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

David Pating, M.D
Commissioner

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

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MINUTES

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

Tuesday, June 28, 2016

3:00 p.m.

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

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David Pating M.D.

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

Staff: Roland Pickens, Susan Ehrlich MD, Dan Schwager, Terry Dentoni, Will Huen MD, Jeff Critchfield MD, Dave Woods, Sue Carlisle, Leslie Sofier, Terry Saltz, Ron Weigelt, Karen Hill, Maureen O'Connor, Ravi Mehta, Yvonne Lowe, Chuck Lamb, Emma Moore, Lillian Chan, Maxwell Bunnan, Greg Wagner, Susan Brajkovic, Kim Nguyen

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE MAY 24, 2016 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Will Huen MD gave the Quality Council Minutes report. Susan Brajkovic gave the Regulatory Affairs report.

Commissioner Comments/Follow-up:

Regarding the May 17, 2016 Quality Council minutes, item IV a. "Utilization Management," Commissioner Chow asked for more information regarding utilization management changes. Dr. Huen stated that in the

past, these activities had been largely financially driven. However, now the focus is also on ensuring that patients are placed in an appropriate level of care. Dr. Ehrlich added that vacancies in the department have enabled ZSFG to reconsider leadership roles.

Commissioner Chow asked for information regarding the timeline for changes in utilization management. Dr. Ehrlich stated that there are short, middle, and long-term plans. The first step is hiring of leadership and then restructuring the department.

Commissioner Chow requested an update on this issue in the next 6 months.

Commissioner Pating asked if ZSFG social workers are connected to the Transitions branch. Roland Pickens, San Francisco Health Network (SFHN) Director stated that the Network is looking into how best to integrate ZSFG utilization management staff and other Network resources.

Commissioner Pating asked what metrics will be looked at to measure patient flow. Dr. Ehrlich stated that inpatient placement and length of stay will be the main metrics used. Mr. Pickens stated that SFHN is developing an A3 which will be informed by work done at LHH and ZSFG.

Regarding the Regulatory Affairs Report, Commissioner Pating asked if the methadone survey was only focused on Ward 93. Dr. Ehrlich stated that the survey was of Ward 93.

Note: Discussion of the presentation, “RCA: Root Cause Analysis Overview” was moved to “Other Business”

Action Taken: The Committee unanimously approved the summary of the Quality Council meeting minutes.

4) REBUILD/TRANSITION UPDATE

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

Commissioner Comments/Follow-up:

Commissioner Chow asked for information regarding the installation of the hybrid MRI. Terry Saltz, ZSFG Rebuild Program Director, stated that the relevant construction work must go out to bid again so the project is delayed one month. He noted that another MRI is already functional.

Commissioner Chow asked if there are costs associated with the delay on the project. Mr. Saltz stated that no additional costs are anticipated due to the delay.

Commissioner Pating asked how leadership and staff are enjoying the new building. Dr. Ehrlich stated that staff and patients seem to love the improved processes and new building. She noted that it will likely take 6 months to optimize processes. Ms. Dentoni stated that many of the simulations were helpful to plan the transition. Dr. Carlisle stated that staff continue to adjust to the new space and shift change procedures.

5) ZSFG CEO IMPROVEMENT PLANS AND PRIORITIES

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

Commissioner Comments/Follow-up:

Commissioner Chow noted that Press Ganey is now being used for patient satisfaction surveys and data analysis. Dr. Ehrlich stated that Press Ganey was chosen through an RFP process and that she previously used the vendor.

Commissioner Pating requested that the True North metrics be integrated with HCAHPS Star measures so all the relevant benchmarks can be reviewed together. Commissioner Chow stated that he is especially interested in reviewing the most problematic scores with other datasets to best understand the issues. Dr. Erlich stated that 64 metrics roll into one Star measure and that she will provide the alignment of data at a future meeting.

6) HOSPITAL ADMINISTRATOR'S REPORT

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

Triennial End Stage Renal Disease (ESRD) Ward 17 Survey Successfully Completed

Two CDPH surveyors spent five days, between June 6th and 10th, at our Ward 17 Dialysis Program in order to conduct our triennial ESRD survey. The surveyors were very impressed with the staff's knowledge and expertise, as well as their interviews with our patients: our patients unanimously expressed satisfaction with the care they receive on Ward 17. There were three minor findings that we will address with staff education and training. ZSFG leadership extends much appreciation and congratulations to the managers and staff of Ward 17 and all others who worked diligently to ensure a successful survey outcome, especially Dr. David Pearce, Dr. Sam James, Rosaly Ferrer, and Jep Poon.

CMS Quality Star Rating

In July 2016, CMS will announce its new Quality Star Ratings for hospitals in the US. ZSFG has earned a 1 star (out of 5 possible) rating. This puts ZSFG in the bottom 3.69% of American hospitals for quality. CMS developed the hospital quality star rating system in order to provide consumers with information about multiple dimensions of quality in a single score.

The star rating is calculated using 64 measures from current Inpatient Quality Reporting and Outpatient Quality Reporting programs. Seven groups of measures are considered in the areas of patient experience, readmissions, safety, mortality, imaging efficiency, timeliness of care, and effectiveness of care, with each weighted differently.

ZSFG leadership strongly believes this rating does not reflect where we want to be on these measures and views it as an opportunity to drive improvement. We are aware of certain caveats related to the data: (1) low socio-economic status (SES) is not considered as a risk adjustment factor; (2) CMS methodology gives key clinical measures less relevance in the overall Quality Star Rating; (3) data used to assess performance is at least 2 years lagging, limiting true performance improvement opportunity assessment; and (4) with the support of America's Essential Hospitals (AEH), 60 senators have made the request to delay the public release of star ratings.

The following are three key examples of changes that are helping us drive improvement:

1. Our state-of-the-art new hospital, centered on improved patient experience;
2. Reorganization of the ZSFG leadership team, with a focus on achieving our True North goals; and
3. Continuing to deploy Lean tools in order to promote improvement, especially in areas of quality and safety, patient experience and flow highlighted by the CMS study. Two recent examples of success from that approach:
 - America's Essential Hospitals (AEH) awarded ZSFG a national quality award for reducing avoidable hospital readmissions by encouraging patient follow-up visits and improving post-discharge communication among providers (see next item, below).
 - Over the past year, the Emergency Department's focus on flow in the ED has improved considerably length of stay for discharged patients and its rate of patients leaving without being seen.

America's Essential Hospitals Honorable Mention Winner: The Gage Awards

America's Essential Hospitals, a national group representing hospitals committed to high-quality care for all people, awarded ZSFG a 2016 Gage Award honorable mention for quality June 16, at its annual conference in Boston.

ZSFG's award was for its program to reduce avoidable hospital readmissions by encouraging patient follow-up visits and improving post-discharge communication among providers.

To address the problem of high readmission rates, in 2012 ZSFG created a Care Transitions Taskforce. The taskforce developed a care model to help ensure timely and high-quality post-acute care for all patients discharged from the hospital by:

- Scheduling follow-up clinic visits within seven days of discharge;
- Scripting email guidance from inpatient providers to outpatient providers and staff; and
- Creating electronic medical record discharge database to help primary care clinics track discharges.

In one year, our 30-day readmission rate fell from 13.1 to 10.3 percent. The proportion of patients attending follow-up visits within seven days increased from 38 to 51 percent. Just 6 percent of patients who went for a follow-up were readmitted.

Thanks and congratulations to our physician leads, Michelle Schneidermann and Larissa Thomas, Dr. Elizabeth Davis and Dr. Jack Chase, as well as their all-star analyst, Karishma Oza. In addition, the Director of Primary Care, Dr. Hali Hammer and her team worked incredibly hard to support the work of this team to expand access so that patients can be seen within 7 days of discharge and to provide clinic-based post-discharge phone calls.

June 8, 2016: Annual Medical Staff Meeting and Dinner

On June 8th, UCSF held the Annual Medical Staff Meeting and Dinner. The dinner celebrated and selected Officers of the Medical Staff, as well as members of the Medical Executive Committee. The evening also included reports from the President of the Health Commission, DPH report from the Director of Public Health, Chief of Staff, UCSF Dean, and ZSFG CEO.

To celebrate the evening, UCSF announced award winners for the 2016 Julius R. Krevans Awards, Faculty Awards, and the Rapaport Award.

The Krevans Award recognizes "excellence in patient care, as exemplified by clinical competence, professional conduct, concern for patients and interaction with all level of staff, including peers." Recipients are selected by the chiefs of the various departments at ZSFG.

Congratulations to the 2016 Krevans Awardees:

Arash Eslami, MD
Daniel Austin, MD
Tiffany Cobb, MD
Nicholas Kenji Taylor, MD,
MSc
Nicole Therrien, MD
Chukwuka A. Didigu, MD, PhD
Kunal Prakash Raygor, MD
Zoë Julian, MD, MPH
Justin Krogue, MD
Annick Aubin-Pouliot, MD
Corina Iacopetti, MD, MA
Brooke Rosen, MD
Kirema I. Garcia-Reyes, MD
Caitlin Collins, MD

Ben Lui, the Medical Director at Chinatown Public Health Center, was recognized with an award for his contributions to the patients and staff at CPHC, his commitment to the Chinese immigrant community and for his steady leadership in DPH.

The Elliot Rapaport Award is given annually at the Medical Staff Dinner to a physician who demonstrates a significant commitment to ZSFG in one or more of the following areas: leadership, patient care, teaching, and research. The 2016 Rapaport Awardee was James D. Marks, MD, PhD. Congratulations to Dr. Marks! Lastly, special thanks to ZSFG Medical Staff, Office of the Vice Dean, UCSF School of Medicine, ZSFG Food and Nutrition Services, San Francisco General Hospital Foundation, and ZSFG Medical Staff Service Department for each of their contributions to this special event.

June 10, 2016: Wellness Center Summerfest

On Friday, June 10th, the Wellness Center celebrated 5 years of Community Wellness at ZSFG at their annual seasonal festival.

Summer Fest focused on healthy eating and benefits of exercise and enjoying San Francisco's great outdoors. They hosted booths that offer fun, interactive wellness activities and health-related 'giveaways'. Main attractions of the festival were a healthy cooking demo with Chef Jay-Ar, meet and greet with Lou Seal, and a free farmer's market. The Summer Fest was extremely well attended and a lot of fun.

Thank you to the Wellness Team for promoting and inspiring wellness in others!

Patient Flow Reports for May 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 Chow noted that measuring patient experience and patient satisfaction is difficult and different than patient quality. Dr. Ehrlich stated that patient experience, patient safety, and readmissions are data that drive ZSFG quality scores down.

Commissioner requested that Dr. Ehrlich report to the full Health Commission in the future to discuss plans to improve these scores.

Commissioner Pating asked Dr. Ehrlich to present the 64 measures with information regarding the easiest and most important in regard to reimbursement amounts.

Commissioner Chow asked if the amount of budgeted beds was reduced. Ms. Dentoni stated that Med-Surg was reduced by four beds.

Commissioner Chow asked if there are any issues with the budget. Greg Wagner, SFDPH CFO, stated that ZSFG will end the year within the projected budget.

7) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of May 2016

Transition Initiatives

Nursing department Designated Transition Education Champions (DTECH) staff are transitioning to an Optimization role post move day. In this optimization role, they will collaborate and lead organizational and departmental nursing initiatives and will contribute to the clinical staff development using their expertise as educator, consultant, and leaders to optimize logistical operations, care delivery, and staff competency.

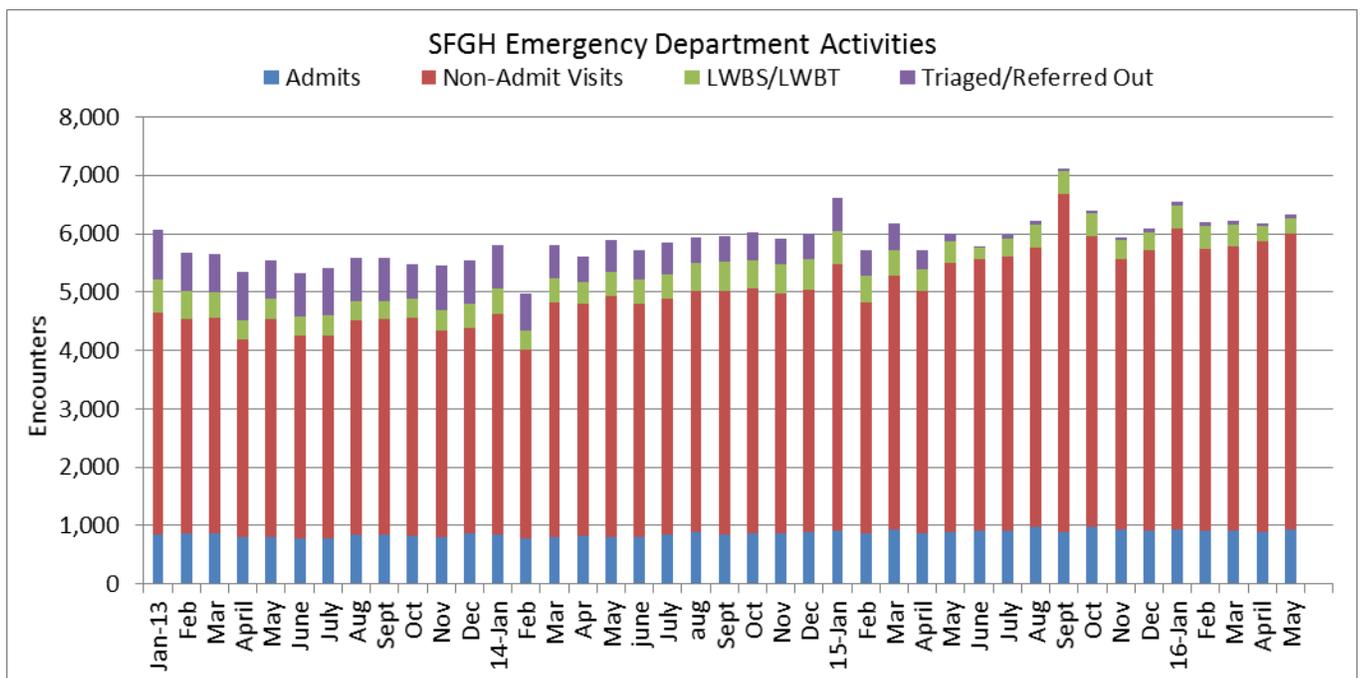
Nursing Professional Development

Leslie Holpit and Rosaly Ferrer are the nursing leaders that attended the 7th annual Lean Healthcare Transformation Summit June 14 and 15th. They will be networking and learning from the lean healthcare community that attend from around the world and will be learning, sharing, and connecting at this event that is known to be highly value-added, and will come back to ZSFG with actionable ideas and new connections for continued Lean journey ahead.

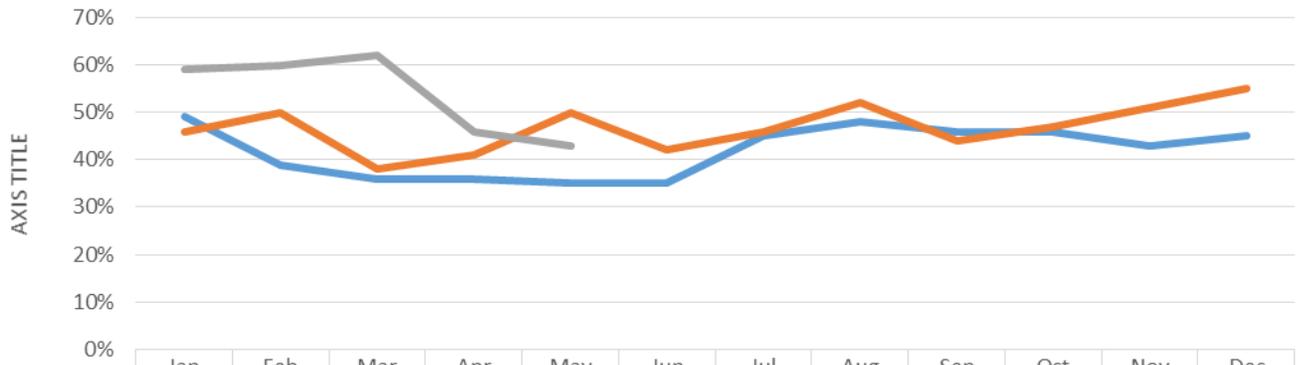
Nursing Recruitment and Retention

Karen Napitan, Nurse Manager Psychiatry, and Karen Hill, Departmental Personnel Officer SFDPH, attended the American Association of Critical Care Nurses National Teaching Institute (NTI) annual conference recruiting registered nurses for ZSFG from the over 8000 attendees.

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



JCC Diversion Report 2016



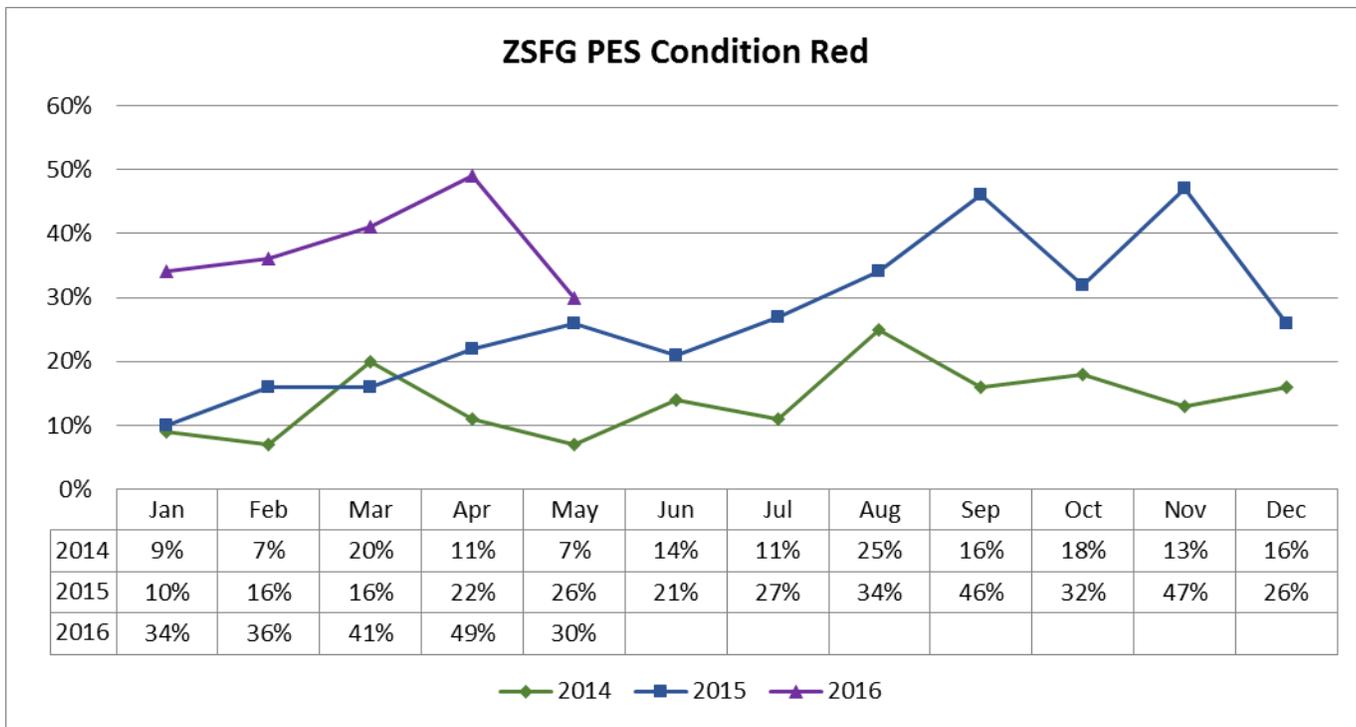
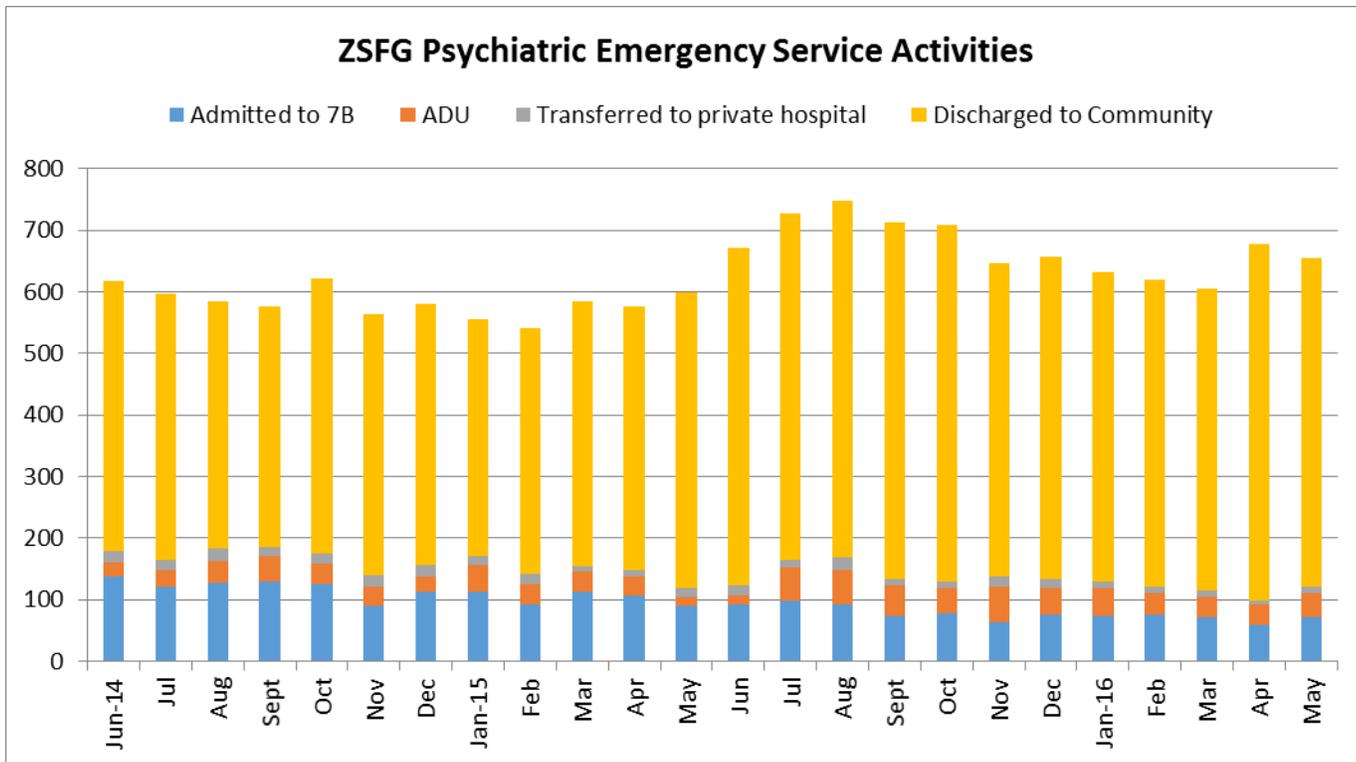
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	49%	39%	36%	36%	35%	35%	45%	48%	46%	46%	43%	45%
2015	46%	50%	38%	41%	50%	42%	46%	52%	44%	47%	51%	55%
2016	59%	60%	62%	46%	43%							

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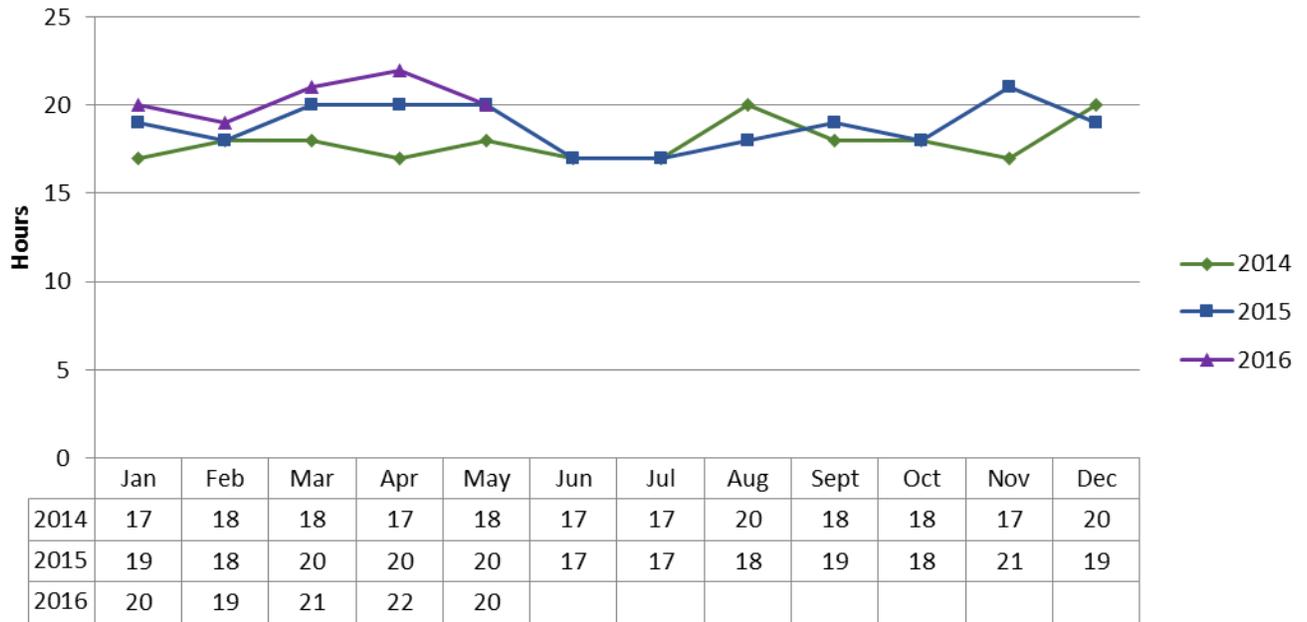
Diversion Rate: 43%
ED diversion – hours 271 (35%) + Trauma override - hours 64(9%)

ED Encounters: 6063
ED Admissions: 926
ED Admission Rate: 15%

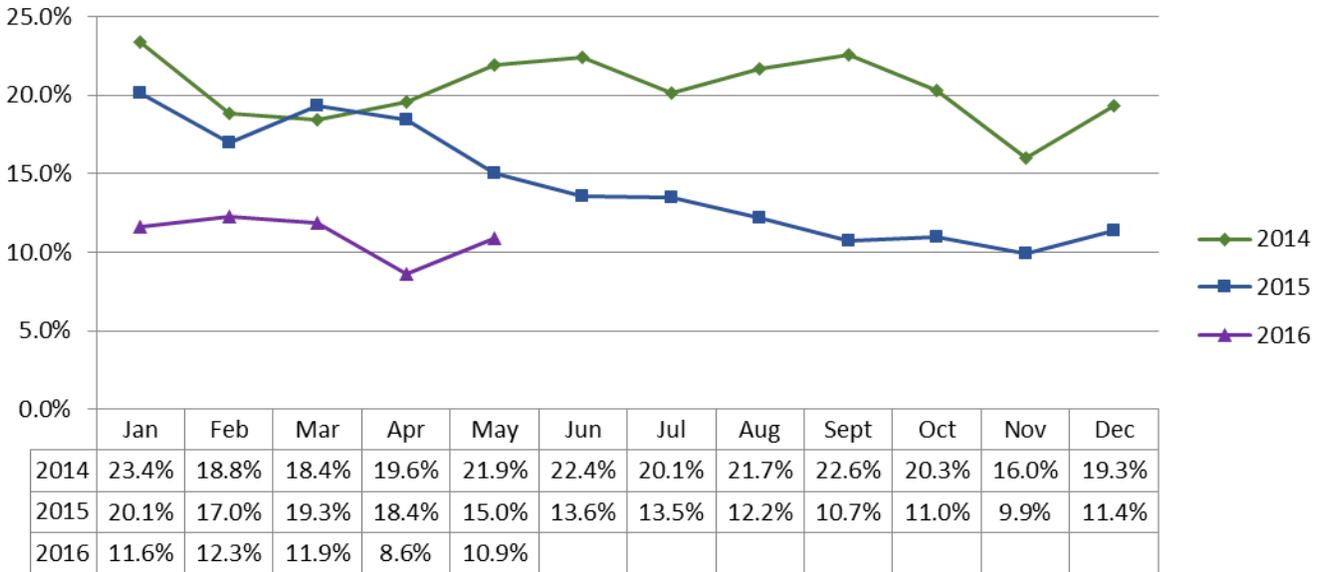
Psychiatric Emergency Service (PES) Data for the Month of June 2016



ZSFG PES Average Length of Stay



ZSFG PES Admission Rates



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.
- May showed little change in patients which were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), up to 55% from 54% in April.
- This month showed an increase in proportion of requests which were “Accepted and Arrived”, 27%.
- There was a decrease in “Inappropriate Referrals” in May 2016 to 18%. 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 Ivory, ZSFG nurse, stated that the union filed a report showing ZSFG is not in compliance with Title 22. The group looks forward to a response. He also stated that diversion rates will likely be over 50% next month.

Commissioner Comments/Follow-up:

Commissioner Pating asked when the ZSFG Psychiatric Emergency Services will be redesigned. Director Garcia stated that this effort will begin after the bond measure in a few years.

8) ZSFG RN HIRING AND VACANCY REPORT

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

Public Comment:

Bob Ivory, ZSFG nurse, stated that the negotiations between the nurses' union and CCSF has successful concluded. He thanked Director Garcia, Dr. Ehrlich, Mr. Weigelt, Ms. Dentoni, and Mr. Wagner for their work.

He noted that additional positions were added to the Emergency Department and that an ongoing training program will begin.

9) TRAUMA PROGRAM RESOLUTION

James Marks, M.D., Chief of Medical Staff, presented the item.

Action Item: The Committee unanimously recommended that the full Health Commission approve the resolution.

10) MEDICAL STAFF REPORT

James Marks, M.D., Chief of Medical Staff, presented the report.

AWARDS/RECOGNITIONS/APPOINTMENTS

Medical Staff Dinner, June 8, 2016

Awards and appointments at the dinner include:

-2016 Krevans Awards – The list of 2016 awardees was circulated at the meeting. Dr. Julius R. Krevans was a former dean of the UCSF School of Medicine, a former chancellor, and a former chief of internal medicine at ZSFG. The Krevans award goes to an intern from each department who is not only an outstanding clinician and physician, but also really upholds the values and mission of this hospital.

-COPC Annual Award – Ms. Barbara Garcia presented the annual COPC Physician Award, in recognition of outstanding contributions as a community-based primary care clinician, to Dr. Yee-Bun (Ben) Lui, MD, Medical Director of the Chinatown Health Center. Dr. Lui was recognized for his exemplary leadership, inspiring dedication, and energy. Dr. Lui uses data to inspire his staff to improve both patient care and patient experience, and mentors other Medical Directors to use data to improve patient care as well as timely access to care for patients in the network.

- Elliott Rappaport Award for Commitment to San Francisco General Hospital – The award was created to honor Dr. Rappaport as he stepped down as the Associate Dean of SFGH, a position he had held for twelve (12) years, and is given to a medical staff member who demonstrates a similar commitment to ZSFG in one or more of the following areas: Leadership, Patient Care, Research and/or Teaching. The 2016 Elliot Rappaport Award recipient is Dr. Jim Marks.

-Members at Large – The Medical Staff approved the endorsement of the nominees for At-Large members of the MEC. Member at Large serve for a one year term not to exceed more than 3 consecutive years. Continuing Members at Large include:

- a. Mary Gray, MD, Cardiology
- b. Claire Horton, MD, Medicine
- c. Mary Mercer, MD, ED
- d. Eric Meinberg, MD

-Chief of Staff - The Medical Staff approved endorsement of Dr. Jim Marks as Chief of Staff for another year. Dr. Marks will start his 4th year as Chief of Staff in July 2017. Members commended Dr. Jim Marks' outstanding leadership, and his commitment to the implementation of EHR at ZSFG.

Kirsten Bibbins-Domingo MD

Dr. Bibbins-Domingo, Lee Goldman, MD Endowed Chair in Medicine, Professor of Medicine and Epidemiology and Biostatistics at UCSF, has been appointed to chair and organize a Precision Public Health Summit at UCSF

with colleagues in precision medicine, pediatrics, population sciences and public health. The White House Office of Science and Technology Policy and the Bill and Melinda Gates Foundation are convening this summit to explore how precision approaches can be successfully applied to improve population health and address health disparities. Dr. Bibbins-Domingo is also the Chair of the U.S. Preventive Services Task Force, an independent panel of national experts in prevention and evidence-based medicine.

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW

Summary Action for Medical Staff Privileges at ZSFG

Members were informed of the notice of summary action to remove a provider's medical staff membership and privileges at ZSFG. The provider is currently under investigation by the California Medical Board for over-prescribing pharmaceuticals to someone he has a relationship with and who died as a result of an overdose. The case occurred in another facility. The provider is primarily based at the SF VA and UCSF Parnassus. He was in the ZSFG's call schedule as a Courtesy Staff member. The notice was sent to the provider on June 3, 2016 and the suspension was effective immediately. At this point, the notice is for information of MEC members only, and will not require any MEC action.

Duplicate Medical Records

Mr. Philip Katzenberger (HIS) and Dr. Heather Harris gave a presentation to MEC about duplicate medical records, with focus on controlled duplicate medical records.

A review of current workflows, work environment, and data from last year's transactions revealed that 80% of duplicate medical record numbers are created in the Emergency and Psychiatry Emergency areas. These two services also produce 65% of admissions. Therefore, educating these two services with preventative steps in creating duplicate medical records should reduce the number of duplicate records.

The Division of Hospital Medicine led by Dr. Heather Harris has undertaken a pilot program to address this issue. The Division has leveraged a discharge planner who proactively screen patients, identify patients with duplicate medical record numbers, and create a list to send to Medical Records Department. For the first two weeks, the discharge planner identified 31 patients out of 140 patients with duplicate medical records. Several of these patients had 4 separate medical records.

Members raised serious concerns about the potential adverse impact of duplicate medical records to the patient's healthcare, from diagnostic testing results to linkages with primary physicians and other patient safety issues.

Action Plans include immediate steps such as establishing a direct phone line to the Medical Records Department to report duplicate records. Intermediate root cause counter measures include work by multiple groups led by IT, with support from HIS, Eligibility, Admitting, Finance, Accounting and other providers, on the following: -Hire 2 as-needed FTE's, Create Daily Report, Using daily report, train, and educate staff, Create a New Pathway to Communicate Duplicate Medical Records, Plan for EMPI software (long term process).

Lean Management Education/A3 Review

Ms. Brandi Frazier presented to MEC an A3 Review titled: The Compassion, Clarify, and Confidence to ICARE (Introduce,-Connect-Ask-Respond-Exit) Consistently. ICARE is a caring framework based on the hospital's values that guides interactions with patients, their families and colleagues. It is a framework that has been successfully used at UCLA and Stanford for structuring best practice communications and developing relationship based care approaches with patients.

Proposed countermeasures include:

- Build an identifiable and accessible brand around the service model with complimentary messaging so that ZSFG's intentions are clear to and expectations resonate with staff and providers.
- Develop and spread a caring framework, applicable to everyone, with engagement of front line staff and built in accountability measures.
- Cultivate leaders as visible coaches (get out of office, -see more, listen more)
- Hire talent that models and is committed to ZSFG's service expectations, Retain, recruit

Current ICARE model cells include FNS, PHP and Pharmacy. Members are encouraged to contact the Care Experience Team for assistance in developing ICARE service standards in their own units. More to follow.

SERVICE REPORT:

Neurosurgery Service Report– Geoff Manley, MD, Service Chief

The Brain and Spinal Injury Center (BASIC) was created in 2002 at ZSFG with participants from diverse multidisciplinary groups, including Neurosurgery, Neurology, Radiology, Orthopedic Surgery, and Anesthesia. BASIC is focused on creating a synergy that will facilitate translation of fundamental understandings into clinical practice. The Neurosurgery Report highlighted the following:

- Mission and Goals – The mission is to promote collaborative translational research and clinical investigation of injuries to the brain and spinal cord. The goals are to understand brain and spinal cord injury, translate basic neuroscience into clinical practice, train the next generation of neurotrauma clinicians and scientists, and transform care worldwide.
- Scope of Clinical Services- Inpatient Services (Trauma and other neurosurgical emergencies, Neurocritical Care, Elective/Consult), 24/7/365 (Attending rounds every day and sees all patients, attending reviews all studies, comprehensive consultation documentation).
- Clinical Services – Trauma, Non-Trauma, Ambulatory, Volume Statistics. Dr. Manley stated that the hospital's Traumatic Brain Injury Program was first in the nation to receive Joint Commission Certification in 2011, recertified in 2013 and recently in 2016. The hospital's TBI program has become a model for other TBI programs across the country
- Faculty and Residents – Estimated "Right Size" FTE is 4.5 but current attending staff is only at 2.63 FTE due to competitive salary challenges in recruiting neurosurgeons. The support by the nurse practitioners has been critical.
- Finances - the Service's informatics tool, Neurotracker has help improve billing and collections. All reserves generated resulting from savings in operating expenses are driven back to the program.
- Quality, Performance Improvement, Outcomes – ICP Monitoring Compliance (100%), Seizure Prophylaxis Compliance (100%), VTE Pharmacological Prophylaxis Compliance Rate (Need to define time criteria more precisely -72 hours vs. 3 days - to improve accuracy of reporting). Dr. Manley briefed members about the Service's "Benchmarking Care" activities with the use of Automated Prediction Model to integrate process improvement with outcome.
- Research – NIH Funding FY 2015 is \$6.3M. The ZSFG Neurosurgery Service would rank second in the country as a department. Total funding (NIH, DoD, Public/Private) is \$47.7M. Dr. Manley highlighted Track-TBI, one of the ongoing studies participated in by the Service along with other study sites across the country. This has grown to a rapidly evolving international effort. An international TBI Research Initiative is now in place, in partnership with sites in Canada, Europe, and Australia. Two more studies are now starting in India and China. Dr. Manley highlighted the Service's global impact on trauma quality. Based on the clinical work at ZSFG and the Service's NIH-funded research, the Trauma Quality Improvement Program (TQIP) Best Practices in the management of Traumatic Brain Injury was developed and is now being implemented at all TQIP Level I and II across the country.
- Education – The 14th Annual Neurotrauma Symposium was held in December 2015 at the UCSF Mission Bay Campus. Dr. Manley also highlighted the contribution of Ms. Twyila Lay, NP, President of the

American Association of Neuroscience Nursing. Ms. Lay leads the charge for mid-level practitioner education for the AANS and CNS.

Challenges include the following: Clinical Responsibilities/staffing ratio (2.63 FTE), Faculty retention and recruitment, Administrative responsibilities/staffing ratio, Support for the TBI Program, New Funding model for clinical services at ZSFG, IT Infrastructure and Data Access

Members commended Dr. Manley's excellent report, outstanding leadership and the impressive and inspiring work done at the Neurosurgery Service.

Action Taken: The following items were unanimously approved:

- Neurosurgery Clinical Service Rules and Regulations, Policies and Procedures
- Otolaryngology Privilege
- Pediatrics Privilege List

11) OTHER BUSINESS

The following comments pertain to the discussion of the presentation, "RCA: Root Cause Analysis Overview." Ms. Brajkovic and Dr. Critchfield gave the presentation.

Commissioner Comments/Follow-up:

Commissioner Chow asked if the changes in the ZSFG root cause analysis process noted in the presentation have begun. Dr. Critchfield stated that the use of the 3-step model has begun.

Commissioner Pating requested that a timeframe and status be added to the model to help clarify the process.

Commissioner Pating asked how the root cause analysis process overlaps with the peer review process. Ms. Brajkovic stated that the root cause analysis process is done separately than the peer review process.

Commissioner Pating asked for clarification on the process if there is no overlap between the peer and root cause analysis processes. Dr. Critchfield stated that there is usually overlap and if there is not, then the group can come to a resolution with a plan to move forward.

12) PUBLIC COMMENT

There was no general public comment.

13) 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 item)*

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

14) ADJOURNMENT

The meeting was adjourned at 5:56pm.