPE	AGE	RESIDENCE PHONE (DAY / NIGHT)	BUSINESS PHONE (DAY / NIGHT)
RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO	ZIP CODE	BUSINESS ADDRESS / CITY IF NOT SAN FRANCISCO	ZIP CODE
DATE OF STATEMENT: 6-22-13	TIME STARTED	TIME COMPLETED	LOCATION WHERE STATEMENT TAKEN: AT SCENE [X] OTHER:
STATEMENT TAKEN BY (NAME / STAR): BARRANTES USB	IN PRESENCE OF		

Inside at Tom Waddell Clinic
AA was called by the
Triage nurse. He weighted him and
He directed both (AA & Myself)
To the examining room. Once inside
the nurse (Q) took a blood sample from
AA left hand middle finger, but
AA cannot see, talk or hear.
AA moved his right hand to
the desk and touched the reading instrument
and the nurse slapped his right hand
in a hard manner.

AB USB

I DECLARE UNDER PENALTY OF PERJURY, THIS STATEMENT OF 1 PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT: [signature]

SAN FRANCISCO POLICE DEPARTMENT

INCIDENT REPORT STATEMENT

Page 1 of 2

INCIDENT NO.: 130466906

NAME (LAST, FIRST, M.I.) OF PERSON GIVING STATEMENT: M

RESIDENCE PHONE (DAY/NIGHT): NONE

BUSINESS PHONE (DAY/NIGHT): NONE

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO:

ZIP CODE:

BUSINESS ADDRESS / CITY IF NOT SAN FRANCISCO:

ZIP CODE:

DATE OF STATEMENT: 5-22-13

TIME STARTED:

TIME COMPLETED:

LOCATION WHERE STATEMENT TAKEN: AT SCENE X OTHER:

STATEMENT TAKEN BY (NAME/STAR): BAPTISTE 1153

IN PRESENCE OF:

I Just Touched

Box machine Becaus I Cant

See and Im Blind. Then

Some one hit Too hard my hand

wrist.

Arm.

I DECLARE, UNDER PENALTY OF PERJURY, THE STATEMENT OF ___ PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT

SAN FRANCISCO POLICE DEPARTMENT

INCIDENT REPORT STATEMENT

INCIDENT NO. 130 490 906

PAGE 2 of 2

M

RESIDENCE PHONE (DAY/NIGHT): NONE

BUSINESS PHONE (DAY/NIGHT): NONE

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO | ZIP CODE | BUSINESS ADDRESS / CITY IF NOT SAN FRANCISCO | ZIP CODE

DATE OF STATEMENT: 5-22-13

TIME STARTED | TIME COMPLETED | LOCATION WHERE STATEMENT TAKEN: AT SCENE [X] OTHER:

STATEMENT TAKEN BY (NAME/STAR): [illegible] 1158

IN PRESENCE OF:

Right Wrist

I DECLARE UNDER PENALTY OF PERJURY, THIS STATEMENT OF 2 PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT

15 of 15

SAN FRANCISCO POLICE DEPARTMENT
CITY AND COUNTY OF SAN FRANCISCO
NOTICE TO APPEAR 096627005

MARCOS CAMPOS

242 R BATTERY

50 IVY ST. TENDERLOIN

DATE OR RETURN Oct 15, 2013

DATE TUE

COURT COPY

096627005

SAN FRANCISCO CITY & COUNTY
CITIZEN'S ARREST FORM

MARCOS CAMPOS

242 PC BATTERY

50 IVY ST

39 of 50
123

ATTACHMENT

D

City and County of San Francisco

Department of Public Health
Human Resource Services
Labor Relations Division
554-2580
Fax 554-2855

Edwin M. Lee, Mayor

Barbara A. Garcia, MPA, Director of Public Health

Via Certified Mail – Return Receipt Requested

May 23, 2013

Marcus Campos

Re: Notice of Paid Administrative Leave Pending an Investigation

Dear Mr. Campos:

You are hereby notified per San Francisco Administrative Code Section 16.17 that the Appointing Officer has placed you on paid administrative leave effective May 24, 2013 from your 2430 Medical Evaluation Assistant position pending an investigation of patient abuse after an incident which occurred on May 22, 2013.

You may be contacted and scheduled for an investigatory interview at a later date. During the course of this investigation, you are not to return to your work location or contact any departmental employees or clients/patients without authorization from Human Resources or your manager. We also ask that you not discuss the specifics of this case with potential witnesses, so as not to elicit information or influence the outcome of this investigation. You may provide the investigator with the names of individuals who may have specified information regarding this case, if you would like them to be contacted.

Once the investigation is completed and charges, if any, are formalized, you will be provided written notice of the recommended disciplinary action listing specific charges, a copy of all the documentation from which the decision was based and an opportunity to respond to the charges orally or in writing. Throughout the investigative process, you will be entitled to a representative of your choice.

If you have any questions, please call Niki Mbotu, 206-5025.

Reviewed by: _____
Michael L. Brown, Human Resource Manager

Approved by: _____
Barbara A. Garcia, Director of Public Health

Attachment: Letter of Request Dated May 23, 2013 from Rebecca Silverman

cc: Marcus Campos – Regular Mail
Joseph Pace
Marcellina Ogbu,
Rebecca Silverman
Employee File

101 Grove Street, Room 210
San Francisco, CA 94102

Edwin Lee
Mayor

San Francisco Department of Public Health
Community Oriented Primary Care
Tom Waddell Health Center/
Homeless Programs
50 Ivy Street
San Francisco, CA 94102
Telephone: (415)-355-7400
FAX: (415)-355-7407

May 23, 2013

Michael Brown, HR Labor Relations Manager
San Francisco Department of Public Health
Department of Human Resources
101 Grove, Room 210
San Francisco, CA 94102

Dear Mr. Brown:

On May 22, 2013 it was reported that Marcus Campos, 2430 Medical Evaluation Assistant was involved in an interaction with a patient. The allegation involves patient abuse. Therefore, I am respectfully requesting to place Mr. Campos on paid administrative leave pending an investigation into the incident effective close of business May 23, 2013.

Please do not hesitate to call me with any questions or concerns.

Thank you,

Rebecca Silverman, RN
Acting Nurse Manager
Tom Waddell Health Center
rebecca.silverman@sfdph.org
Office: 415-355-7548
Cell: 415-846-6127

cc: Joseph Pace
Marcellina Ogbu
Judith Sansom

ATTACHMENT

E

Doc Alerted
05/23/13

Patient - M - - arrives 25 minutes late in the company of two men.

Patient approximately 6'1", moderate to heavy build, light skin tone, short to balding hair, possibly Caucasian; presents with hx. Of being deaf, mute, and blind.

One man approximately 5'8", medium build, medium skin tone, bald to balding hair, possibly Caucasian; is familiar to me the two previous times I performed blood draw on the Patient in the UC setting of TWHC within 1 week of this PC visit- he represented patient.

This man was getting patient registered when I was advised by staff that patient was being registered for service. Afterwards he was called in the medical providers room to discuss patient care while I was with the patient and caretaker.

Therefore I prepared the scale for weight (turned on), called patient from hallway –with caretaker (second man) who assisted me in getting patient successfully on to the scale for weight. Next the three of us went to the patient care room in which the patient protested to the caregiver that he didn't want our normal armless chairs, rather a chair with arm support, so the caretaker went to the hall the bring in a chair with arm rests as I removed the armless chair – meanwhile patient is standing in room with mild – moderate attendance by me. Once patient is in the chair with arm rests I begin getting vitals, chief complaint, and general health hx. such as: smoking, medication allergies, hiv, dm, pain, etc.

The patient is sitting in arm support chair with b/p machine near and over his r shoulder, exam table to his right, me in front of him, a counter, door, then sink to his left, caretaker standing next to door.

Caretaker wrote on patients hand to inform him of need for b/p, etc.

Patient seemed ancy/restless in the chair he would pull on some cord(s) and reach out towards me for me to hurry with process of vitalization. The caretaker laughed at these things; why I may only speculate.

In the real time I am rushed , there are two other patients in the lobby with scheduled appointment who now have to wait. However, based upon this particular patients needs he is given preferential service. My intent is to be professional, not to mistreat a person under my care.

The right arm had the b/p cuff, left hand finger had pulse/O2 saturation sensor, temperature under the tongue, – Patient was mostly cooperative with vitals and time for me to ask questions of caretaker regarding pts. Health hx. Patient swung his L hand with arm towards me – to me – suggesting he wanted me to remove it – having the reading I removed the device . Patient seemed bored/restless. B/p wasn't finished – caretaker advised pt –writing on his hand – that I would need to do a finger stick, since the L hand was free I went to that hand, I cleaned the middle finger and stated to the caretaker that I would return in a moment with the glucometer – device for reading blood sugar. Returning to the room I data input information into the glucometer got the equipment read and placed onto the table to the patients right side, then I got the lancet out and got the patients finger and lanced – blood issued forth which I guided to connect with the glucometer strip for received blood specimen. Then I placed a cotton swab on puncture site for pt to hold to control the bleed momentarily. While the glucometer was calculating the result I was getting the bandaid ready, the pt became irritated during this time and swung his arm (believe his R arm at the table striking the glucometer –which was in operation calculating his sugar level) I was attempting to ascertain putting the band aid on his finger to better control the puncture site with bleed – however before I could safely be near the patient he reached for with his bloody hand – I'm in front him – caretaker to my right and behind, patient wiped bloody finger on his white shorts , table, etc. because the patient was acting unsafe and erratic, and I was standing directly in front of him, on the arm were in punctured the finger – finger still bleeding – I patted the pt forearm either or to the wrist which was presented distally to me – I did this to suggest to the pt to stop –because his actions were unsafe/ and because he is able to take verbal/visual cues to stop. Risk of blood exposure was most apparent for myself, and somewhat for the caretaker. After patting the pt wrist he arose quickly and roared and raced out of the room with the caretaker.

Unsafe to himself – has to be left around. – however he is

Again I felt unsafe with the patient in that he could have knocked me over and/or touched me with his bloody finger – further the glucometer which he initially struck has blood which I could also have been exposed to. Fortunately I had the presence of ability to avoid potential harm to myself. When the patient left the room the hot team member left the medical providers room (across the hall) to join the patient.

I was concerned for the patient etc. to control the bleeding, however I felt he was out of control and would require my "battery" of him for me to grab his hand and put a bandage on his finger. Very disruptive and unappreciative behavior by the patient, in many facets. Some question caretaker knew and some he didn't . Medical provider requested a glucose check which required a fingerstick. Second man is approximately 5'6", slight build, moderate to dark skin tone, shoulder length hair, possibly Hispanic; introduces himself (approximately) as the patient's caretaker. Later during vitals, possibly stated he has only been in care of patient for 1 week.

Caretaker appropriateness?
Translator where?

06-10-13

ATTACHMENT

F

Interviews:

Interview with Marcus Campos (MEA), at about 1040 on Wednesday 5/22/13:
Mr. Campos reports that "The patient was 25 minutes late for his appointment, but I knew Meredith really wanted to see him so I took him in right away anyway." "I've seen this guy before in Urgent Care and he's usually with his regular worker—the bald guy [Jason Albertson]. Today he was with another worker while I was doing his vitals. The regular guy [Mr. Albertson] was in with Meredith." Mr. Campos reports that the he understands that the patient cannot see, hear, or talk. Mr. Campos states that patient was "moving his arms around, touching the equipment" consistently while he was taking vital signs, "and the worker didn't help at all, just was laughing." Mr. Campos says that kept re-directing patient's limbs throughout the time they were together. Mr. Campos then reports that usually "the regular guy" communicates by tracing letters on the patient's hand. Mr. Campos states that he'd been told by Meredith that the patient needed a fingerstick for blood glucose, so he was concluding the vitals by doing the fingerstick. Per Mr. Campos, the patient stuck his hand out willingly for the lancet and glucometer, but that afterwards, while Mr. Campos was trying to apply a Band-Aid to the patient's finger, the patient began moving his arms again: "He knocked down the glucometer and got blood on it, he also got blood on his pants." Mr. Campos says he did not know how to communicate to the patient to stop moving with the bloody finger, so he "touched [the patient's] arm like this [illustrates a firm but not painful or slapping touching of this writers arm]." Mr. Campos reports that at this time, the patient stood up quickly to leave and "the worker" followed him, "I followed them out to try to get [the patient] to put the band-aid on, but he just kept going."

Interview with Meredith Florian (NP), at about 1400 on Tuesday 5/28/13:
Meredith relates that a new patient of hers, who is "blind, deaf, and mute," was expected on the morning of Wednesday 5/22/13, for an appointment that she states was very difficult to have scheduled and had taken much coordination between herself and Jason Albertson, psychiatric Social Worker from the Homeless Outreach Team [HOT Team]. Meredith lists others in clinic that morning as: Diana (Lindy) Edward (RN), Angela (Angie) Davidson (RN), Carlos Barillas (MEA), and Marcus Campos (MEA). She reports that the patient arrived late, and so she was attempting to be efficient by talking in one exam room with Mr. Albertson, while Mr. Campos readied the patient for the visit (by taking chief complaint and vitals) in her other exam room. She states that she finished up with Mr. Albertson, and then saw another patient briefly in a third exam room. Meredith reports that when she came out in the hall to see the patient who is at issue in this investigation, she saw Mr. Albertson, who informed her that the patient had left because Mr. Campos had slapped the patient on the hand. Meredith states that she accompanied Mr. Albertson outside to try and mitigate the situation, but that the patient waved his hands and shook his head, indicating, to her mind, that he did not want to see her at all. Meredith says that she asked Mr. Acosta what had happened to the patient, and Mr. Acosta responded that Mr. Campos had given the patient "a vicious slap" on the hand. Meredith states that Mr. Albertson informed her they were going to make a police report. Meredith came back inside and I happened to meet her there upon her return. Meredith concludes by stating, "It was very unfortunate that they [the HOT team] were not able to get an interpreter to accompany the patient."

Interview with Diana (Lindy) Edward (P103 RN), at about 1700 on Tuesday 5/28/13:
Lindy reports that she did not witness any part of the incident (which she knows about because she was in the nursing station when Meredith was initially informing me about the incident on 5/22/13). She does report that as she was leaving Meredith's exam room after a joint visit with the patient who Meredith saw just before she was to see the patient, she heard a "sort-of hoot." Lindy states that she has a brother who is deaf and unable to speak, and she reports that this was familiar to her as a sound of distress.

Interview with Jason Albertson (psychiatric social worker with HOT team), via telephone, at about 1200 on Thursday 5/30/13:
Mr. Albertson reports that on Wednesday 5/22/13, he had escorted the patient, who he confirms is hearing and visually impaired, and cannot speak beyond various noises, to a scheduled appointment with Meredith Florian in the Tom Waddell Primary Care Clinic. They were accompanied by the patient's IHSS worker, Felipe Acosta. Mr. Albertson states that once the patient was called by Mr. Campos to have his vitals taken, Mr. Albertson went into another exam room to discuss plans for the visit with Meredith Florian. Mr. Albertson states that they were unable to get an interpreter to assist with the visit; per Mr. Albertson, the patient communicates mostly by writing and that he has others communicate to him by "tactile" sign language (described by Jason as actually tracing letters onto the patient's right hand). Mr. Albertson states that as he exited the room he'd been in with Meredith, he heard a "hoot," from the room in which Mr. M was with Mr. Acosta and Mr. Campos. Mr. Albertson describes this "hoot" as the patient's "distress call." Mr. Albertson says that he next saw the patient "trying to flee, looking very upset." Mr. Albertson says that the patient was being physically escorted down the hallway toward the exit by Mr. Acosta. Mr. Albertson reports that when they got outside, Mr. Acosta told him that Mr. Campos had slapped the patient on the hand during the vitals-taking and that this is what had upset the patient. Mr. M communicated in writing that he wanted to call the police. Mr. Albertson asked the patient to wait outside with Mr. Acosta while he went back into clinic to inform Meredith of what was alleged by the patient and Mr. Acosta. Per Mr. Albertson, Meredith followed him back outside to try to see if the patient was willing to talk to her; per Mr. Albertson, the patient did not want to communicate with Meredith but wanted to proceed with police report. Mr. Albertson says he then drove the patient around the corner to the Sherriff's Dept. office at 101 Grove (accompanied again by Mr. Acosta), "It's so difficult for Mr. Martin to walk that it was just easier to drive." Mr. Albertson says that during the interview with the Deputy (identified as Barrantes), Mr. M alleged that Mr. Campos had actually slapped him twice on the right arm. Mr. Albertson concludes, "then we had to leave because we had to drive the patient to a [pre-scheduled] interview with The Chronicle." Mr. Albertson states that he did call and inform the DPH Privacy Officer Ilene Shields, who was already aware that the interview was happening, about the above allegation in case that came up in the interview.

Felipe Acosta Interview, via telephone, at about 1245 on Thursday 5/30/13:
Mr. Acosta reports that at the time of the appointment, he had been working with the patient as his IHSS worker daily since 5/9/13. Mr. Acosta states that works as a private contractor for IHSS on an on-call basis. He usually starts his work with the patient at 1000 and ends at 1200. However, Mr. Acosta reports that on the day of the appointment he and the patient and Mr. Albertson arrived at the clinic "Sometime between 900 and 1000." Per Mr. Acosta, "the triage nurse [I clarified that that Mr. Acosta was in fact talking about Mr. Campos, and then informed Mr. Acosta that Mr. Campos was an MEA] took us in the back to take the vital signs." Mr. Acosta says he informed Mr. Campos that all procedures should be done on the patient's left arm, since Mr. M uses his right hand to write as well as receive tactile messages. Mr. Acosta first states that Mr. Campos used the patient's right hand for fingerstick only, but left for all other procedures (BP, pulse, oxygen saturation), and then, when I tried to clarify, changed his report, stating that Mr. Campos used only the patient's left hand/arm for all procedures. Mr. Acosta reports that the patient did at times reach up to touch things, which Mr. Acosta reports the patient does to familiarize himself with his surroundings. Mr. Acosta states that when it came time for the patient to have the fingerstick, the patient just stuck his finger out without having the procedure explained by anyone, "He is used to getting medical care and must just know that is the next thing." Mr. Acosta states that after Mr. Campos got the blood from the patient's finger onto the

glucometer strip, and laid the glucometer down to apply a Band-Aid to the patient's finger, "The patient touched his hand on top of the reading machine." Mr. Acosta states that at this point, Mr. Campos "slapped [the patient's] right hand," and said "Look what you did!" to the patient. Mr. Acosta states that the patient "is very sensitive to the touch" because it is the sense he most depends upon. Mr. Acosta also says that there was blood from the patient's finger on the table near the glucometer after the patient reached out to touch the machine. Mr. Acosta states that at that time, the patient stood up and began basically flailing around the room trying to figure out how to get out the door. Mr. Acosta states that he was very worried for the patient's safety at that time and got up to assist him as fast as he could, but that the patient ran into the wall and door before Mr. Acosta could get to him to escort him out. They met Mr. Albertson in the hallway and all three of them proceeded to leave the clinic.

Follow-up Interview with Felipe Acosta, via telephone, at about 1000 on Friday 6/7/13
I asked Mr. Acosta what room he and the patient were seen in, and he reports it was 148.
Mr. Acosta adds the detail that the patient requested a chair with armrests to sit in during the visit, which was not initially available in Rm. 148, so Mr. Acosta and Mr. Campos brought a new chair in.
Mr. Acosta confirms that Mr. Campos did the fingerstick for blood glucose on the patient's left hand.
Mr. Acosta now states that the patient got blood on his shorts, not on the table. He states he did not see blood on the glucometer.
Mr. Acosta states that Mr. Albertson actually met Mr. Acosta and the patient when they were still in the room, not out in the hallway.
Mr. Acosta states that he was standing to the right of the patient for much of the visit, and could not easily touch the patient to write on his hand.

Interview with Marcus Campos, June 10 at 9:53am

2430 MEA, full-time, M-F 8am – 5pm Schedule, since January 1, 2012

TWHC at 50 Ivy

Worked previously at SFGH, daytime shift with similar hours to TWHC, but not guaranteed hours, from approx. March through October 2007.

Current duties:

- Vital signs
- Document chief complaints (reason for visit)
- Stocking rooms (supplies)
- Cleaning rooms (wiping down tables & equipment)
- Assisting Providers w/ tests, EKG's
- Drawing blood
- Documenting weight & height
- Computer data entry (patient lab info, vitals & medical history)

Per Mr. Campos, prior to his initial interaction with the patient, provider, Meredith Florian mentioned patient "was a new patient" and told Mr. Campos about his "handicaps" and that he was a "must see". Mr. Campos then began to explain that "the patient was 25 minutes late" and also explained that if he (Mr. Campos) goes to his doctor and is late, he may not get seen. Mr. Campos explained that the TWHC was very busy and stated, "They are trying to bring some order. It's a bit chaotic."

Mr. Campos goes on to explain that he first saw the patient and caregiver (Felipe Acosta) down the hall at the front entrance, sitting in a chair, while the Hot Team (Jason Albertson) was recording the patient's registration information. Although Mr. Campos was ready to see the patient, the registration process did not appear to have been complete, so Mr. Campos decided to return to the patient care room to continue to prepare for the appointment.

Mr. Campos described how he left the patient care room to check the patient registration area again, where he noticed that the patient was still not finished with the registration process. Mr. Campos then re-explained that the patient was 25 minutes late for his appointment, but the patient was a "must see". Mr. Campos then stated, " I didn't know exactly what the patient's history was, his disabilities, maybe this is not for me to know."

Mr. Campos then described how he went to the scale to turn it on in preparation of weighing the patient. Mr. Campos then stated that they [patient, Mr. Acosta and Mr. Albertson] appeared to be done with registration, so he made contact with Mr. Acosta, to escort the patient and Mr. Acosta down the hallway to the scale. After documenting the patient's weight, Mr. Campos escorted the patient and Mr. Acosta to the patient care room, where the patient took a seat in the chair that was right next to the examination table. Mr. Campos noticed Mr. Acosta "writing on the patient's hand." Mr. Campos took and recorded the patient's blood pressure, pulse rate and temperature. Mr. Campos observed the patient touching and pulling the cords on the blood pressure machine and stated that he assumed the patient was becoming bored. Mr. Campos looked at Mr. Acosta, who laughed. At that time, Mr. Campos asserts that he asked Mr. Acosta to ask the patient "not to touch the cords." In response Mr. Acosta wrote something in the patient's hand.

Mr. Campos indicated that next the patient presented the middle finger of his left hand to Mr. Campos. Mr. Campos felt that this was not an act meant to be offensive, but more that the patient knew "what came next". Mr. Campos explained that he had been informed by Mr. Acosta to utilize the patient's left hand for the procedures because the patient used his right hand to communicate. Mr. Campos wiped the finger that the patient presented before completing the "fingerstick", utilized to check glucose levels. Mr. Campos punctured the finger (middle) and placed a cotton ball on that finger, then placed the patient's thumb from the same hand on the other side of the cotton ball to contain the bleeding from the punctured finger. Mr. Campos sat in the chair directly across from the patient and began to collect and record the data from the glucometer machine. The patient then began moving his hands and arms and "hit the table/glucometer machine out of impatience". Mr. Campos noticed some "drops" that were either blood or sweat, on the paper lining the examination table where the glucometer machine was sitting. Mr. Campos also noticed blood on the white pants the patient was wearing. Mr. Campos explained that he was concerned about his own safety and that of Mr. Acosta since the patient was bleeding. Mr. Campos took the wrist/hand area of the patient and moved it in a downward motion to prevent the patient from continuing to move the bloody finger around, possibly spreading blood pathogens. The patient reacted by "roaring", standing up and running out of the room. He explained that Mr. Acosta didn't stop the patient from leaving, but exited the room, following the patient. Mr. Campos explained that he was very surprised by the patient's reaction and a couple seconds after that he looked outside the room for the patient, but did not see the patient or Mr. Acosta. Mr. Campos asserted that, he "didn't want to go after him [patient] to further attack him, so I just felt it was best to stay away." Mr. Campos said that this was the last contact he had with the patient and that he was then approached and cited by the police department.

Mr. Campos went on to explain that he felt the patient was not acting like a patient. Mr. Campos then said, "Well, the definition of a patient is to wait." Mr. Campos also expressed suspicions about how quickly the patient exited the room for a blind person. Mr. Campos did not recall noticing if patient felt around to find the exit or if the patient bumped into anything on his way out of the patient care room.

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

SCOTT R. HELDFOND
PRESIDENT

E. DENNIS NORMANDY
VICE PRESIDENT

DOUGLAS S. CHAN
COMMISSIONER

KATE FAVETTI
COMMISSIONER

GINA M. ROCCANOVA
COMMISSIONER

JENNIFER C. JOHNSTON
EXECUTIVE OFFICER

NOTICE OF RECEIPT OF APPEAL

DATE: August 7, 2013

REGISTER NO.: 0223-13-7

APPELLANT: MARCUS CAMPOS

Micki Callahan
Human Resources Director
Department of Human Resources
1 South Van Ness Avenue, 4th Floor
San Francisco, CA 94103

Dear Ms. Callahan:

The Civil Service Commission has received the attached letter from Marcus Campos, requesting a hearing on his future employment restrictions and services deemed unsatisfactory with the Department of Public Health as a 2340 Medical Evaluation Assistant. Your review and appropriate action is required.

If this matter is not timely or appropriate, please submit CSC Form 13 "Action Request on Pending Appeal/Request," with supporting information and documentation to my attention at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. CSC Form 13 is available on the Civil Service Commission's website at www.sfgov.org/Civil_Service under "Procedures and Forms."

In the event that Mr. Campos' appeal is timely and appropriate, the Department of Public Health is required to submit a staff report in response to the appeal within sixty (60) days so that the matter may be resolved in a timely manner. Accordingly, **the staff report is due no later than 11 a.m. on September 26, 2013** so that it may be heard by the Civil Service Commission at its meeting on October 7, 2013. If you will be unable to transmit the staff report by the September 26th deadline, or if required departmental representatives will not be available to attend the October 7th meeting, please notify me by use of CSC Form 13 as soon as possible, with information regarding the reason for the postponement and a proposed alternate submission and/or hearing date.

You may contact me at Jennifer.Johnston@sfgov.org or (415) 252-3250 if you have any questions. For more information regarding staff report requirements,

meeting procedures or future meeting dates, please visit the Commission's website at www.sfgov.org/Civil_Service.

Sincerely,

CIVIL SERVICE COMMISSION

Sandra Lee Fong FOR

JENNIFER JOHNSTON
Executive Officer

Attachment

c: Donna Kotake, Department of Human Resources
Lucy Palileo, Department of Human Resources
Ron Weigelt, Department of Public of Health

CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

August 7, 2013

Marcus Campos

Subject: **Register No. 0223-13-7: Request for Hearing on Future Employment Restrictions and Services deemed Unsatisfactory with the Department of Public Health for Marcus Campos**

Dear Mr. Campos:

This is in response to your appeal submitted to the Civil Service Commission on August 6, 2013 requesting a hearing on his future employment restrictions and services deemed unsatisfactory with the Department of Public Health as a 2340 Medical Evaluation Assistant. Your request has been forwarded to the Department of Human Resources and the Department of Public Health for investigation and response to the Civil Service Commission.

If your appeal is timely and appropriate, the department will submit its staff report on this matter to the Civil Service Commission in the near future to request that it be scheduled for hearing. The Civil Service Commission generally meets on the 1st and 3rd Mondays of each month. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick-up a copy of the department's staff report at the Commission's offices located at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please submit your request to CivilService@sfgov.org (this will also result in your receiving the meeting notice and staff report a few days sooner).

In the meantime, you may wish to compile any additional information you would like to submit to the Commission in support of your position. The deadline for receipt in the Commission office of any additional information you may wish to submit is 5:00 p.m. on the Tuesday preceding the meeting date (note that the Commission requires an original and eight copies of any supplemental/rebuttal materials you wish to submit—all double-sided, hole-punched, paper-clipped and numbered). Please be sure to redact your submission for any confidential or sensitive information (e.g., home addresses, home or cellular phone numbers, social security numbers, dates of birth, etc.), as it will be considered a public document.

You may contact me by email at Jennifer.Johnston@sfgov.org or by phone at (415) 252-3247 if you have any questions. You may also access the Civil Service Commission's meeting calendar, and information regarding staff reports and meeting procedures, on the Commission's website at www.sfgov.org/Civil_Service.

Sincerely,

CIVIL SERVICE COMMISSION

JENNIFER JOHNSTON
Executive Officer

CIVIL SERVICE COMMISSION
City and County of San Francisco
25 Van Ness Avenue, Suite 720
San Francisco, California 94102-6033
Jennifer Johnston, Executive Officer
(415) 252-3247

CSC Register No. 0823-13-7

To: X M CAMPOS

CC: D KOTAKE
L. MALLOY
R. WRIGHT

APPEAL TO THE CIVIL SERVICE COMMISSION

INSTRUCTIONS:
Submit an original copy of this form to the Executive Officer of the Civil Service Commission at the address above within the **designated number of days** following the postmarked mailing date or email date (whichever is applicable) of the Department of Human Resources' or Municipal Transportation Agency's notification to the appellant. The appellant's/authorized representative's original signature is required. **(E-mail is not accepted.)** It is recommended that you include all relevant information and documentation in support of your appeal.

TYPE OF APPEAL: (Check One)
- ☐ Examination Matters (by close of business on 5th working day)
- ☐ Employee Compensation Matters (by close of business on 7th working day) - Limited application
- ☐ Personal Service Contracts (Posting Period)
- ☐ Other Matters (i.e., Human Resources Director/Executive Officer Action) (30 Calendar days)
- ☐ Future Employability Recommendations (See Notice to Employee)

Full Name of Appellant	Work Address	Work Telephone
Marcus Campos	SO Ivy	

Job Code	Title	Department
2430	MEA	Tom Waddell Health Center

Residence Address	City	State	Zip	Home Telephone
	San Francisco,	CA		

Full Name of Authorized Representative (if any) | Telephone Number of Representative (including Area Code)

NOTE: If this is deemed to be a timely and appealable matter, the department will submit a staff report to the Civil Service Commission to request that it be scheduled for hearing. You will be notified approximately one week in advance of the hearing date, at which time you will be able to pick-up a copy of the department's staff report at the Commission's offices. If you would instead prefer Commission staff to email you a copy of the meeting notice and staff report, please provide your email address below.

Email:

COMPLETE THE BASIS OF THIS APPEAL ON THE REVERSE SIDE. (Use additional page(s) if necessary)

Does the basis of this appeal include **new** information not previously presented in the appeal to the Human Resources Director? If so, please specify.	Check One: ☐ Yes ☐ No more indepth & in writing

2013 AUG -6 PM 4:37

Original Signature of Appellant or Authorized Representative | Date: 08-06-13

CSC-12 (5/13)

Date Received by Civil Service Commission:

State the basis of this appeal in detail. For more information about appeal rights and deadlines, please review the Civil Service Rules located on the Civil Service Commission's website at www.sfgov.org/Civil_Service.

08-06-13

Submitting appeal regards:
Resignation in lieu of Termination -
- recommendation for employment restrictions
& - services unsatisfactory.
For reasons of discharge of employment I do challenge.
- (See attached paper)

MARCUS CAMPOS

08-06-13

CSC-12 (5/13) (Use additional sheets if needed)

State the basis of this appeal in detail. For more information about appeal rights and deadlines, please review the Civil Service Rules located on the Civil Service Commission's website at www.sfgov.org/Civil_Service.

Request a civil service hearing to appeal HR Mngr M. Brown & HR Per Anylst recommendation for no future employment with DPH.
Reason for termination given as: "charges of mistreatment of person a) patient abuse and b) dishonesty during the internal investigation"

a) patient abuse: I challenge for context and intent of action with the event — "special" circumstances where communication is unavailable other than physical contact - ex. pt is blind, deaf, mute — allegedly; pt is new to me. The physical contact in question was not for bad purpose - see definition - however the pt and temporary caretaker received ~~a~~ contact with bad effect.
Further the contact was with the intent to lead pt away from reckless physical action he was exhibiting — ex. of — too the potential endangerment to self, myself, and potentially the temporary care taker

b) dishonesty during the internal investigation:
attachment E is the written synopsis of events by me the day after event. This document was available for both Nbota & Brown to discern that I did not deny making physical contact with the patient however I do not subscribe to my contact as "hit" rather as a "pat" — see line 33 "paragraph" 10.
This seems a nuance of word scheme — however to emphasis the emergent situation that developed and my reaction apparent panic? (some say) — was not more harmful than and further to not lie at the investigation.

CSC-12 (5/13) ~~Find a more appropriate reason for discharge~~ (Use additional sheets if needed)
Also four fingers versus hand contact=
Marcus Campos 08-06-13