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President

**David B. Singer**  
Vice President

**Cecilia Chung**  
Commissioner

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

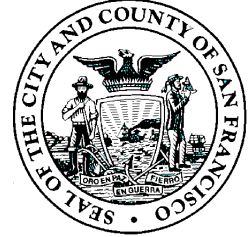
**James Loyce, Jr., M.S.**  
Commissioner

**David Pating, M.D.**  
Commissioner

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

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

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**Department of Public Health**



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

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Executive Secretary

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**MINUTES**

**JOINT CONFERENCE COMMITTEE FOR  
ZUCKERBERG SAN FRANCISCO GENERAL  
HOSPITAL AND TRAUMA CENTER**

**Tuesday, October 25, 2016 3:00 p.m.**

**1001 Potrero Avenue, Conference Room 7M30  
San Francisco, CA 94110**

**1) CALL TO ORDER**

Present: Commissioner David J. Sanchez, Jr.  
Commissioner David Pating, MD  
Commissioner James Loyce, Jr.

Excused: Commissioner David B. Singer  
Commissioner Edward A. Chow, MD

Staff: Roland Pickens, Leslie Safier, William Huen MD, Todd May MD, Jeff Critchfield MD,  
Dave Woods, Susan Ehrlich MD, Sue Carlisle MD, Ed Ochi, Greg Chase, Terry Dentoni,  
Ron Weigelt, Dan Schwager, Kim Nguyen, Basil Price

The meeting was called to order at 3:10pm.

**2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 27, 2016 ZUCKERBERG FRANCISCO  
GENERAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The minutes were unanimously approved.

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

Troy Williams, Chief Quality Officer, reviewed the reports.

Commissioner Comments:

Commissioner Pating asked why types of Worker's Compensation injuries are most common. Dr. Huen stated that there will be an A3 on this topic which can be presented to the JCC at a later date.

Commissioner Pating asked where falls are tracked. Dr. Ehrlich stated that patient falls and staff injuries are tracked through the True North Scorecard.

Action Taken: The Committee unanimously approved the report of the 9/20/16 Quality Council Meeting minutes.

**4) LHH TO ZSFG MEDICAL ED PATIENT TRANSPORTS WHEN ZSFG IS ON DIVERSION**

Susan Ehrlich M.D., Chief Executive Officer, gave the presentation.

Commissioner Comments:

Commissioner Sanchez thanked the ZSFG and LHH teams for working together towards the common goal of helping ensure LHH patients receive proper care and treatment when hospital care is necessary.

**5) ZSFG PROPOSED DRAFT FY1516 ANNUAL REPORT**

Susan Ehrlich M.D., Chief Executive Officer, presented the report.

Commissioner Comments:

Commissioner Pating asked for clarification on what people are the recipients of the ZSFG annual report. Mr. Pickens stated that the Health Commission is given a presentation on the report and the report is then posted on the ZSFG and SFDPH website.

Commissioner Sanchez thanked Dr. Ehrlich and ZSFG staff for the report. Dr. Ehrlich stated that throughout the year much time and effort is spent discussing areas needing improvement; the report gives an opportunity to focus on the accomplishments of the hospital.

**6) ENVIRONMENT OF CARE (EOC) REPORT**

Ed Ochi, Safety Officer & Greg Chase, Facilities Services Director, gave the report.

Commissioner Comments:

Commissioner Pating asked for more information about the new ZSFG Sheriff's Department leadership. Mr. Price stated that he is currently being oriented by the current Captain for the remainder of the year. Dr. Ehrlich stated that weekly meetings take place between ZSFG leadership, Mr. Price, and the Sheriff's Captain.

Mr. Price added that he has been very impressed with the partnership between the SFDPH and the Sheriff and noted that it is an incredible change of culture from the custody mentality to community police mentality.

Commissioner Pating asked why the parking lot is included in the security plan. Mr. Price stated that there are many car break-ins in the parking garage.

Commissioner Sanchez thanked Dr. Ehrlich, Mr. Price, and Director Garcia for their work to strengthen the SFDPH relationship with the Sheriff's Department.

Commissioner Pating asked for more information about what was learned during the Ebola hazardous waste preparation activities. Lan Wilder, ZSFG Emergency Preparedness, stated that ZSFG learned that using an autoclave for hazardous waste prevents the need to have an offsite contractor handle the material.

Commissioner Pating asked whether emergency preparedness exercises have been run in the new hospital building. Ms. Wilder stated that there is a statewide exercise occurring in the near future.

Commissioner Sanchez asked if there are plans regarding IT systems in a disaster situation. Ms. Wilder stated that there are plans but that they need to be expanded upon and further developed.

Action Taken: The Committee unanimously recommended that the full Health Commission approve the EOC.

#### **7) PERFORMANCE IMPROVEMENT AND PATIENT SAFETY POLICY**

William Huen, M.D., Associate Chief Medical Officer,

##### Commissioner Comments:

Commissioner Pating asked if the Quality Council reports to the PIPS Committee. Dr. Ehrlich stated that there is an A3 to explore combining these two committees.

Action Taken: The Committee unanimously recommended that the full Health Commission approve the policy.

#### **8) PROVISION OF CARE POLICY**

Gillian Otway, ZSFG Nursing, presented the policy.

Action Taken: The Committee unanimously recommended that the full Health Commission approve the policy.

#### **9) HOSPITAL ADMINISTRATOR'S REPORT**

Susan Ehrlich M.D., Chief Executive Officer, presented the report.

##### ZUCKERBERG SAN FRANCISCO GENERAL IS THE FIRST LEED GOLD TRAUMA CENTER IN CALIFORNIA

Zuckerberg San Francisco General building 25 has been awarded LEED Gold. LEED, or Leadership in Energy & Environmental Design, is a green building certification program that recognizes best-in-class building strategies and practices.

LEED certified buildings save money and resources and have a positive impact on the health of occupants, while promoting renewable, clean energy. LEED certification means healthier, more productive places, reduced stress on the environment by encouraging energy and resource-efficient buildings, and savings from increased building value, higher lease rates and decreased utility costs.

Congratulations to the rebuild team and all of the people involved including Terry Saltz and his team at ZSFG, and those at DPW, ARUP, Fong + Chan Architects, Webcor, Gayner Engineers, and Department of the Environment.

#### SAN FRANCISCO HEALTH NETWORK RECOGNITIONS AT SAN FRANCISCO HEALTH PLAN PROVIDER DINNER

On September 15<sup>th</sup>, San Francisco Health Plan held a Provider Appreciation Dinner and Award Ceremony. The following providers were recognized for their remarkable work.

##### **Innovations and Collaboration for the SF Safety Net: End Hep C**

End Hep C SF aims to eliminate hepatitis C in San Francisco, and the initiative brings partners together from all over the San Francisco community to accomplish this goal. Its work combines preventive measures like outreach & education, syringe access for IV drug users, with making best use of treatment advances in primary and specialty care settings, directly-observed therapy and other strategies.

##### **Diligence and Ingenuity in Case Management: Transgender Health Services**

While San Francisco has been a leading community in trans\* care for many years, access to medical and supportive care is an often-complicated process. Navigation and coordination of health insurance, providers, and treatment are essential to meet the needs of trans\* clients. Transgender Health Services' research, advocacy, and expertise have shaped and continue to shape SFHP's work for trans\* members to the benefit of all.

##### **Patient Experience Excellence: Positive Health Program**

Patient experience has been a major focus for SFHP for a couple years now. It is tough to measure, tough to analyze for root causes, and tough to change. The SFHP recognized the Positive Health Program for making great strides in patient experience). Using the Clinician and Group Consumer Assessment (CG CAHPS), the PHP improved their patients' experience access composites more than any other clinic with SFHP. They achieved a 25% relative improvement, which in this domain is quite remarkable.

##### **Excel and Lead: Kristina Hung, CNS; Lactation Specialist, ZSFG**

Kristina embodies SFHP's mission and is a true patient advocate. As a Lactation Consultant at ZSFG, she is committed to improving health outcomes for underserved moms and their newborn babies. Over the past year, she identified quality and supply issues with breast pumps being ordered for SFHP members that were keeping new moms from meeting their breastfeeding goals. Due to Kristina's hard work and advocacy, SFHP members discharged from ZSFG in need of breast pumps are now receiving timely delivery of high-quality pumps that help ensure the healthiest start for their newborns

#### CALIFORNIA STATE BOARD OF PHARMACY SURVEY

On October 5, 2016, two inspectors from the California State Board of Pharmacy arrived unannounced on campus to conduct an annual sterile compounding renewal inspection of the ZSFG sterile compounding sites in the main Pharmacy, ED and OR. The inspectors remained on campus for approximately 4 hours, during which they toured the sterile compounding sites, and then reviewed a variety of records including: testing logs, policies and procedures, and environmental monitoring reports.

- There were four minor findings identified during this visit; pharmacy Leadership and Regulatory Affairs are working jointly to submit proof of corrections to the Board of Pharmacy by 10/19/2016.

Overall, the surveyors were appreciative and expressed they felt this was one of the best physical spaces for compounding they had seen. Congratulations to the Pharmacy team!

#### SAN FRANCISCO EMS AGENCY TRAUMA CENTER RE-DESIGNATION SURVEY

On Tuesday, September 27, 2016, Dr. John Brown, Medical Director of the San Francisco Emergency Medical Services Agency (SF EMSA) for the City and County of San Francisco (CCSF), Mary Magocsy, RN, EMS Coordinator for the SF EMSA, and Patrice Christensen, RN, EMS Coordinator from the San Mateo EMSA arrived on campus at approximately 1pm to complete the ZSFG EMS Agency site survey. The purpose of their visit was to evaluate our compliance with the California Code of Regulations, Title 22 trauma center requirements and the SF EMS Agency regulatory requirements for re-designation as a Level I trauma center.

The survey focused on the Title 22 requirements not addressed during the recent American College of Surgeons (ACS) trauma center re-verification survey.

According to Dr. Brown, ZSFG met all of the requirements. No deficiencies were identified during this survey. Informal recommendations for improvement were shared with the Trauma Program team.

A report of the site visit and the SF EMS Agency's recommendations will be provided once the final report from the ACS survey is released.

CONGRATULATIONS to ZSFG and the Trauma Program staff for an outstanding survey!

#### RESPIRATORY CARE SERVICES RESEARCH PRESENTATIONS

Respiratory Care Services (RCS) at ZSFG had 12 abstracts accepted for presentation at this year's International Respiratory Congress in San Antonio, TX. These abstracts represent the efforts of an 8 member RCS research team under the direction of Rich Kallet MS RRT FCCM (Director of Quality Assurance). Members of research team include Justin Phillips RRT, Lance Pangilinan RRT, Earl Mangalindan RRT, Kelly Ho RRT, Gregory Burns RRT, Vivian Yip RRT and Joseph Booze RRT. Two of the abstracts won the Editor's Choice award given to the top-ten rated abstracts: Gregory Burns RRT (factors influencing the effects of aerosolized prostacyclin in severe ARDS) and Vivian Yip RRT (the impact of SBT and DSI in ARDS). In addition, the abstract on aerosolized prostacyclin in ARDS won the **2016 Monaghan-Trudell Fellowship for Aerosol Technique Development**. These three awards bring the number of national research awards received by the department to ten.

The Department of Anesthesia and Perioperative Care at ZSFGH has a storied history of clinical research on mechanical ventilation during critical illness. This dates back to the mid-1970s with the publication of the seminal study on Optimal PEEP by H Barrie Fairley MD. RCS members assisted with these early research projects.

#### SUSTAINABLE BUILDING AWARDS 2016

We are proud to announce that the ZSFGH received the ARCHITECTURE AWARDS 2016 for “Best Master Planning Healthcare Building Project” from the World prestigious BUILD MAGAZINE of United Kingdom. The 2016 Architecture Awards recognize the exceptional work undertaken by global firms in the industry.

#### INTERPRETER SERVICE DEPARTMENT RECOGNITION

Congratulations to the Interpreter Services department as they were recognized as Department of the Month in September. The department was honored during a celebration in the cafeteria on September 27<sup>th</sup>. The celebration included music, snacks, as well as a spinning wheel game where all staff had a chance to play and win prizes. Interpreter Services was awarded the Department of the Month because of the work they have done to advance our True North metrics of Care Experience and Safety.

In service of Care Experience for patients, the staff are an immeasurable asset in creating a welcoming and accepting atmosphere for our patients and providing them with a ‘full voice’ when interacting with their providers. In service of Safety, the department have been successfully managing language and culture barriers between provider and patient. The staff assists providers and patients every day to ensure clear communication around informed consents, medication adherence, etc.

Every day in the life of an interpreter is different. One staff member said, “We never know what situation we walk into.” An interpreter could be working to set up medical appointment for a patient on the phone and then the next assignment could be sent to interpret for a family meeting with their medical team and family members to discuss end-of-life decision.

Congratulations to Interpreter Services!

#### URGENT CARE IMPROVEMENT WORKSHOP WEEK OF SEPTEMBER 19<sup>TH</sup>

During the week of September 19<sup>th</sup>, the Urgent Care Center team focused on designing the ideal patient visit for both scheduled and drop-in patients. This multidisciplinary team simulated and tested different processes in their new space, focused on ensuring Urgent Care Center patients receive safe, high quality care at all times. They also began to revise and develop new workflows in collaboration with supporting services, such as the emergency department, imaging and clinical lab.

Following this improvement event, the Urgent Care Center team will be sharing these proposals at their upcoming staff retreat for further feedback and input. Then, standard work training will begin to ensure all staff are trained on the new workflows prior to move in. The group will continue to engage key stakeholders with ongoing decisions still to be made. Internal and

external communication needs will also be addressed to ensure all patients and staff are aware of the Urgent Care Center's new location, including signage around the hospital and within the community.

#### PATIENT FLOW REPORT FOR SEPTEMBER 2016

Attached to the original minutes, please find a series of charts depicting changes in the average daily census.

#### Medical/Surgical

Average Daily Census was 199.50, which is 98% of budgeted staffed beds level and 79% of physical capacity of the hospital. 11.29 % of the Medical/Surgical days were lower level of care days: 0.22% administrative and 11.08% decertified/non-reimbursed days.

#### Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.4, which is 98.6% of budgeted staffed beds and 64.7% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.6, which is 805.6/% of budgeted staffed beds (n=7) and 46.7% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 45.5% non-acute days (45.04% lower level of care and 0.46% non-reimbursed).

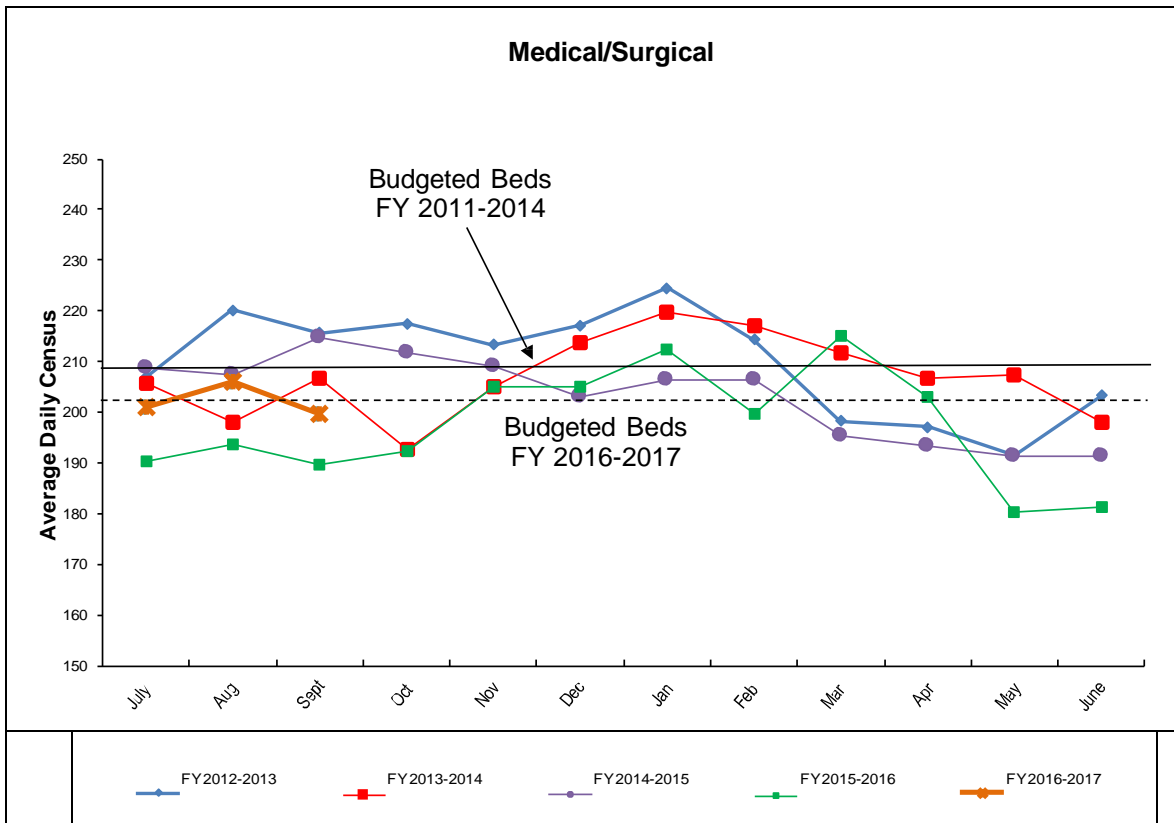
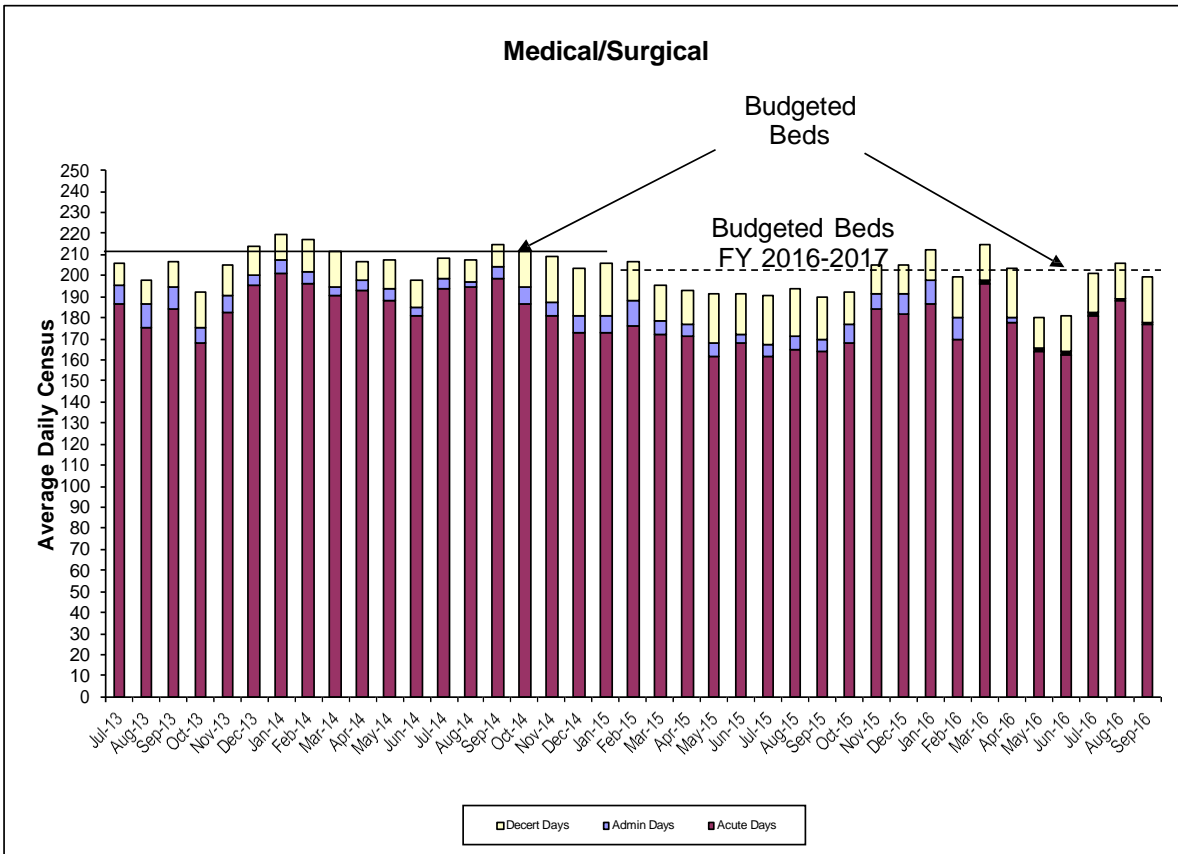
#### 4A Skilled Nursing Unit

ADC for our skilled nursing unit was 27.8, which is 99% of our budgeted staffed beds and 93% of physical capacity.

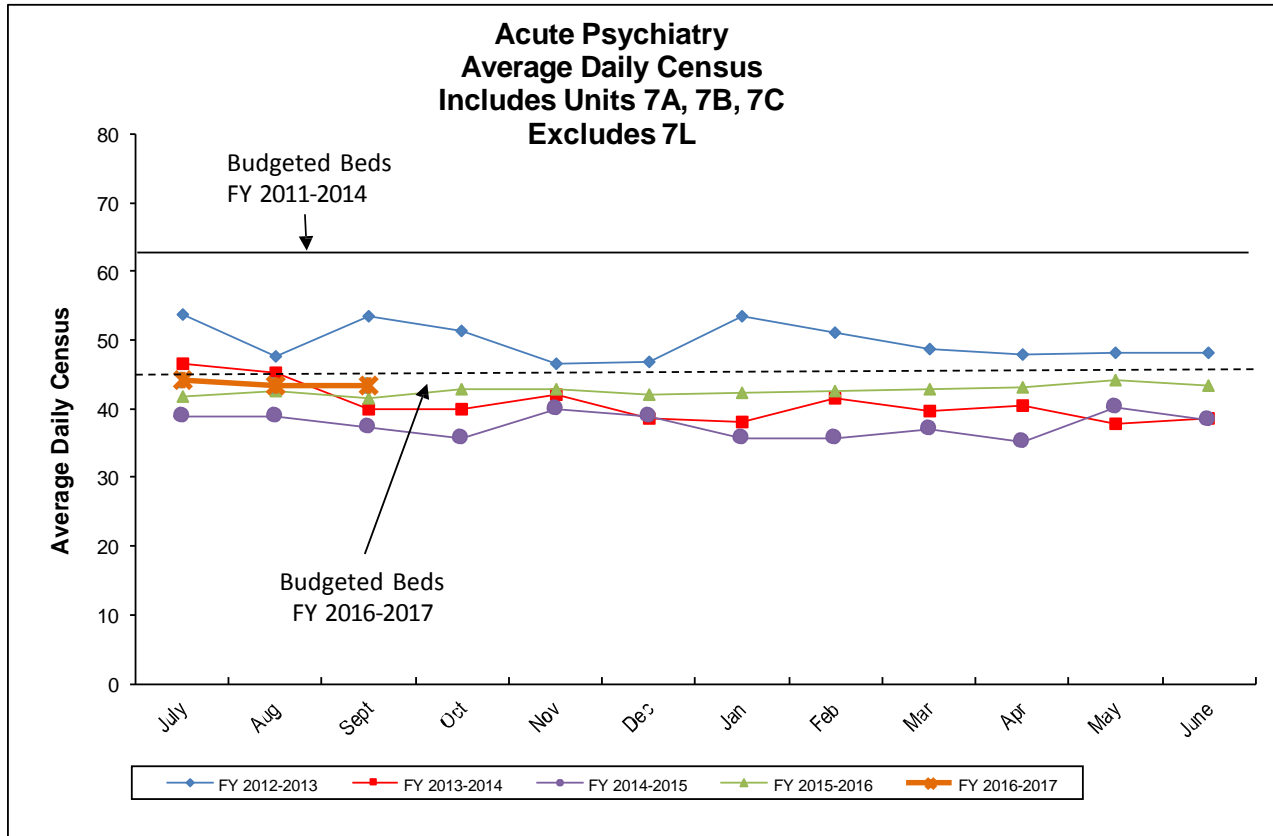
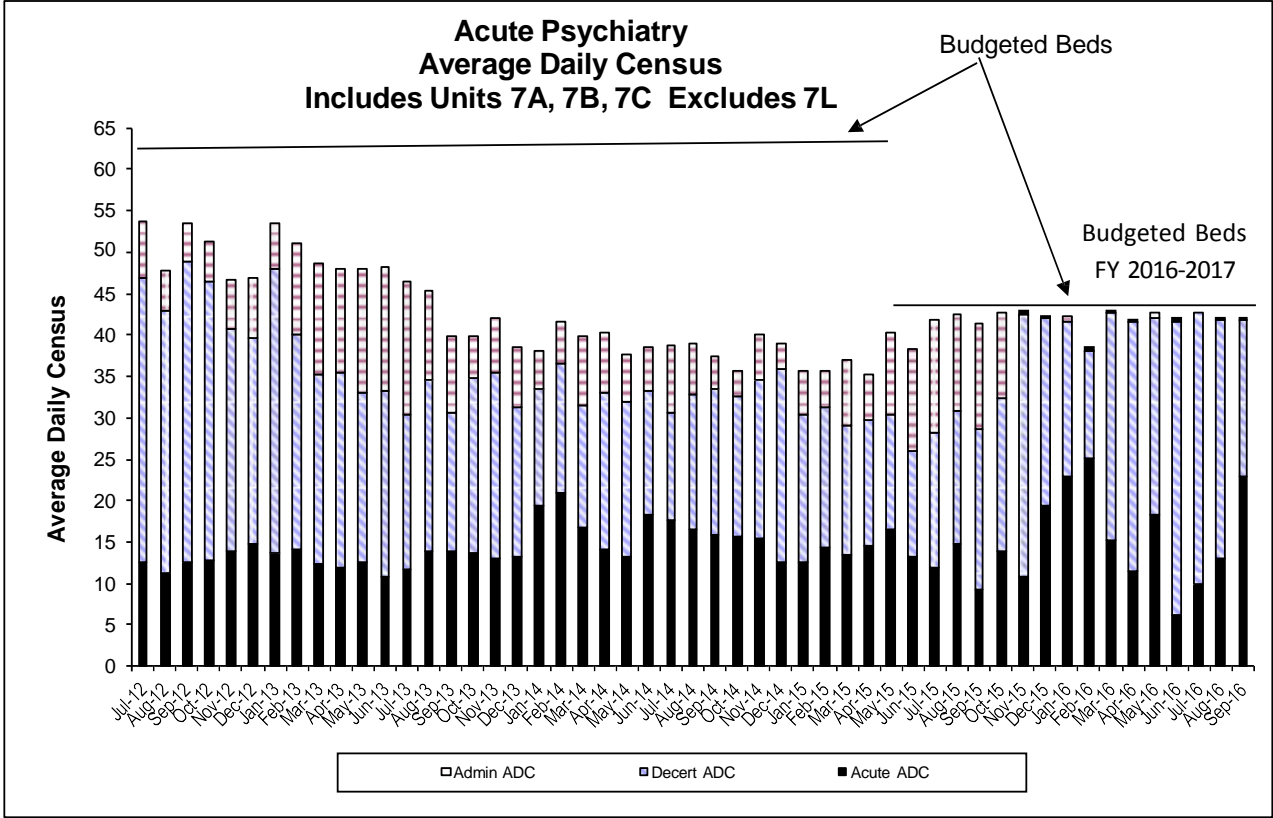
#### SALARY VARIANCE TO BUDGET BY PAY PERIOD REPORT FOR FISCAL YEAR 2016-2017

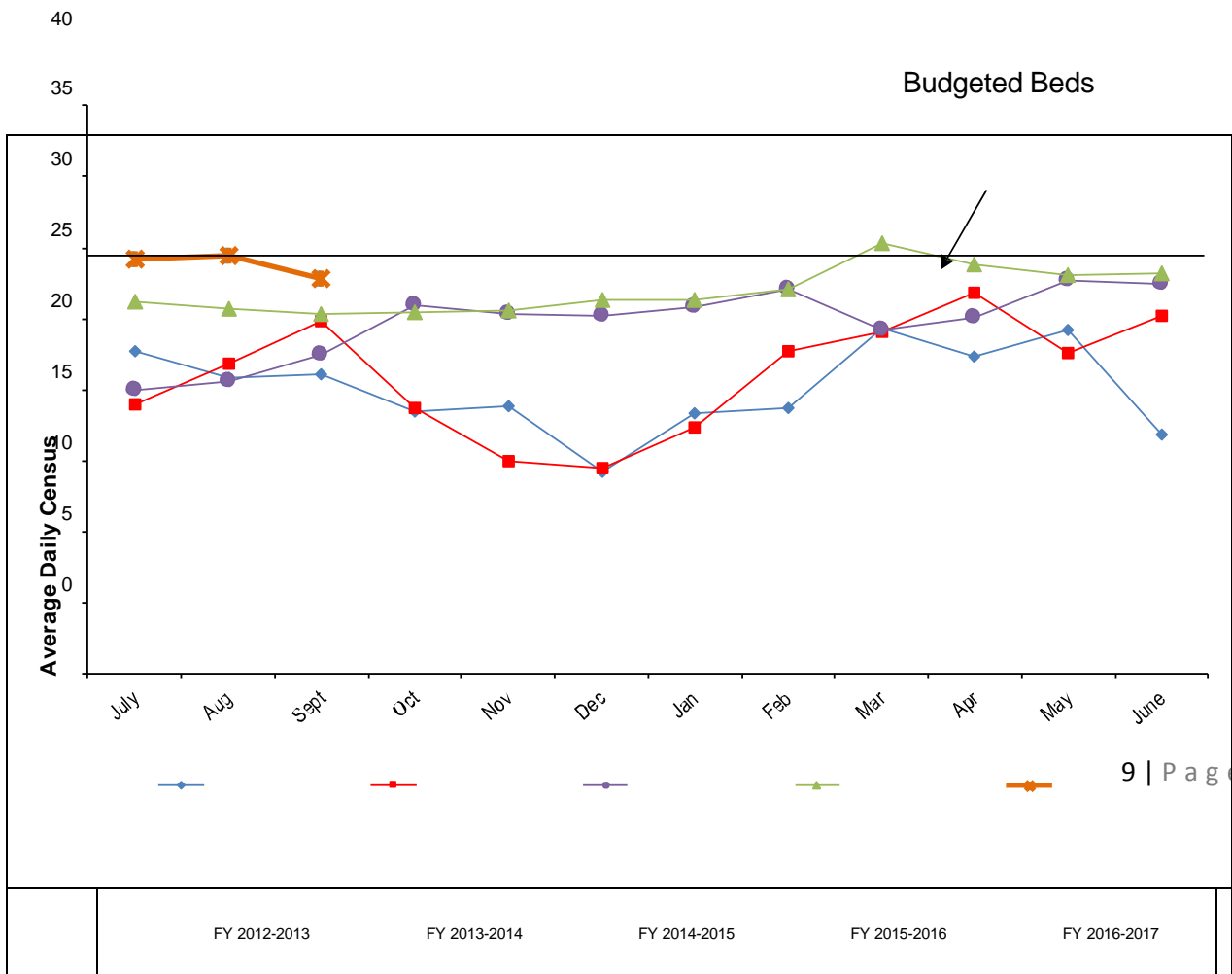
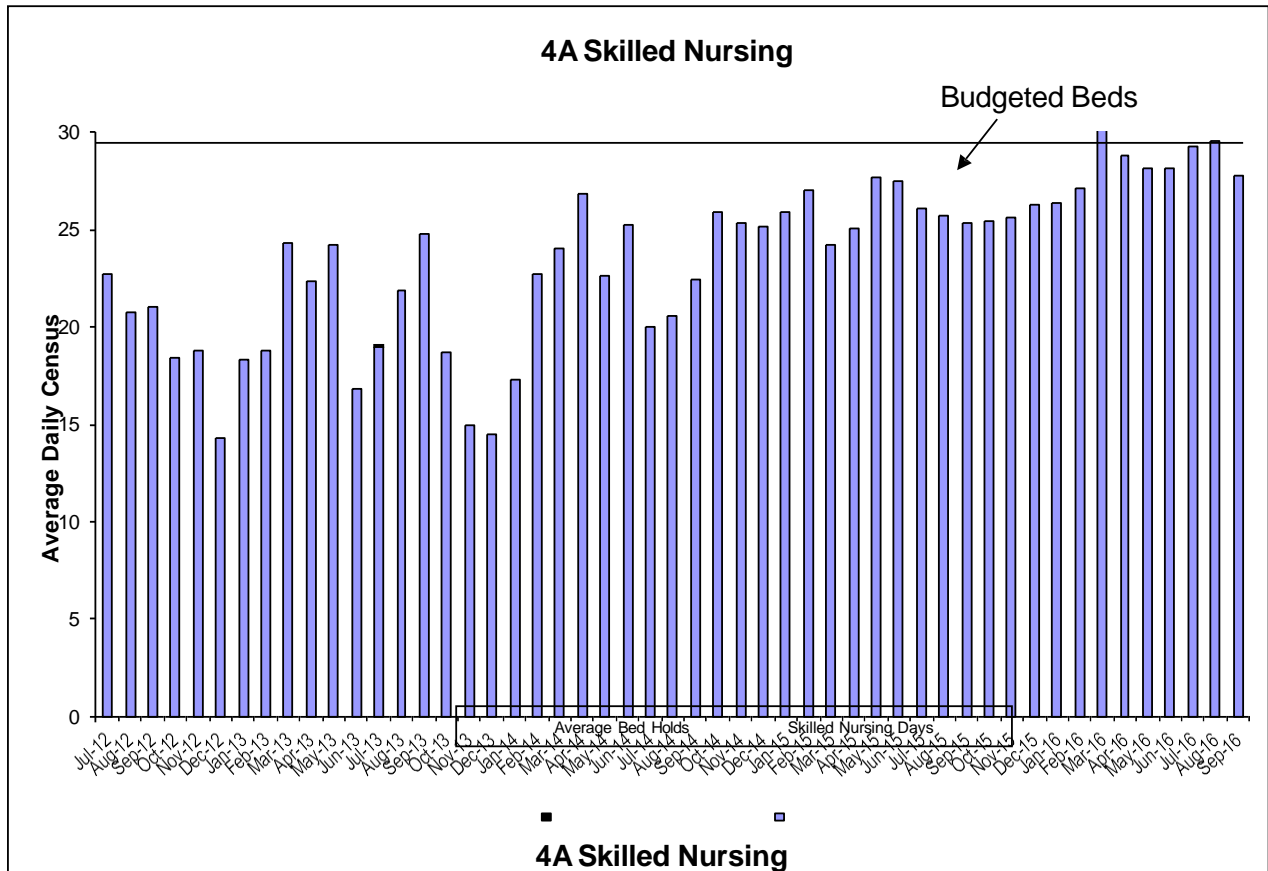
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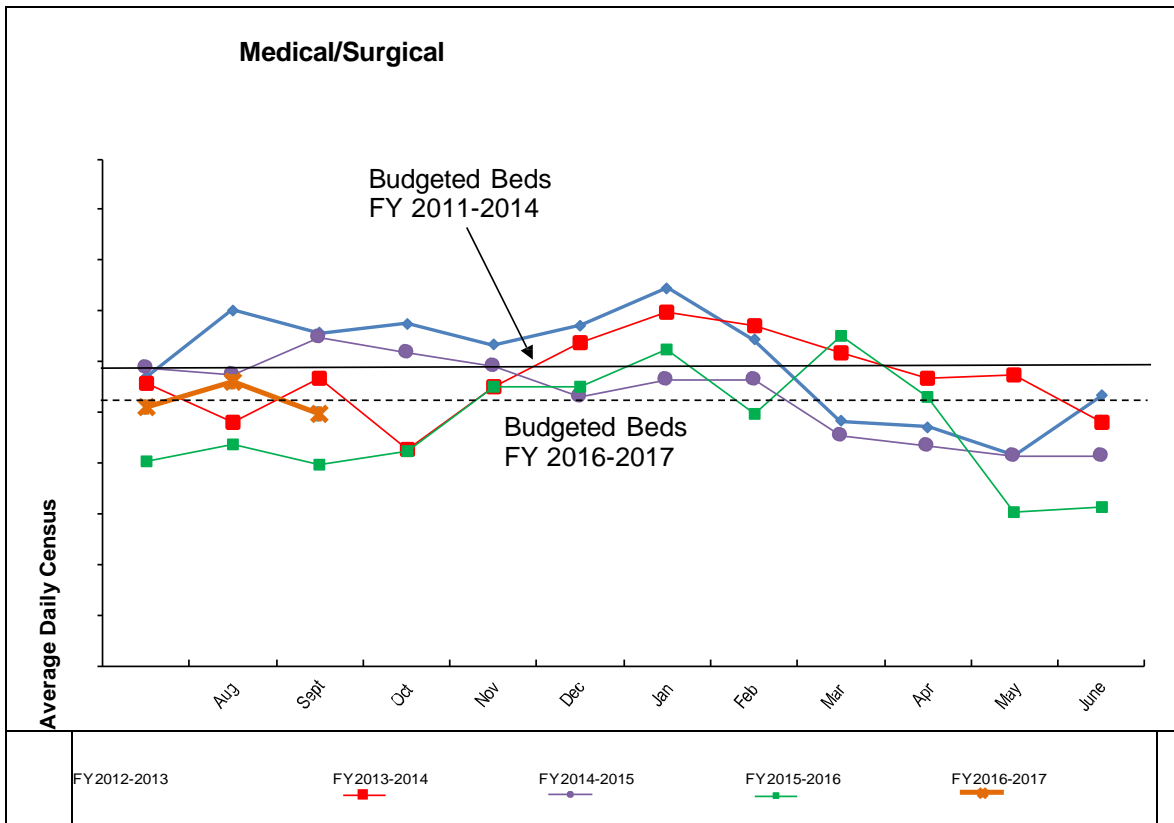
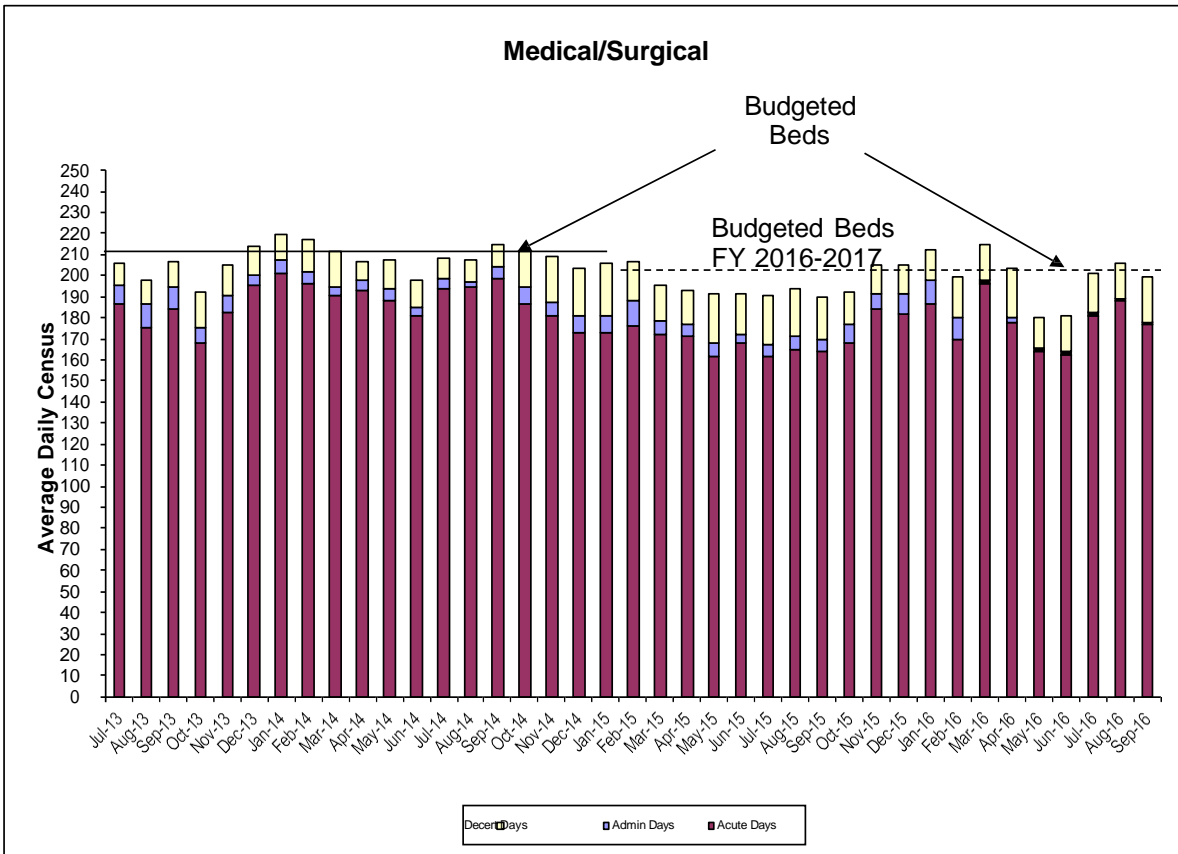
For Pay Period ending September 23, 2016, Zuckerberg San Francisco General recorded a 1.18 % variance between Actual and Budgeted salary cost – actuals were \$158,390 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$1,553,863/1.9%.

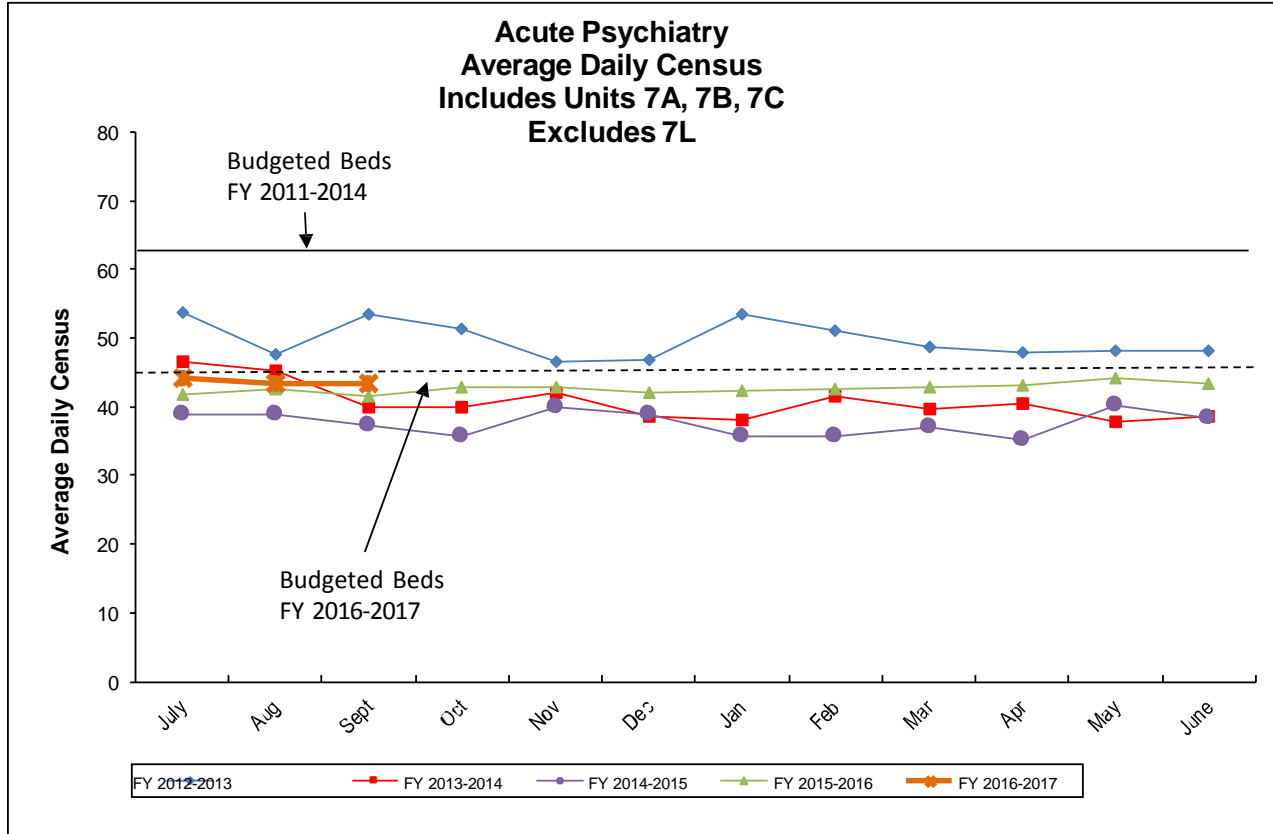
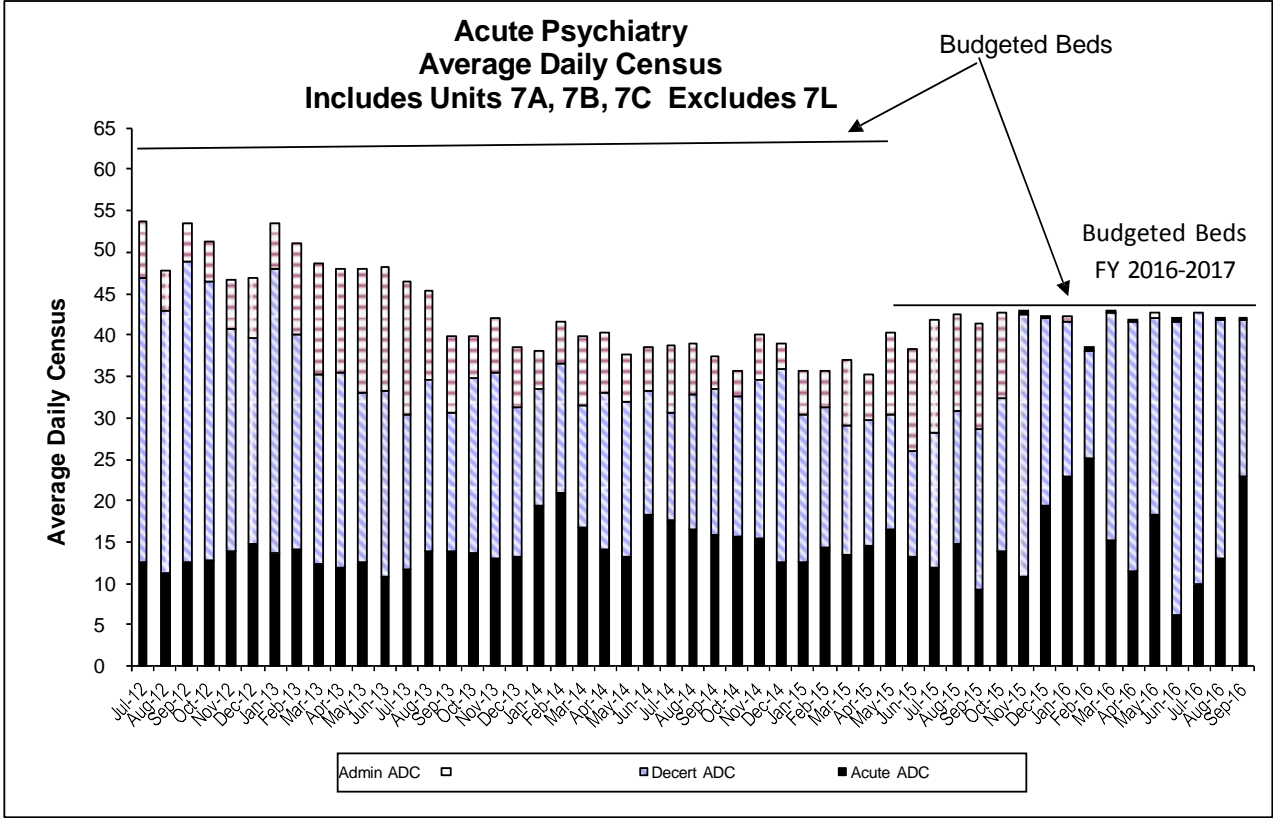


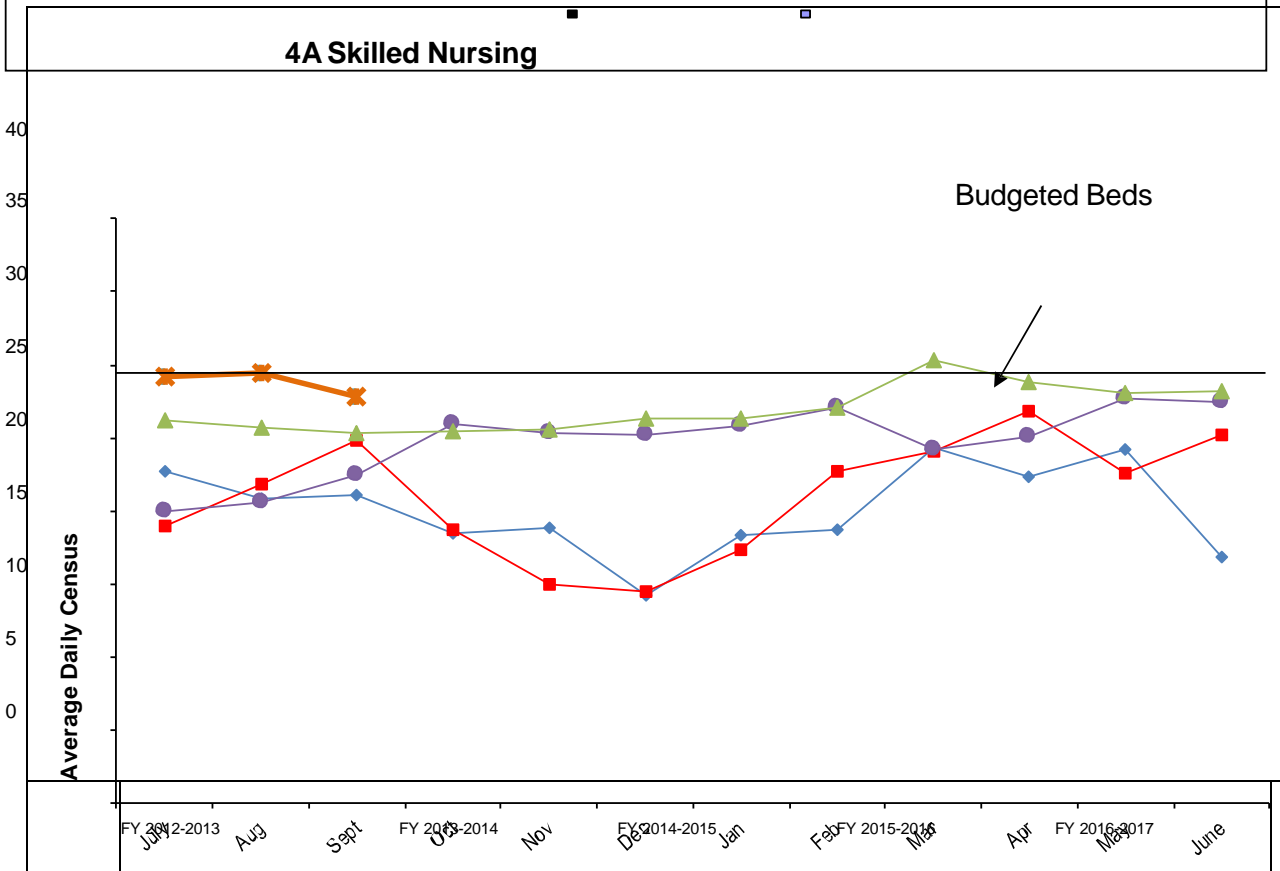
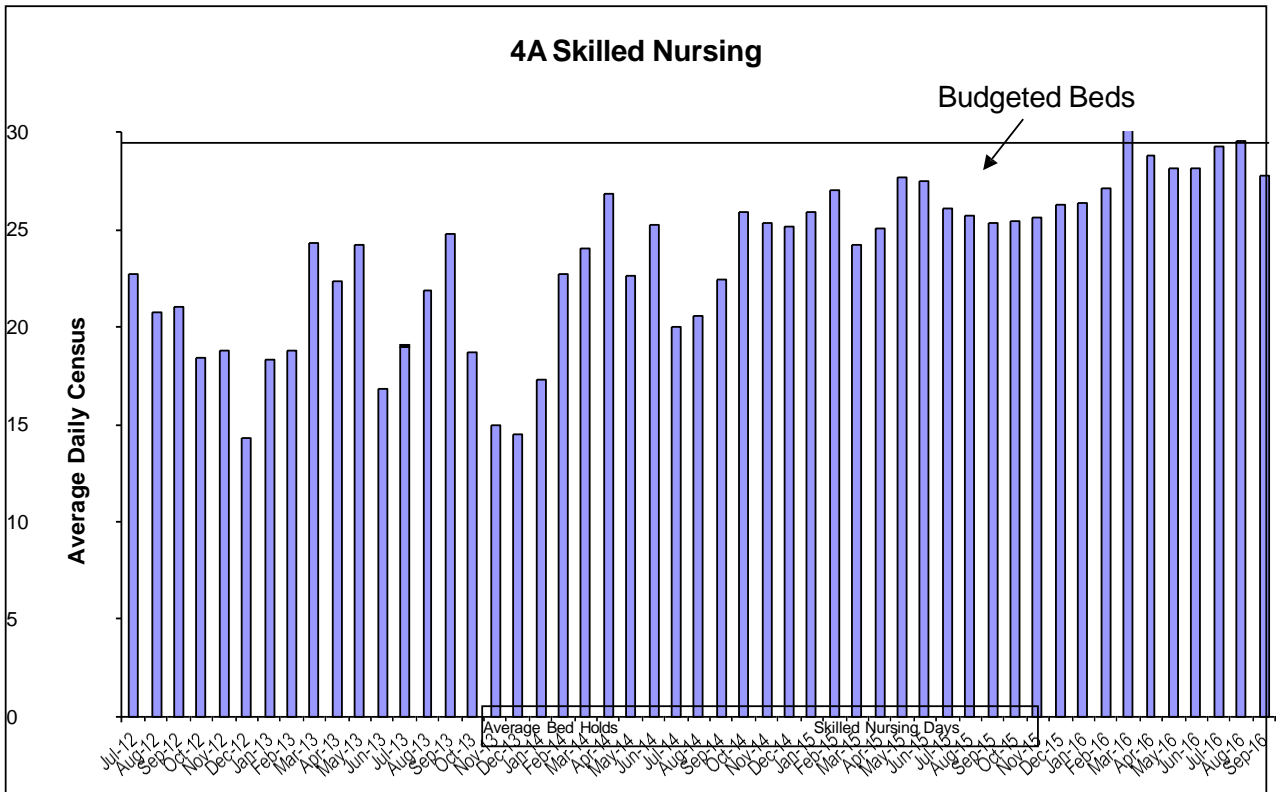


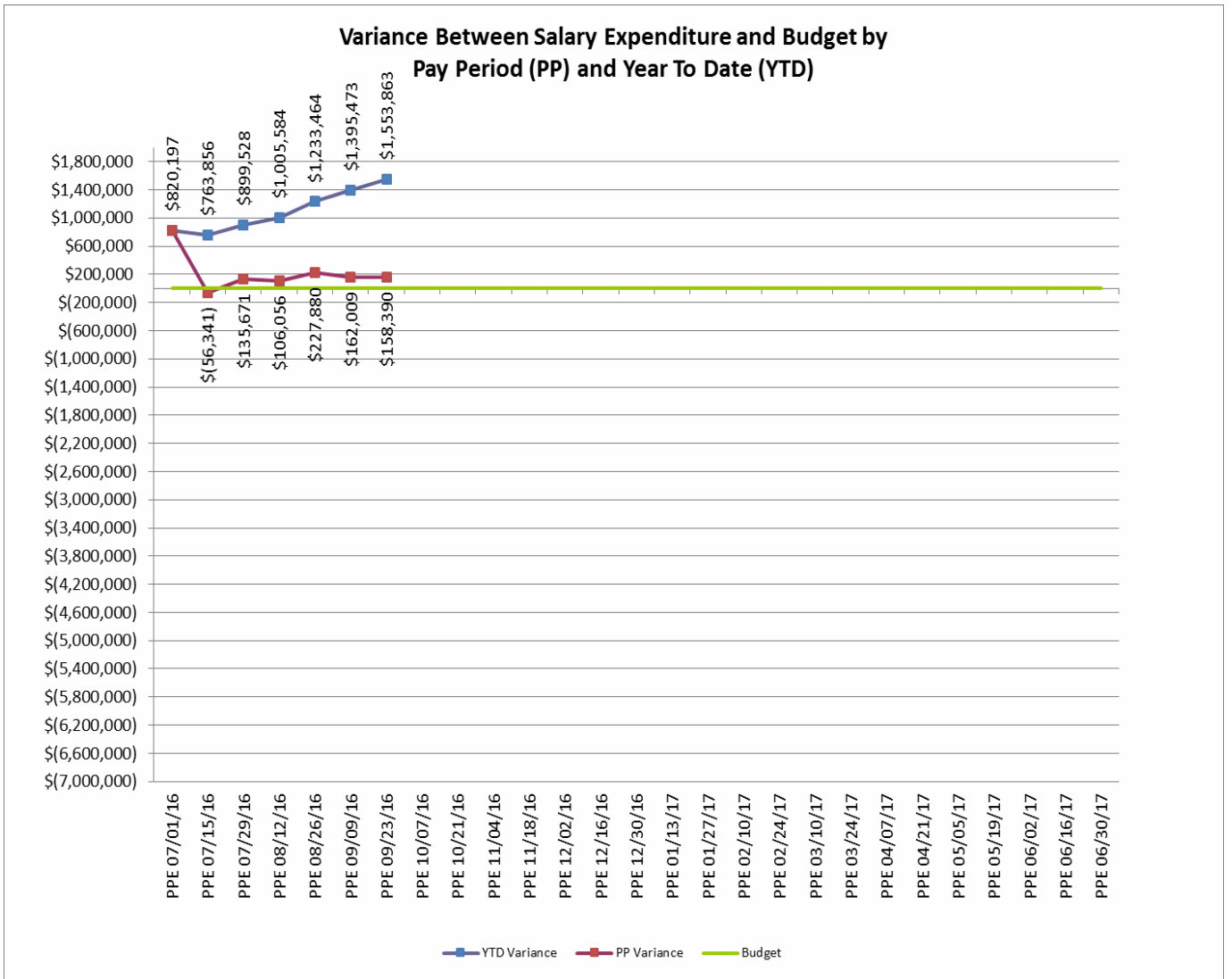












## 10) PATIENT CARE SERVICE REPORT

Gillian Otway, ZSFG Nursing, presented the report.

### Professional Nursing for the Month of September 2016

#### **Transition Initiatives:**

Nursing lead the latest Inpatient Flow Kaizen Workshop which held the week of October 3rd. The focus of this workshop was on improving the bed turnover process by streamlining the communication practices between the units, Environmental Services, Bed Control, and the Emergency Department. Simultaneously, during this workshop, they all worked to ensure that the quality of the bed cleaning process was excellent.

#### **Nursing Professional Development**

Several ZSFG nurse practitioner (NP) staff volunteered to have visiting Dutch nurse practitioner students shadow them in their clinical practice areas, educating them on the California NP role and public health care in San Francisco.

In collaboration with University of San Francisco (USF) Clinical Nurse Leader (CNL) faculty, ZSFG is sending several nursing staff members to Cedars-Sinai Hospital in Los Angeles to observe and learn about their falls prevention program on October 21st. Cedars-Sinai has made significant reductions in their overall falls rate, specifically in their falls that cause injury. The USF CNL team plans to be active members of our ZSFG falls prevention taskforce, assist with planning and implementation of falls reduction strategies and after evaluating the Cedar-Sinai fall program hope to take the interventions developed and implement them here at ZSFG.

### **Nursing Recruitment and Retention**

Nursing orientation and training programs are in full swing. The Emergency department has 10 nurses that have just finished their initial orientation phase and are working independently in the non-resuscitation areas of the ED. They are continually interviewing and hiring. Labor and Delivery has 7 RN staff hired and currently in the training program. NICU has 2 staff currently in the training program. Pediatrics has 3 in the training program. Psychiatry has 6 RN requests to hire. HR predicts these psychiatry nurses will be ready for their training in November. Critical Care has 6 nurses that have started their training program this month. Medical/Surgical nursing has 20 nurses in the orientation and training program.

**Lower Level of Care Discharge Data for the month of September 2016**

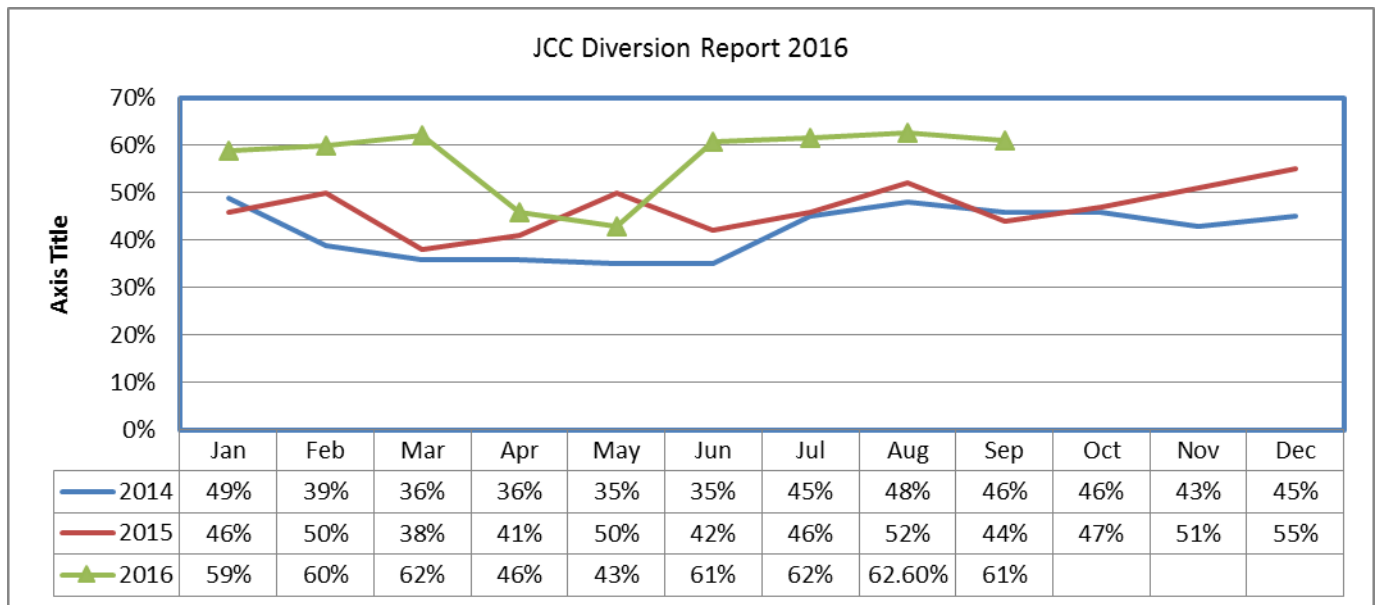
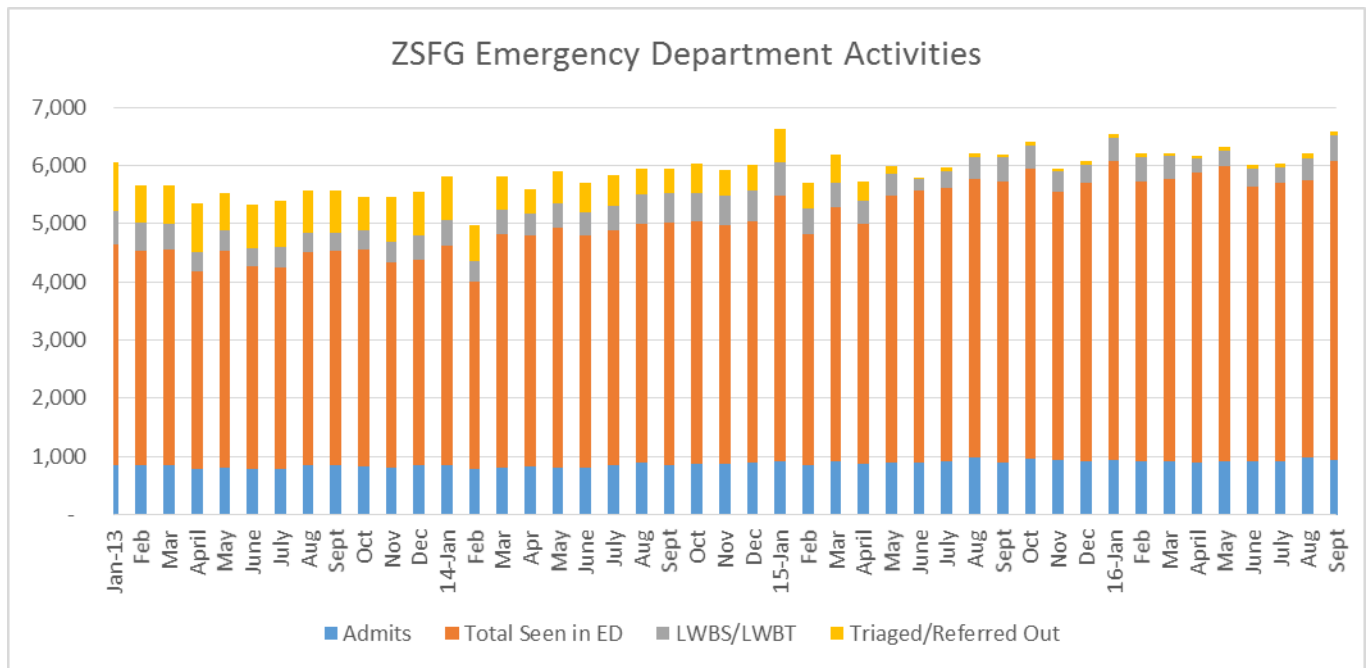
<b>MedSurg (Excludes SNF and PSY)</b>	
<b>Discharge Destination</b>	<b>% LLOC Patients</b>
10 Acute Diversion Unit	0.6%
12 Acute Rehab	0.6%
13 AMA (includes AWOL)	1.9%
14 Board & Care	1.9%
18 Expired	3.2%
19 Home	45.9%
20 Hospice - Facility	1.3%
22 Hotel	1.3%
24 Jail	0.6%
25 Medical Respite	10.8%
27 Psych Board & Care	0.6%
28 Psych Inpatient	0.6%
32 Residential Treatment Facility	1.3%
33 Shelter	5.1%
34 Skilled Nursing Facility	16.6%
35 SNF Rehab	5.7%
99 Other	1.9%
<b>Grand Total</b>	<b>100.0%</b>

<b>PSY ( Excludes 7L)</b>	
<b>Discharge Destination</b>	<b>% LLOC Patients</b>
10 Acute Diversion Unit	21.6%
11 Acute Hospital	2.7%
13 AMA (includes AWOL)	5.4%
19 Home	43.2%
22 Hotel	2.7%
25 Medical Respite	2.7%
30 Psych Locked Facility	5.4%
32 Residential Treatment Facility	2.7%
33 Shelter	13.5%
<b>Grand Total</b>	<b>100.0%</b>

<b>SNF</b>	
<b>Discharge Destination</b>	<b>% LLOC Patients</b>
11 Acute Hospital	15.8%
19 Home	84.2%
<b>Grand Total</b>	<b>100.0%</b>



## Emergency Department (ED) Data for the Month of September 2016



### September | 2016

**Diversion Rate:** 61%

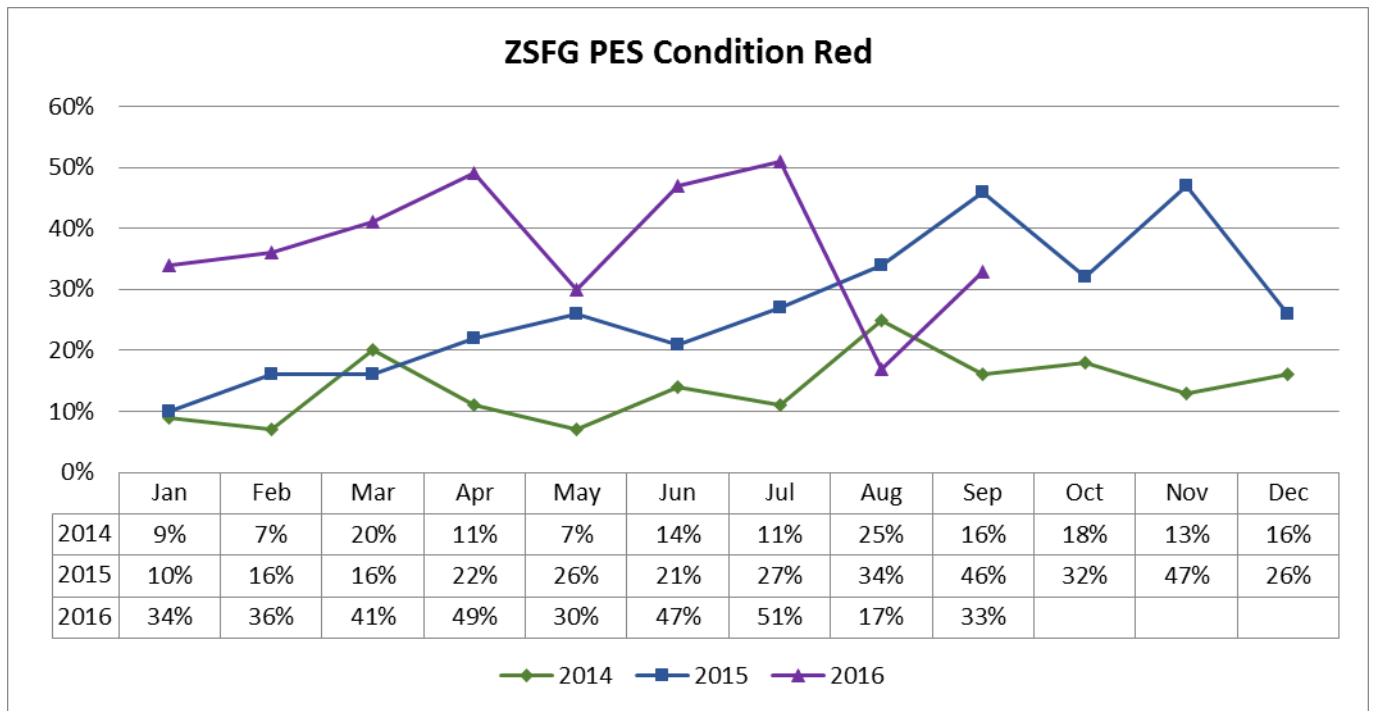
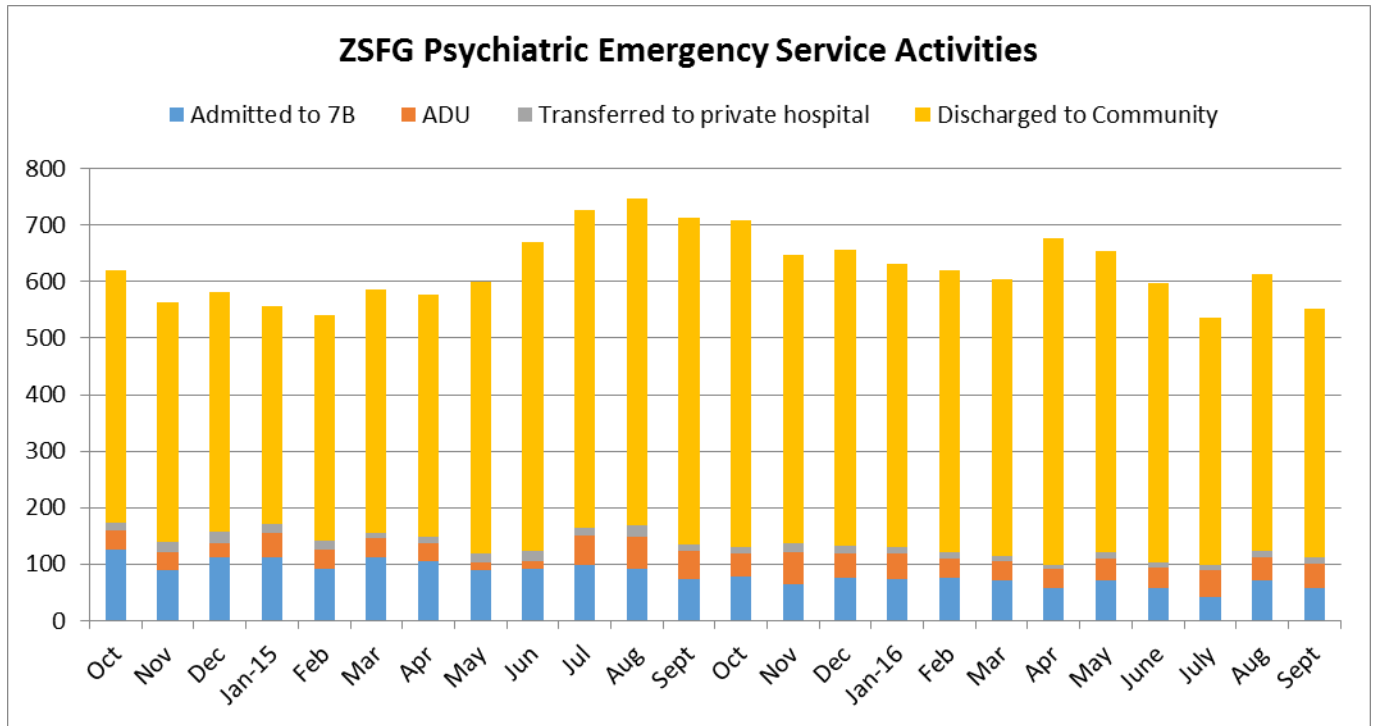
**Total Diversion:** 295 Hours, 15 Minutes (41.0%) + **Trauma Override:** 144 Hours, 15 Minutes (20.0%)

ED Encounters: 6,160

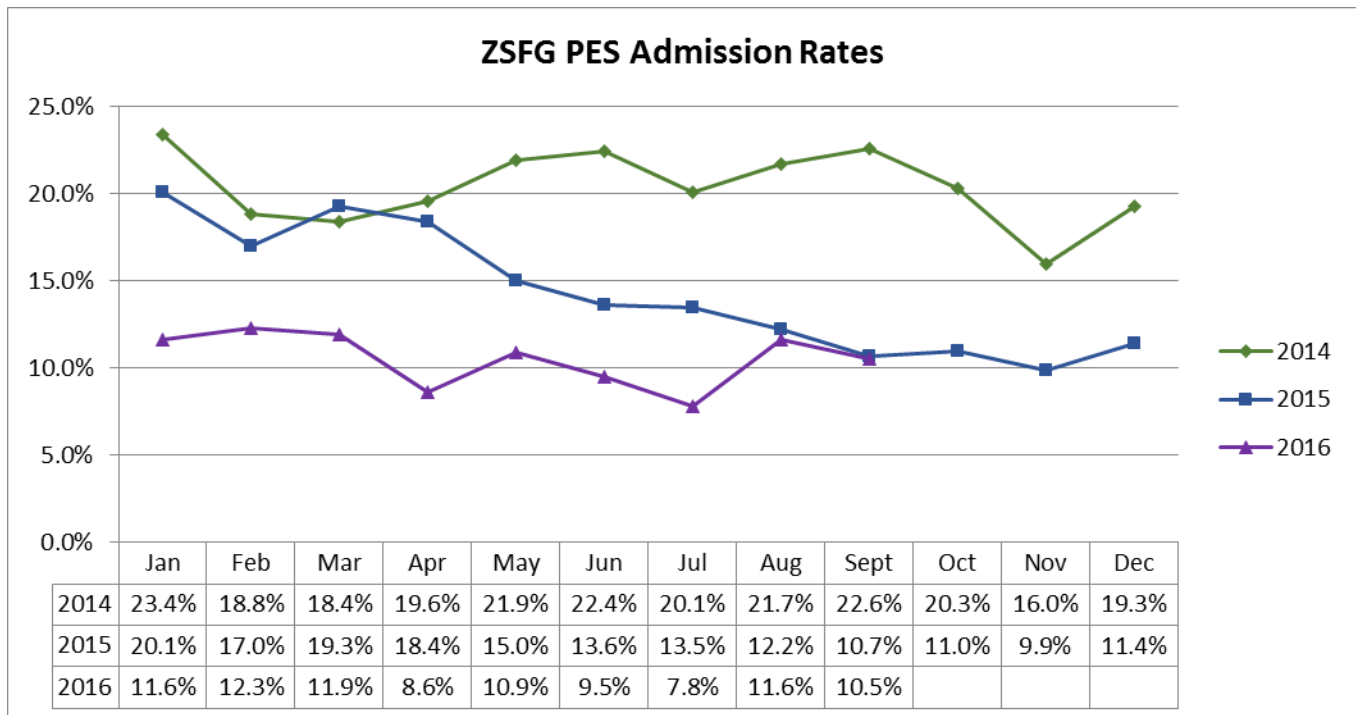
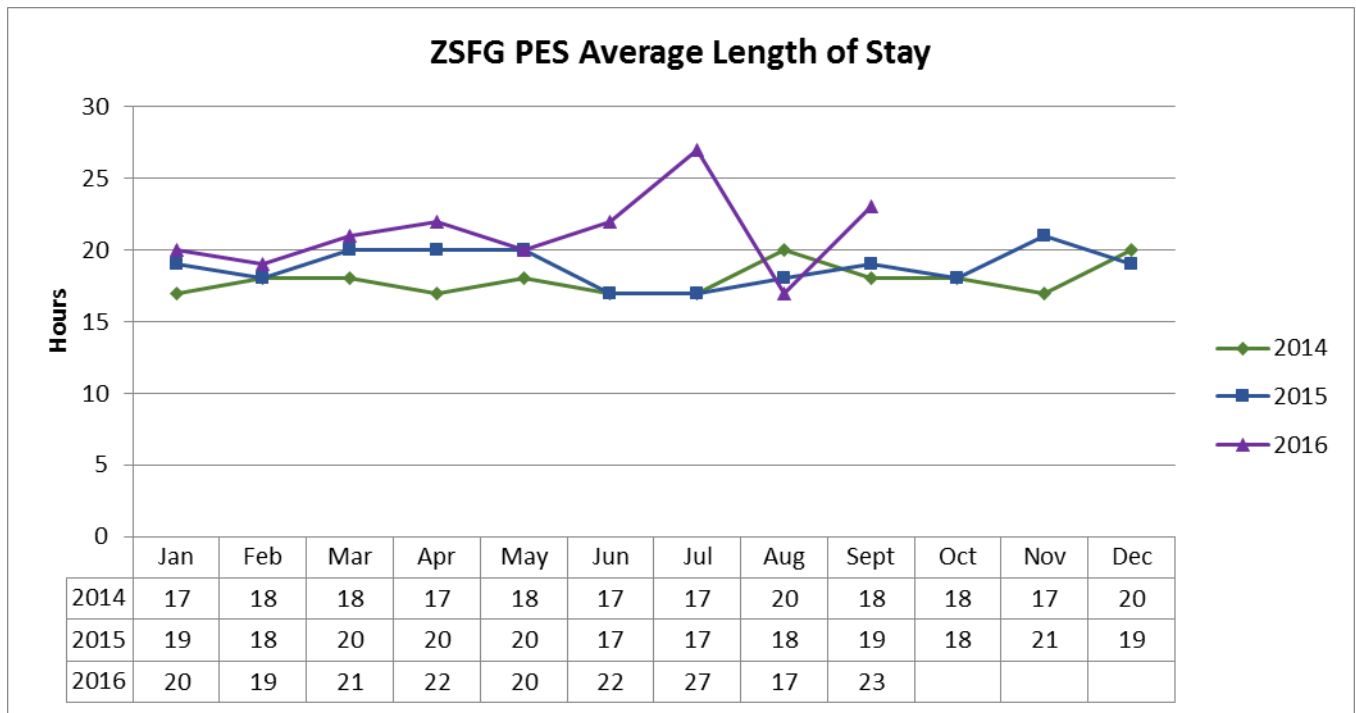
ED Admissions: 933

Admission Rate: 15%

**Psychiatric Emergency Service (PES) Data for the Month of September 2016**



**Psychiatric Emergency Service (PES) Data for the Month of September 2016...continued**



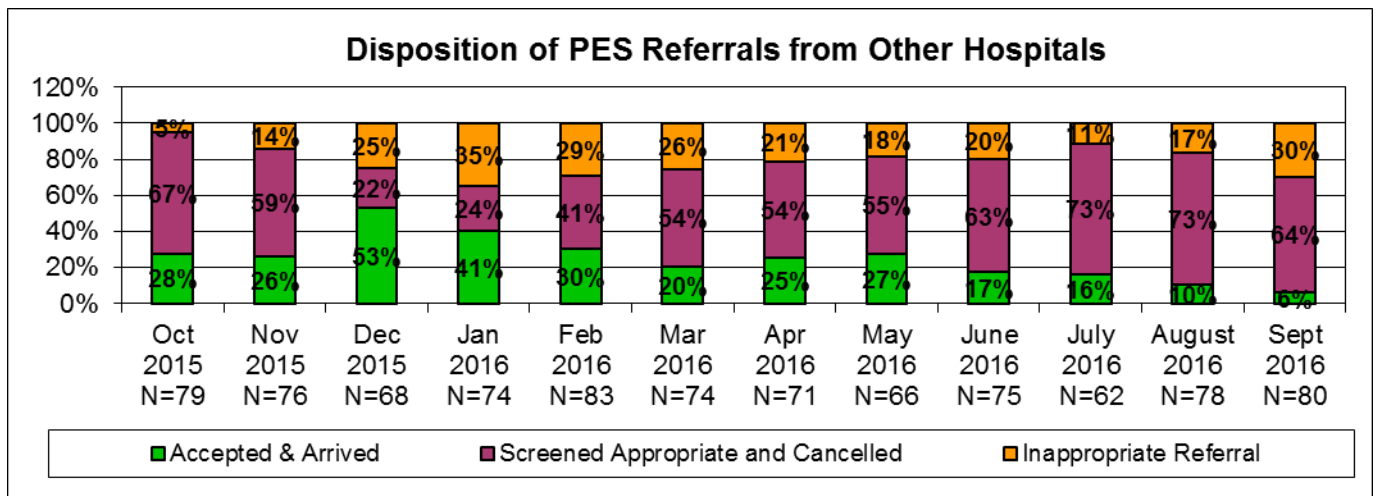
**Request for Inter-Facility Transfer to PES from other Hospitals**

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:**

- There was a decrease from 10% - 6% in referrals accepted and arrived from other emergency rooms. This drop is due in part to the continuing lack of available beds on 7B and 7C.
- Inappropriate referrals increased significantly this month to 30%. It is not clear what causes these fluctuations.
- The percentage of referrals which were screened appropriate and cancelled decreased to 64% this month, down from 73%.

## **11) ZSFG RN HIRING AND VACANCY REPORT**

Ron Weigelt, Director of Human Resources, DPH, presented the report.

### Commissioner Comments:

Commissioner Pating stated that he is in favor of monitoring ZSFG staff vacancy rates. He noted that there seems to be a lot of variation on the numbers of positions and open positions. Karen Hill, ZSFG Human Resources, stated that positions are added to the budget each quarter so the vacancy rate continues to change.

## **12) MEDICAL STAFF REPORT**

Jeff Critchfield MD, Chief Medical Experience Officer and Medical Director of Risk Management, presented the report.

### **ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW**

Temporary Privileges – MEC has put in place a process to simplify the requests of temporary privileges, which involves email votes from the Credentials and MEC Committees. MEC has also made adjustments to enable completion of all required committee approvals for credentialing actions within a month. However, Dr. Marks reported that Service Chiefs continue to request temporary privileges for majority of new applications. Service Chiefs are requested to plan ahead, and closely review the need for temporary privileges. Work is underway to further reduce the time frame for Governing Body approval of new applications.

### Lean Management Education/A3 Review–

Dr. Critchfield highlighted ongoing activities to improve both patient and staff experience at ZSFG:

- “Department of the Month” celebration, with the work of Interpreter Services acknowledged last month.
- Music Events in Building 25 – The Care Team is partnering with a community member involved in performing arts in the community in efforts to hold concerts at ZSFG. The first of these events was held last Monday, September 26, 2016. Mr. Frederic Yonnet, a master harmonica player, performed for patients on the 7<sup>th</sup> floor and lobby of Bldg. 25.

Dr. Critchfield then circulated the CEDR Scorecard, dated September 2016. Data included scores under eVideon (real time evaluation from patients in their rooms) and HCAHPS (May June and July 2015). Dr. Critchfield noted that the scorecard included the 1<sup>st</sup> HCAPHS scores in the new building. Qualitative data from July is also included in the scorecard. Indicators were on the following:

- Likelihood to recommend improved from 61% to 82%
- Communication with Doctors
- Communication with Nurses
- Food
- Cleanliness and quietness of environment

Dr. Critchfield reported significant score improvements in all HCAHPS indicators, following the move to Bldg. 25. Dr. Critchfield provided details regarding ongoing work, including ICARE trainings, to improve communication, food service, and environmental services to patients.

eVideon is a new feature in Bldg. 25 that allows the hospital to proactively measure quality and satisfaction initiatives. Patients utilize the hospital room device to turn on their television for completing surveys in real time. Dr. Critchfield pointed out that eVideon provides the hospital the opportunity for service recovery in real time. Mapping of eVideon scores showed alignment with HCAHPS scores.

### **SERVICE REPORT:**

OB-GYN– Rebecca Jackson, MD, Service Chief

The Service provides two major services, Clinical Services and Research. The report included the following highlights

- Scope of Services (Clinical):
  - Full Scope OB+GYN
  - The End of “6C” – old Labor and Delivery
  - The new Family Birth Center- The Ob-Gyn Service is the first recipient of marketing campaign funding and is closely working with BrownMusser (marketing agency) in promotional efforts for the Family Birth Center. A brochure with the tagline “Families are born here” is one of the tools developed by BrownMusser for the campaign.
  - Women’s Health Center – 23,324 visits in FY 2015-16, with indications of slowly decreasing trend in Family Planning visits.
  - Women’s Option Center – Decreasing volume due to a nationwide trend of declining abortions.
- PIPS:
  - 2014 CMQCC (CA Maternal Quality Care Council) Maternity Indicators - ZSFG had the lowest low risk C/S rate (17.3%) in Bay Area and 14<sup>th</sup> in state; highest VBAC rate in state at 42.8%; lowest episiotomy rate in Bay Area, 96<sup>th</sup> in state, 0 early elective deliveries; and for Breastfeeding, 11<sup>th</sup> out of 25 Bay Area hospitals at 82%. 2015 results are not yet available.
  - PRIME perinatal indicators – Several perinatal indicators are now included in PRIME Program.
  - Reduced TNAA for GYN services in the Women’s Health Center
- Faculty and Residents, Certified Nurse Midwives, Courtesy MD faculty, Residency training.
- Committees – Medical Staff Committee assignments
- Scope of Service (Research) – The Service’s research arm is the Bixby Center for Global Reproductive Health founded by Dr. Philip Darney in 1999. Research activities on reproductive health including abortion, family planning, global health, reproductive infectious diseases with locations in 5 Bay Area sites.
- Annual Income for FY 2015-16

Ongoing challenge include decline in obstetric volume which is hovering at less than 1200 births per year. Dr. Jackson discussed the adverse impact of the decline to include: 1) Pro-fee revenue critical for running department, (2) Resident Education suffers with low volume, (3) Low volume associated with poor patient outcomes and inability for RN and providers to maintain skills, and (4) Affects Neonatal Nursery – education and revenue. Discussions included countermeasures to address the declining birth volume, and ongoing action plans to resolve staffing issues and elimination of OB diversions (refers to patients who call in and are advised to go to other hospitals).

Goals include contracts with UCSF-Health and CCSF to increase OB volume, avoid diversion on L&D, improve outreach to community clinics, media and community, and continue work to improve clinic

operations. Dr. Jackson is hoping that ongoing marketing activities about the new Family Birth Center and availability of private rooms will help attract more patients to deliver their babies at ZSFG.

Also noted is that the ZSFG OB-GYN Service has become the Zika experts for the entire DPH system (testing of all prenatal patients and notifying CDC of exposures throughout DPH).

Members thanked Dr. Jackson for her outstanding report, and commended the excellent services provided by the OB-GYN Service's residents and faculty.

Action Taken: The following items were unanimously approved:

- Laboratory Medicine Reference Laboratories and Blood Source
- Revised Pulmonary Privilege List
- Revised FCM Privilege List
- OB GYN Clinical Service Rules and Regulations and Policies and Procedures

**13) OTHER BUSINESS**

This item was not discussed.

**14) PUBLIC COMMENT**

This item was not discussed.

**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 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 item)*

Action Taken: The Committee approved October 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 4:57pm.