1) **CALL TO ORDER**

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer
Commissioner David Pating

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

Staff: Susan Ehrlich MD, Leslie Safier, Troy Williams, Bill Kim, Todd May MD, Basil Price, Dave Woods, Terry Dentoni, Iman Nazeeri-Simmons, Sue Carlise MD, William Huen MD, Shermineh Jaferiah, Jeff Critchfield MD, Terry Saltz, Winona Mindolovich, Valier Inouye, Tim Greer, Lillian Chan, Andrea Swann, Yvonne Lowe, John Brown MD, Karen Hill, Mary Gray, Kim Nguyen

The meeting was called to order at 3:06pm.

2) **ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL HISTORY**

This presentation was deferred to the June 7, 2016 full Health Commission meeting.

3) **APPROVAL OF THE MINUTES OF THE APRIL 26, 2016 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes.

4) **QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS**

Troy Williams, Chief Quality Officer, gave the reports.
5) **2016 REVISED CORE MEASURE SELECTION & REPORT UPDATE**

Leslie Safier, Director of Performance Improvement, gave the update.

**Commissioner Comments/Follow-up:**
Commissioner Singer asked how the internal VTE benchmarks were developed. Ms. Safier stated that each workgroup develops its own benchmarks. Commissioner Singer suggested that national best practices be reviewed for these measures. Dr. Ehrlich stated that the True North goals are the essential benchmarks for ZSFG.

Commissioner Singer asked Dr. Ehrlich for one change she would like to have happen immediately. Dr. Ehrlich stated that she would like the data for falls to be available in “real time” so the data could immediately inform changes in practice.

Commissioner Singer asked why the decision was made to do chart abstractions on venous thrombosis measures but not surgical care. Ms. Safier stated that the Joint Commission does not give the option to do chart abstractions for surgical care.

Commissioner Pating stated that he hopes there are sufficient staff in place to move these important measures forward.

**Action Taken:** The Committee unanimously approved the 2016 Revised Core Measure Selection.

6) **ACUTE HOSPITAL CARE FOR LHH PATIENTS**

Todd May, ZSFG Chief Medical Officer, Michael McShane, LHH Chief of Medical Staff, and John Brown, EMS Medical Director, gave the presentation.

**Commissioner Comments/Follow-up:**
Commissioner Singer asked for information regarding the approximately amount of LHH capitated patients in the San Francisco Health Network. Dr. Alice Chen, San Francisco Health Network Medical Director, stated that the number of these patients is very small.

Commissioner Singer asked which emergency room is closest to LHH. Dr. McShane stated that UCSF Parnassus campus emergency room is the closest to LHH.

Commissioner Pating asked for clarification on the process of transferring a patient from LHH. Dr. Chen stated that if a LHH patient needs the ICU, they should be transferred to the nearest emergency department, which is UCSF.

Commissioner Pating asked if UCSF can be called ahead of time to ensure they are ready for the patient. Dr. McShane stated that it is difficult to predict the trajectory of a patient’s health from the time an ambulance picks them up. Often the patient is stable when leaving LHH but in the ambulance, the patient’s condition can destabilize.

Commissioner Pating asked for clarification of the process when LHH staff know a patient needs an ICU. Dr. McShane stated that LHH staff call 911 when a LHH patient needs ICU.
Commissioner Singer asked if there are enough resources to deal with this issue. Dr. May stated that a substantial number of staff in the JCC meet are devoting time to the project.

Commissioner Singer asked again if there are enough resources to deal with this issue. Dr. Ehrlich stated that yes, there are enough resources through Lean consultants and internal capacity to work on this project.

Commissioner Pating stated that he looks forward to hearing an update at the LHH JCC meeting. He also noted that he understands the LHH patient transfer issue is only part of the ongoing patient flow issues at ZSFG.

Commissioner Pating asked if the ZSFG flow work should improve the issues with LHH patient transfers. Dr. May stated that the ZSFG flow work should improve the LHH patient situation.

Commissioner Pating stated that since there are approximately 27 LHH patient transfer cases per month, it is important to consider this as part of LHH staff workflow. Dr. Chen stated that after the ZSFG settle into the daily work of the new ED, they will test some options.

7) **REBUILD/TRANSITION UPDATE**  
Iman Nazeeri-Simmons, Chief Operating Officer, gave the update.

**Commissioner Comments/Follow-up:**  
Commissioner Singer asked for more information on the plan to secure the vacant portions of the old building. Dr. Ehrlich stated that staff are ensuring that all vacated units are secure. She noted that the entrance to PES from building 5 is locked between 8pm and 6am. A sign, keypad and camera are being installed to ensure patients get appropriate instructions and ways to access the building with staff participation.

8) **HOSPITAL ADMINISTRATOR’S REPORT**  
Susan Ehrlich MD, Chief Executive Officer, gave the report.

**Zuckerberg San Francisco General Hospital and Trauma Center Bldg. 25 Officially Licensed**  
The California Department of Public Health was on campus May 2nd to conduct the Bldg. 25 Licensing Validation Survey.

It is my great pleasure to announce that Zuckerberg San Francisco General Hospital and Trauma Center Bldg. 25 has officially been licensed and is ready to receive patients. According to CDPH surveyors, they have shared that this was the shortest re-survey visit in DPH history. The team was well-prepared and knowledgeable in their areas. A heartfelt thanks to all who worked so hard to make this historic milestone possible. Our next important step is the patient move, which is scheduled to take place on May 21st.

**Day in the Life on April 20th**

ZSFG had its last Day in the Life on April 20th. This time was particularly special as it was our final simulation. Over the last 3 months, we have had 1000+ staff simulate 57 different scenarios providing us an opportunity to identify and address patient/staff safety issues, validate workflows, and verify protocols/system integrations. In the true spirit of PDSA, we learned a little bit more each time and made the necessary adjustments to improve the next one. It was truly exciting to witness not only the staff moving into building 25 participate but the interaction between departments and clinics that will remain in their existing space. This was confirmation that we are in fact, 2 buildings, 1 hospital.

A Special thank you to: Transition Team, Department of Education and Training, Rebuild Team, Volunteer Services, EVS, Facilities, and the Sherriff’s Dept.
ZSFG Internal Communication Strategy
The ZSFG Communication team has developed plans to more effectively share information to the organization. This reflects the leadership team’s commitment to opening communication and supporting transparency and trust. We hope to support an environment that allows all staff to feel free to share feedback and ideas. The Communication team has developed the following communication channels:

a) Weekly CEO Note: The purpose of the weekly CEO notes is to allow the CEO to share weekly reflections and important news to all staff.

b) Quarterly ZSFG Newsletter: The purpose of the quarterly newsletter is to inform staff of important and relevant information; to engage staff in stories reflecting the mission of the hospital; to connect staff with the voice of patients, other staff members and members of the community, to foster open communication within the hospital staff; to grow connection and organizational loyalty, and to build a cadre of motivated; informed and able brand ambassadors.

c) Monthly Management Forum: The purpose of the monthly management forum is to share pertinent leadership information to ZSFG directors and managers so they may disseminate to their staff. We hope to elicit questions and feedback.

d) Monthly Staff Forum: The purpose of the monthly Staff Forum is to present useful and important information to all members of the ZSFG community in order to engage, to inform, to connect and to inspire. We hope to elicit questions and feedback.

ZSFG looks forward to providing an inclusive communication strategy to ensure all staff feel they are involved in decisions that affect their day-to-day work.

Patient Flow Reports for April 2016
A series of charts depicting changes in the average daily census is attached to the original minutes.

Salary Variance to Budget by Pay Period Report
A graph depicting SFGH’s salary variance between actual and budgeted by pay period is attached to the original minutes.

Commissioner Comments/Follow-up:
Commissioner Singer requested that Dr. Ehrlich give a report on her assessment of strengths and challenges of ZSFG at the next JCC meeting.

9) PATIENT CARE SERVICE REPORT
Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of May 2016
Transition Initiatives:
Our transition teams are continuing departmental staff education and training sessions focusing on new equipment and unit work flow scenarios. In the Operating room, on four different days, nursing staff are working with the OR multidisciplinary teams testing their new work environment in different patient flow scenarios.

On May 12, the Emergency Department is conducting a multicasualty simulation drill in Building 25 testing work flow in their new environment.

On Saturday, May 21 patient move in day arrives. The first patient will be moved from building 5 into Building 25 at 7am and all nursing units are expected to be fully moved in by that afternoon.
Nursing Professional Development:

Events

- The annual DPH Nurses Week event was held on May 5 in the ZSFG cafeteria as an acknowledgement of the dedication and work of DPH Nurses. The evening reception was attended by more than 300 DPH staff where multiple nursing awards were presented: the O’Connell award, the SFGH Friend of Nursing award, the Primary Care Nursing award, the DAISY award and the Dorothy Washington Scholarships. A second reception was hosted by SFGH Nursing leaders for the night shift staff from 5 to 7 am in the SFGH Wellness Center the following morning.

Awards - The following awards were presented during the Nurses Week reception:

- Jeffrey Schmidt was awarded the O’Connell Award which is presented to a DPH RN who demonstrates leadership in clinical, administrative or education and advances the care of DPH patients or advances the profession of Nursing. Jeffrey has given tirelessly of himself over the past year functioning as AOD and Rebuild Transition Coordinator.

- Terry Saltz was presented with the SFGH Friend of Nursing Award acknowledging all of his support through the rebuild process from day one and all his work to ensure that everything is working for us on move in day.

- The Primary Care Nursing Award was presented to Dana Nelson, 3M Nurse Manager recognizing her role in advancing the care of patients in the 3M Surgical Specialties clinic and throughout ZSFG.

- The DAISY Award, recognizing staff nurses for their outstanding contributions which make a significant impact on patients and families was presented to Eduardo Gutierrez RN – 3M Surgical Clinic.

- The Dorothy Washington Scholarship provides monetary support for the professional development of nurses at ZSFG. The fund supports the development of culturally diverse nurse leaders prepared to care for the people of San Francisco. This was the vision of Dorothy Washington and a commitment she exemplified over her 35 year nursing career at SFGH. The following staff are this year’s Dorothy Washington Scholarship recipients, who have either chosen to obtain a nursing degree or have gone back to school to obtain advanced degrees in nursing:
  - Maria Coreena Velasco, RN - 5E/5R Critical Care. Maria has worked at SFGH since 2009. She is an expert clinician who has also worked as a relief charge nurse, as well as being a member of the MERT team. Maria will begin the – Acute Nurse Practitioner Program at UCSF in September.
  - Kevin Langley, RN – 4E Surgical Trauma ICU. Kevin started his career at ZSFG in 1998 on 5A – AIDS/Oncology Unit and since 2003 he has worked in 4E ICU. He currently works as a relief charge nurse on the night shift, MERT nurse and enjoys precepting new staff and students. Kevin is pursuing his master’s degree in Nursing from UCSF.
  - Rosita Estacio – Patient Care Assistant – 4D Surgical Trauma Unit. Rosa has worked at SFGH since 2011 and is attending the University of San Francisco for her Bachelor’s Degree in Nursing.
  - Juliet Huntington, RN – 6C Birth Center. Juliet has worked with ZSFG since 2011. She is a dedicated nurse that has demonstrated her commitment to the most vulnerable patients and is a charge nurse on the night shift. Juliet is currently attending UCSF in there Certified Nurse Midwife /Women’s Health Nurse Practitioner Program.

Emergency Department (ED) Data for the Month of May 2016

April | 2016
Diversion Rate: 46%

ED diversion – hours 239 (33%) + Trauma override - hours 92(13%)
Psychiatric Emergency Service (PES) Data for the Month of May 2016

PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. April 2016 had 677 patient encounters, which is high for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In April a total of 619 patients were discharged from PES: 33 to ADUs, 8 to other psychiatric hospitals, and 578 to community/home.

PES admitted a total of 58 patients to the SFGH inpatient psychiatric unit in April, a large decrease from 72 patients in March 2016, continuing the trend over the past 6 months of historically low inpatient bed availability. This limited inpatient bed availability related to difficulty placing lower level of care patients continues to negatively impact PES Condition Red, PES average length of stay, and PES inter-facility transfer acceptance rates.

The average length of stay (ALOS) in PES increased to 21.68 hours in the month of April (up from 21.46 hours in March).

There was an increase in Condition Red hours from March to April. PES was on Condition Red for 350.82 hours (48.7%) during 31 episodes in April. The average length of Condition Red was 12.28 hours. In March, PES was on Condition Red for 303.6 hours (40.8%) during 24 episodes, averaging 12.65 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

**Accepted and Arrived Referrals** refer to patients that have been approved by PES for admission and are transferred and admitted to PES. The transfer of these patients has been authorized by PES based on EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

**Screened Appropriate but Cancelled Prior to Acceptance** refers to patients that have been screened by a triage nurse and have preliminary approval, but the paperwork has not been reviewed by a physician. Their transfer was then cancelled by the referring facility. This cancellation could be because the referring hospital has decided to place the patient on their own psychiatric unit or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

**Inappropriate Referrals** refer to patients identified through the PES screening process to be inappropriate for transfer and admission to PES for evaluation and disposition. Common reasons for PES to decline transfer of a patient from a referring hospital are medical status (not medically stable for transfer) and insurance status (e.g., private insurance or out of county Medi-Cal).

**ANALYSIS**
- No significant change over the past 12 months in the number of requests for transfer from other hospitals to PES.
- April showed no change in patients which were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), continuing at 54%.
- This month showed an increase in proportion of requests which were “Accepted and Arrived”, 25%.
• There was a decrease in “Inappropriate Referrals” in April 2016 to 21%. These are requests for transfer of patients that are found to be medically unstable for transfer, or who are not residents of San Francisco. The factors causing this change are not clear.

Public Comment:
Bob Iverson, ZSFG nurse, stated that the hospital’s increased diversion rates are because of the 2014 state plan of correction. He noted that the nurses’ union is currently negotiation its contract and one of its requests is to ask for more ED nursing staff to meet the challenges of the new hospital. The union has asked nurses to document Title 22 violations in the new ED and submit them to Dr. Ehrlich’s office.

Jeanett Conley, ZSFG nurse, stated that admission rates have increased to an overage of 22-26 patients a day. There is not adequate nursing staff to meet the needs of this number of patients. She also stated that verbal and physical assault rates have also increased as more patients with acute psychiatric issues are being admitted.

Commissioner Comments/Follow-Up:
Commissioner Singer stated that ZSFG has been operating at capacity for quite a while; he noted that the population of San Francisco has increased approximately 20% in recent years and said the trend is towards continued growth.

Commissioner Singer asked why the data shows a decrease in ED use. Ms. Dentoni stated that because of preparation for the move into the new building, the hospital had planned to have less inpatient patients so there was more room. Dr. Marks stated that fewer people accessed the ED during the early part of the day but the flow increased later.

Commissioner Pating asked if the San Francisco Health Network patient navigator projects have begun. Dr. Chen stated that flyers announcing the projects have been mailed to the Network’s patients.

Commissioner Singer asked for reasons for the increase in PES services. Ms. Dentoni stated that there has been an increase in psychiatric patients throughout California. She noted that the Hospital Council is looking at this across San Francisco.

Commissioner Singer requested data showing a comparison of 2016 and 2014 patient demographics also with length-of-stay information. Ms. Dentoni stated that this information will be presented at a future JCC meeting.

Commissioner Singer encouraged ZSFG staff to dive deep into available data to understand as much as possible about patient flow and noted that there is inherent interdependency of the ED and lower-level of care patient flow issues.

10) ZSFG RN HIRING AND VACANCY REPORT
Karen Hill, Human Resources, gave the report.

Public Comment:
Bob Iverson, ZSFG nurse, stated that ZSFG is understaffed in the ED. The hospital goes on diversion even when there bed capacity because there are not enough nurses in the inpatient units.

Will Carpenter, ZSFG ED nurse, stated that he loves working for ZSFG but the hospital does not have adequate staffing. He also stated that the projected number of nurses to be hired does not account for need to cover breaks. He noted that 12 additional nurses need to be hired to meet the needs of the hospital.
Commissioner Comments/Follow-Up:
Commissioner Singer stated that he is frustrated with the challenge of obtaining useful HR data. He noted that HR shares available data in its reports but the data is not as useful as it should be. He encouraged Dr. Ehrlich to consider what HR data would be helpful and work with HR to develop data systems.

Commissioner Pating asked Commissioner Singer to clarify his comments. Commissioner Singer stated that HR reports do not include information on hiring in regard to necessary breaks and staff leaves; he noted the situation is a dynamic one and the current reports do not reflect this complexity.

Commissioner Sanchez stated that the SFDPH has presented helpful HR data and made vast improvements in its hiring practices.

11) CREDENTIALING PROCESS UPDATE
James Marks, M.D., Chief of Medical Staff, gave the presentation.

Commissioner Comments/Follow-Up:
Commissioner Singer asked why someone would need temporary privileges. Dr. Marks stated that physicians who are fellows or residents need these types of privileges because the usual credentialing process takes too long. They have limited amount of time in their positions.

Commissioner Signer asked for clarification on whether a physician that has temporary privileges and then is hired as a regular employee must start the credentialing process again. Dr. Marks stated that any regular medical staff member must go through the full credentialing process even if the individual had previously been resident or fellow at ZSFG.

12) MEDICAL STAFF REPORT
James Marks, M.D., Chief of Medical Staff, gave the report.

AWARDS/RECOGNITIONS/APPOINTMENTS/RESOLUTIONS
“Values in Action” Award
The “Values in Action” Award recognizes a Zuckerberg San Francisco General Hospital leader who demonstrates the hospital values of learn, improve, engage and care. For this month, the “Values in Action” Award was presented by Dr. Jim Marks to Dr. Mary Mercer, Emergency Medicine Clinical Service. Dr. Mercer’s daily leadership in the ED has exhibited her commitment to Learn, Improve, Engage and Care. Highlights of her lean leadership as presented by Dr. Marks include the following:

- work to identify root causes related to planning for upcoming workshops
- continuous effort to improve her work as Team Leader in the Emergency Department
- engages her team through participating in daily huddles with the frontline, coaching, and developing leaders through the practice of status sheets,
- vital role in the development of relation centered communication

Dr. Mercer thanked members, and stated that the award is also a recognition of the work and commitment of the Emergency Medicine Department to improve the services provided to ZSFG patients.

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW
Preparation and Patient Move Plan – Terry Dentoni, RN
Ms. Dentoni reviewed the Preparation and Patient Move Day Plan with MEC members. The presentation included the following: Preparation Timeline, Patient Move Sequence, Patient Move Day Timeline, Patient Move Day – May 21st, Patient Move Teams, Patient Transfer Route in B25, Gurney Return Route Back into B5, and The Family Support Center. Ms. Dentoni added that the Incident Command Center will be fully staffed and
open for the first 72 hours, and with extra coverage up to two weeks. Members were again reminded to anticipate provision of services on May 21, 2016 in both locations, Bldg. 5 and Bldg. 25.

Planning for the days following May 21, 2016 is also critical. Members were informed that there will be two AODs and an additional Administrator in the facility 24/7 for the following 72 hours, in anticipation of IT glitches, equipment issues, staffing concerns etc., Re-adjustments will be undertaken depending on the needs. There will be full IT support for the first 72 hours.

A3-Status Report
Ms. Nazeeri-Simmons presented an A3-Status Report on one of the ten True North Tactics, “Develop Leaders”. The presentation included the following:

- Background and Problem Statement – ZSFG is implementing a Leadership System, creating a new culture that is based on our values of Learn, Improve, Engage and Care (LINC). To be successful with this transformation, specific leader behaviors and habits will need to establish a standard. The current gap is: “ZSFG lacks a standard for Executive competencies, therefore, executives are inconsistent in their practice of behaviors and use of tools that support ZSFG LINC Leadership system”.
- Target Statement –
  -Establish executive competency map, conduct assessment, and implement individual Performance Improvement A3s based on gap analysis by Jan 2017.
  - Improve “Adept at Problem Solving” response by 20% on the LINC Leadership self-assessment survey by June 2016
  -100% of ZSFG Executives will have authored at least two A3s by January 2016
  -100% of ZSFG Executives will implement countermeasures on their A3s to achieve True North targets by July 2016.
- Countermeasures Implementation – Include action plans, responsible staff, time frame and current status.
  -Train all executive in A3 Thinking
  -Executive leaders will author at least two A3s that align with True North
  -Executive Leaders will practice behaviors and tools that model LINC Leadership
  -Executive Leaders will establish Leader Standard Work
  -Establish executive competency map and 360 assessment
  -Lean Certification Trainings: Improvement tools and Daily Management System
- Impact (Baseline/Target/Actual/YTD)
  -By June 30, 2016: Train 24 Executives in A3 Thinking (To date, 17 executives have completed training).
  -By June 30, 2016: Attain a score of 4.0 on LINC Leadership Assessment, Adept at Problem Solving Question (2.9 score to date)
  -Executive leaders with Leader Standard Work (LSW) calendars, status sheets and visibility boards (Preliminary: 7 out of 24)
  -Executives with implemented countermeasures in their A3s to achieve True North targets (100%)
- Further Analysis and Stratification of Gaps; Learnings – Challenges include:
  -Leader as teacher is a new expectation – impacts modeling PDSA, A3 Thinking, LSW, etc.
  -No standard for LINC Leader skills
  -B25 has derailed leadership initiatives
  -Loose A3 performance follow up
- New Countermeasures/Adjustments
  -Develop Principle Based “Key Behavioral Indicators” (KBI).
  - Map leadership competencies across executive and director functions
  -Competency mapping deliverables: 360 assessment based on KBIs for Executives and Directors
  -Leadership Coaching Session
Executive Strategic Planning (Hoshin) Session: focused on Leader Standard Work and Principle based leadership.

- Unresolved Issues-
  - Hearts Grants funding for Competency mapping roll out.

Dr. Marks stated that the report resonated with his role as Chief of Staff and Chief of the Anesthesia Service. Some of the activities are already undertaken in his Department but more improvement work is necessary. Members thanked Ms. Nazeeri-Simmons for sharing the status report that is very helpful and educational. Members also noted the importance of taking time to reflect on the leadership concepts to better understand and determine how best to practice behaviors and use tools that support the ZSFG LINC Leadership system.

SERVICE REPORT:

Otolaryngology Service Report – Marika Russell, MD, Interim Service Chief

The report included updates on:

- Departmental Structure and Personnel - UCSF Departmental Structure, ZSFG Faculty and Residents, ZSFG Resident Program, ZSFG Call Schedule. Dr. Russell highlighted the new addition of an NP in the department who has been providing valuable service in the outpatient setting as well as inpatient care coordination for head and neck cancer patients. Dr. Russell noted that a significant volume of the Service’s clinical activities is supported by volunteer providers, and highlighted the volunteer Otology services provided by Dr. Hilary Brodie, Chair of the Department of Otolaryngology at UC Davis.

- Clinical Scope of Service – Operating Room, Inpatient Service, Ambulatory Outpatient Clinic, eReferral, Hospital Consultation, Emergency Department, Urgent Care and Laguna Honda Hospital. Volume statistics on ambulatory visits, ambulatory service (total visit and eReferral volume), eReferral Service, OR procedures, OR volume (minutes, RVU’s), OR Cases by Clinical Subtype, OR Cases by Status, Inpatient Service (Discharges, Hospital Days, Average Length of Stay, Average Daily Census), and Audiology. Dr. Russell stated that cases handled by the Service are now more complicated and complex and requires more OR time, which impacted the volume of OR cases and the LOS for inpatients. Dr. Russell also noted significant improvements in the Audiology Services, with decrease in wait period from almost a year to the current six days waiting period for audiogram.

- Performance Improvement and Patient safety – Weekly Third Next Available Routine Appointment for New Patients (TNAA), Operations (% No Shows, Average Cycle Time), Patient Experience, Clinical Outcomes, OPPE, and Administrative Service (faculty committee membership). Dr. Russell reported that through changes and streamlining of clinical schedules, the Service was able to increase capacity in its general clinic and decrease its TNAA to 8 – 10 days. Efforts are ongoing to decrease “no show” rate, cycle time (time in clinic from patient check in to check out), and improve patient experience (with focus this year on MD communications).

- Education – OHNS Residency Program, Electives in Otolaryngology, SFGH Primary Care Lecture series, LHH Staff Education, SFGH respiratory Care services outreach, UCSF CME Courses.

- Research – Clinical and Outcomes Research, Transitional Research, Grants


In summary, Dr. Russell highlighted that OHNS is mission-driven, and is committed to ZSFG True North Metrics. The Service has a strong resident program with ample educational opportunities. OHNS is a stable clinical enterprise, with room for growth in research and education. Additionally, the Service has a financially lean operation, with staffing model depended on volunteer contributions which may not be sustainable moving forward. Members commended Dr. Russell’s excellent report and her outstanding leadership. Members applauded Dr. Russell’s improvement work in Otolaryngology that significantly elevated the quality of services delivered to patients.
The following items were unanimously approved:
- New ZSFG Emergency Medicine Service Chief
- ZSFG Medical Staff Resolution of Commitment to Trauma Care
- Otolaryngology Clinical Service Rules and Regulations, Policies and Procedures
- Children’s Health Center Urg Care RN SP
- Pediatrics Privilege List
- Urology Privilege List

13) OTHER BUSINESS
This item was not discussed.

14) PUBLIC COMMENT
Bob Iverson, ZSFG nurse, stated that more staff are needed to reduce diversion rates. He reminded the JCC that the hospital is in violation of Title 22 every day. He added that a “Marshall Plan” is necessary to hire and train new nurses.

15) CLOSED SESSION
A) Public comments on All Matters Pertaining to the Closed Session
B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee approved the May 2016 Credentialing Report; and the Performance Improvement and Patient Safety Reports. The Committee voted not to disclose other discussions held in closed session

16) ADJOURNMENT
The meeting was adjourned at 5:47pm.