

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC.
Commissioner

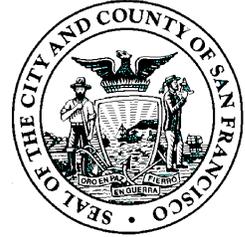
David Pating, M.D.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

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

MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 3, 2015, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Edward A. Chow M.D., President
Commissioner David B. Singer, Vice President
Commissioner Cecilia Chung Commissioner
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner David Pating, M.D.
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

The meeting was called to order at 4:06pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 20, 2015

Commissioner Comments/Follow-Up:

Commissioner Chow requested that the name of Lawrence Ng, MD on page 9 be corrected for spelling.

Action Taken: The Health Commission unanimously approved the minutes.

3) Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

The Medi-Cal 1115 Waiver Renewal Agreement is Reached

The state of California and the federal Centers for Medicare and Medicaid Services (CMS) have reached a high level agreement on the state's 1115 Medicaid Waiver renewal. The agreement includes \$6.22 billion in base federal funding over five years, with potential for additional funding after the first year. The agreement also extends the existing waiver until December 31, 2015, while the State and CMS develop the Special Terms and Conditions governing the renewal.

Federal revenue available to SFDPH over the next five years may be reduced. This is due to potentially decreased availability of uncompensated care funds, scheduled cuts to DSH funding, and declining funding for delivery system transformation programs after year three of the renewal. However, the renewal also includes

new opportunities through dental incentives and Whole Person Care, which would leverage SFDPH's integrated delivery system and existing efforts to care for high-needs populations. The renewal agreement includes:

- New Global Payment Program for services to the uninsured in designated public hospital systems
 - By combining existing Disproportionate Share Hospital and Safety Net Care Pool funding streams, the Global Payment Program seeks to transform uncompensated care from a cost-based to a value-based system. The Global Payment Program includes five years of Disproportionate Share Hospital funding, while the Safety Net Care Pool portion remains flat at \$236 million for the first year, with funding levels for years 2-5 contingent upon the outcome of an independent assessment of uncompensated care.
- Continued delivery system transformation and alignment incentive programs for public hospitals through Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
 - PRIME builds upon the delivery systems improvements made by public hospital systems under DSRIP (Delivery System Reform Incentive Payment Program), and provides \$3.27 billion in federal funding over five years for designated public hospital systems, including flat funding of \$700 million per year for the first three years, \$630 million in year four, and \$535.5 million in year five. An additional \$466.5 million in federal funding over five years will be available for district/municipal hospitals through PRIME.
- New Whole Person Care Pilot (WPC) program
 - Up to \$1.5 billion in federal funds will be available over five years for voluntary, county-based programs seeking to provide integrated care for high-risk, vulnerable populations.
- New Dental Transformation Incentive Program for improvements in Denti-Cal, funded at \$750 million over five years.
- Two independent assessments regarding: 1) access to care and network adequacy for Medi-Cal managed care beneficiaries, and 2) uncompensated care and hospital financing.

Mayor Lee Announces \$1.2 million to support Getting to Zero and Partnership with MAC AIDS Fund

Mayor Lee has dedicated \$1.2 million to support Getting to Zero and has announced a \$500,000 donation from MAC AIDS Fund, the largest corporate funder of HIV/AIDS work globally. Overall, in the City's FY 2015-16 budget, Mayor Lee and the Board of Supervisors have dedicated \$16.7 million to support HIV/AIDS prevention and \$37.6 to support HIV/AIDS care for San Francisco residents.

San Francisco's Getting to Zero Consortium is organized by The San Francisco Department of Public Health, UCSF, Project Inform, San Francisco AIDS Foundation, API Wellness Center, Latino HIV Collaborative, and El/La Para TransLatinas.

The Getting to Zero Consortium is focusing efforts on three core pillars to achieve its goals: pre-exposure prophylaxis (PrEP) expansion, RAPID (a program for same day linkage and treatment upon HIV diagnosis), and re-engagement and retention in care. The new \$1.2 million funding will be leveraged to increase the number of HIV-positive patients who receive care, to expand the availability of PrEP at more clinics in the City and to expand RAPID testing programs Citywide.

San Francisco has made significant strides in the past several years in Getting to Zero. Last year, the City achieved a record-low of 302 new HIV diagnoses, compared with 2,332 new HIV/AIDS diagnoses at the peak of the epidemic in 1992. Last month, the Health Department began training primary care providers, at clinics throughout the San Francisco Health Network, on PrEP delivery protocols, expanding access to a

prevention strategy that may eliminate more than 90 percent of new infections, if a single pill is taken on a daily basis.

Laura's Law is Launched in SF

Mayor Ed Lee, Supervisor Mark Farrell, the Department of Public Health and San Francisco mental health leaders announced Oct 26th that the City's new Assisted Outpatient Treatment (AOT) program would start serving the community on Monday Nov 2.

Assisted Outpatient Treatment, also referred to as AOT or Laura's Law, refers to court-ordered outpatient treatment for individuals who have a severe mental illness. AOT is designed to assist adults who are not actively engaged in care, are in deteriorating condition and have a history of failing to comply with treatment. To qualify, the person must be an adult with a serious mental illness that resulted in a psychiatric hospitalization or incarceration twice in the past three years or resulted in threats or acts of violent behavior to themselves or someone else in the past four years. Though outpatient treatment can be court-ordered, medication cannot. It is expected that fewer than 100 people in San Francisco will be eligible each year.

The AOT team is made up of a forensic psychologist, a peer who has been a consumer of mental health services and a family liaison who has a relative with mental illness, thus including the perspectives of expertise, empathy and experience directly into the process. The team will try to engage the individual referred under Assisted Outpatient Treatment with voluntary treatment first. If that is not successful, the process can lead to court-ordered outpatient care. That care will be provided at UCSF Citywide Case Management on Mission Street, in San Francisco.

The AOT program has a website for families and others who want to learn more about how the program and how to use it. Visit <http://www.sfdph.org/aot>.

Dennis McIntyre Appointed SF Health Network's Director of Accountable Care

Please welcome Dr. Dennis McIntyre, who has joined us as SF Health Network's new Director of Accountable Care. Dr. McIntyre is a board-certified pediatrician with 14 years of clinical practice experience, most recently Associate Medical Director at MedStar Georgetown University Hospital (MGUH) in Washington, DC. Dr. McIntyre worked for 13 years with Kaiser Permanente, where he served as the Associate Medical Director of Network and Utilization Management for the Mid-Atlantic States, and as a facility Physician-in-Chief and Staff Pediatrician. Dr. McIntyre has also held clinical and management positions within the Indian Health Service, a branch of the U.S. Public Health Service. He has a combined six years of experience as Medical Director for Blue Cross/Blue Shield and Aetna, and has seven years of experience in medical management consulting (Ernst & Young and KPMG/BearingPoint). At this juncture in his career, he was specifically interested in applying his utilization management, managed care, and population health expertise in a safety net setting. In many ways, this is "returning to his roots" as his career started with the Indian Health Services, arguably the nation's ultimate safety net system.

As SFHN's inaugural Director of Accountable Care, he will serve as our primary physician leader for SFHN and SFGH clinical decisions related to medical necessity, authorization of out-of-network services and tertiary care contract services. He will also serve as the medical director of SFGH Utilization Management, finally relieving our SFGH CMO Todd May from the dual role he has served for the last couple of years.

SFGH Opiate Treatment Outpatient Program Surveyed

On Friday, October 30, 2015, two surveyors from the Commission on Accreditation of Rehabilitation Facilities (CARF) arrived for day three of the triennial CARF survey for the Opiate Treatment Outpatient Program (OTOP) at SF General Hospital.

Here are a few quotes from the surveyors: "Never in five years of surveying, have I seen a clinic that provides care at the level you do." "I'm so impressed with this program, it was giving me goosebumps" and "I would send my relatives here." There were four fairly minor recommendations from the surveyors that will require correction. The final survey report is due in 6-8 weeks, we anticipate receiving a three-year CARF accreditation.

California Healthcare Foundation Leadership Fellowship

Laguna Honda would like to congratulate Madonna Valencia, Chief Nursing Officer, along with two other DPH leaders, Dr. Albert Yu, Director of Ambulatory Care for the SF Health Network, and Dr. Joseph Pace, Medical Director of Tom Waddell Urban Health, for completing their 2-year fellowship program with the California Health Care Foundation (CHCF).

The California Health Care Foundation program transforms today's clinicians into tomorrow's leaders. This program is led by nationally recognized experts in healthcare from the UCSF Center for Health Professionals and the UCLA Anderson School of Management. Fellows broaden their management skills and sharpen their leadership capacity while gaining insights into the trends and challenges facing healthcare in California.

Applied Research, Community Health Epidemiology & Surveillance (ARCHES) Report

The ARCHES Branch is pleased to have published the first ever Integrated Surveillance Report for Communicable Diseases. It can be found online at <http://www.sfdph.org/dph/files/reports/default.asp>. ARCHES staff coordinate the collection, management, analysis and interpretation of data related to health and morbidity in San Francisco. In this report, we highlight demographic disease trends for HIV, tuberculosis, hepatitis B and C, STDs, and communicable diseases in San Francisco. We hope that this Integrated Surveillance Report will provide a useful snapshot across the disease programs in the Population Health Division. Enjoy this first report as we look forward to future reports that will continue to expand the level of detail and cross-cutting analyses that are useful to our community and public health partners.

Roban San Miguel Honored at 2015 Latino Heritage Month Celebration and Awards

The 2015 Latino Heritage Month Celebration and Awards was held at City Hall on Oct 13. Among the awardees was our very own Roban San Miguel, Director of the Mission Family Center. Roban was given the 2015 Latino Heritage Health and Medicine Award. Roban has extensive experience as a clinician, clinical supervisor and clinic director, and over 25 years' experience serving the community. We'll be highlighting Roban in the upcoming issue of "The Bridge".

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

OCTOBER 2015

Governing Body Report - Credentialing Summary
(10/15/15 BUSINESS-MEC)

	10/2015	07/2015 to 06/2016
<i>New Appointments</i>	24	118
Reinstatements	0	1
<i>Reappointments</i>	47	233
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	37	105
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased	0	1
<i>Changes in Privileges</i>		
Voluntary Relinquishments	10	67
Additions	6	55
Proctorship Completed	27	107

Current Statistics – as of 9/28/15		
Active Staff	546	
<i>Courtesy Staff</i>	516	
Affiliated Professionals (non-physicians)	268	
TOTAL MEMBERS	1,330	

<i>Applications in Process</i>	51
Applications Withdrawn Month of October 2015	1
SFGH Reappointments in Process 11/2015 to 1/2016	126

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

OCTOBER 2015

Health Commission - Director of Health Report

(October 1, 2015 Medical Exec Committee)

	October	(FY 2015-2016) Year-to-Date
<i>New Appointments</i>	4	13
Reinstatements	0	0
<i>Reappointments</i>	1	12
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	5
Disciplinary Actions	0	0
Administrative Suspension	0	1
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	3
Proctorship Extension	0	0

Current Statistics – as of 9/29/2015		
Active Medical Staff	36	
As-Needed Medical Staff	13	
<i>External Consultant Medical Staff</i>	47	
<i>Affiliated Professionals</i>	10	
TOTAL MEMBERS	106	

Applications in Process	8
Applications Withdrawn this month	0

Commissioner Comments/Follow-Up:

Commissioner Pating asked for more information on when the DPH service and financial obligations for the 1115 Waiver will take effect. Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, stated that the current waiver officially expired on 10/31/15; however, it has been extended until 12/31/15 while the details of the new waiver are developed. She stated that she and Roland Pickens, Director of the San Francisco Health Network, continue to work with the California Association of Hospitals and Health Systems to negotiate the waiver with the state.

Commissioner Chow requested an update to the Health Commission on the 1115 Waiver in early 2016.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chung, Chair, stated that the Committee discussed in depth the HeathRight360 contract for check-writing services contained in the Contracts Report. A result of the discussion is that the contract will be modified to a two-year term and the services will be monitored during this time period. She noted that the Committee recommended that the full Health Commission approve the Contracts Report with this modification; she also stated that the Committee recommended that the full Health Commission approve the other items on the Consent Calendar.

6) CONSENT CALENDAR

Action taken: The following items were unanimously approved:

- NOVEMBER, 2015 CONTRACTS REPORT (NOTE: HEALTHRIGHT360 CONTRACT MODIFIED TO A TWO YEAR TERM)
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE COMMUNITY HOUSING PARTNERSHIP, IN THE AMOUNT OF \$2,316,689, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE 35 UNITS OF PERMANENT HOUSING AND ON-SITE CASE COORDINATION SERVICES, FOR THE PERIOD JULY 1, 2015 THROUGH JUNE 30 2020 (5 YEARS).
- REQUEST FOR APPROVAL OF A PROFESSIONAL SERVICES CONTRACT WITH CLAIM REMEDI TO PROVIDE PATIENT INSURANCE ELIGIBILITY VERIFICATION, SERVICES TO ASSIST IN SUBMITTING REIMBURSEMENT CLAIMS IN THE AMOUNT OF \$424,908 FOR THE TERM OF DECEMBER 1, 2015 THROUGH DECEMBER 31, 2020 (61 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH PONAMAN HEALTHCARE CONSULTING FOR COMPREHENSIVE 340B PROGRAM OPPORTUNITY AND COMPLIANCE ASSESSMENTS, OUTPATIENT PURCHASING (SPLIT-BILLING) AND CONTRACT PHARMACY AUDITS IN THE AMOUNT OF \$401,035 FOR SAN FRANCISCO GENERAL HOSPITAL AND THE SF COMMUNITY CLINIC CONSORTIUM FOR THE TERM OF NOVEMBER 1, 2015, TO OCTOBER 31, 2018 (36 MONTHS).
- REQUEST FOR APPROVAL OF A EQUIPMENT LEASE WITH A SOFTWARE LICENSING ADDENDUM, AND EQUIPMENT MAINTENANCE AGREEMENT WITH BAXTER HEALTHCARE CORPORATION FOR THE LEASE OF AN UPGRADED SIGMA SPECTRUM INFUSION SYSTEM, INCLUDING 509 NEW IV PUMPS, IN THE AMOUNT OF \$2,631,996 FOR THE LEASE AGREEMENT AND ESTIMATED \$320,714 FOR THE EQUIPMENT MAINTENANCE AGREEMENT, FOR THE TERMS OF DECEMBER 1, 2015 TO NOVEMBER 30, 2020 (60 MONTHS).

7) SFDPH COMPLIANCE AND PRIVACY UPDATE

Maria X Martinez, MPA, Chief Integrity Officer and Director of the Office of Compliance and Privacy Affairs, gave the presentation.

Public Comment:

Dr. Derek Kerr presented and submitted the following public comment:

I'm relieved that the Compliance Office has disclosed that 80 whistleblower claims were investigated last year. Finally, the DPH shows that it values those who report wrongdoing. That's important because ignoring wrongdoing fosters a Culture of Dishonesty that rewards cronies and drives out dedicated public servants. The Compliance Office faces 2 pitfalls. First, investigations are conducted by your own HR staff, thus creating potential conflicts of interest since HR is an arm of Management. Investigation of managers may be compromised, especially high-level DPH officials who cannot be safely investigated internally. Commissioners should ask how allegations of high-level DPH corruption are investigated. Second, whistleblowing and retaliation go hand in hand. Commissioners should ask whether DPH investigations include warnings against retaliation, and how many complainants mysteriously "resign" or get "laid-off" after reporting misconduct.

Commissioner Comments/Follow-Up:

Commissioner Taylor-McGhee asked for more information on potential security issues with trading protected health information (PHI) data. Ms. Martinez stated that she is less concerned about the transfer of PHI data in blocks to contractors who assist in billing or other data management because of data security procedures in place. Ms. Martinez reminded the Commissioners of the UCSF physician who took PHI data intentionally last year; although she stated that she is primarily concerned about the individual with good intentions who is able to download and take away PHI from a secure server and put it on a thumb drive or laptop because these devices can be lost or stolen.

Commissioner Pating thanked Ms. Martinez for the presentation and her impactful work. He asked what the SFDPH is doing to address issues with federal law 42CFR Part2, which applies to all records relating to the identity, diagnosis, prognosis, or treatment of any patient in a Part 2 substance abuse program. Ms. Martinez stated that the DPH works with Whole Person Care advocates who address issues with the law at a national level, as well as operationally having patients sign authorization forms that enable Part 2 providers to coordinate care with other members of the patient's treatment team

Commissioner Karshmer asked for more information regarding the liability of DPH contractors regarding security of PHI data. Ms. Martinez stated that there is generally shared liability and accountability between the DPH and its contractors for breaches of DPH PHI.

Commissioner Karshmer stated that it is important to encourage safe data sharing for research and evaluation purposes in addition to educating staff about the potential dangers.

Commissioner Sanchez stated that it is important to consider the medical students, interns, residents, fellows, and researchers who may have access to DPH PHI data. He added that it will take an integrated approach and good communication to find the best solutions for the complex service system.

Commissioner Chow asked for more information on the protocols for the whistleblower process throughout the SFDPH. Ms. Martinez stated that whistleblower complaints can come through the DPH hotline or through the Controller's Office. There is a policy of non-retaliation for the individuals making the complaint.

Commissioner Singer asked for more information regarding the process of investigating whistleblower complaints involving the Director of Health or other Executive staff. Director Garcia stated that the Controller's Office takes the lead on investigation of DPH Executive staff to ensure the process is handled fairly.

Commissioner Chow requested that Ms. Martinez update the Health Commission in 2016 after the unit is fully staffed.

8) RESOLUTION: ENDORSING THE PRINCIPLES OF ETHICAL PRACTICES OF PUBLIC HEALTH

Tomás Aragón, MD, DrPH, Health Officer and Director of Population Health Division, presented the resolution.

Commissioner Comments/Follow-Up:

Commissioner Chow thanked Dr. Aragon for revising the resolution to make it easier to read.

Commissioner Pating stated that the list of public health ethical practices are now clearly understood by the reader.

Action Taken: The Health Commission unanimously approved the resolution.

9) SFDPH HEALTH INFORMATION SYSTEMS UPDATE

Bill Kim, CIO, gave the update.

Public Comment:

Elloise Patton stated that she is soon to be owner of a LBE business in San Francisco and made the following statements/questions: 1. Will the project include local participation from small businesses and include more than just physician's input? 2. UCSF does not meet the unique criteria for a sole source contract—other suppliers, including Cerner who just implemented LAC DHS, could do this project. 4. Where are the examples of two organizations the size of UCSF and SF DPH with differing service lines and governance structures that have come together on a shared system? UCSF and SFDPH have very different missions (academic medicine vs safety net). 5. Will SFDPH patients be subject to UCSF research activity without their knowledge? 6. Is UCSF willing to either fix-fee or provides backstops on total project cost? 7. Is UCSF willing to provide service level agreements with penalties for things like system performance and uptime? 8. Is UCSF a complete system and does it offer solutions for all DPH service lines?

Commissioner Comments/Follow-Up:

Commissioner Singer congratulated the DPH for hiring of IT staff. He encouraged Mr. Kim to let the Health Commissioners know how they can be helpful in shortening the time of the hiring process for the City personnel.

Commissioner Chow asked when the SFDPH electronic health record (EHR) will be fully implemented. Mr. Kim stated that the EHR should be implemented at the end of 2018.

Commissioner Chow asked if it will take a full year to install the EHR. Mr. Kim stated that it will take between 12-18 months to install the EHR.

Commissioner Singer noted that in the last two years, the Health Commission advocated for the SFDPH Human Resources to reduce the time it takes to hire staff; a substantial amount of time was reduced in the CCSF hiring process as a result. He stated that he is hoping that it will be possible to shorten the time it will take to install the EHR which will benefit patient care and will help increase financial integrity of the SFDPH system.

Commissioner Chung asked for clarification on whether the planned EHR timeline will impact Meaningful Use requirements. Mr. Kim stated that the current EHR timeline captures the most expeditious process. He noted that the SFDPH has met Stage 2 of the Meaningful Use requirements but it will not be meeting Stage 3 due to the EHR timeline. He added that he will work with Mr. Wagner to determine the financial impact of the not meeting Stage 3 of Meaningful Use.

Commissioner Singer stated that it is very important to understand the fiscal penalties of not meeting Stage 3

of Meaningful Use; this information may help the Health Commission assist the SFPDH expedite the City process.

Commissioner Singer stated that he is concerned that the delay in having an integrated EHR may impact current and potential members of the San Francisco Health Network (SFHN) in choosing the Network for their provider. He hopes that the EHR timeline does not lead to a decrease in volume of SFHN members.

Commissioner Pating thanked Commissioner Singer for his past and current advocacy efforts regarding the EHR timeline. He noted that the SFDH has made huge strides of integrating its services but an EHR is necessary for true integration of the entire system.

Commissioner Chung stated that a vital part of the EHR timeline is staff preparation and training. She asked if staff should begin training before the EHR is installed to ensure that this portion of the timeline is not delayed. Mr. Kim stated that once a vendor for the EHR is chosen, the SFDPH will develop and staff training and adoption plan.

Commissioner Chow asked Director Garcia if there is anything the Health Commission can do to help shorten the timeline for this project. Director Garcia stated that part of the delay on this project was ensuring there were funds to cover the costs. As this is almost complete, the SFDPH will work with CCSF in an effort to reduce the time to install the EHR.

Commissioner Chow stated that he looks forward to future updates on the EHR.

10) SFDPH FACILITIES MASTER PLAN

Kathy Jung, Director of Facilities of Capital Planning, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Taylor-McGhee stated that the presentation materials do not mention ADA-compliance. Ms. Jung stated that the SFDPH works closely with the Mayor's Office on Disability to improve ADA compliance. She noted that any new construction will have to meet ADA compliance. Commissioner Taylor-McGhee stated that the 101 Grove 3rd floor restroom is not ADA compliant.

Commissioner Chow asked for more information on the plan for the building located at 101 Grove Street. Ms. Jung stated that due to the high costs of seismically retrofitting the building, the SFDPH is now looking at alternatives on the LHH and SFGH campuses.

Commissioner Karshmer encouraged the SFDPH to be innovative when developing plans for future buildings and workspaces; in the current work environment there are many non-traditional paradigms to use to utilize space and personnel effectively. She also noted that telemedicine is being used to bring medicine to patients who may not be physically present in the same space as the provider.

Commissioner Singer stated that the modern workforce may be open to more flexible use of space.

Commissioner Pating stated that the LHH Rebuild project helped to increase efficiency of space and he hopes the SFGH Rebuild project will also increase effective use of space on that campus.

11) OTHER BUSINESS:

This item was not discussed.

12) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, SFGH JCC Chair, stated that at its October 27, 2015 meeting, the committee discussed the following items: Quality Management and Regulatory Affairs Reports; Draft SFGH Annual Report; Environment of Care Report; Performance Improvement Policy; Rebuild Transition Update; Hospital Administrator's Report; Patient Care Service Report; and the SFGH RN Hiring and Vacancy Report. He added that during the Medical Staff Report, the following items were approved: Expedited approval for temporary privileges; Revised TB Requirement form; and Standardized procedures list revisions. In closed session, the committee approved the Credentials Report and the PIPS minutes.

13) COMMITTEE AGENDA SETTING

Commissioner Chow reminded the Health Commission that the November 17, 2015 meeting will take place at SFGH. Mr. Morewitz reminded the Commissioners of the December 3, 2015 10am joint meeting with the Planning Commission to review the CPMC Development Agreement annual report.

14) CLOSED SESSION:

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

PERSONNEL EVALUATION: BARBARA GARCIA, DIRECTOR OF HEALTH

- D) Reconvene in Open Session

Action Taken: The Committee voted not to disclose the discussion held in closed session.

15) ADJOURNMENT

The meeting was adjourned at 6:31pm.